



MENTAL HEALTH SERVICES ACT (MHSA)

ANNUAL UPDATE

Annual Update FY 2022-23



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MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director Name: JESSE DUFF/Interim Exec. Director Telephone Number: (909) 623-6131 E-mail: jduff@tricitymhs.org	Program Lead Name: RIMMI HUNDAL Telephone Number: (909) 784-3016 E-mail: rhundal@tricitymhs.org
County Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711	

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

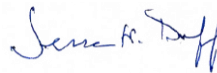
This MHSA Annual Update Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA Annual Update Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update FY 2022-23 and Expenditure Plan, attached hereto, was adopted by the Tri-City Governing Board on April 20, 2022.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Annual Update FY 2022-23 and Expenditure Plan are true and correct.

Jesse Duff

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



Signature

05/10/2022

Date

MHSA County Fiscal Accountability Certification

County/City: TRI-CITY MENTAL HEALTH AUTHORITY
 ___ Three-Year Program and Expenditure Plan Annual Update ___ Annual Revenue and Expenditure Report

<p>Local Mental Health Director Name: JESSE DUFF/Interim Exec. Director Telephone Number: (909) 623-6131 E-mail: jduff@tricitymhs.org</p>	<p>County Auditor-Controller/ City Financial Officer Name: DIANA ACOSTA Telephone Number: (909) 451-6434 E-mail: dacosta@tricitymhs.org</p>
<p>Local Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711</p>	

I hereby certify that the MHSA Annual Update Plan FY 2022-23 is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Jesse Duff		05/10/2022
Local Mental Health Director/Designee	Signature	Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 10, 2021 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Diana Acosta		05/10/2022
County Auditor Controller/ City Financial Officer	Signature	Date


Executive Summary

COVID-19 Update

Throughout FY 2020-21, Tri-City’s MHSAs staff engaged community members and program participants primarily via Ring Central, a virtual platform. However, many critical frontline workers such as the Community Navigators and the Intensive Outreach and Engagement Team were able to work directly in the field meeting individuals “where they are” by utilizing personal protective equipment and following strict safety protocols.

Community Planning Process

The community planning process began in the fall of 2021 and continued throughout the fiscal year utilizing a virtual platform. Community members were invited to attend multiple stakeholder meetings, MHSAs workgroups and the MHSAs Public Hearing. In addition, the community was presented with the annual Community Planning Process Survey which provided an opportunity for participants to share their feedback regarding possible gaps in service or unmet needs of community members.

	MHSAs Event	Dates
	Community Planning Process Survey	Fall 2021
	Stakeholder Meetings	8/11/2021 9/23/2021 9/30/2021 2/24/2022
	MHSAs Workgroups	2/17/2022
	Innovation Workgroups	10/21/2021 12/06/2021 12/16/2021 12/21/2021 1/26/2022
	30-Day Posting of MHSAs Annual Update FY 2022-23	3/11/2022 to 4/12/2022
	MHSAs Public Hearing	4/12/2022
	Tri-City Governing Board Approval and Adoption	4/20/2022

MHSA Plan Highlights & Actions Since Previous Annual Update

Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2020-21
Full-Service Partnerships	641
Full-Service Partnerships Projection for FY 2021-22	674
Community Navigators	1,812
Wellness Center	869
Supplemental Crisis Services	1,281
Field Capable Clinical Services for Older Adults	32
Permanent Supportive Housing	227

Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2020-21
Community Wellbeing	7,805
Community Mental Health Trainings	1,067
Stigma Reduction and Suicide Prevention	149
Older Adult and Transition Age Youth Wellbeing	101 Individual; 246 Group
Wellness Center PEI /TAY and Older Adults	1,427
Family Wellbeing	367
NAMI: Community Capacity Building/Ending the Silence	0
Housing Stability Program	19 Landlords; 70 Attendees
Therapeutic Community Gardening	97
Early Psychosis Program	109

Innovation (INN)

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level.

A new Innovation project, *Restorative Practices in Mental Health (RPIMH)*, was proposed and approved by Tri-City stakeholders, Mental Health Commissioners, and Governing Board members. However, after meeting with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC), it was determined by the Chair and Executive Director of the MHSOAC that the project did not meet the threshold for “Innovation” and the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward.

Workforce Education and Training (WET)

During FY 2020-21, 36 trainings, conferences and educational opportunities were available for staff. Training topics included cultural competence, trauma and parenting, forensic training, Adverse Childhood Experiences (ACEs), stress and resiliency, and restorative practices.

Capital Facilities and Technological Needs

There were two notable events in FY 2020-21 impacting the Capital Facilities and Technological Needs plan. The first is an amendment represented the redistribution of tasks and costs between original vendors contracted to complete capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Avenue, Pomona 91767. The second proposed to expend existing MHSOAC funds assigned to Capital Facilities and Technological Needs to implement a new Electronic Health Record system and client referral management platform.

Introduction to Tri-City Mental Health Authority

On June 21, 1960, Tri-City Mental Health Authority was formed and established through a Joint Powers Authority Agreement between the cities of Pomona, Claremont and La Verne. This union established Tri-City as a “county” and mental health authority for these three cities. Since 2008, Tri-City has benefited from funding under the Mental Health Services Act and expanded from a “treatment only service” agency to a full system of care based on the Recovery Model.

For more than 60 years, Tri-City has provided services that are clinically, culturally, and linguistically appropriate for community members. Tri-City’s commitment and belief in wellness and recovery for each of our clients has guided our service delivery and program development. By treating each individual based on their own identified cultural, language and health beliefs, Tri-City is able to demonstrate cultural humility while delivering services that are sensitive to both the customs and cultures of our clients.

Demographics

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

Table 1: Population by City

Total Population by City				
City	La Verne	Claremont	Pomona	Tri-City Area
Total population	31,334	37,266	151,713	220,313

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

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

Table 2: Total Population by Age Group

Total Population by Age Group					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age Group:					
0-14	5,209	5,187	31,381	23.0%	18.95%
15-24	4,278	7,281	27,404	38,963	17.67%
25-59	13,501	14,626	69,717	97,844	44.37%
60+	9,223	8,996	23,707	41,926	19.01%
Totals	32,211	36,090	152,209	220,510	100.00%

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

Table 3: Total Population by Race/Ethnicity

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

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

Mental Health Service Act (MHSA)

The Mental Health Services Act (MHSA), also known as Proposition 63, has served as the primary source of funding for all MHSA programs for Tri-City Mental Health since 2008. Passed in 2004, the MHSA is funded through a tax imposed on Californian’s whose income exceeds 1 million dollars. Known as the “millionaire’s tax” this initiative is designed to expand and transform California’s county mental health system to provide more comprehensive care for those with serious mental illness, specifically in unserved and underserved populations.

Five Components of the Mental Health Services Act

Component	Focus	Year Plan Approved
Community Services and Supports (CSS)	Provides intensive treatment and transition services for people who suffer with serious and persistent mental illness	2009
Prevention and Early Intervention (PEI)	Implement services that promote wellness and prevent suffering from untreated mental illness	2010
Workforce Education and Training (WET)	Goal is to develop a diverse workforce and provide trainings for current staff	2012
Innovation	Develop new projects to increase access and quality of services to underserved groups	2012
Capital Facilities and Technological Needs	Supports the creation of facilities and technology infrastructure used for the delivery of MHSA services	2013

MHSA Community Planning Process

The success of the MHSA Community Planning Process is built on a strong and effective community partnership. Per the Welfare and Institution Code section 5848, counties are required to collaborate with constituents and stakeholders throughout the planning and development process for any MHSA program or plan.

One critical component to the stakeholder process is the partnership and collaboration between Tri-City staff and stakeholders throughout the community planning process that includes meaningful stakeholder involvement on: mental health policy, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institutions Code (W&I) section 5848).

Stakeholder involvement and opportunities for participation regarding specific areas of the community planning process are listed below:

<p>Mental Health Policy</p> <hr/> <p>Public comments during Mental Health Commission meetings, Governing Board meetings and other stakeholder events</p>	<p>Program Planning and Implementation</p> <hr/> <p>Stakeholder and Orientation meetings, MHSA workgroups, Community Planning Survey, and Cultural Wellness Advisory committees</p>	<p>Monitoring</p> <hr/> <p>Stakeholder/Orientation Meetings, MHSA Workgroups, review outcomes for programs, 30-Day comment period for MHSA plans and updates, comments made during MHSA Public Hearing</p>
<p>Quality Improvement</p> <hr/> <p>Annual Community Planning Survey, surveys completed following trainings, webinars, and presentations, Cultural Wellness Committees</p>	<p>Evaluation</p> <hr/> <p>Stakeholder and Orientation Meetings, opportunity for questions, MHSA workgroups, review outcomes for programs, 30-day postings and public comments, Public Hearing public comments</p>	<p>Budget Allocations</p> <hr/> <p>Stakeholder/Orientation Meetings, MHSA workgroups, 30-day plan postings and Public Hearing</p>

Community involvement and representation matters, and Tri-City continues to seek the involvement of local community partners, consumers, and stakeholders as we strive to achieve diversity, equity, and inclusion in all aspects of this agency.

Opportunities for collaboration include the following stakeholder engagement activities:

Tri-City Event	Description
MHSA Stakeholder Orientation (Virtual)	Virtual presentation which encompasses the history of community mental health leading up to the passage of the Mental Health Services Act. Also includes an overview of all MHSA Plans and programs currently implemented through Tri-City's system of care.
MHSA Staff Orientation (Virtual)	Virtual presentations during new employee orientation includes the history of community mental health leading up to the passage of the Mental Health Services Act. Also includes an overview of all MHSA Plans and programs currently implemented through Tri-City's system of care. Staff are also invited to attend stakeholder meetings where additional information is provided.
Community Planning Survey (Online)	This annual online survey is shared with stakeholders and community partners where they are invited to provide Tri-City staff their thoughts and concerns regarding mental health support services in the cities of Pomona, Claremont, and La Verne. From these responses, future community workgroups and Tri-City staff will work in collaboration to develop or expand programs and services based on MHSA guidelines and funding.
MHSA Workgroups (Virtual)	Stakeholders, community members, and partners participate in virtual workgroups which include the review of current MHSA programs implemented under CSS, PEI, and INN plans.
Innovation Focus Groups (Virtual)	Stakeholders are invited to join the Innovation focus/workgroups to share their ideas or suggestions regarding potential projects that could be considered new and innovative. In addition, videos are posted on Tri-City's website which explain the Innovation project process.
Innovation Idea Survey (Online)	The Innovation Idea Survey was created to help community members and stakeholders develop new ideas to be considered for Innovation Projects. Ideas submitted through the survey are discussed during Innovation focus/workgroups.
Community Meetings	Tri-City staff attend multiple community meetings and events, mostly virtual at this time, to learn first-hand about the needs of the community as well as providing them an opportunity to discuss issues or concerns directly with Tri-City staff.
Interviews with Community Members/Partners	Community members are often interviewed (key informant interviews) and engage in dialogues with Tri-City staff and consultants when community input is critical to informing the decision process. Examples include providing input in the development of Tri-City's new branding campaign and the desired qualifications of a new Executive Director.
Mid-Year Stakeholder Meeting (Virtual)	Stakeholders and community partners are invited to participate in a mid-year stakeholder meeting where they have the opportunity to hear MHSA program updates, review any new MHSA projects or programs, and provide feedback regarding allocation of MHSA funding.
30-Day Posting of 3-Year Plan and Annual Update	All MHSA Three-Year Program and Expenditure Plans and Annual Updates are posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the plans are distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
Public Hearing and Mental Health Commission	The Tri-City Mental Health Commission hosts an MHSA Public Hearing. Community members are invited to join and review a presentation on program updates summarized in the most recent MHSA Three-Year Program and Expenditure plan or Annual Update. Participants can provide feedback to staff which is reviewed and incorporated into the Plan or Update.
Governing Board Meeting/Approval	Community members and stakeholders are invited to all Governing Board meetings to provide feedback and ask questions during the public comment period.

The following table reflects specific community planning activities and collaboration impacting the development of this MHSA Annual Update FY 2022-23.

MHSA Event	Dates	Purpose
Stakeholder Meeting	8/11/2021	Amendment to MHSA Annual Update FY 2021-22 Transfer of Funds from CSS to CFTN and WET
30-Day Posting for Amendment to MHSA Annual Update FY 2021-22	8/13/2021 - 9/14/2021	Opportunity for stakeholders to provide comments regarding this document
Mental Health Commission Approval	11/9/2021	Required by MHSA
Tri-City Governing Board Approval	11/17/2021	Required by MHSA
TAY Stakeholder Meeting	9/23/2021	Introduction to MHSA geared towards TAY and TAY service providers
Stakeholder Meeting	9/30/2021	Orientation to MHSA and introduction to current programs, evaluations, and budgets
Community Services and Supports (CSS) Workgroup	2/17/2022	Workgroup participants reviewed the CSS program outcomes for FY 2020-21 and were able to comment on the successes and challenges of each. In addition, a proposal was shared which allowed the transfer of funds from CSS to WET and CFTN.
Prevention and Early Intervention (PEI) Workgroup	2/17/2022	Workgroup participants reviewed the PEI program outcomes for FY 2020-21 and were able to comment on the successes and challenges of each.
Innovation Workgroups	10/21/2021 12/6/2021 12/16/2021 12/21/2021 1/26/2022	Stakeholders joined together to review the needs of the community and share ideas in an effort to identify and create a new MHSA Innovation project.
Stakeholder Meeting	2/24/2022	Community members came together for the mid-year stakeholder meeting. Presentations included the request for transfer of CSS funds to WET and CFTN; creating three new Community Navigator positions; and approval of the new Innovation project, Psychiatric Advance Directives.
30-Day Posting for New Innovation Plan	3/11/2022 - 4/12/2022	The new Innovation plan, Psychiatric Advance Directives (PADs) was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
30-Day Posting for MHSA Annual Update FY 2022-23	3/11/2022 - 4/12/2022	The MHSA Annual Update for FY 2022-23 was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.

MHSA Public Hearing/ Mental Health Commission Meeting

4/12/2022

The Tri-City Mental Health Commission hosted the MHSA Public Hearing where community members were invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update for FY 2022-23 and the new Innovation project, Psychiatric Advance Directives (PADs). Participant feedback to staff was reviewed and incorporated into this plan. The Mental Health Commission endorsed both plans for submission to Tri-City's Governing Board for approval and adoption.

Tri-City Governing Board Approval

4/20/22

Tri-City's Governing Board met to approve and adopt the Annual Update for FY 2022-23 and the new Innovation project Psychiatric Advance Directives (PADs).

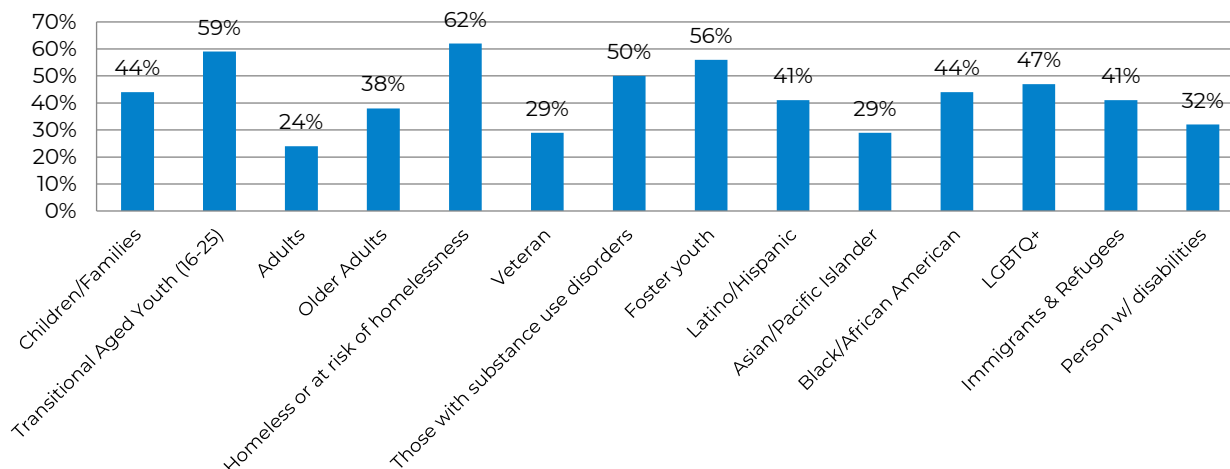
MHSA Community Planning Survey

Beginning in September 2021, stakeholders and community partners were invited to complete Tri-City's MHSA Planning Process Survey which provides an opportunity to share their thoughts and concerns regarding the availability of support services. This annual community planning survey is used to identify the needs and priorities of the three cities. These results are then presented to workgroups who review current MHSA programming and make recommendations for staff consideration. Survey results were then shared with community stakeholders during the stakeholder workgroup and incorporated into this MHSA Annual Update for FY 2022-23. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the communities.

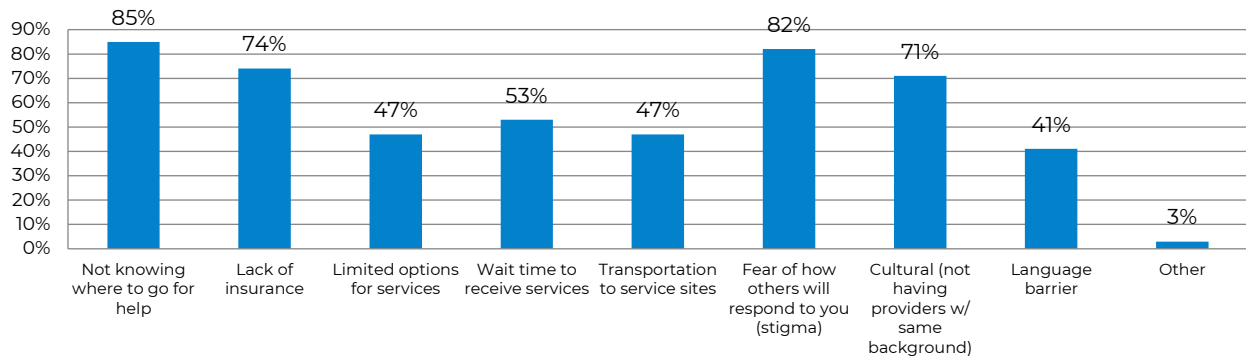
This survey is available in both English and Spanish and sent via email to stakeholders based on a distribution list which is updated throughout the year. In addition, a flyer was created with a QR code and distributed throughout the three cities which allowed participants to complete the survey online. The survey was also presented to specific advocacy groups including four cultural wellness advisory groups and community grant recipients.

Highlights from this survey include:

Indicate the population(s) you feel is most unserved/underserved in the below mentioned communities. (Check all that apply.)



**What do you feel are barriers to individuals seeking mental health support?
(Check all that apply)**



The following are a few examples of comments made by survey participants regarding how they would like to see future MHSA funds used to continue or secure more efficient programming to the community. These comments were presented to the MHSA workgroup participants and will be addressed by staff in future MHSA stakeholder meetings and workgroups.

<p>“Tri-City does the best possible job in providing services and saving lives with the extremely limited budget they manage. I trust that they will do better with more funding. This is one of the best mental health agencies in California. They are saving lives every day.”</p>	<p>“There needs to be more community outreach. Firsthand relationships should be made with constituents so that they know exactly what they need and are connected to resources without middleman. Continue having members of the community involve in the planning process of MHSA services.”</p>	<p>“Decrease in monoethnic hiring. Accountability. Cultural competency needs to be reinforced. Dignity and respect need to be enforced. All community members should have a voice at the table as there is implicit bias that prohibits all community members from having a seat at the table. All community members should have access to equal and appropriate care. Disparities are present.”</p>
<p>“Developing a student/peer led mental health education model for various schools to allow youth to educate each other on mental health issues and provide support in the event a classmate needs more. Utilize youth as advocates for Tri-City services in which student leaders can refer classmates to services.”</p>	<p>“Supportive services for TAY and at-promise youth (BIPOC and LGBTQI). Also, put funds toward Restorative Justice listening circles and RJ conferences for those who have been harmed/those who have done harm/ stakeholders.”</p>	<p>“Continue reaching out to all communities especially those not represented as much as they should be on staff. Find ways to overcome the barriers.”</p>
<p>“Highly recommend stop working with the police and believing that they can be effective mediators or entities that can de-escalate a situation, at that, a mental health crisis. Find alternatives to police being involved and stop working with them altogether and work through TAY’s carceral logic and reflect on how you perpetuate the prison industrial complex and how you can completely divest from funneling BIPOC folks into these institutions.”</p>	<p>“I would love to see the continued partnership with other non-governmental organizations (NGOs) who have a connection with the demographic that Tri-City doesn’t serve.”</p>	

Proposals Approved During the Community Planning Process

On February 24, 2022, stakeholders came together to review and provide feedback on four MHSA program updates.

1. Request to transfer \$1,000,000 from Community Services and Supports (CSS) Plan to Workforce Education and Training (WET) Plan

In FY 2020-21, Tri-City experienced the first wave of “The Great Resignation” resulting in thirty-four resignations equaling approximately 16% of Tri-City workforce at the time. By far, Clinical Therapists are the hardest position to attract and retain. In FY 2020-21 Tri-City hired twenty-four staff, fifteen of which were Clinical Therapists. By the end of the same fiscal year, 22 Clinical Therapists had resigned: 64.70% of the resignations for that fiscal year. In comparison, this FY 2021-22, we have hired 31 Clinical Therapists thus far and to date seventeen have resigned: 40.47% of the overall resignations for the current fiscal year

Over the last year, Tri-City has implemented numerous benefits and recruiting strategies to try and attract qualified talent such as:

- Hazard Pay
- \$500 Essential Worker Bonus
- \$2,500 Sign-on Bonus
- Longevity Pay
- 3% Cost-of-Living Adjustment
- Two new Loan Forgiveness programs

However, it is still difficult to compete with private managed care plans like Kaiser who are offering 100% remote work and sign-on bonuses of up to \$10,000. In order to remain competitive in attracting passionate mental health professionals in a climate where employees have their selection of opportunities, Tri-City needs to have the flexibility to create and implement strategies that have never been done before within the public sector, such as offer telecommuting on a more permanent basis, increase tuition reimbursement and loan program values, and provide comprehensive training and internship programs that are a direct pipeline to TCMH positions and the augment its ability to hire knowledgeable staff to help with implementation.

Voting Results:

Ninety-four percent of participants voted in favor of moving forward with the transfer of \$1,000,000 from the Community Services and Supports (CSS) Plan to the Workforce Education and Training (WET) plan to 1) provide one year of operating and training expenses 2) continuation of the loan forgiveness program 3) funding specialized training and conferences and 4) funding activities in promoting careers in mental health.

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from participants.

2. Request to transfer \$1,700,000 from Community Services and Supports (CSS) Plan to Capital Facilities and Technological Needs (CFTN) Plan

Tri-City's Chief Information Officer presented the current technology status of the agency and the need to update and upgrade several critical areas of technological support. These items included replacing outdated computer equipment and a refresh for other vital components including the overall network and security, and update software, including the implementation of Windows in 2024.

In addition, funding was requested for the purchase, construction and/or building expansion for any future MHSA program, client and/or staff space related needs.

Voting Results:

Ninety-four percent of participants voted in favor of moving forward with the transfer of \$1,700,000 from the Community Services and Supports (CSS) Plan to the Capital Facilities and Technological Needs (CFTN) plan for 1) property acquisition/construction/building expansion and 2) technology needs including computer turnover, network refresh, security refresh, paging system refresh and software-Windows implementation

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from the participants.

3. Request to allocate \$152,000 annually in Community Services and Supports (CSS) funds for salary and benefits to create three new Community Navigator positions

Stakeholders were presented with an overview of the Community Navigator program and the type of services and supports that community members, clients and staff have come to rely on. Tri-City currently has four navigators and has identified the need to add three more to the team.

In FY 2020-21, the Community Navigators saw an increase in the number of individuals served. In FY 2019-20, the CN's served 1,578 which increased to 1,812 in FY 2020-21. This highly qualified team of individuals also saw an increase in the number of contacts and requests for resources going from 4,429 to 7,179. This increase can be attributed in part to COVID 19 and the need for basic services. The primary resources requested include housing, shelters, food banks and mental health counseling.

Projected services provided by these three new Community Navigators include:

- Assisting clients who do not meet medical necessity with finding lower-level care and services.
- Assisting clients navigate insurance issues and non-mental health requests for services.
- Allow a Community Navigator to be embedded in the community at strategic locations where they can provide immediate support and/or linkage and referrals.
- Allows for faster response for individuals if other Community Navigators are already collaborating with clients.

- Assist clients who are struggling with obstacles when trying to connect to resources due to agencies having long waiting periods or long holds through the phone.
- Allows for additional Community Navigators to assist with resources when events, health, and medical screenings take place in the community.
- More staff available to help cover multiple resource and health fairs that may land on the same day

Voting Results:

One hundred percent of participants voted in favor of moving forward with allocating \$152,000 annually in Community Services and Supports (CSS) funds for salary and benefits to create three new Community Navigator positions.

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from the participants.

4. Request to approve the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives

Stakeholders were presented with the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives. This three-year project is the product of four months of community workgroup discussions which incorporated the results of Tri-City's Community Planning Survey and new Innovation Idea Survey.

Psychiatric advance directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. A PAD preserves an individual's voice and autonomy when receiving care by allowing them to state their preferences and choices for mental health treatment.

Five additional counties are currently a part of the Collaborative. Tri-City's financial contribution to this project is estimated to cost approximately \$800,000 and will continue forward through the final stages of the approval process.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation project was posted on Tri-City's website on March 11, 2022 for a 30-day public comment period ending April 12, 2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. This plan is was presented to the Mental Health Board during a Public Hearing on April 12, 2022. This plan was then presented to Tri-City's Governing Board on April 20, 2022 for approval and adoption.

Voting Results:

One hundred percent of participants voted in favor of moving forward with the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives.

The Multi-County Collaborative Psychiatric Advance Directives was previously reviewed and selected as a priority project by Innovation workgroup participants during the recent Innovation project development process which occurred between October 2021 and January 2022.

30-Day Public Comment Period and Public Hearing

The MHSA Annual Update FY 2022-23 to the Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2020-21. An electronic draft of this Annual Update was posted on Tri-City's website on March 11, 2022 for a 30-day public comment period ending April 12, 2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings.

On April 12, 2022, the Tri-City Mental Health Commission hosted the MHSA Public Hearing where community members were invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update for FY 2022-23 and the new Innovation project, Psychiatric Advance Directives (PADs). Participant feedback to staff was reviewed and incorporated into this plan. The Mental Health Commission unanimously endorsed both plans for submission to Tri-City's Governing Board for approval and adoption.

On April 20, 2022, Tri-City's Governing Board met and unanimously approved and adopted the Annual Update for FY 2022-23 and the new Innovation project, Psychiatric Advance Directives (PADs).



MHSA Programs

The following pages contain descriptions of each MHSA funded program. The descriptions include updates to the program's development; performance outcomes; and cost per participant calculations for programs that provide direct services.

The services provided for Fiscal Year 2020-21 are highlighted in each program summary by age group, number of clients served, and average cost per person.

Community Services and Supports (CSS)

The Community Services and Supports (CSS) Plan provides intensive treatment and transition services for people who suffer with serious and persistent mental illness or severe emotional disturbances, or who are at risk of SMI/SED.

- Full-Service Partnerships
- Community Navigators
- Wellness Center
- Supplemental Crisis Services | Intensive Outreach & Engagement Team
- Field Capable Clinical Services for Older Adults
- Permanent Supportive Housing

Full-Service Partnerships

Program Description

Full-Service Partnership (FSP) programs are designed for individuals who are experiencing serious emotional disturbance (SED) or severe mental illness (SMI) who would benefit from an intensive service program including housing support. The program uses a “whatever it takes” approach to help individuals achieve their goals. The Mental Health Service Act requires that 51% or more of the Community Services and Supports funds be used for Full-Service Partnerships programs.

Target Population

Unserved and underserved individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) including children and youth ages 0-15, transition age youth ages 16-25, adults ages 26-59 and older adults ages 60 and over.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2020-21	78	161	315	87	641
Projected Number to be Served FY 2021-21	88	168	327	90	674
Cost Per Person	\$21,082	\$11,873	\$11,925	\$7,150	N/A

Program Update

The overarching theme of the Full-Service program is the collaborative relationship between Tri-City Mental Health and the client. This may also include the client's family members when appropriate. Through this collaboration, a plan is developed to provide a full spectrum of therapeutic and community services where the client can achieve their identified goals. These support services may be mental health specific or non-mental health specific, and can include housing, employment, education, and integrated treatment of co-occurring mental illness and substance abuse disorders. Personal service coordination/case management is available to assist the client with accessing needed medical, educational, social, vocational rehabilitative and/or other community services.

During fiscal year 2020-21, a total of 641 individuals were served through the Full-Service Partnership program with the majority of these being adults ages 26 to 59. This number reflects only a slight increase in numbers served in FY 2019-20 which was 636.

Most participants served through the FSP program reside in the city of Pomona and identify their race as Hispanic or Latino. Primary diagnosis for adult FSP clients includes depressive disorders and schizophrenia and psychotic disorders. For Child/TAY, depressive disorders also represented the primary diagnosis.

During FY 2020-21 the FSP staff showed incredible resiliency despite the challenges that the pandemic presented both personally and professionally. For the first part of the year, there was minimal turn over. Staff continued to provide essential crisis support and field visits to ensure that clients were receiving needed support.

In response to the limitations of the pandemic, staff focused on increasing encouragement of family support and involvement. As a result, clients who required more assistance, their family support systems were prepared and made aware of how to respond. Increased access to LPS designated staff made crisis de-escalation more efficient contributing to a decrease in involuntary hospitalizations.

Highlights for adult FSP clients included a reduction in three categories as noted in the Department of Mental Health Outcomes Measurement Application: justice involvement, hospitalizations, and homelessness.

Challenges and Solutions

Adequate staffing continues to be a challenge for the Full-Service Partnership program. Since January 2021, Tri-City has experienced a significant reduction in workforce agency-wide including FSP staff.

During this past fiscal year, there was an increase in families who were struggling with being insufficiently housed. As a result, there was an increase in temporary emergency housing support using flex funds (funds designated to be used under special circumstances to cover additional or alternative support services). In addition, there was a shortage of housing resources available, and it was difficult to access resources due to restrictions related to the pandemic (i.e., rental offices not being open, lack of inventory).

To address the challenges related to housing needs, staff initiated an increase in collaboration between Tri-City's clinical and housing teams as well as external agencies (i.e., family solutions). Clinical teams also became more proficient in setting realistic goals and expectations with consumers and their families around housing. In the past fiscal year, a new policy was established regarding funding for temporary emergency housing funding. Staff were able to structure how they had conversations with clients about funding and resources better as a result. Along with this, clients were and continue to better understand what to expect.

Although there were several FSP clients that were responding well to the use of telehealth, the younger clients (under 10) and older TAYs (over 20) were struggling to participate in services. Staff were noticing that since the implementation of telehealth, clients were not attending sessions as consistently and seemed guarded or more difficult to engage.

To address the challenges with telehealth services, staff were able to evaluate their caseloads and increase field and in person visits to meet client care needs. There was an increase focus involving support systems in services. This not only helped clients engage in services but also ensured that clients had natural supports available, along with Tri City, during such a challenging time.

Finally, during this fiscal year, there was an increase of consumers who were using prescription medication such as Fentanyl and Xanax. Many staff didn't understand the risks of these substances and required training on how to support clients who may not be ready for substance use treatment.

To address the increase in prescription drug use, clinical teams collaborated with the Substance Use Disorder (SUD) team to make sure that staff were appropriately educate about these substances, the risks and treatment recommendations. Teams increased collaboration with

clients' support systems, psychiatrists, SUD providers, and external SUD programs. One area of ongoing improvement is collaboration with primary care doctors. Along with this, teams became more comfortable having regular conversations about substance use and the connection with mental and physical health. In addition, motivational interviewing has been a regular topic in group and individual supervisions.

Cultural Competence

Cultural barriers and challenges are a topic that's regularly discussed in group supervision, individual supervision, and staff meetings. When conceptualizing cases, efforts are made to consider how culture may impact mental health and how intervention is offered. With support of supervisors, staff are encouraged to educate themselves on the cultures that they are servicing and familiarize themselves with resources. Along with this, staff are encouraged to create safe spaces that affirm client identities and to have open, nonjudgmental discussions with consumers about how culture impacts mental health. When possible and desired by clients/families, teams look to identify support systems that share similar identities as client/family. Often, staff make referrals to Community Wellness Advocates (CWA) or Peer Mentors so that clients/families have a support person that is representative of their culture and background.

In addition, the FSP program seeks to hire staff that are representative of the population we serve. When this is not possible, Tri-City seeks to identify supports in the community or within other internal programs that are available to clients (i.e., language line, CWAs, peer mentors). This helps to reduce barriers to services. Along with this, the program makes efforts to consult and educate staff so not to further perpetuating the disparities.

Training continues to be an ongoing need, especially pertaining to supporting the LGBTQ+ population. As there has been a great deal of staff turnover, there are staff who have not received core trainings to educate them on important concepts that ensure we are providing inclusive and affirmative services. However, the leadership team continues to make these topics relevant in their own conversations to ensure that internal trainings are prioritizing these topics.

Community Partners

Housing

Tri-City's clinical and housing teams collaborate regularly to support families who may be insufficiently housed access resources in the community. The housing team and clinical team communicate often to discuss available resources and feedback provided to families.

Along with this, the clinical programs often collaborate with external housing resources such as YCES, Family Solutions, House of Ruth, Hope for Homes, Cedar Springs, etc. In doing this, clinical teams can better understand resources available and steps they may need to support clients/families in taking to obtain resources.

Substance Use Disorder (SUD) Teams

The FSP and internal and external SUD programs also communicate and collaborate regularly as well. SUD providers join FSP meetings regularly to streamline communication and feedback when discussing high risk cases. Staff regularly hold treatment team meetings together, both with and without family, to make sure that everyone is efficiently and effectively supporting clients in their treatment goals. Internal SUD providers help the clinical team in enrolling clients in external SUD programs and establishing lines of communication.

Department of Children and Family Services (DCFS) and Probation

Treatments teams regularly collaborated with DCFS and probation. The purpose of this collaboration is to highlight progress, strengths, and potential needs that clients and families may have that may be preventing them from meeting their recovery goals. These teams come together to support clients and families to remove these barriers to meeting goals (i.e. needing SUD services). Collaboration is done through Child and Family Teaming meetings, Treatment team meetings, and regular collateral contact.

Schools

Staff regularly communicate with schools to make sure that sufficient support is provided in the school setting. Often, school officials can see strengths and challenges that clients may have that clinical staff cannot. Clinical teams also collaborate with school mental health teams when there are crises needs to ensure that clients get the needed support to keep them safe and to transition safely back to school.

Other

One area that needs improvement is collaboration with medical providers, in particular primary doctors. This will be a goal in the next fiscal year.

Success Story

Adult FSP

An adult client enrolled in FSP services who was struggling with managing his mental health symptoms. This client remained in the FSP program for 3 years as he struggled with engaging and managing recovery. Over time, by consistently attending appointments, meeting with services as scheduled and following through with treatment, this individual was able to transition to adult outpatient, a lower level of care, and continued with treatment services.

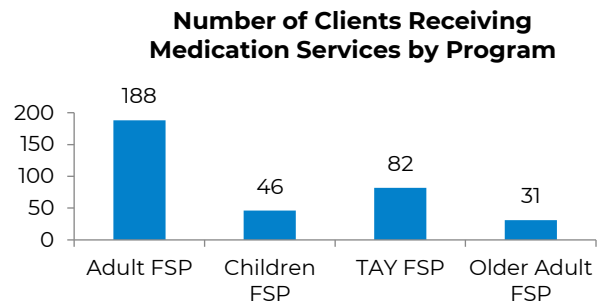
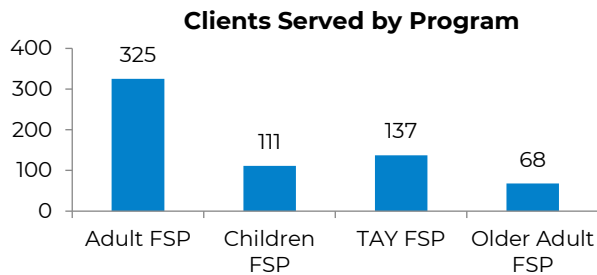
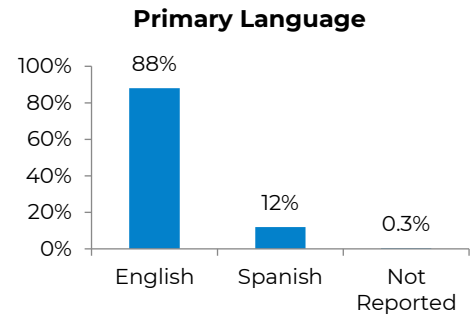
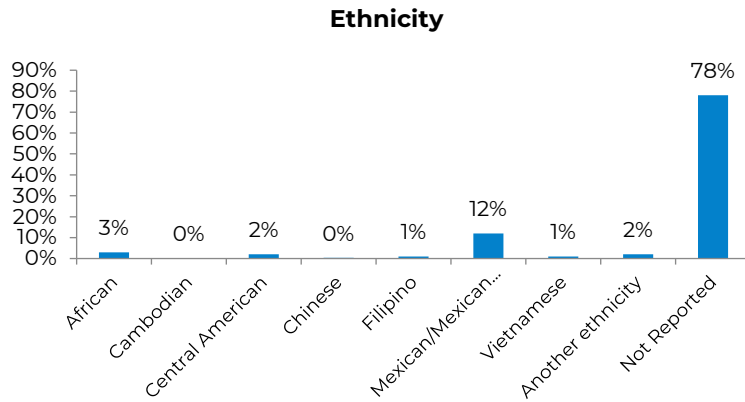
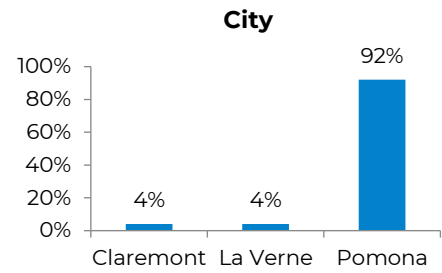
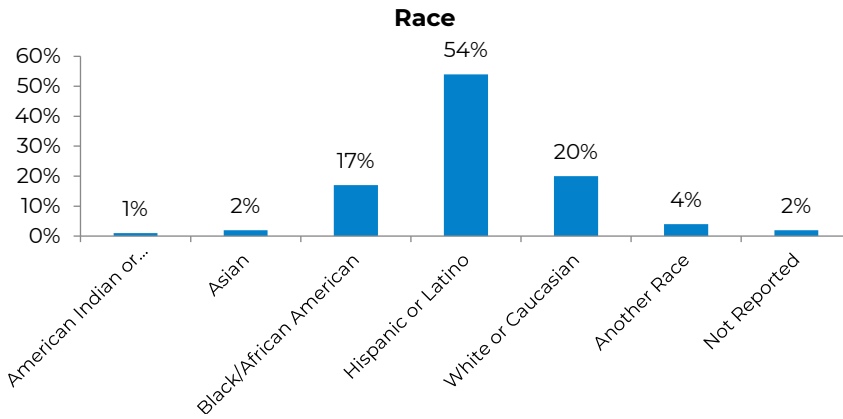
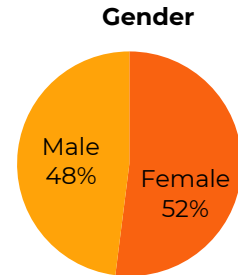
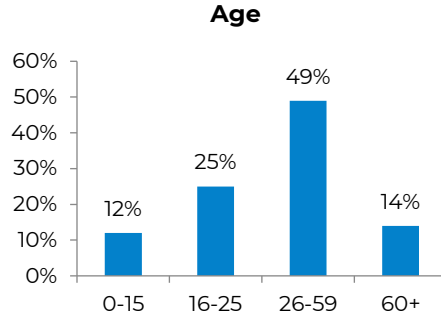
Child and TAY FSP

A transition age youth was referred to Tri-City due to being insufficiently housed. In addition, this client had experienced severe psychosis that was contributing to several unsafe behaviors leading to involuntary hospitalizations. This client was distrusting of providers and would often avoid phone calls or visits from providers and would block communication between his treatment team and his natural supports. The FSP team did extensive outreach and support to re-engage the client in treatment who then began participating more regularly and became medication compliant. The client was able to re-establish relationships with family members who became a primary source of support and was able to then obtain stable housing and employment.

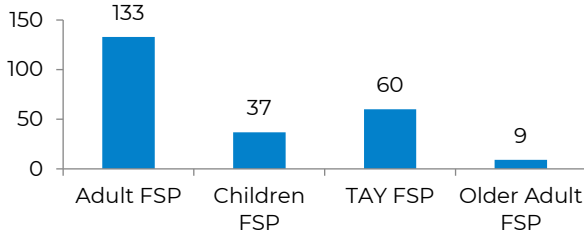
Program Summary

How Much Did We Do?

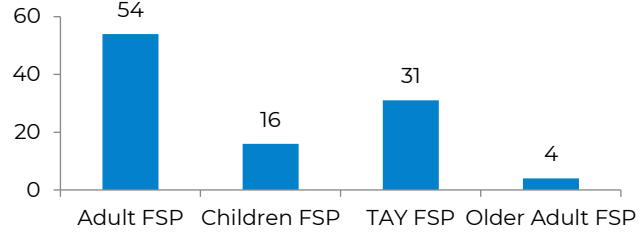
641
Individuals
Served



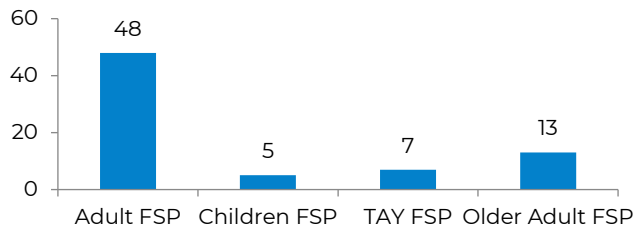
Number of Crisis Episodes by Program



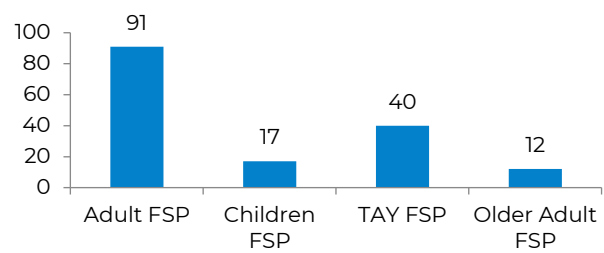
Number of Unique FSP Clients with Crisis Episode by Program



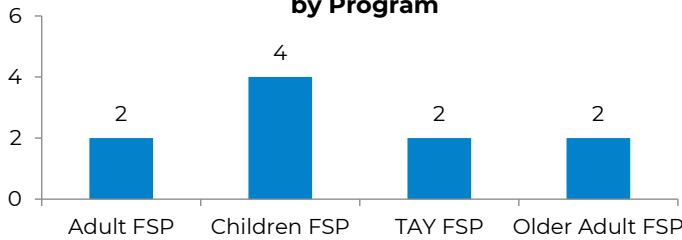
Number of FSP Clients Connected to Housing Services by Program



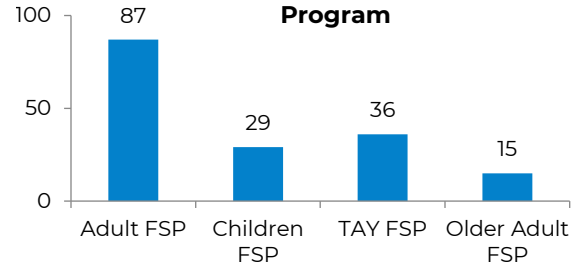
Number of FSP Clients Connected to Co-occurring Services by Program



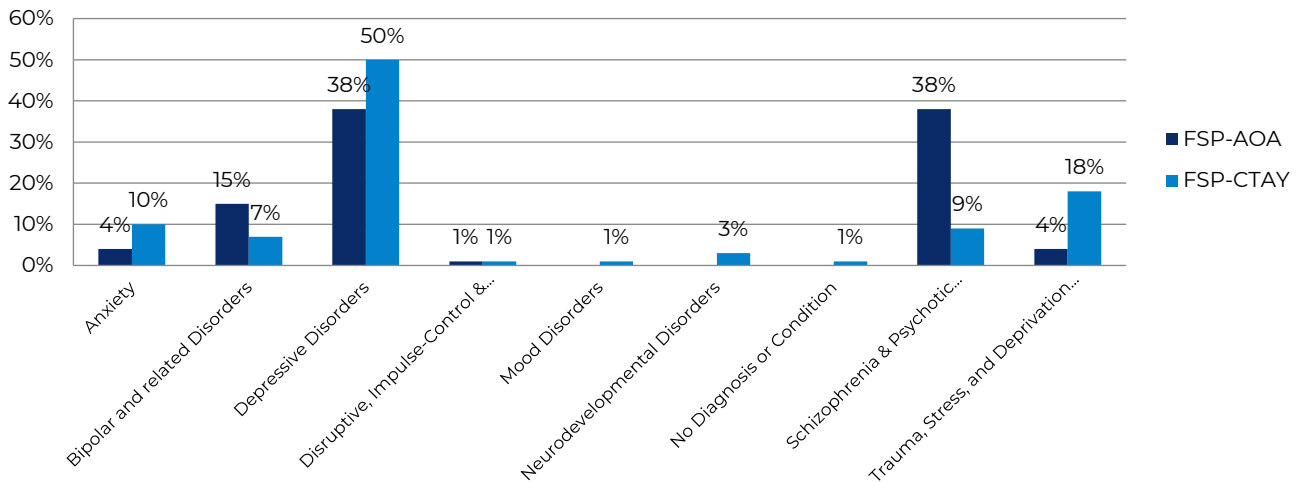
Number of FSP Clients Connected to Therapeutic Community Gardening Program by Program



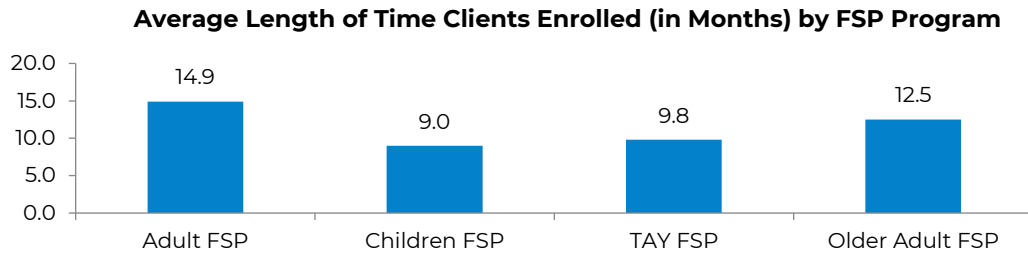
Number of FSP Clients Connected to Clinical Wellness Advocates by Program



Primary Diagnosis By Program



How Well Did We Do It?



Is Anyone Better Off?

FSP Adult and Older Adult

216
Discharges During
FY 20-21

FSP Children/TAY (CTAY)

146
Discharges During
FY 20-21

OMA Outcomes for FSP CTAY (n=100)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	25% (n=25)	2% (n=2)	Yes
Hospitalizations	46% (n=46)	11% (n=11)	Yes
Homelessness	15% (n=15)	13% (n=13)	Yes
Expulsions/Suspensions from School	10% (n=5)	0% (n=0)	Yes

OMA Outcomes for FSP Adult/Older Adult (n=90)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	47% (n=42)	1% (n=4)	Yes
Hospitalizations	57% (n=51)	20% (n=18)	Yes
Homelessness	59% (n=53)	48% (n=43)	Yes

Community Navigators

Program Description

Since 2009, the Community Navigators have served as the primary connection for community members to local resources, including informal community supports and available formal services. In addition, Community Navigators work closely with community partners, non-profit organizations, agencies, community food banks, and faith-based organizations who often contact Community Navigators for assistance. Resources include mental health services, substance use treatment, support groups and parenting classes. Community Navigators also collaborate with local advocacy groups in an effort to build a localized system of care that is responsive to the needs of the clients and community members we serve.

Target Population

Tri-City clients, community members and local organizations who request referrals and linkage to clinically and culturally appropriate resources and services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Total Served
Number Served FY 2020-21	94	139	1,128	148	303	1,812
Cost Per Person	\$175	\$175	\$175	\$175	\$175	\$175

Program Update

In FY 2020-21, the Community Navigators saw an increase in the number of individuals served. In FY 2019-20, the CN's served 1,578 which increased to 1,812 in FY 2020-21. This highly qualified team of individuals also saw an increase in the number of contacts and requests for resources going from 4,429 to 7,179. This increase can be attributed in part to COVID 19 and the need for basic services. The primary resources requested include housing, shelters, food banks and mental health counseling.

Challenges and Solutions

One of the primary goals for FY 2020-21 was the identification and reestablishment of community connections and resources that were depleted during the COVID 19 pandemic. Many agencies and organizations were forced to close or lost their funding streams during this time and those that survived are now beginning to reopen. Community Navigators have made it a priority to attend local resource and health fairs in order to update their list of current and viable resources.

Finding local psychiatrists that accept Medi-Cal health plans has also been a challenge. Individuals who request services and medication support but do not meet medical necessity are referred to their primary care physicians for their medications.

The Unite Us platform, a coordinated care network, will play a critical role in FY 2021-22 for the Community Navigators. This new platform will streamline the referral process and allow Navigators to electronically refer individuals to multiple community partners in real time and also track their progress.

Cultural Competence

The Community Navigator program consists of highly trained individuals who are bilingual in English, Spanish, and Vietnamese. This has proved to be helpful since there is a high population of Spanish speaking individuals in Pomona. When out in the community, the Navigators can engage monolingual Spanish and Vietnamese speaking families and individuals. In addition, some of the navigators identify with lived experience or were raised in the area so they can better connect with local clients they serve.

The Community Navigator program receives ongoing cultural inclusion training to better assist the populations that they serve. In addition, Community Navigators are trained to identify and research any resources that can help further support the mental well-being of individuals who have additional barriers. Finally, all flyers and outreach materials are available in both English and Spanish.

Community Partners

- **Hope for Home Service Center** - The Community Navigators have 6 beds available for clients. Navigators also collaborate closely with the Center to assist other individuals with resources and support.
- **The City of Pomona** - Navigators often get referrals from the city to help assist families and individuals who need assistance.
- **Police Departments** - The police departments in each of the three cities contact Community Navigators when they encounter individuals in need of resources or homeless assistance.
- **East Valley Medical Center** is a partner at the Hope for Home Service Center where Navigators often refer clients for COVID-19 medical clearance when putting a participant at Hope for Home and for other medical care.
- **Volunteers of America** - Navigators work closely with many of the case managers that are stationed at Hope for Home.
- **Family Solutions** - Navigators often refer families for additional crises housing and support.
- **Union Station** - Navigators will outreach to the homeless with teams that are assigned to Claremont and La Verne.
- **Los Angeles Homeless Services Authority (LAHSA)** - Navigators are able to enter data into the Homeless Management Information System (HMIS) and put homeless clients into the Coordinated Entry System (CES) to help further assist our clients.

Success Story

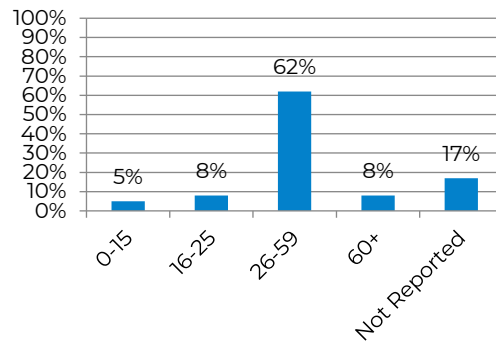
A single adult with a terminal illness was experiencing homelessness in the Tri-City area and residing in their car. After contacting the Community Navigator program for assistance, they were able to receive referrals for both food and housing. However, the client refused emergency shelter due to a negative experience in the past. The Community Navigators were then able to connect them with an agency that secures housing for individuals with terminal illnesses where they received a placement. In addition, the Navigators submitted a referral for this individual to the Change Reaction, a non-profit community support organization, where they were approved for assistance with moving to their new apartment including a portable washer to help meet medical needs. The client was very thankful and continues to be permanently housed.

Program Summary

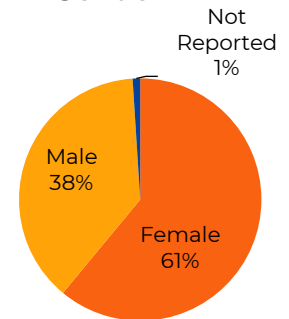
How Much Did We Do?

1,812
Unique
Individuals Served

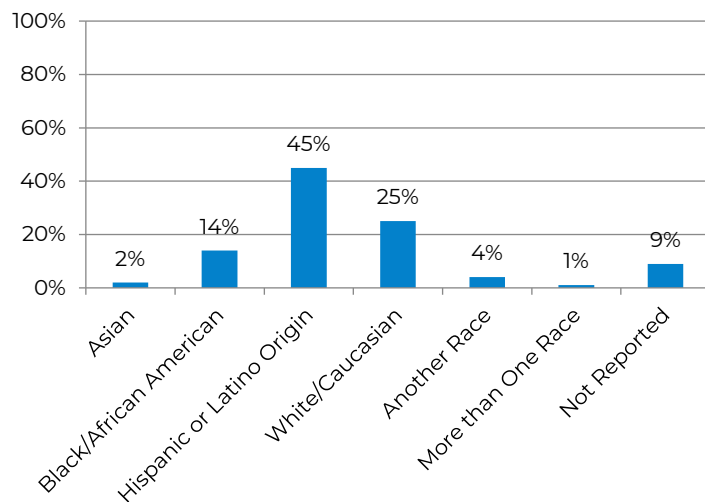
Age



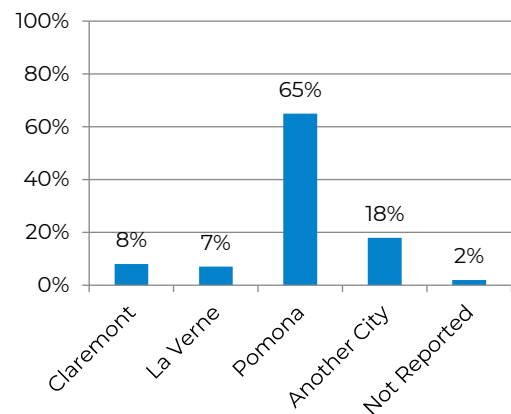
Gender

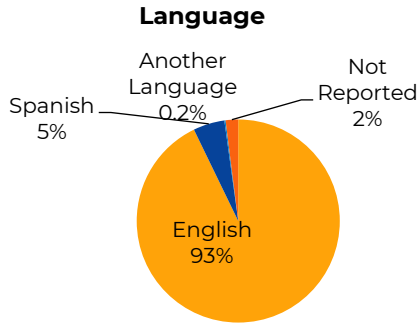


Race



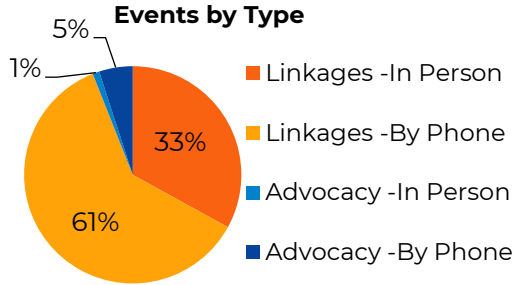
City



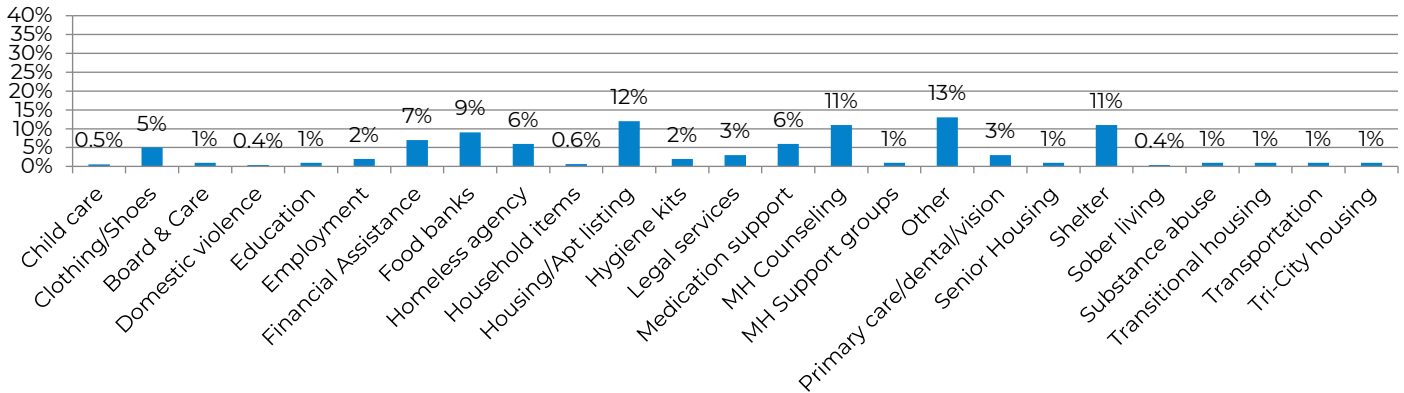


690
Unique Homeless Individuals

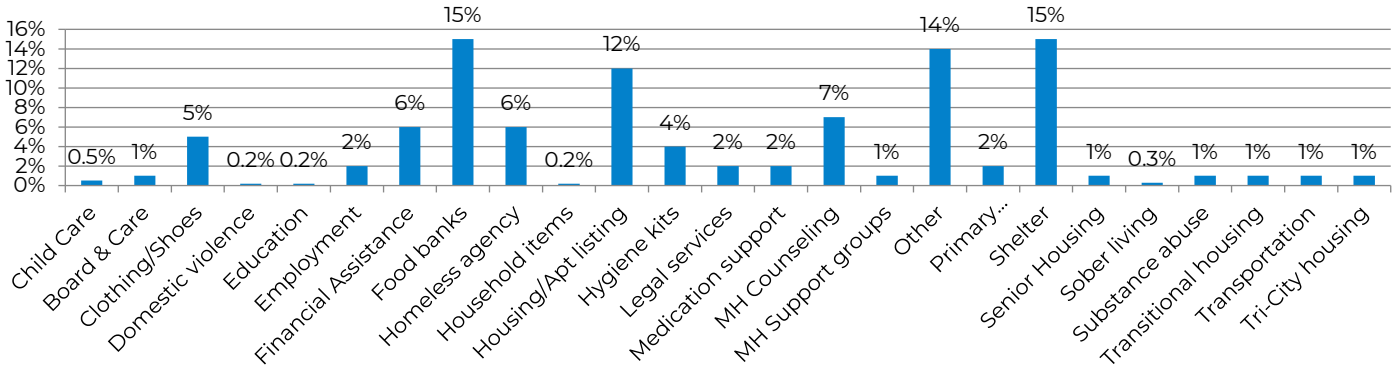
7,179
Linkages made by
Community Navigators



All Linkages by Type

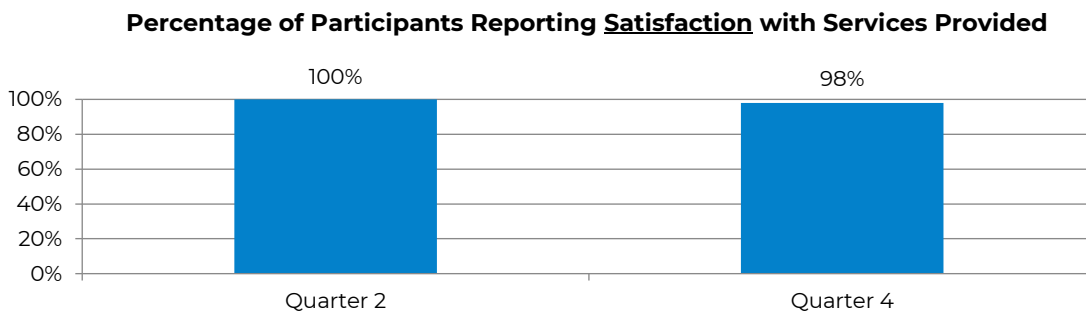
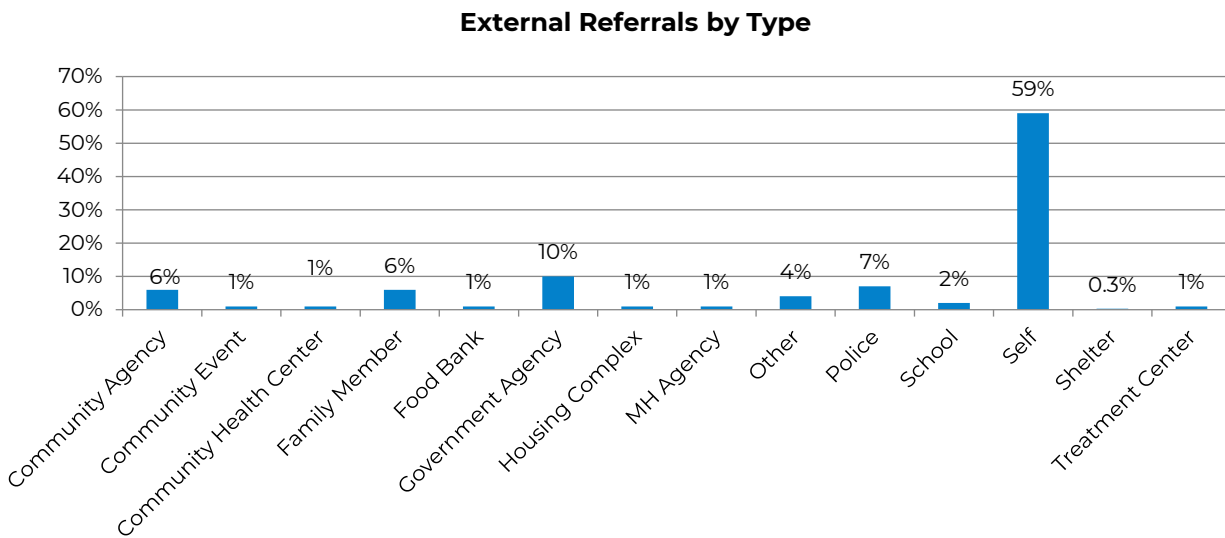
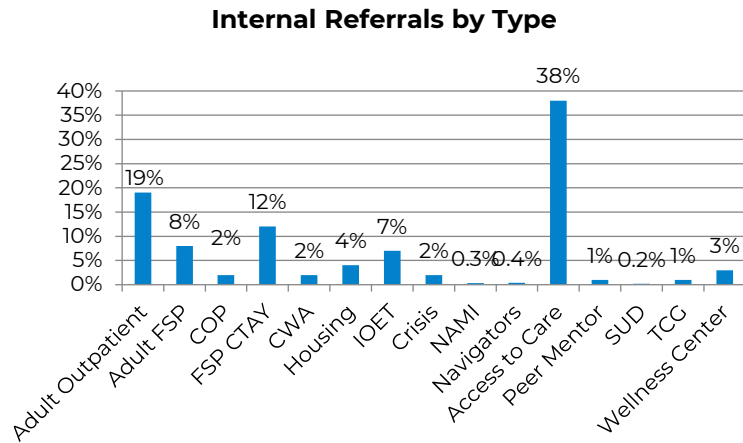
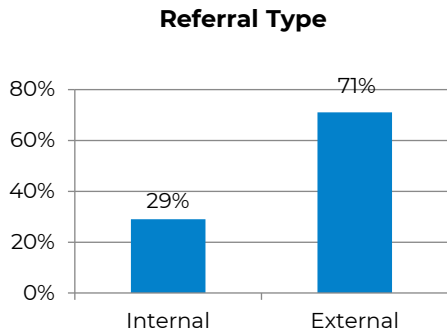


In-Person Linkages by Type



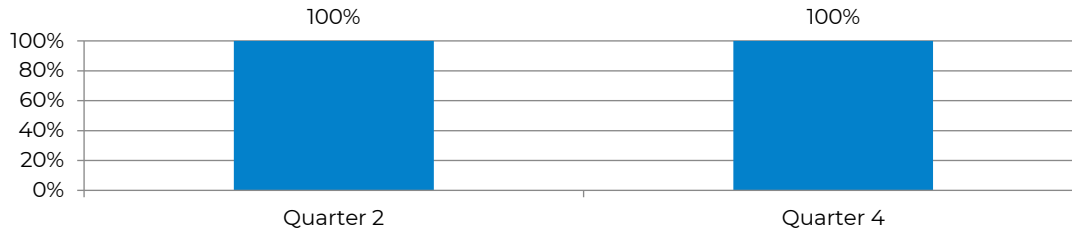
Navigator Outreach Data not available for this fiscal year

How Well Did We Do It?



Is Anyone Better Off?

Percentage of Community Partners Reporting, “if needed to find community resources again, would you contact the community navigators?”



How did you benefit from talking with a Community Navigator?

“Resources provided for friend”	“It helped me a lot because I would not know where to find a Psychiatrist”
“It is hard to find resources yourself so I am glad they have navigators to help”	“I was able to get the help I needed”
“I was so grateful to get the help I needed for what I was asking for”	“I was glad to speak with the navigators because they are able to find me the resources I needed”
“I was able to get the resources I needed right away”	“I would have not been able to find those resources myself”
“I am able to find a safe place for my friend”	“I got assisted quickly with mental health resources”
“I was glad to get help from a navigator”	“I was pleased talking with the Navigator and getting help”
“Helped me with supplies to protect myself from COVID”	“I am glad the navigator was able to find me some meetings”
“I am happy to get help being I do not know where I would find what I need”	“My conversation went well and it was very helpful for me”
“The Navigator was very helpful”	“Help with finding a detox that I can afford”
“I was happy to speak with a Navigator and get the resources I needed”	“I will be taking my son to the place you referred me to”
“I was happy to get the resources I needed for my child”	“I got the Food Bank List”
“Client was provided with shelter and transportation to shelter”	“I’ll be sheltered and be in a safer environment”

Wellness Center

Program Description

The Wellness Center serves as a community hub that sponsors support groups and provides an array of holistic services through collaboration with other community partners. Specialized services include activities focused on TAY, older adults, and employment support. Services include support groups, educational resources and workshops, recreational activities, employment, and vocational support. Wellness staff include peer advocates, volunteers and clinical staff who can help participants engage in support services designed to increase wellbeing.

Target Population

The Wellness Center promotes recovery, resiliency, and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	12	164	557	98	38	869
Cost Per Person	\$632	\$632	\$632	\$632	N/A	\$632

Program Update

As with many MHSAs programs and support services, the Wellness Center had to respond quickly to the pandemic in order to provide as much continuity of services as possible. During FY 2020-2021, the Center was forced to transition an average of 72 monthly in-person support groups to virtual care via a telehealth platform. Through this adapted method of service delivery, the Wellness Center staff were still able to offer 40 support groups utilizing a virtual platform.

During this time, the Center's full-time staff were home-based while a small number of part-time staff were available onsite. Although the staff and community are waiting patiently for the return to full in person service within the next fiscal year, efforts are currently underway to develop a hybrid model which will allow for both in-person and virtual delivery of services.

Challenges and Solutions

The biggest challenge faced by the staff in FY 2020-21 was the transition associated with moving from in-person services to a virtual platform. In addition, many Wellness Center participants found it difficult to make the switch to telehealth including limited knowledge on how to navigate these applications as well as having access to adequate technology to support their efforts.

In response to these challenges, Wellness Center staff engaged in extensive training to improve the delivery of services utilizing a virtual platform. Staff focused on addressing issues and

identifying solutions related to the lack of technology for participants where it became a barrier for participating in the virtual groups.

Cultural Competence

Cultural inclusion is critical to the success of the Wellness Center. The Center has implemented specific groups to target LGBTQ, Spanish monolingual and TAY communities. These services are free and include linguistic support offered in several languages as well as groups designed for specific age populations. Materials are offered in the threshold languages and the Center strives to create a space where individuals can feel safe and heard.

Community Partners

The Wellness Center works closely with outside community organizations to strengthen their network of support. Examples include Generation Her, a teen parent support group; Al-Anon for family Alcoholics Anonymous (AA) support; MSW Consortium for workforce development and other local community-based organizations for specific age-related services.

Success Story

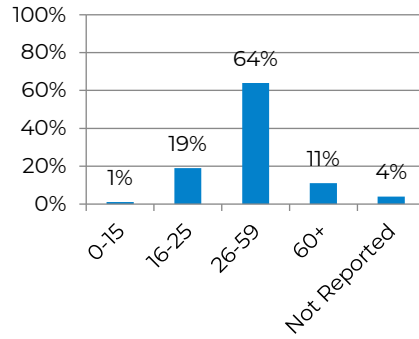
Over several years, a Wellness Center attendee participated in employment/ vocational services at the Center. Although homeless, this individual discussed their interest in obtaining a fulltime job and hoped to eventually rent their own apartment. After meeting with Wellness Center employment staff, this individual received resume assistance, current job leads and was invited to various hiring events. Center staff assisted with the application process due to this individual's limited computer skills and access to a computer. A date was scheduled for them at the Wellness Center to take their employment exams. A laptop was provided in the employment office at the Wellness Center and staff assisted with linking them to the exams. Within a few weeks of completing the exams, they received an email with a contingent offered of employment. This individual was excited about this new opportunity and reported that they could not have completed the application without the support and encouragement of the Employment team at the Wellness Center.

Program Summary

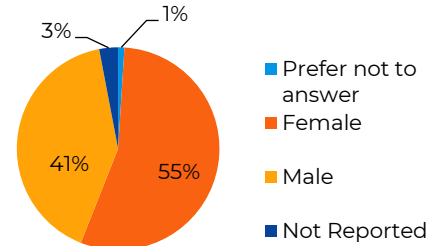
How Much Did We Do?

869
Unique
Individuals
attending
Wellness Center

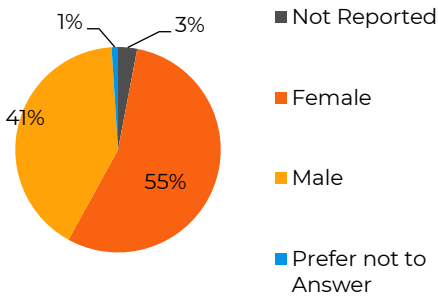
Age Group



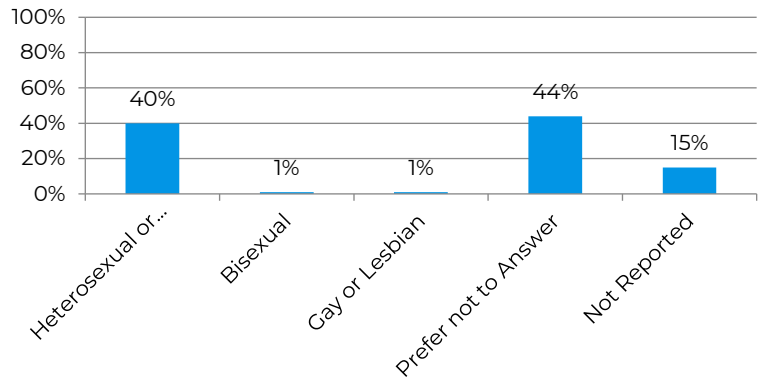
Current Gender Identity



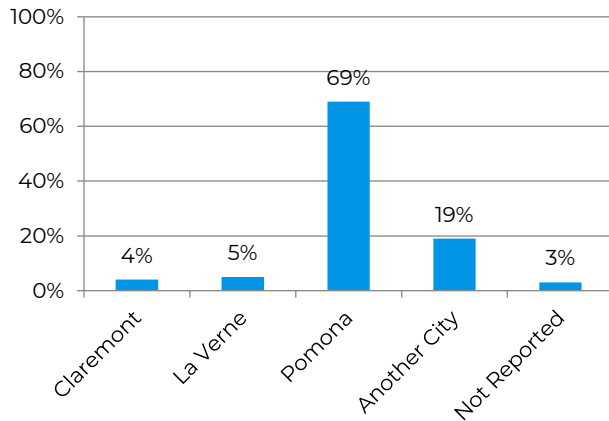
Assigned Gender at Birth



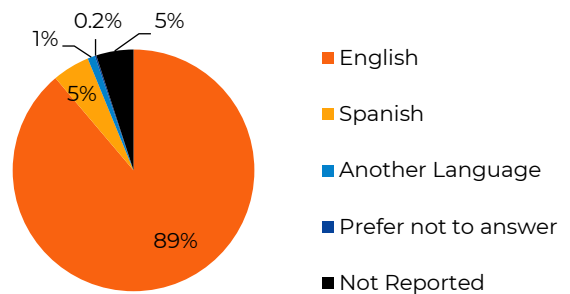
Sexual Orientation



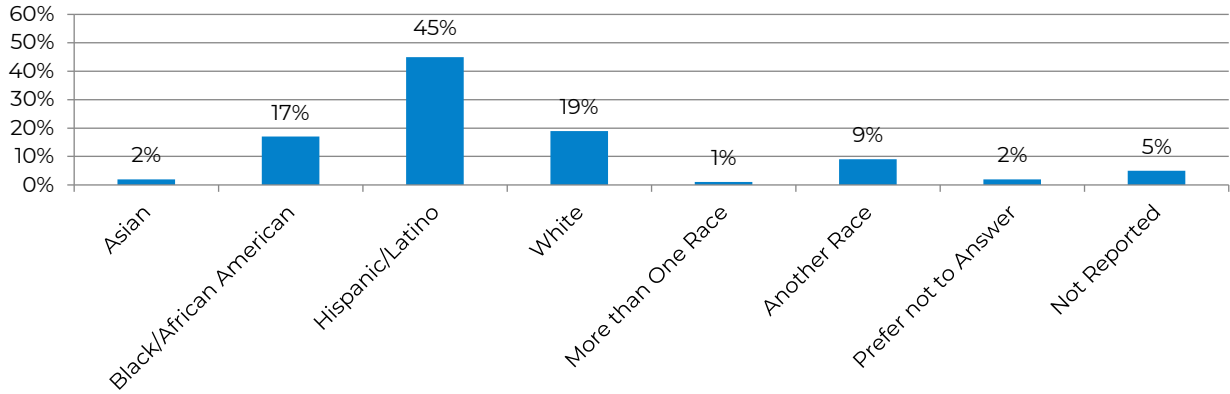
City



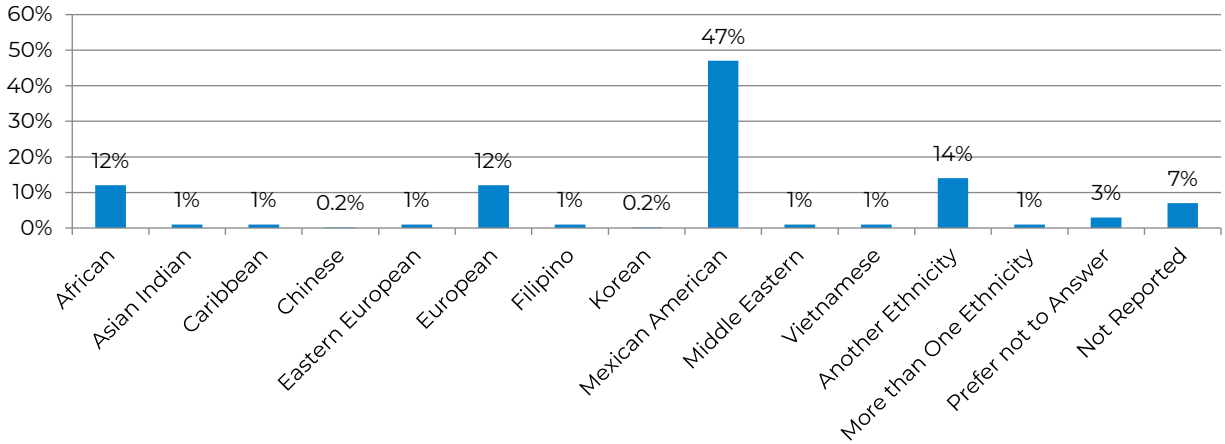
Primary Language



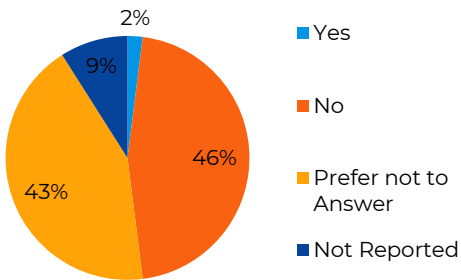
Race



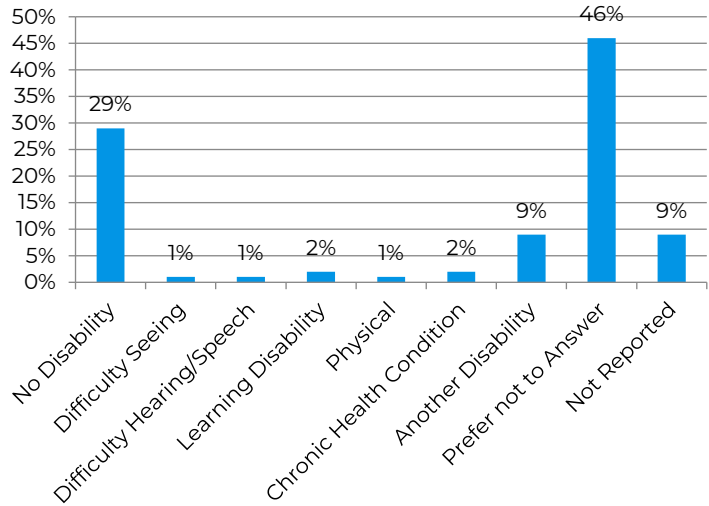
Ethnicity



Veteran



Disability



How Well Did We Do It?

17,391

Number of Attendees at
Wellness Center Events
(Duplicated Individuals)

Number of Times People Visited

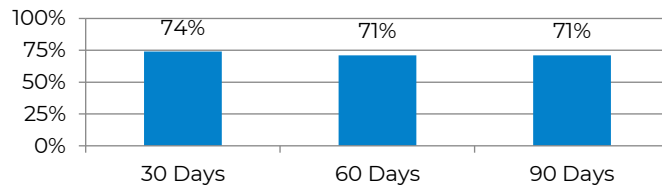


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Adult Orientation (Group)	25	1
Anger Management (Group)	53	9
Anxiety Relief (Group)	55	8
Dual Recovery Anonymous (DRA) (Group)	50	6
Freedom Through Reality (Group)	52	11
Lose the Blues (Group)	48	4
Men's Depression (Group)	55	3
Socialization (Group)	49	9
Strong Women (Group)	55	7
Women's Self-Esteem (Group)	41	6
Comadres y Compadres (Group Español)	53	3
Sobrellevando La Ansiedad (Group Español)	45	3
Socialization (Group Español)	51	3
College Wellbeing (Group)	19	1
Computer Class Beginner (Vocational)	2	1
Educational/School (Vocational)	3	1
Employment Workshop (Vocational)	37	2
GED Prep (Vocational)	46	2
Hiring Event (Vocational)	8	11
Job Search (Vocational)	248	5
Resume/Interview (Vocational)	37	1
Work Maintenance (Vocational)	19	1

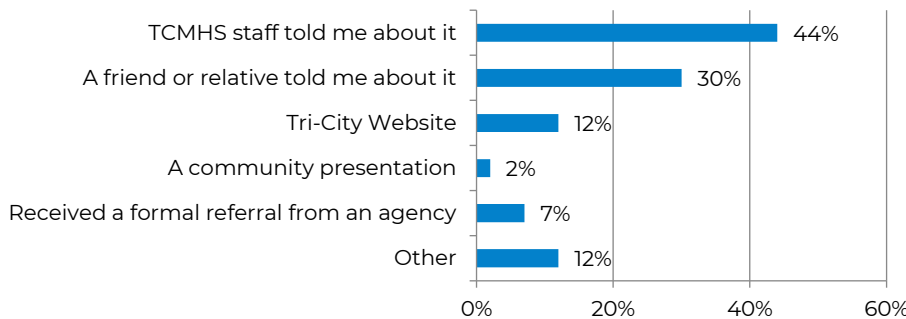
Contacts by Type	Number of Times Contact was Made
Attendance Letter	56
One-on-One	30
CCEF Grant	39
Brief Check-in	11
Other	363
PC Lab	560
Phone Call – Wellness Calls	10,711
Vocational – Phone Calls	313

31
Individuals Secured
Employment

Percent of Participants who Maintain Employment at 30 Days · 60 Days · 90 Days

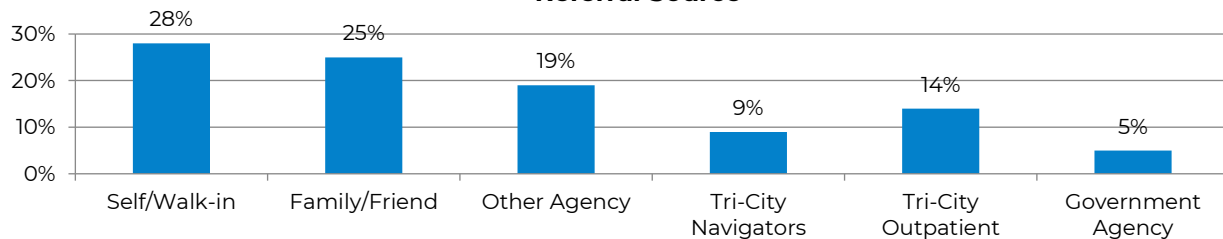


How Did You Learn About the Wellness Center Programs? (Choose All that Apply)



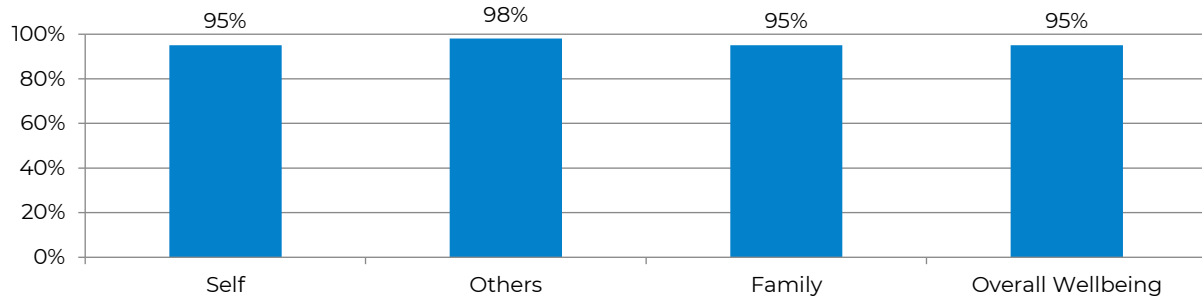
93%
Satisfied with
the “Help I get
at Wellness
Center
Programs”

Referral Source



Is Anyone Better Off?

Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs



Supplemental Crisis Services

Program Description

The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMHC services. Crisis walk-in services are also available during business hours at Tri-City’s clinic location. Through follow-up efforts by the Intensive Outreach and Engagement Team (IOET), individuals located in the community who are having difficulty connecting with and maintaining mental health support can receive services in an effort to help reduce the number of repeat hospitalizations and guide these individuals to the most appropriate care.

Target Population

Individuals in crisis and currently not enrolled in Tri-City for services, who are seeking mental health support after-hours. Individuals located in the community who are having difficulty connecting with and maintaining mental health support.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	63	129	660	127	302	1,281
Cost Per Person	\$706	\$706	\$706	\$706	N/A	\$706

Program Update

During FY 2020-21, the Supplemental Crisis Services program received 244 after-hour crisis calls (which was a 112% increase from the previous year). Even with a higher number of crisis calls for the year, program staff continued to demonstrate the ability to decrease the level of stress for callers (1 mild and 10 severe). The average level of caller distress decreased from 3.94 at the beginning of call to 2.52 at the end of the call. The primary reason for contacting the SCS team is by someone with symptoms who is seeking support followed by individuals who are requesting resources.

The Intensive Outreach and Engagement (IOE) team was specifically designed to reach underserved populations. The IOE team utilizes a field-based approach to outreach to known “hot spots” within the communities including encampments, parks, abandoned buildings, freeway underpasses, Hope 4 Home Service Center and home visits. They offer a whole person system of care, in which staff address all aspects of the individual’s needs.

This team of highly qualified staff receive the highest number of crisis referrals of all departments within Tri-City. In FY 2020-21, the IOE team served 982 individuals with 342 cases opened for services within Tri-City Mental Health, primarily in adult outpatient services.

Challenges and Solutions

Although this program experienced an increase in the number of requests for assistance, Tri-City staff continue to respond to every call with a focus on the needs of each individual and the goal of meeting them “where they are”. With an ever-changing environment due to the pact of COVID, the staff met each new challenge or obstacle with a strong commitment to continue assisting community members in crisis while navigating barriers to any needed service.

Cultural Competence

The Intensive Outreach and Engagement Team (IOET) demonstrates a non-judgmental approach to working with all individual. Each person is treated on an individual basis and without the use of labels. The IOE team incorporates literature regarding resources and referrals geared towards providing information that is culturally relevant on how to access both formal and informal services through several different avenues (traditional office, phone, or other electronic media). This allows for the individual to choose an entry point that is most comfortable and conducive to their specific needs.

The IOE team is committed to removing barriers even before they encounter a person in need. Examples of these anticipated barriers include eliminating any narrative, legal status, criminal history, medical issues, or other extenuating factor, as long as there is not eminent danger and policy allows, in order to provide fair and equitable service to those in need.

Community Partners

The Intensive Outreach and Engagement Team is actively engaged with several community partners with the goal of providing the highest quality of support and resources. A few examples of this extensive network of support includes partnerships include Claremont, La Verne, and Pomona Police Departments, Los Angeles Homeless Services Authority (LAHSA), Union Station Homeless Services, ARC (housing advocacy), Department of Public Social Services, Prototypes (Drug Rehabilitation), East Valley Community Health Center, Hope for Home, as well as the cities Of Claremont, La Verne, and Pomona.

Success Story

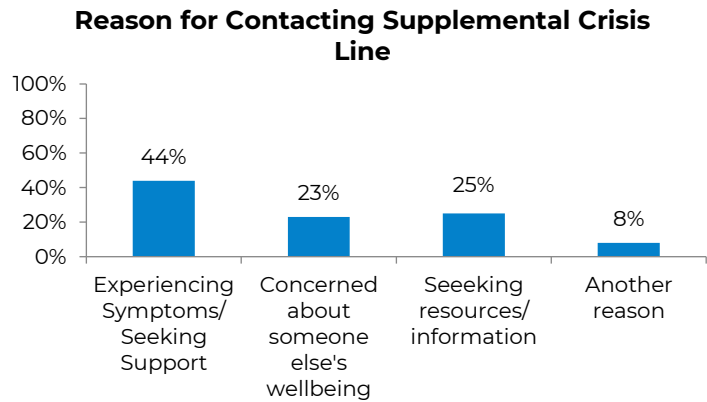
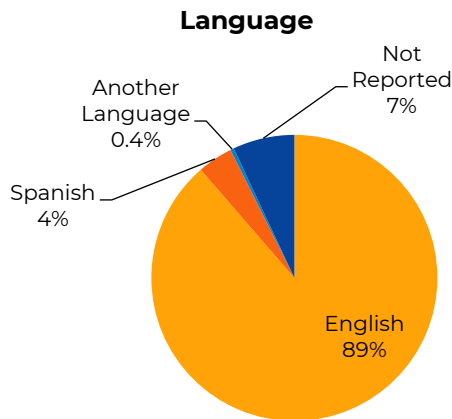
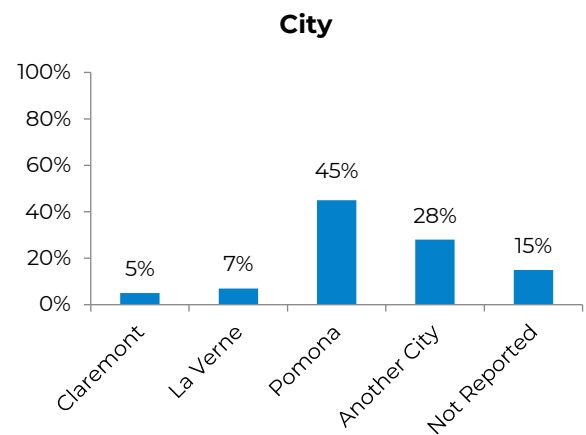
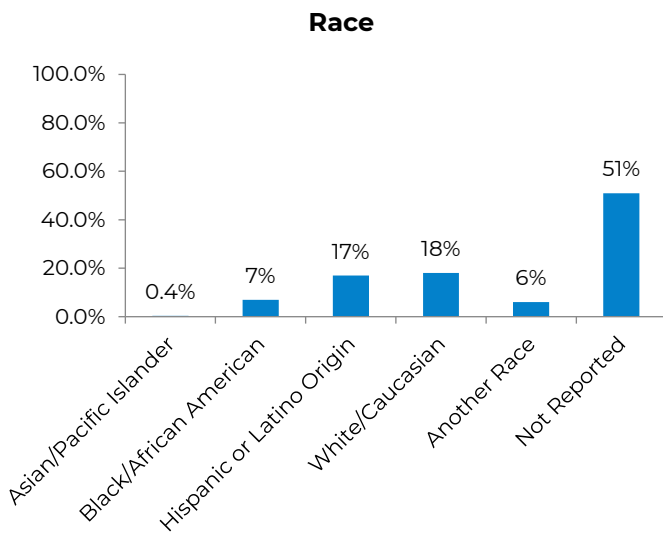
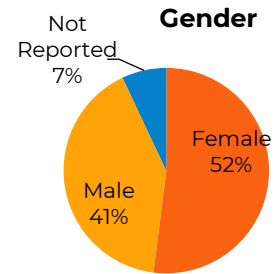
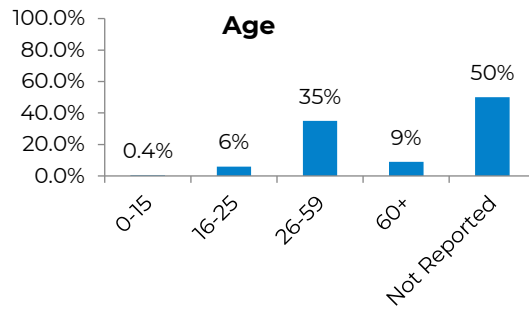
Throughout FY 2020-21, the Intensive Outreach and Engagement Team continued its commitment to removing barriers even before they encounter a person in need. Examples of these anticipated barriers include eliminating any narrative, legal status, criminal history, medical issues, or other extenuating factor, as long as there is not eminent danger and policy allows, in order to provide fair and equitable service to those in need. Known as the “Go To” team, the IOET received the highest number of referrals from the Supplemental Crisis call lines.

Program Summary

How Much Did We Do?

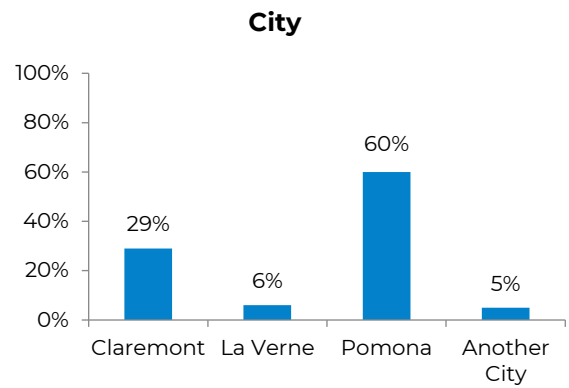
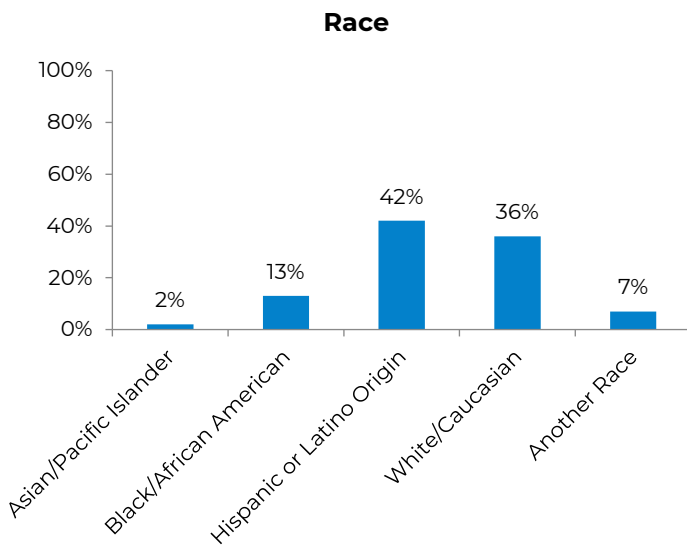
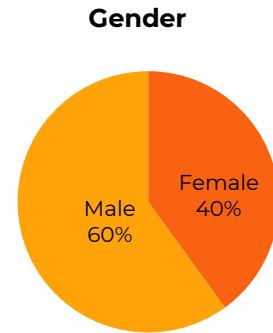
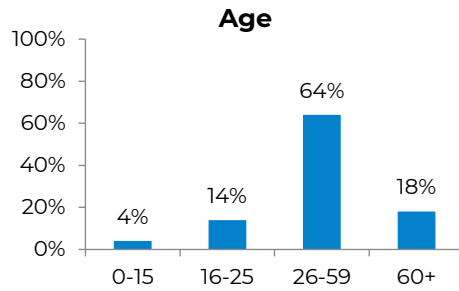
Supplemental Crisis Calls

244
Supplemental
Crisis Calls

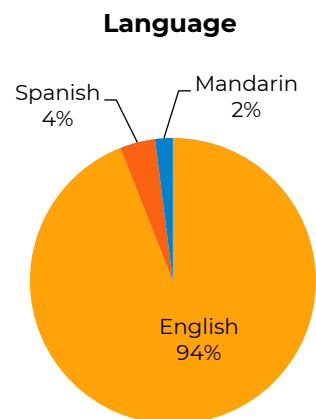


Supplemental Crisis Walk-Ins

55
Individuals
Served



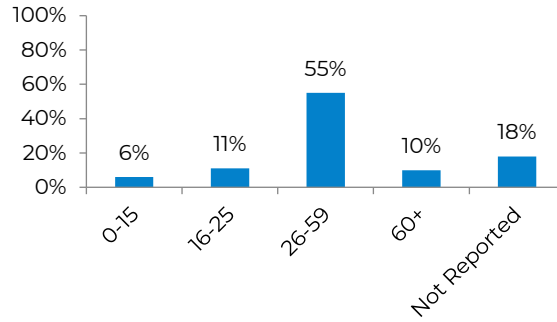
46%
Crisis walk-ins also
outreached by the Intensive
Outreach and Engagement
Team



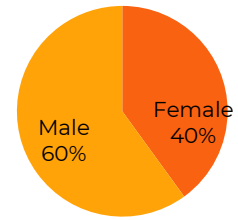
Intensive Outreach and Engagement

982
Individuals
Served

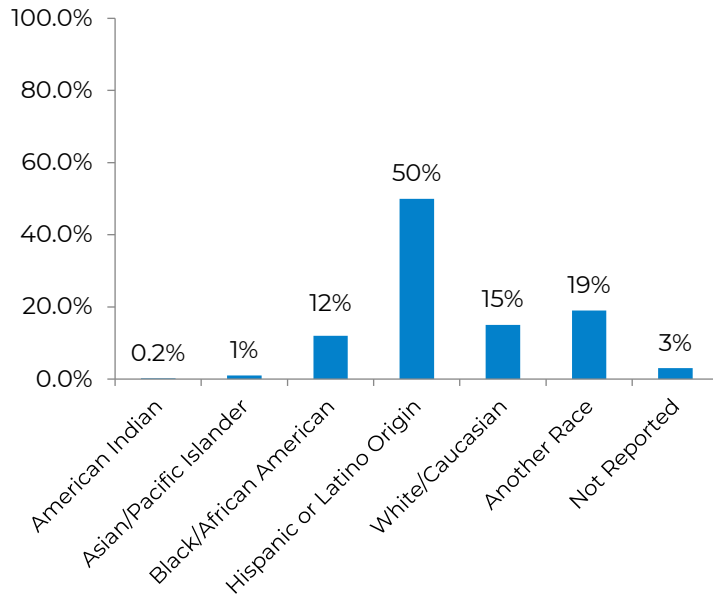
Age



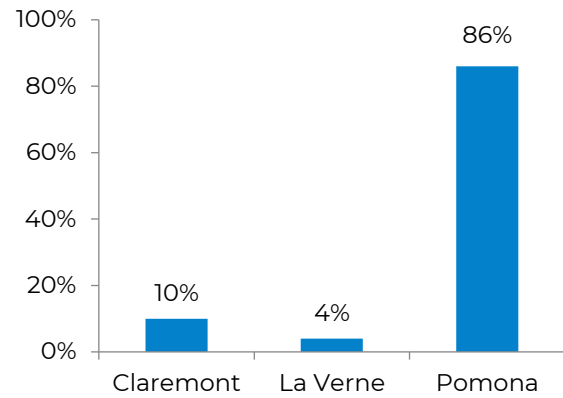
Gender



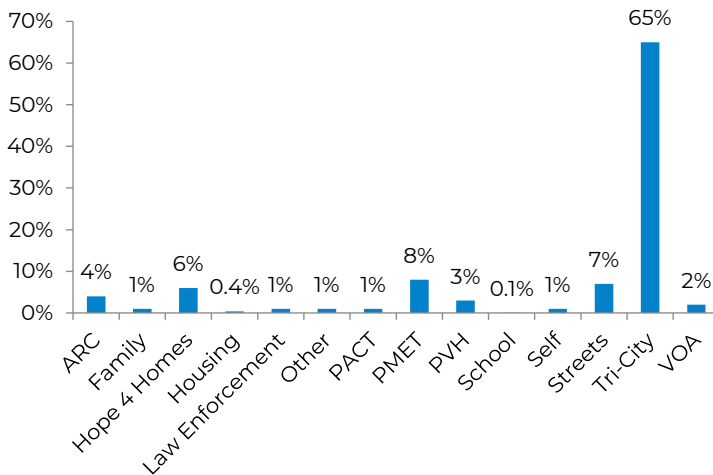
Race



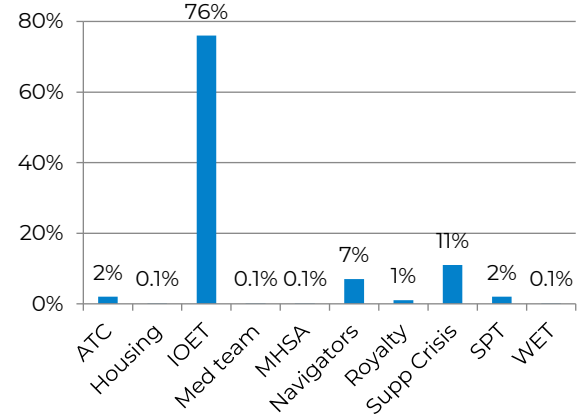
City



Referral Source



Tri-City Referral Source

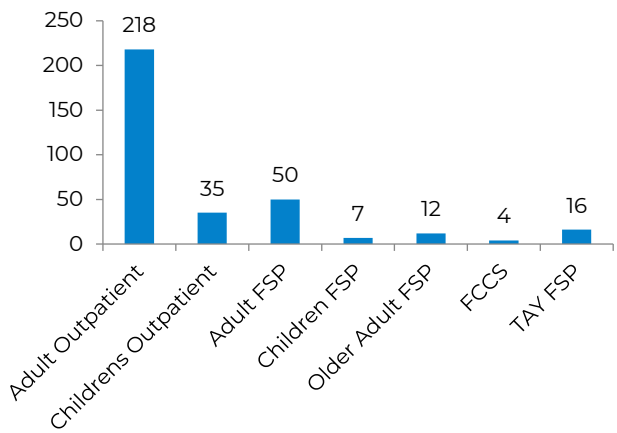


How Well Did We Do It?

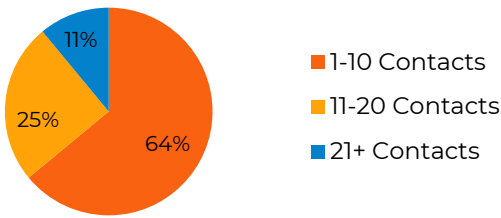
342
Individuals were opened for services at Tri-City through the Intensive Outreach and Engagement Team



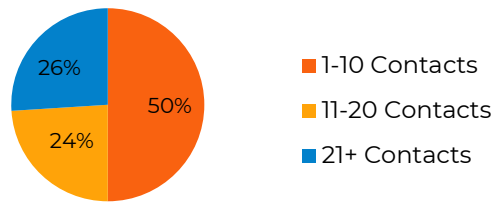
Opened for Services



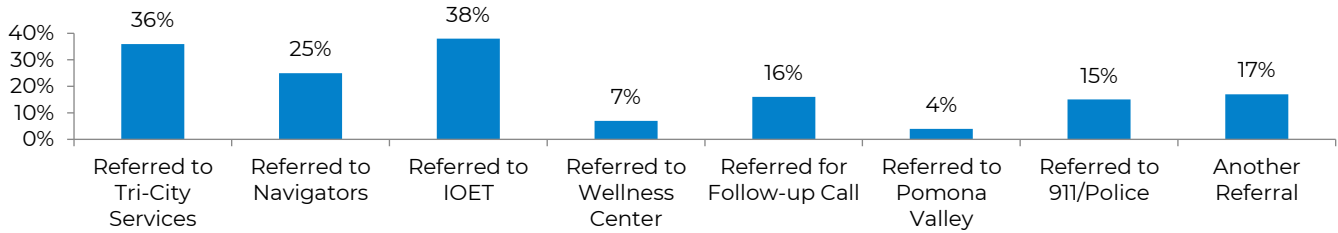
Percent of IOET Contacts for Closed Cases



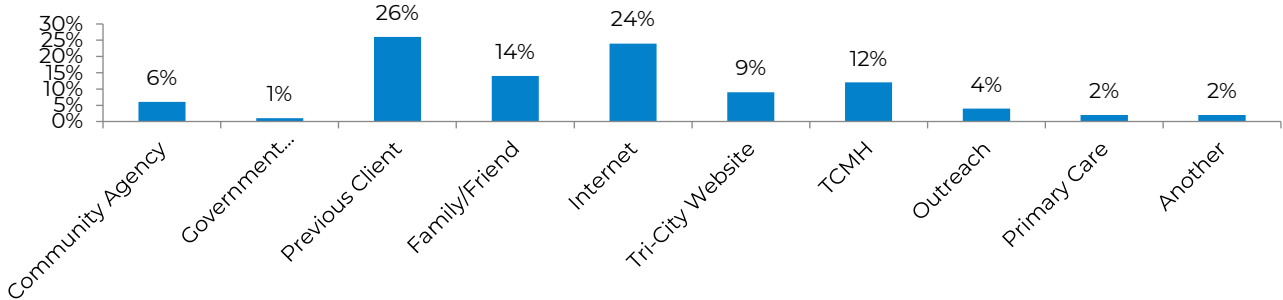
Percent of IOET Contacts for Currently Open Cases



Disposition of Crisis Calls



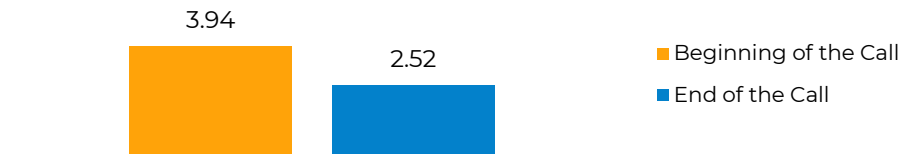
How did you hear about the Supplemental Crisis Line?



IS ANYONE BETTER OFF?

Level of Distress for Crisis Callers

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



Field Capable Clinical Services for Older Adults

Program Description

Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMH staff members provide mental health services to older adults ages 60 and above. FCCS offers an alternative to traditional mental health services for older adults who may be unable to access services due to impaired mobility, lack of transportation, frailty, stigma, or other limitations. Available services include but are not limited to 1) bio-psycho-social assessment 2) individual and group counseling 3) psychiatric and medication follow-up 4) case management and 5) referrals to appropriate community support services. These services are provided at locations convenient to older adults, including in-home, senior centers, medical facilities, and other community settings.

Target Population

Older adults, ages 60 and over, who are experiencing barriers to mental health service due to a variety of issues including lack of transportation, stigma, or isolation.

Age Group	Older Adults 60+
Number Served FY 2020-21	32
Cost Per Person	\$2,503

Program Update

During FY 2020-21, Field Capable Clinical Services for Older Adults (FCCS) served 32 unique individuals. This was an increase from 26 served in FY 2019-20. The primary city where participants reside continues to be Pomona with 78% percent of those served. The primary diagnosis seen for FY 2020-21 participants is depressive disorders and the average length of enrollment is 17.9 months.

Housing for this age group is a critical factor for recovery for this population. During this past fiscal year, 2 FCCS participants were successfully connected with housing. In addition, 12 participants were assisted by medication servicing, another support service offered through the program.

Challenges and Solutions

In previous years, a portion of the clients in the FCCS program struggled with the concept of graduating for this program. The FCCS staff addressed this issue by focusing on offering transition support which included referrals to other programs in Tri-City's system of care including MHSA programs such as the Wellness Center, Peer Mentors, and the Therapeutic Community Garden. With this added support, 13 participants successfully completed this program and were discharged in FY 2020-21.

Cultural Competence

The FCCS program continues to be led by a bilingual (Spanish speaking) FCCS clinician. In addition, all program brochures are available in both English and Spanish and an approved language line is also available. Community Navigators are available to provide culturally appropriate resources for clients as needed.

Community Partners

The FCCS team regularly collaborates with the following external resources and community partners:

- **Joslyn Senior Center** – Community senior services in the city of Claremont
- **La Verne Community Center** – Community services for children, youth, adults and older adults
- **Palomares Park Community Center** – Community services and recreational programs for residents of the city of Pomona
- **Blaisdell Senior Center** - Community senior services in the city of Claremont
- **Washington Park Community Center** - Community services and recreational programs for residents of the city of Pomona
- **Meals on Wheels** – Nutrition, education, linkage and social supportive services
- **Dial-A-Ride** – Transportation services
- **Access** – Transportation services

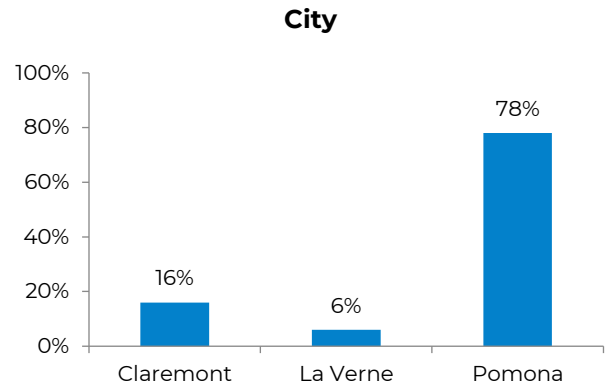
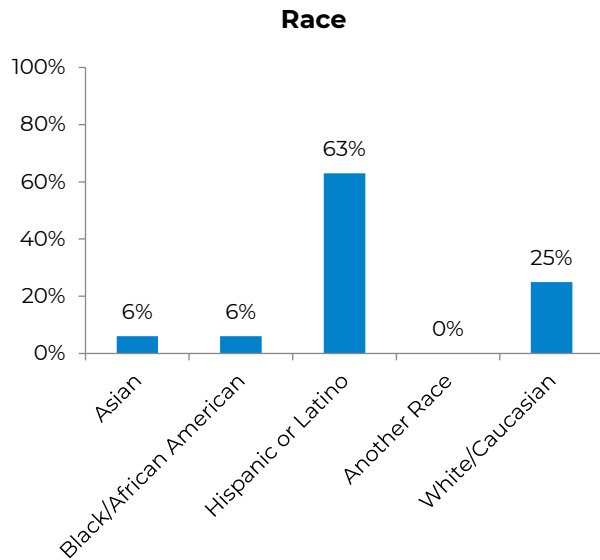
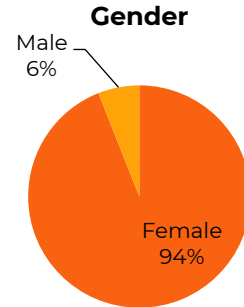
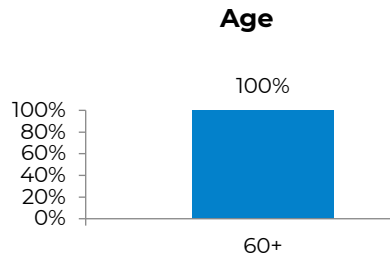
Success Story

During FY 2020-21, a 75-year-old client suffering from depression and anxiety began weekly sessions with the FCCS therapist. Poor socialization and suicidal ideation were behaviors of concern. This client made significant progress and reported decreased depressive symptoms and presents as more optimistic. They also participated in a psychotherapeutic group at FCCS to enhance their social and communication skills. In addition, the client reported that their suicide ideation had reduced dramatically and continues to work on eliminating any negative thoughts. Lastly, the client shared they developed a “New Way of Thinking” and no longer assumes blame for the negative comments or behaviors of others.

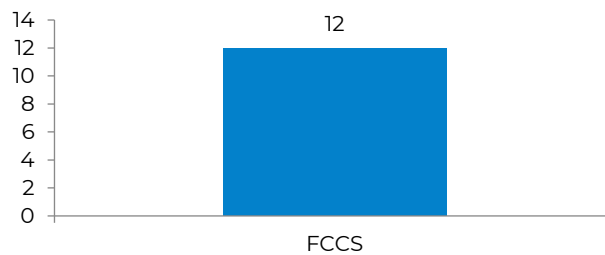
Program Summary

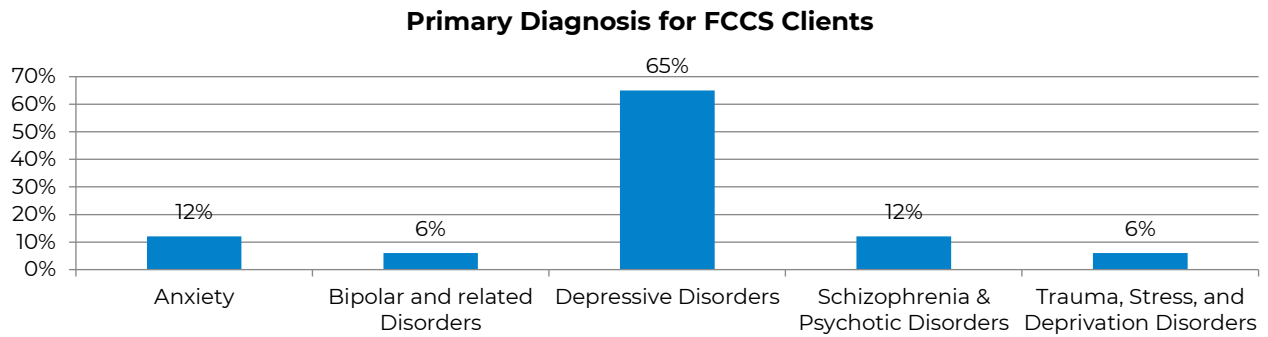
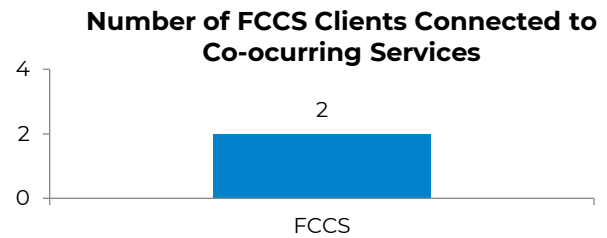
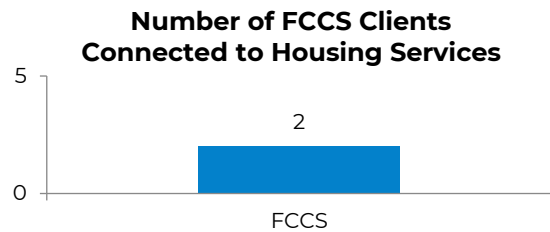
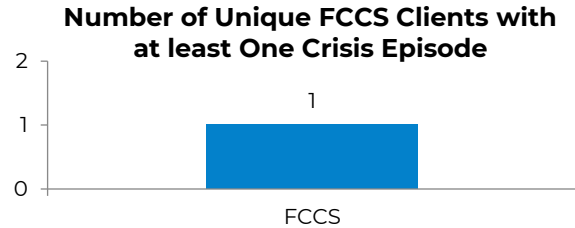
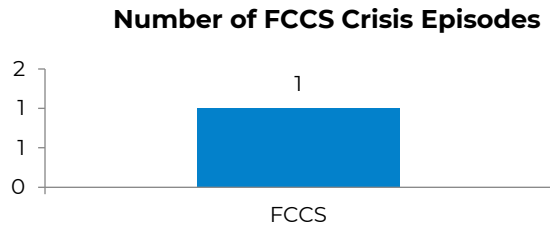
How Much Did We Do?

32
Unique
Individuals
Served

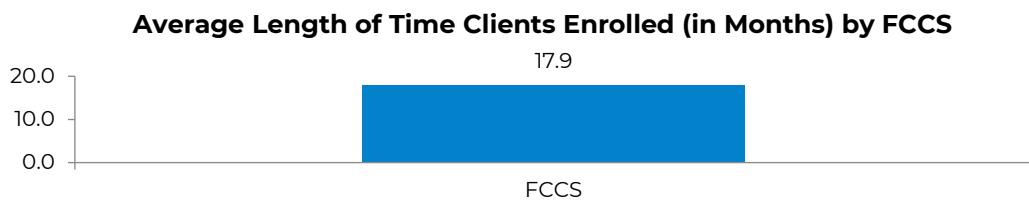


Number of FCCS Clients Receiving Medication Services by Program





How Well Did We Do It?



Is Anyone Better Off?

13
Discharges During
FY 20-21

Permanent Supportive Housing

Program Description

Tri-City's Permanent Supportive Housing units offer living spaces for Tri-City clients who are currently receiving mental health services and their families in the cities of Claremont, La Verne and Pomona. Residential Service Coordinators are located at these sites to offer support and act as a liaison between tenants and the property staff. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration.

Target Population

Tri-City clients living with severe and persistent mental illness and their family members.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2020-21	7	21	148	51	227

Program Update

As the impact of the COVID pandemic continued throughout FY 2020-21, many clients and community members experienced hardships related to their finances. Stay-at-home orders kept people home from places of employment due to business closures, work hours reduced, or because they or someone in their home was vulnerable to COVID-19. Clients began to fall behind on their rent and utility payments putting them at-risk of becoming homeless.

On August 21, 2020, Governor Newsom signed Assembly Bill 3088 which extended the protections that were in place that stopped tenants from being evicted due to nonpayment of rent. Los Angeles County opened applications for rent relief assistance and the city of Pomona also offered their own rental assistance. Both programs added some relief, but the application processes presented obstacles that made it difficult for many households to apply.

By the beginning of the next calendar year, the concern for many households continued. Fortunately, on January 31, 2021, Governor Newsom signed SB 91 which outlines the rules for how California uses the \$25 billion emergency rental assistance funding gained through the stimulus bill passed by Congress on December 27, 2020. SB 91 also extended the tenant eviction protections through June 30, 2021.

The Housing Division team focused on providing the most up-to-date housing protection and assistance information to clients and community members as well as staying connected with partner agencies that were focused on providing those updates.

Challenges and Solutions

FY 2020-21 presented multiple changes in the types of housing protections and assistance with the pandemic including overlapping guidelines between federal, state, county, and city mandates. It became difficult for service providers, clients, and the community to stay current and accurate on what level of protection they had and what options were available to them. The Housing Division team found many agencies experienced the challenges of limited office hours, virtual meetings and having to find alternative way of completing required paperwork. Staff made use of weekly webinars through agencies like the Housing Rights Center, Continuum of Care meetings, and Coordinated Entry Systems meetings to stay current with changes to renter protections and resources available. Staff shared updates within the team as well as with the agency to make sure clients were receiving accurate and consistent information.

Residential Service Coordinators (RSC) had to look for alternative ways to engage the tenants at their sites as in-person groups were no longer an option. Three new socialization and support groups were created virtually: Parent Talk, Community Resource Forum, Game Space, and a site-specific Casual Chat. The groups were offered to each client housing location, however, attendance was limited. In response, flyers for groups were created and announced prize raffles for those who attend. RSCs created and administered surveys to solicit feedback from tenants about the type of groups they would be interested in participating in. Tenants were also informed that there would be a gift card raffled at each site for completing the survey. Yet still, only a handful of responses were received.

Finally, clients continued to be matched to voucher opportunities through the Coordinated Entry System. However, staff encountered challenges when completing these applications. Staff were limited on when they could meet with the applicants and sought out support from Tri-City's clinical team and other housing staff to receive documents from applicants to try to speed up the process.

Cultural Competence

Tri-City's housing programs offer fair housing to all individuals and families regardless of status. The Housing Department staff are trained in cultural competency and work with clients to help identify their rights regarding housing. During the Supportive Options Group (SOG), staff share with clients about resources such as Social Security Disability Insurance and Health Advocates for those who have identified having a physical disability.

Four of the six Housing Division staff are bilingual in English and Spanish. In addition, the team will offer the Language Line where interpreters are readily available if assistance is needed with a different language. In addition, communication is maintained with clients and the community by providing flyers and information in multiple languages.

During Housing Department (HD) groups, if clients identify that they encounter some type of obstacle in their current housing due to something related to being part of an underserved community, the HD team shares information about reasonable accommodations and work with housing owners and property managers to make accommodations for someone with a disability to ensure they have fair and equitable use of their unit.

Community Partners

The following list of agencies provide additional resources to clients to help them obtain and maintain housing:

- Housing Rights Center
- Neighborhood Legal Services LA
- Summit Payee Services, Inc.
- Union Station
- Volunteers of America
- Prototypes
- Helping Hands Senior Foundation
- National Alliance on Mental Health (NAMI)
- Volunteers of America
- People's Concern
- Foothill Aids Project
- Friends in Deed
- Family Promises
- PATH
- Door of Hope
- Inland Valley Hope Partners
- YMCA
- Salvation Army
- Pacific Clinics
- Los Angeles County Offices of Education

Housing Division staff strive to understand the following agencies, their systems, and expectations to anticipate and avoid potential barriers for clients who are seeking connections to housing resources.

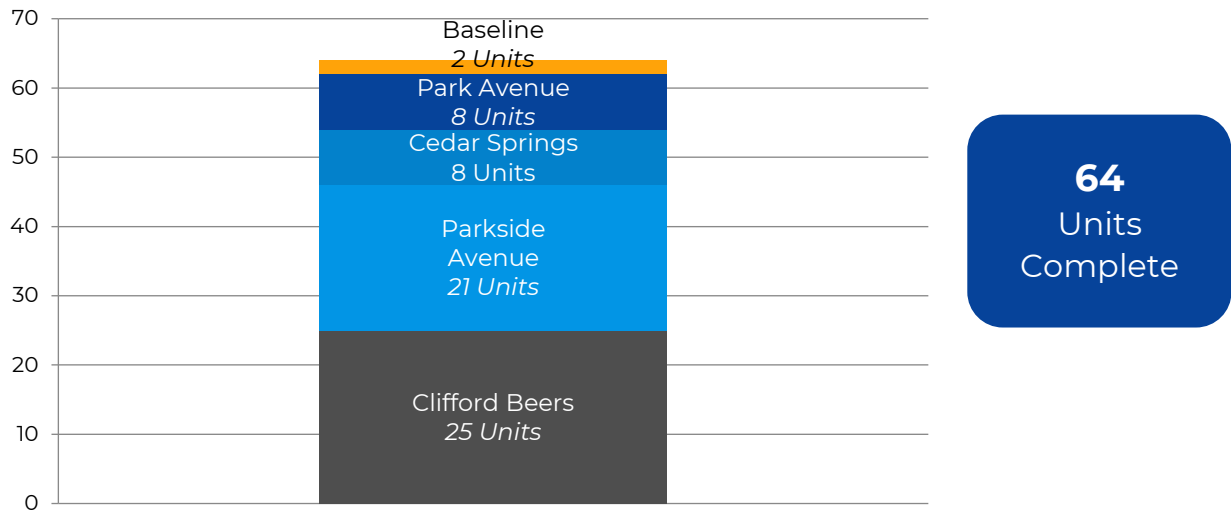
- Pomona Housing Authority (PHA)
- Los Angeles Homeless Services Authority (LAHSA)
- Los Angeles County Development Authority (LACDA)
- Housing Authority of the City of Los Angeles (HACLA)

Success Story

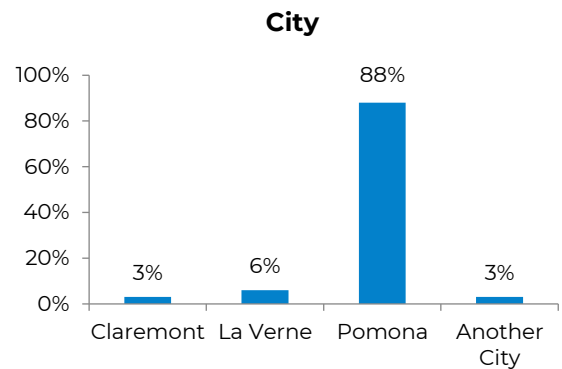
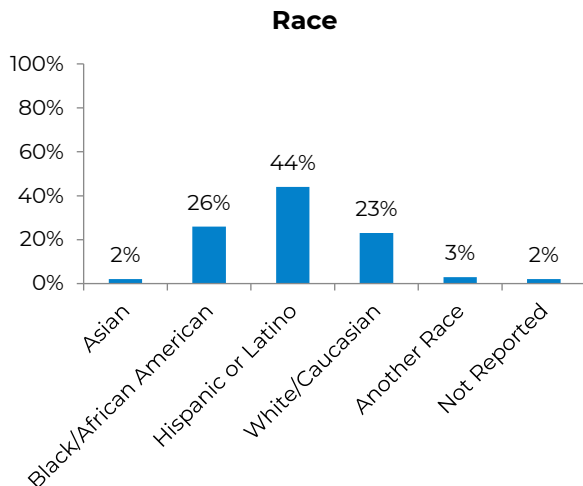
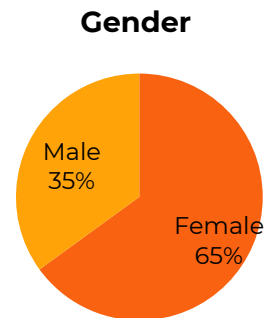
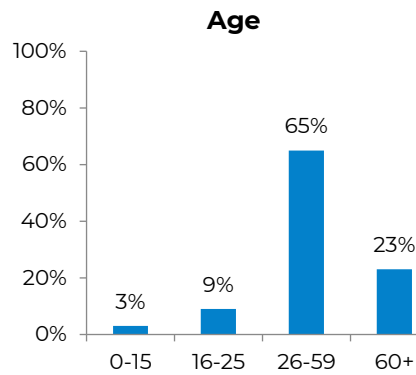
In FY 2020-21, an elderly tenant who resided in one of the permanent supportive housing units made the decision to move to a board and care facility due to deteriorating health conditions. This was not an easy decision for this individual and came only after months of support from the Residential Services Coordinator (RSC) located on site. The tenant was presented with various options over time and allowed to make the decision on their own. Once an alternative living arrangement was determined the RSC and housing team supported this individual and helped to make a smooth transition.

Program Summary

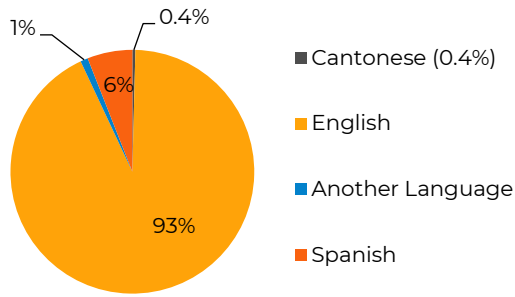
How Much Did We Do?



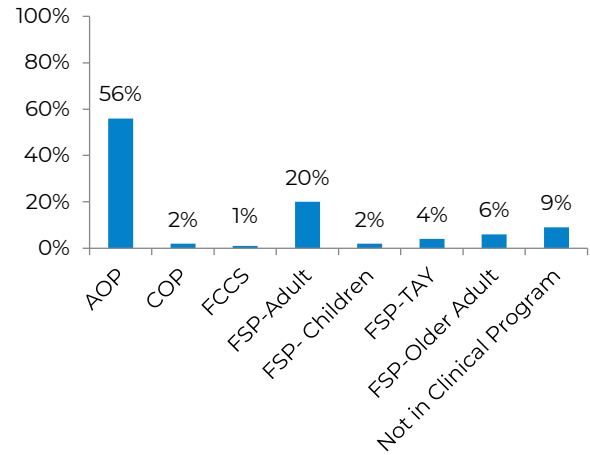
227
Individuals
served with
Housing needs



Language



Clinical Program



35

Housing Clients Discharged due to Lower Level of Care or No Further Care Needed

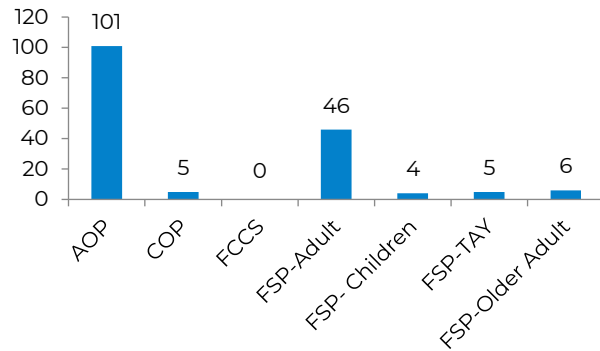
24

Individuals with Shelter Plus Voucher (LA/Pomona)

167

Housing Referrals Received

Housing referrals by program

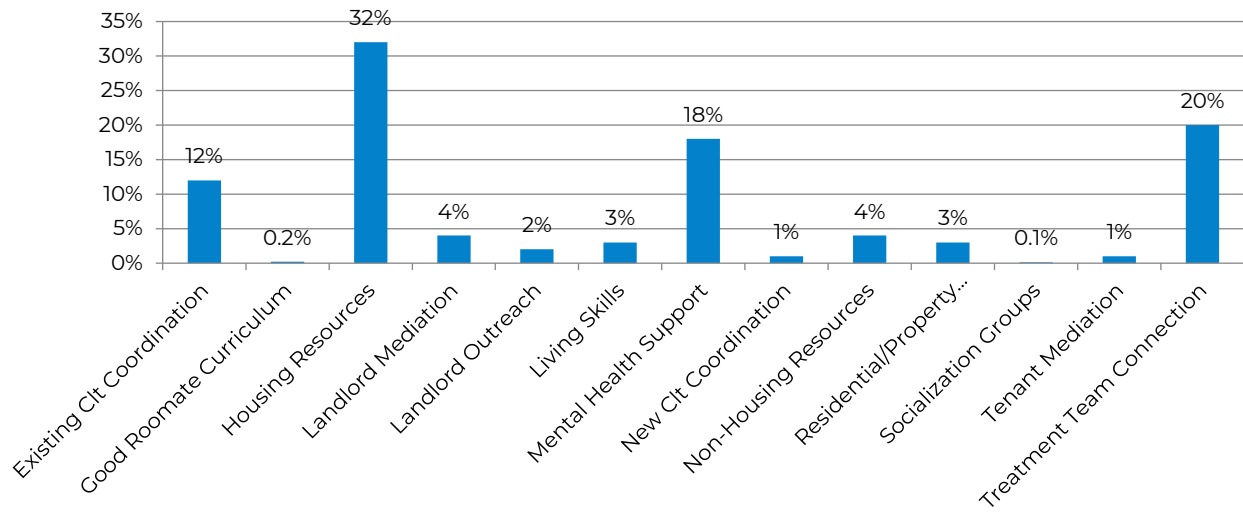


How Well Did We Do It?

983
Housing Actions

46 Months
Average Length of
Time Clients Living in
Housing Unit

Additional Types of Services Provided



Is Anyone Better Off?



Prevention and Early Intervention Programs

The Prevention and Early Intervention (PEI) Plan focuses on early intervention and prevention services, in addition to anti-stigma and suicide prevention efforts.

- Community Wellbeing Program
- Community Mental Health Trainings/Trainers
- Stigma Reduction and Suicide Prevention
- Older Adult Wellbeing/Peer Mentor
- Transition Age Youth Wellbeing/ Peer Mentor
- Family Wellbeing Program
- NAMI – Ending the Silence
- Housing Stability
- Therapeutic Community Gardening
- Early Psychosis Program

MHSA Regulations for Prevention and Early Intervention

“The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations”.

Prevention and Early Intervention Regulations/July 1, 2018
(Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA)

Per the Regulations stated above, Counties are required to identify each program funded under their Prevention and Early Intervention Plan by one or more of the following categories:

Prevention and Early Intervention Plan Required Categories/Programs

1. Prevention Program

- a. Housing Stability Program
- b. Therapeutic Community Gardening

2. Early Intervention Program

- a. Early Psychosis Program
- b. TAY and Older Adult Wellbeing (Peer Mentor Program)
- c. Therapeutic Community Gardening

3. Access and Linkage to Treatment Program

- a. Early Psychosis Program
- b. Family Wellbeing Program
- c. Housing Stability Program
- d. TAY and Older Adult Wellbeing (Peer Mentor Program)
- e. Therapeutic Community Gardening
- f. Wellness Center (TAY and Older Adults)

4. Stigma and Discrimination Reduction

- a. Community Mental Health Trainings
- b. Community Wellbeing Program
- c. Early Psychosis Program
- d. Family Wellbeing Program
- e. Housing Stability Program
- f. TAY and Older Adult Wellbeing (Peer Mentor Program)
- g. Therapeutic Community Gardening
- h. Wellness Center (TAY and Older Adults)

5. Outreach for Increasing Recognition for Early Signs of Mental Illness Program

- a. Community Mental Health Trainings
- b. Community Wellbeing Program
- c. Early Psychosis Program
- d. Family Wellbeing Program
- e. Housing Stability Program
- f. TAY and Older Adult Wellbeing (Peer Mentor Program)
- g. Therapeutic Community Gardening
- h. Wellness Center (TAY and Older Adults)

6. Suicide Prevention

- a. Stigma Reduction/Suicide Prevention
- b. NAMI: Ending the Silence
- c. TAY and Older Adult Wellbeing (Peer Mentor Program)

Community Capacity Building Programs

Community Capacity Building is comprised of three programs: Community Wellbeing Program, Community Mental Health Trainings/Trainers and Stigma Reduction/Suicide Prevention Program

Community Capacity Building Community Wellbeing Program

Program Description

The Community Wellbeing (CWB) program provides grants to local communities for the promotion of their member’s wellbeing. This program supports communities and groups in Tri-City’s catchment area to assist them in strengthening their capacity to increase social connection and wellbeing. Through grants totally up to \$10,000, community projects are funded to increase awareness of mental health and wellbeing in addition to providing opportunities for these communities to network and build collaboration with other local communities. Tri-City provides technical assistance including collecting data and helping grantees evaluate the impact of their projects.

Target Population

The Community Wellbeing (CWB) program has dedicated its efforts to improving the wellbeing of children and transition-age youth ages 0 to 25. The CWB program serves communities and groups located in the cities of Claremont, La Verne and Pomona who are either comprised of youth or fund projects that directly benefit them.

16 Community Wellbeing Grants Awarded	7,805 Community Members Represented	4,538 Number of Beneficiaries from Grant Activities
--	--	--

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	390	3,746	2,888	781	0	7,805

Program Update

In FY 2020-21, a total of 16 Community Wellbeing Grants were awarded. These communities represent 7,805 members who will have the opportunity to participate in these community-

designed and led wellbeing projects. This fiscal year marks the 10th cohort who have participated in this impactful program. Meetings were held virtually in keeping with COVID guidelines included both joint meetings with all cohort representatives as well as one-on-one meetings to discuss the individual needs and challenges experiences by each grantee. During these meetings grantees were able to share program updates as well as challenges they are currently facing. In addition, many expressed their gratitude of being a part of the CWB grant program and were eager to learn more about other Tri-City programs and services.

Each quarter grantees provide financial reports to Tri-City which reflect their spending and making sure any remaining funds are in line with their project's needs.

Challenges and Solutions

A common theme expressed during the meetings is the impact COVID-19 has brought to their community/projects and the need to make changes and modifications on how they deliver their projects and services. Grantees expressed that it's difficult to engage with their participants through zoom meetings and have shared ideas on how to better connect with them such as putting together wellness packets that can be mailed/delivered to their participants. To provide resources and support to their communities, grantees are interest in hosting/offering Tri-City Mental Health trainings throughout the grant year on various topics that promotes mental health and wellness. Program staff shares all Tri-City resources, events, and trainings that are being offered to community members and partners such as educational webinars, Community Connections webinar, and upcoming events.

To stay connected with grantees, program staff created a "Community" Newsletter that was distributed to all grantees. Contents include Tri-City announcements, events, resources, walk-in hours, cohort announcements, and grantee project information such as the Boys and Girls Club of Parkside craft/activity ideas and After School Intervention for Dyslexic Students.

Cultural Competence

The Community Wellbeing staff consist of a bilingual coordinator and all materials and applications are available in both English and Spanish. In addition, presentations are available in both English and Spanish.

Bright Prospect, one of the grant recipients, invited Tri-City staff to their parent meeting to share Tri-City's programs, resources, and services that can be utilized by parents and/or their children. This presentation was provided in English and Spanish. Parents were engaged and asked questions during the presentation stating they knew of Tri-City as an agency but were not aware of the programs and services Tri-City offers. The parents felt the presentation was helpful and informative because they have faced some challenges with their children during the COVID-19 pandemic and were happy to know that mental health services are available to support them and their kids.

Community Partners

The Community Wellbeing Grant program is based on community collaboration and connection. In anticipation of new grants during the next fiscal year, 20 applicants were interviewed in May 2021 with 17 chosen to be awarded a Community Wellbeing Grant for Fiscal Year 2021-2022. These new grantees will be working with program staff to revise and finalize their budget based on the awarded amount. These new grantees attended an orientation where program staff provided an

overview of the CWB program, forms, and procedures. This new cohort will begin their projects in July 2021.

Success Story

The Community Wellbeing Program offers grants to community organizations and groups who are interested in building the wellbeing of their members. Casa Colina Hospital and Center for Health, a Wellbeing Grantee, offers the No Limits Creative Arts Program, which provides art (e.g. painting, writing, cooking, music) as a medium to help transition age youth (TAY) with special needs to build a community support system that will help decrease feelings of loneliness, depression, anxiety, and isolation. The goal of this project is providing a safe, comfortable environment for the TAY participants to express themselves using creative arts in a safe space.

One specific example was a holiday crafting event where TAY participants could make gifts or creations for themselves. Some participants reluctantly attended due to social anxiety and even requested that their parents wait in the parking lot in case they needed a quick escape. However, everyone stayed until the end, and even expressed enthusiasm for the next event.

Program Summary

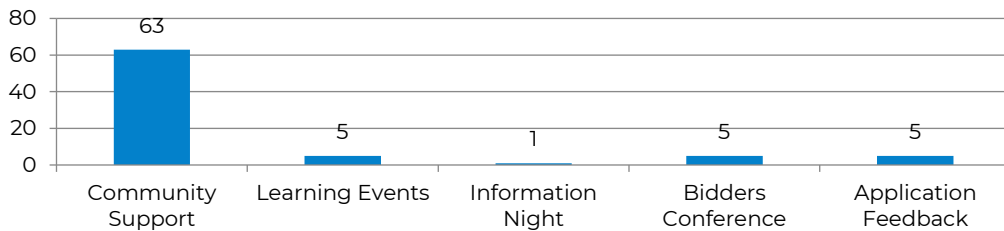
How Much Did We Do?



What Type of Grantee is Your Community Considered?

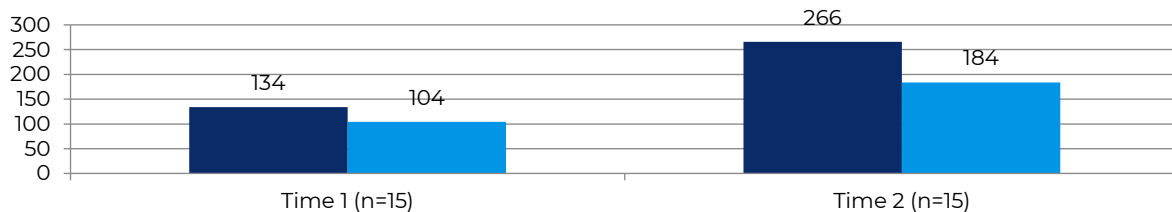


Number of Events Held by Community Capacity Organizer



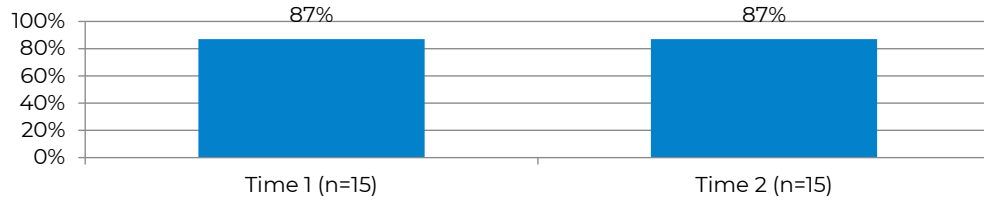
353
Attendees

■ Events/Activities ■ Meetings

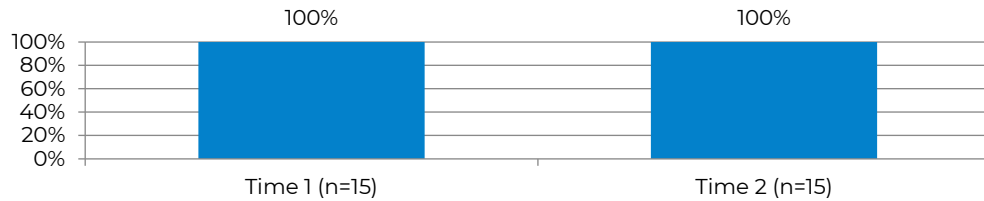


How Well Did We Do It?

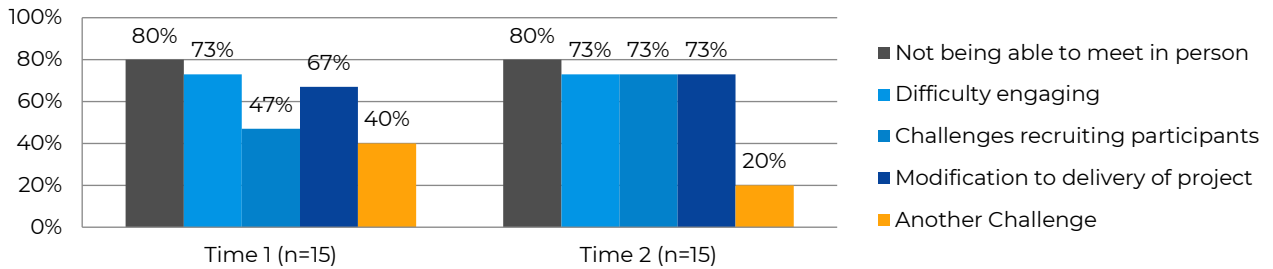
Percentage of Grantees who Report How Successful their Community's Activities were:



Percent of Grantees who report they have a better understanding of the services at Tri-City and its mission:

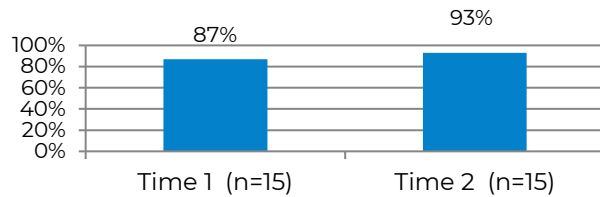


Percent of Grantees who report challenges their communities faced (Check all that apply)

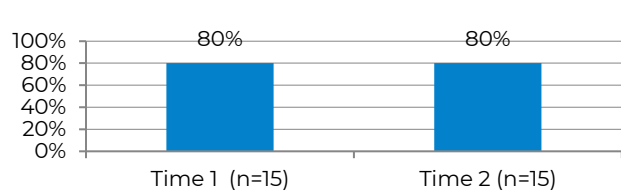


Is Anyone Better Off?

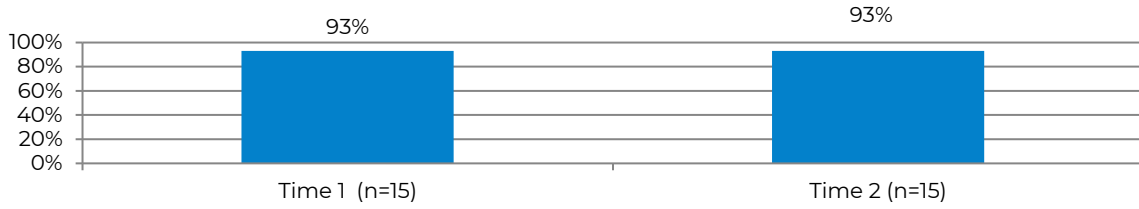
Percentage of Grantees who Report Improvement in Supporting Each Other



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

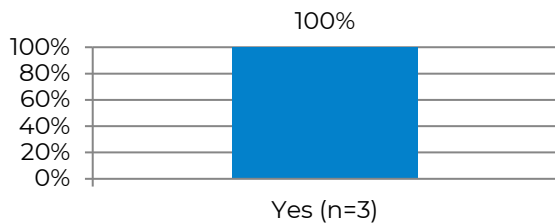


Percentage of Grantees who Report They Know How to Access Additional Support Services from Tri-City

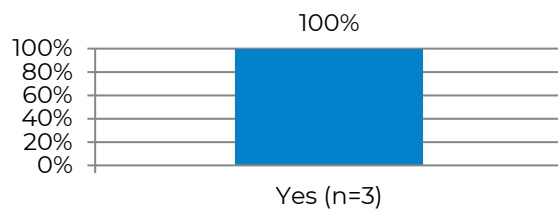


Grantee Follow-Up Survey

Were you able to sustain the project?

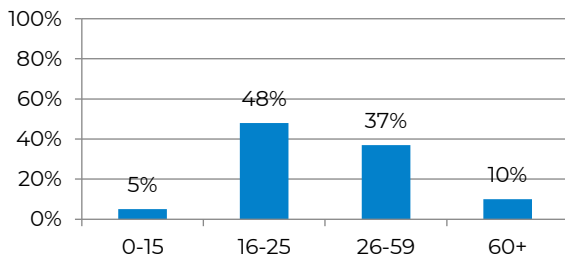


Did Your Challenges Improve Since Receiving the Award?

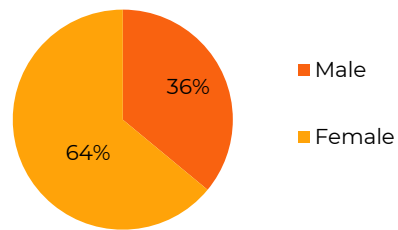


Grantee Community PEI Demographics

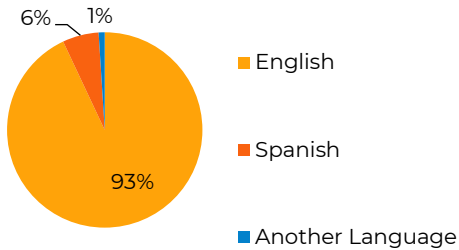
Age Group



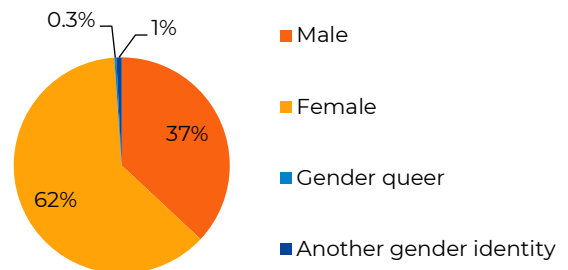
Assigned Gender at Birth



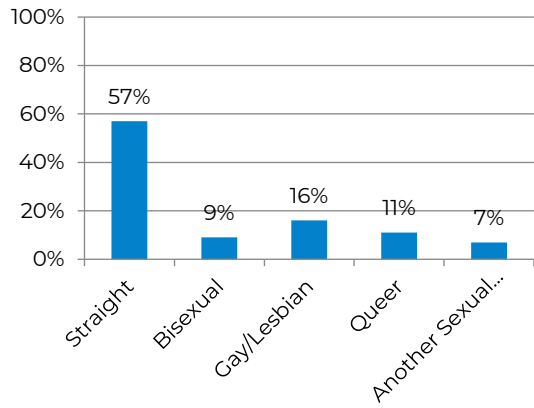
Language



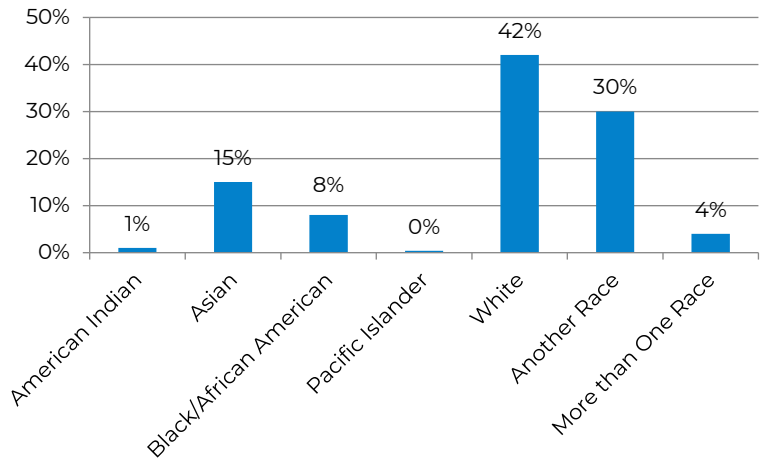
Current Gender Identity



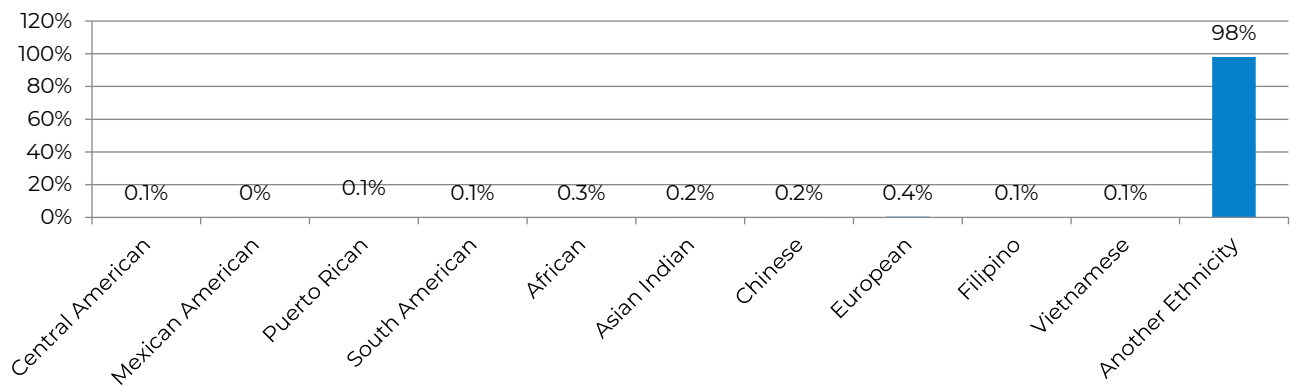
Sexual Orientation



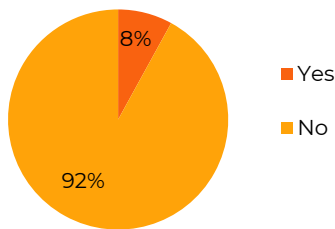
Race



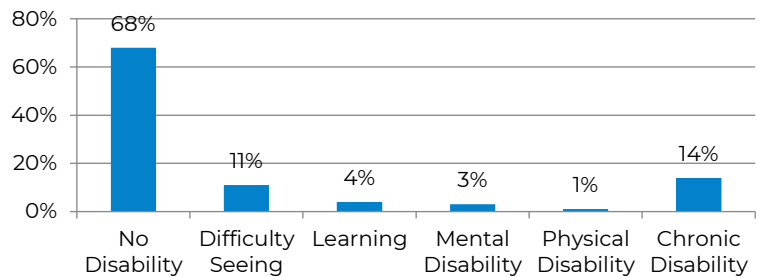
Ethnicity



Military Veteran



Disability



Number of Potential Responders	7,805
Setting in Which Responders were Engaged	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
Type of Responders Engaged	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

Community Capacity Building

Community Mental Health Trainings/Trainers

Program Description

Community Mental Health Trainers offer free group trainings to community members and partners in the Tri-City service area of Claremont, La Verne and Pomona. These trainings are designed to provide participants with the skills and information they need to support themselves, friends, families, and others in mental wellness. These free trauma-informed and evidence-based trainings include Mental Health First Aid (MHFA), Adverse Childhood Experiences (ACEs), Community Resiliency Model™ (CRM), Motivational Interviewing (MI), and Everyday Mental Health (EMH) as well as workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes. Since the onset of COVID-19, these trainings are offered virtually.

Target Population

Community members, community-based organizations, local schools, agencies, and Tri-City staff who are interested in learning how to recognize the early warning signs of mental illness and appropriately intervene to provide support.



Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	11	35	60	7	954	1,067

Program Update

The Community Mental Health Trainings/Trainers (CMHT) program was able to conduct and present to more community members during FY 2020-21 than previous fiscal years. The program trained 1,067 community members across a wide range of mental health topics in 57 conducted trainings. Significant ratings from participants include: 84% of participants reported feeling confident in using or applying the skills learned in the training. Additionally, 97% of participants reported that they would recommend the training to others.

The CMHT program has outreached and trained various audience types (i.e., schools, health agencies, mental health agencies). The trainings provided support to the Tri-City community by increasing access to mental health services and helping agencies better support the community members they serve.

Challenges and Solutions

During FY 2020-21, CMHT staff were limited as far as the number of in-person trainings they were able to complete. In response to the continuing challenges with COVID-19, CMHT staff in partnership with other community agencies and schools increased their webinar presentations with a focus on subjects that are relevant to our community members. Some of these webinar topics included Minority Mental Health Month, Early Psychosis, Wellness Together, COVID & Stress Management, Adverse Childhood Experiences (ACEs) and Community Resiliency Model™ (CRM). Specific examples of these community trainings for notable participants included Mental Health, Wellness, and Awareness for the Health Bridges staff and students with Pomona College; Stress Management During COVID-19 for Bright Prospects staff, volunteers, and students; Everyday Mental Health and Wellness for Tri-City Interns who are currently enrolled in a graduate program and Motivational Interviewing to Tri-City Peer Mentors and graduate students enrolled at Claremont Graduate University.

Cultural Competence

Community Mental Health Trainers consist of bilingual staff who are available to offer trainings in both English and Spanish. In addition, most materials and brochures are available in both English and Spanish.

Community Partners

Community engagement is key to the success of the Community Mental Health Trainings. Partners include local colleges, school districts, law enforcement, community-based organizations, faith-based organizations as well as Community Wellbeing Grant recipients.

Success Story

The most popular and requested training was Adverse Childhood Experiences (ACEs). This training focused on helping participants understand that although they may have experienced childhood trauma and stress, which can have a negative impact on lifelong health and well-being, individuals and our community, as a whole, can create an environment of healing and resilience.

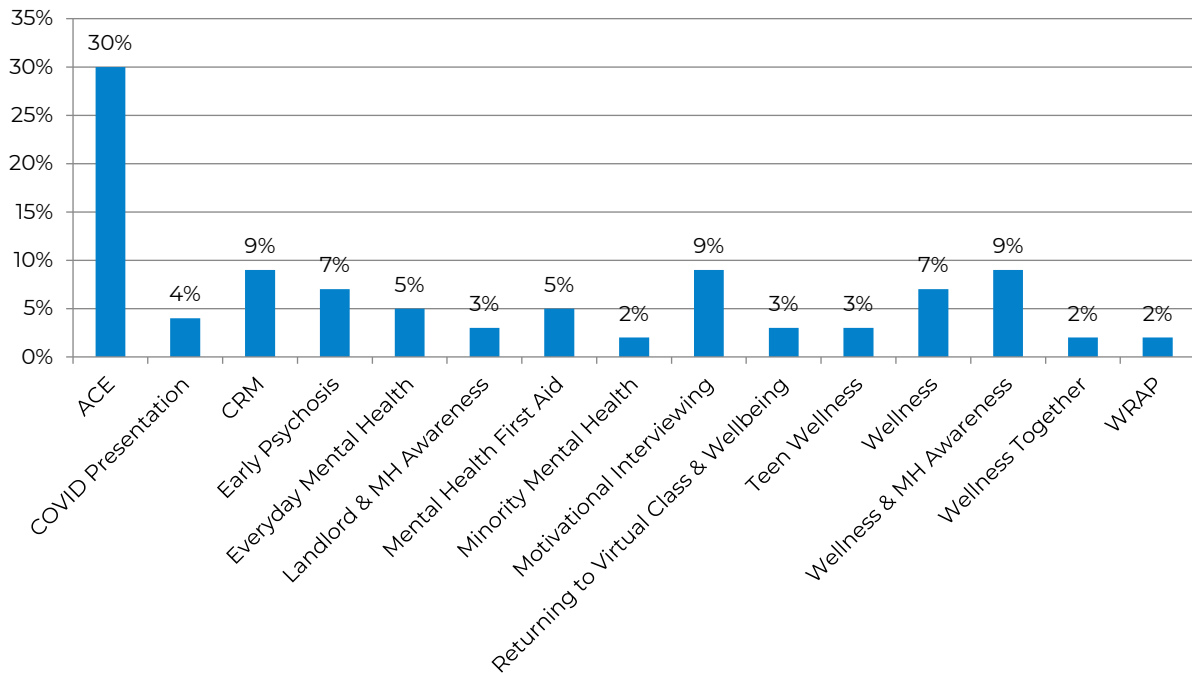
When surveyed about the trainings offered through this program, 87% of participants reported that the training was relevant to their day-to-day activities. In addition, 96% of participants rated the training sessions as good or excellent.

Program Summary

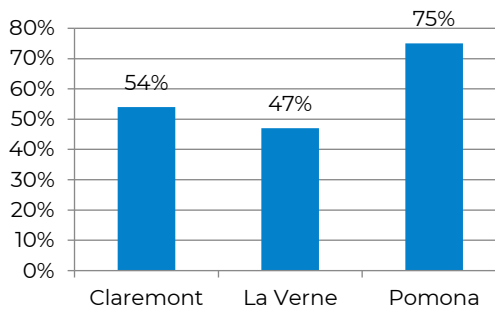
How Much Did We Do?



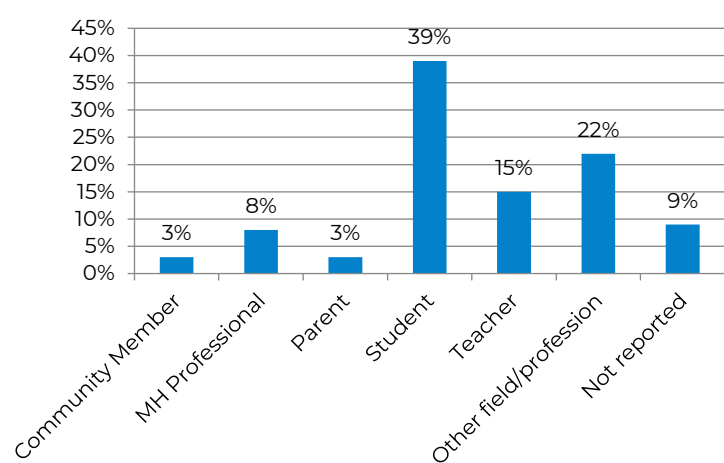
Community Mental Health Trainings and Presentations



City of Attendees

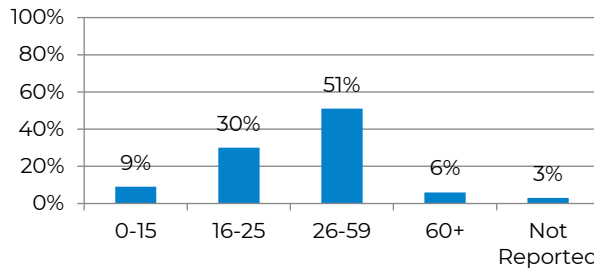


What field/profession are you in:

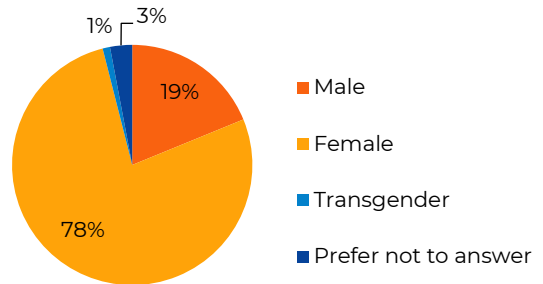


PEI Demographics from Surveys

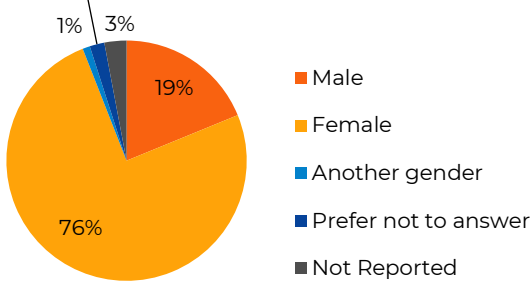
Age Group



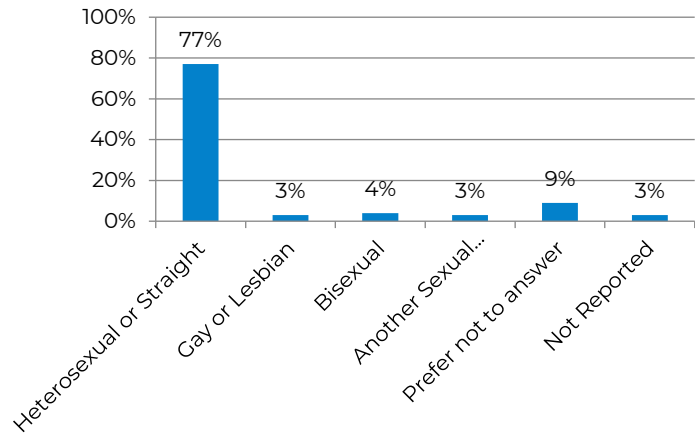
Current Gender Identity



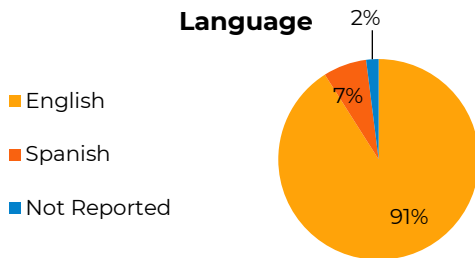
Assigned Gender at Birth



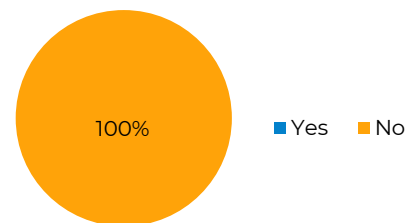
Sexual Orientation



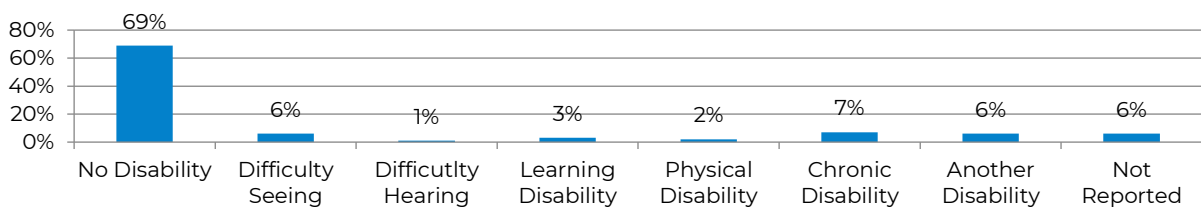
Language



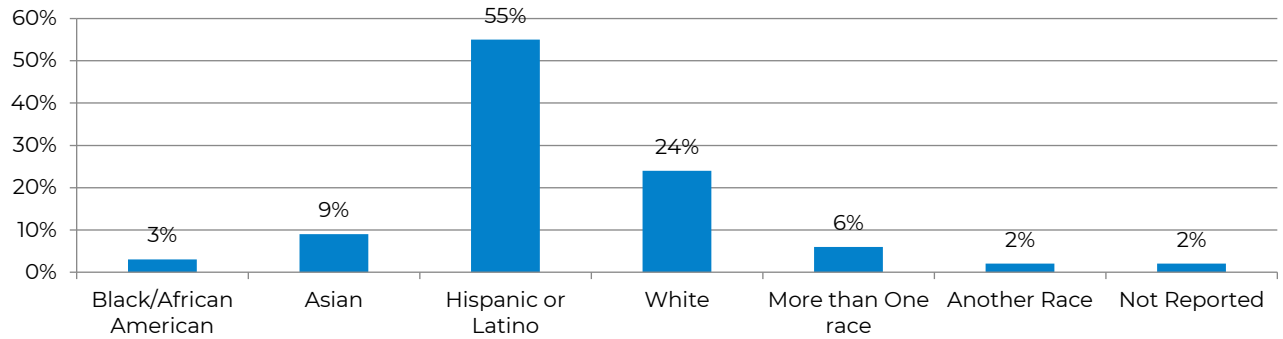
Military Veteran



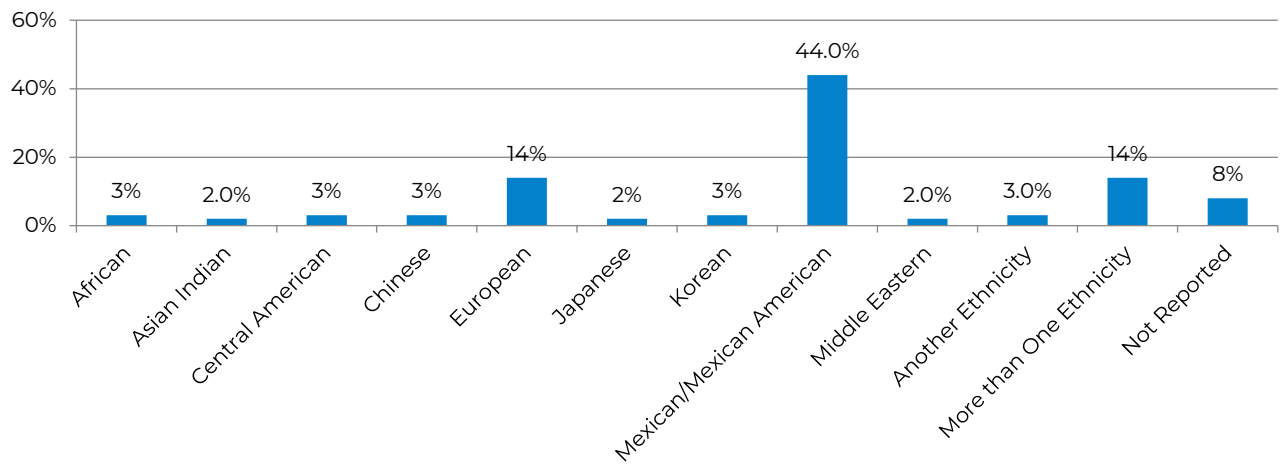
Disability



Race

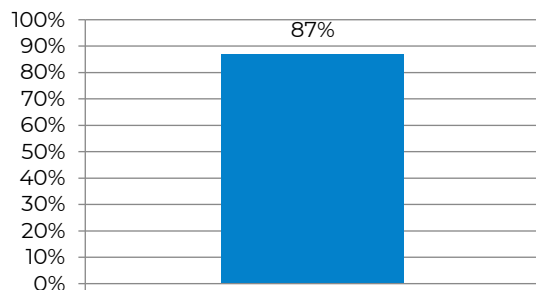


Ethnicity

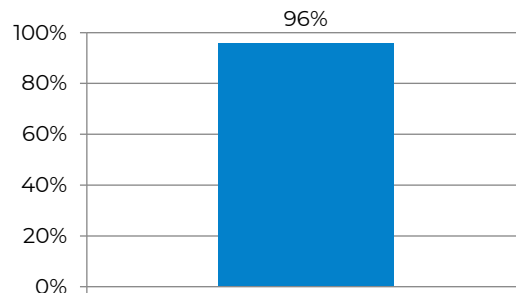


How Well Did We Do It?

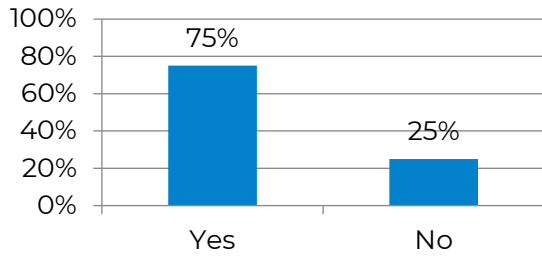
Percentage of participants who report the training was relevant to their day to day activities:



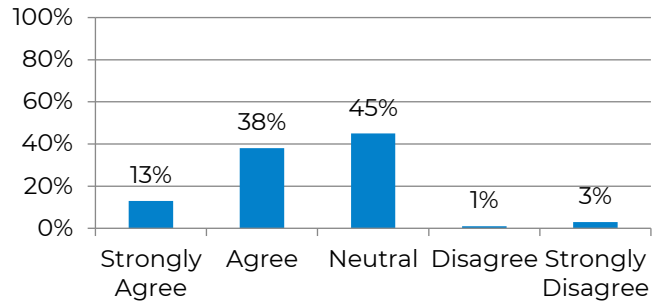
Percentage of participants who rated the training session as good or excellent:



At any time in your life, have you experienced trauma or mental illness?

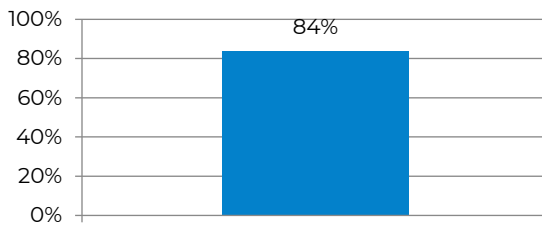


If so, has this training helped you manage your recovery?

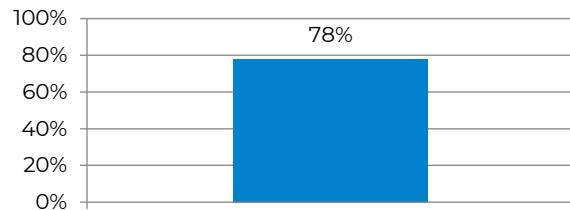


Is Anyone Better Off?

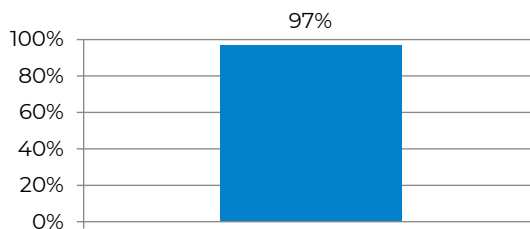
Percentage of participants who report feeling confident in using or applying the skills learned in the training



Percentage of participants who report feeling more confident reaching out to someone who may be dealing with a mental health challenge or crisis



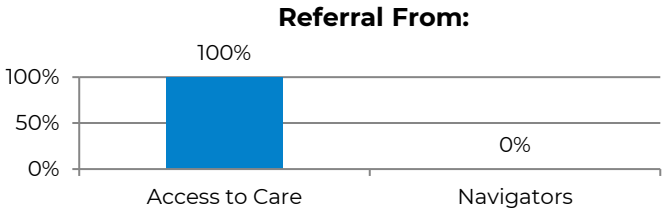
Percentage of participants who would recommend training to others:



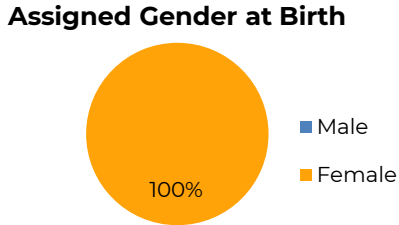
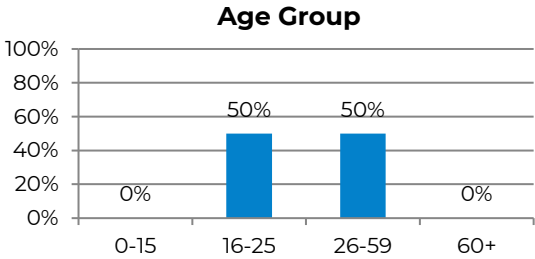
Number of Potential Responders	1,067
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, adults, seniors, landlords, parents, residents, consumers, students, service providers, faith-based organizations and community-based organizations
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

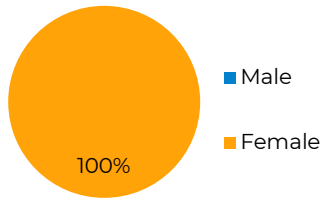
2
MHA Referrals to
Community Mental Health
Trainings



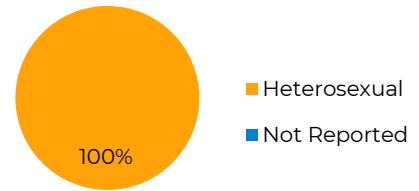
PEI Demographics Based on Referrals



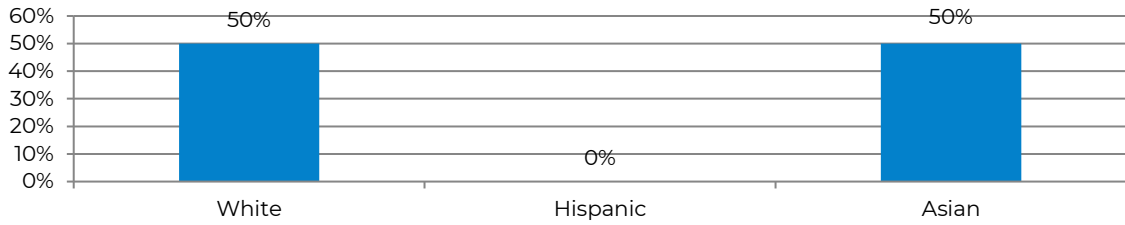
Gender Identity



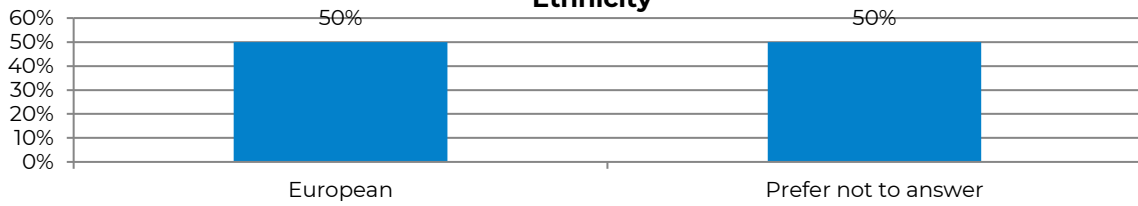
Sexual Orientation



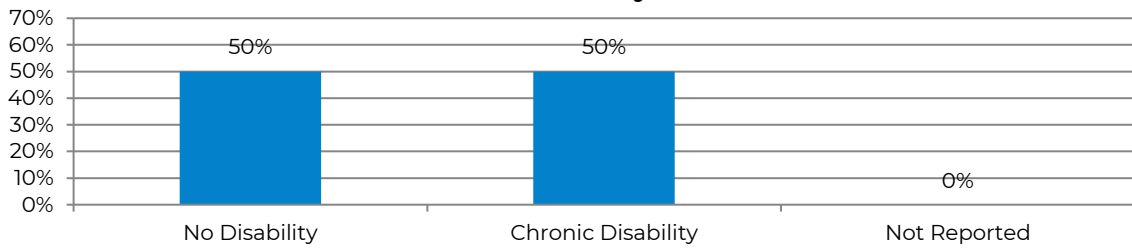
Race



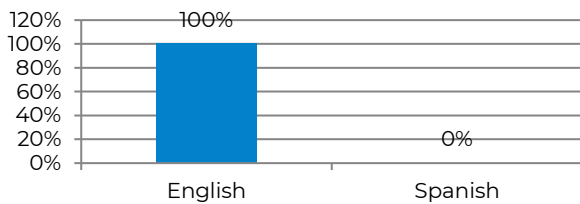
Ethnicity



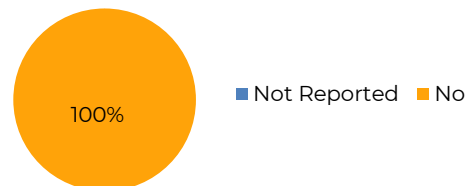
Disability



Language



Military Veteran



Community Capacity Building

Stigma Reduction and Suicide Prevention

Program Description

Tri-City Mental Health is committed to supporting the strengths of each individual participant in their journey of recovery. The TCMH stigma reduction effort is encompassed under Room4Everyone and includes a website focused specifically on stigma reduction, along with several other components designed to empower individuals suffering with mental health challenges while generating awareness to the stigma related to mental illness. 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.

Through a series of activities designed to support changes in attitudes, knowledge and behavior around the stigma related to mental illness, 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 or artwork. These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience have the opportunity to share their personal stories of recovery through community presentations hosted throughout the year;
2. **Creative Minds:** Art created by consumers and community members are displayed in the MHSA Administration building which includes Art Gallery events and speaker’s panels hosted semi-annually;
3. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, TCMH suicide prevention efforts include offering suicide awareness trainings which provide participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

Target Population

Community members and partners including local colleges, schools, agencies, organizations, and Tri-City staff.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	3	42	1	103	149

Program Update

As part of the Room4Everyone campaign, community members with lived experience can participate in numerous projects focusing on stigma reduction. Courageous Minds Speakers Bureau provides individuals with the opportunity to share their stories and experiences with mental illness and their unique path to recovery. The Creative Minds Art Gallery showcases art by local residents and the mental health story behind each piece. Finally, stigma reduction presentations are offered throughout the three cities where information on mental illness as well as messages of hope and recovery are shared with community organizations, schools, and agencies.

Suicide prevention efforts include both local and state level trainings. Each Minds Matters (EMM), California's statewide stigma reduction campaign, created the theme *Hope, Resiliency, and Recovery* for Suicide Prevention Awareness Month. The EMM campaign provided all state partners an extensive resources kit that included marketing materials (i.e. flyers, posters, social media graphics, blogs, etc.) and activities people could participate in throughout the month. These resources can be found on Tri-City's website and shared on social media accounts. A webinar on *Know the Signs: Suicide is Preventable* was offered to community members, partners and staff. Suicide Prevention toolkits were also distributed to community members.

The results of Stigma Reduction and Suicide Prevention surveys administered throughout FY 2020-21 for these events and activities are reflected in the Program Summary.

Challenges and Solutions

During FY 2020-21, the Community Capacity Organizer for this program resigned. However, the Prevention and Early Intervention staff worked diligently to review suicide prevention presentation materials and update content, and attempted to schedule stigma reduction and suicide prevention trainings for community members and partners. Due to COVID-19, the Creative Minds Art Gallery was put on hold since Tri-City was not able to collect art from local artists. However, in collaboration with Peer Mentor program staff and mentors, efforts were made to create a virtual art gallery which took place in March 2021 during Green Ribbon Week.

Community Partners

The following are examples of community outreach and engagement:

- **Directing Change Video Contest** – Directing Change is a part of California's statewide Stigma Reduction campaign Each Mind Matters [EMM]. The Directing Change Program and Film Contest is a unique opportunity for California students to show their creativity and educate their peers about mental health and suicide prevention by making 60-second PSAs. All Tri-City area video submissions from Cal Poly Pomona, Claremont High School, Mt. View Elementary, and School of Arts and Enterprise were viewed. After the videos were viewed, there was a panel discussion with two advisors and five students to share their experience, how this project impacted them, and encouraged others to participate next year.
- **Creative Minds Virtual Art Gallery** – Due to COVID and Social/Physical restrictions, Tri-City hosted the first virtual art gallery during Green Ribbon Week. The art theme was *Through the Lens of COVID*. Participants submitted self-made art [painting, sculpture, etc.], photography, and poetry.

- **Green Ribbon Week [GRW]** - During FY 2020-21, the GRW's theme was "Each of Us." During the week, social media challenges, resources, and information regarding mental health and stigma were posted for anyone to share and participate in. A list of local eateries, who had supported Tri-City's GRW campaign in previous years, were highlighted on social media in hopes community members will support them in this time of need. A Lunch and Learn for Tri-City staff was held to discuss *Successes, Strategies, and Struggles during COVID*. The purpose was to provide a space to share, learn, and support each other during this challenging time.
- **Striving for Zero Suicide Learning Collaborative** - In an effort to better serve our communities, with our suicide prevention plan, Tri-City joined the state-wide Striving for Zero Suicide Learning Collaborative. This collaborative allowed Tri-City to network with other counties and state-wide agencies on up-to-date effective suicide prevention strategies, communication, resources, trainings, and post-intervention work. Technical Assistance will be provided to gain access to local data around suicide statics and behavioral health challenges that currently impacts our communities. This will be a 12-18-month collaborative that will start FY 2021-22.

Success Story

Although an in-person Creative Minds Art Gallery was placed on hold due to the pandemic, PEI staff and mentors from the Peer Mentor program collaborated to host a Creative Minds Virtual Art Reception. The theme for this virtual event was "Through the Lens of COVID-19" and took place during Green Ribbon Week, which is an annual event celebrating mental health awareness. This virtual art gallery event featured 55 pieces of original art provide by 25 local artists. Each piece included a personal story about how art impacts the individual artist.

Program Summary

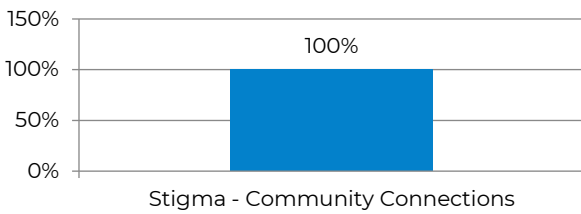
How Much Did We Do?

Stigma Reduction

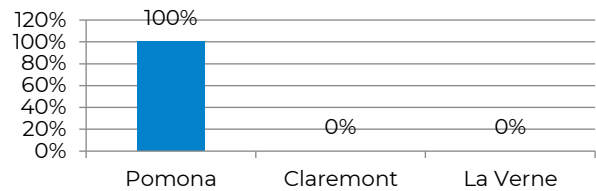
8
Stigma Reduction
Presentations

20
Courageous Minds
Speakers Shared

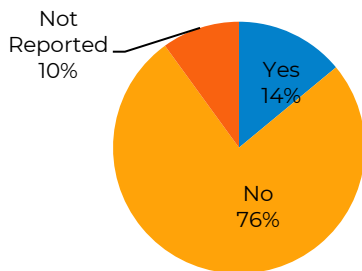
Type of Stigma Reduction Presentations



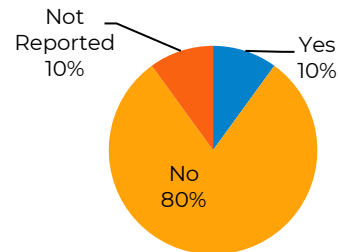
Presentations by City (Virtual)



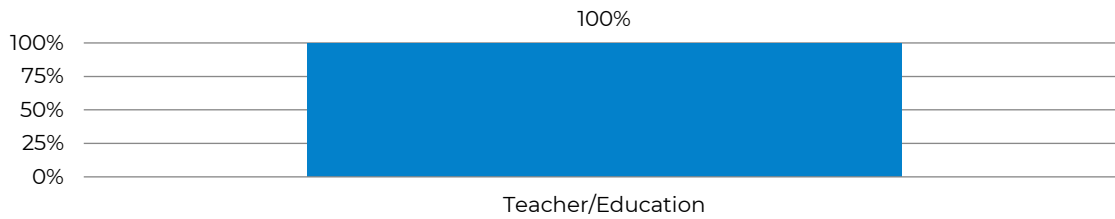
Do You Identify As An Individual Who Struggles With Mental Health:



Are You Currently Receiving Mental Health Services?

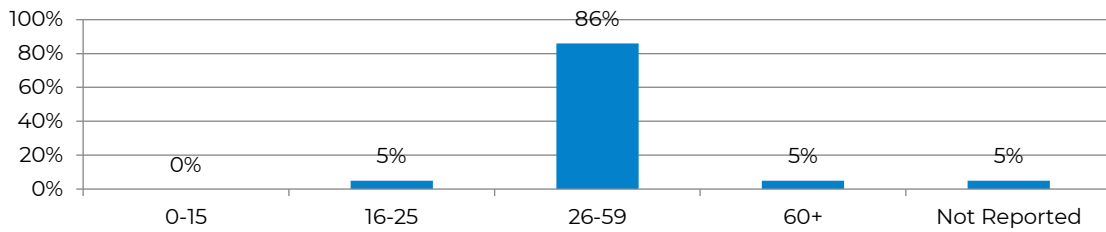


What field/profession are you in:

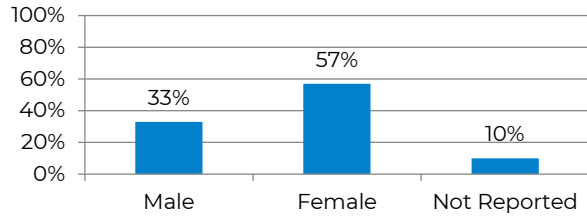


Demographics based on participants who completed Stigma Reduction Surveys (n=21)

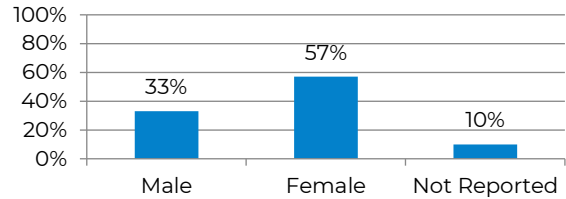
Age Group



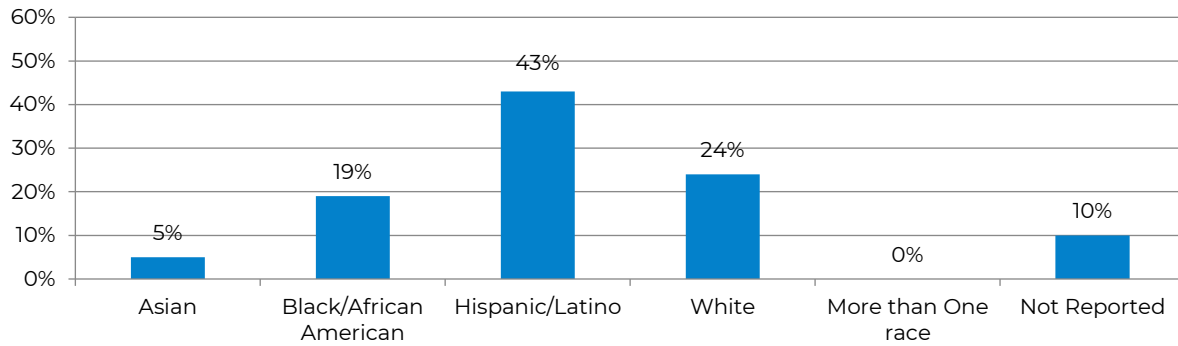
Current Gender Identity



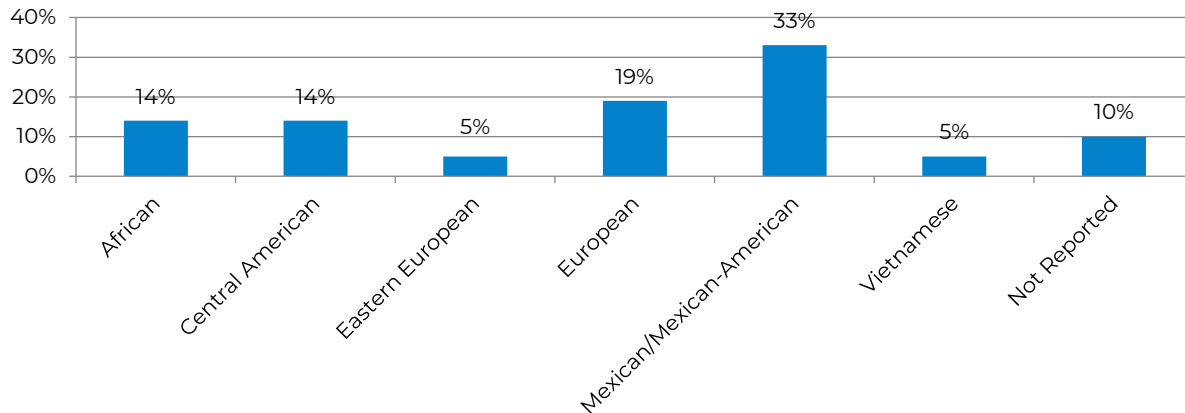
Assigned Gender at Birth



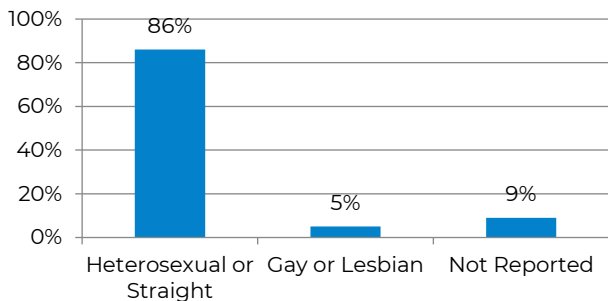
Race



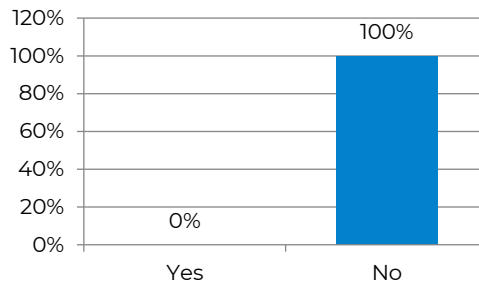
Ethnicity



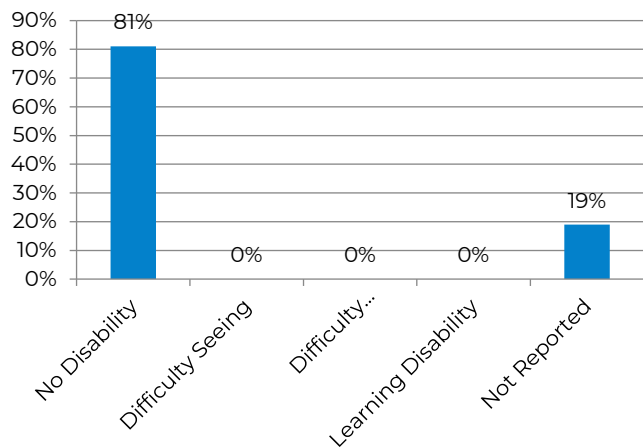
Sexual Orientation



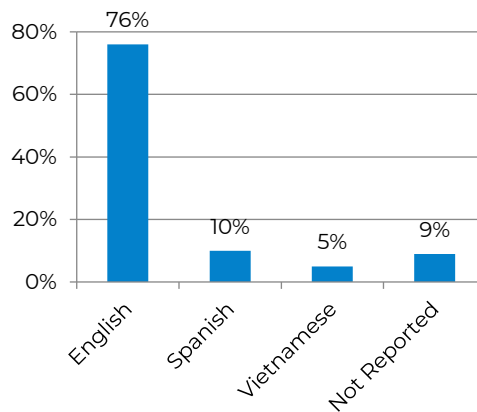
Veteran



Disability



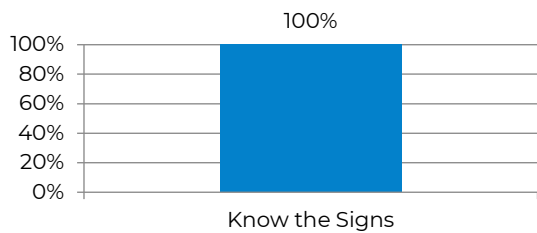
Primary Language



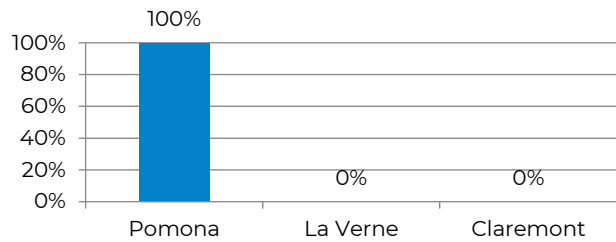
Suicide Prevention

2 Suicide Prevention Trainings/ Presentations

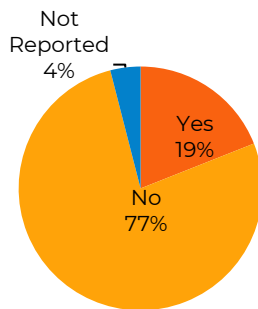
Type of Presentaion



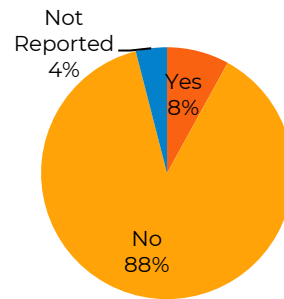
Presentations by City (Virtual)



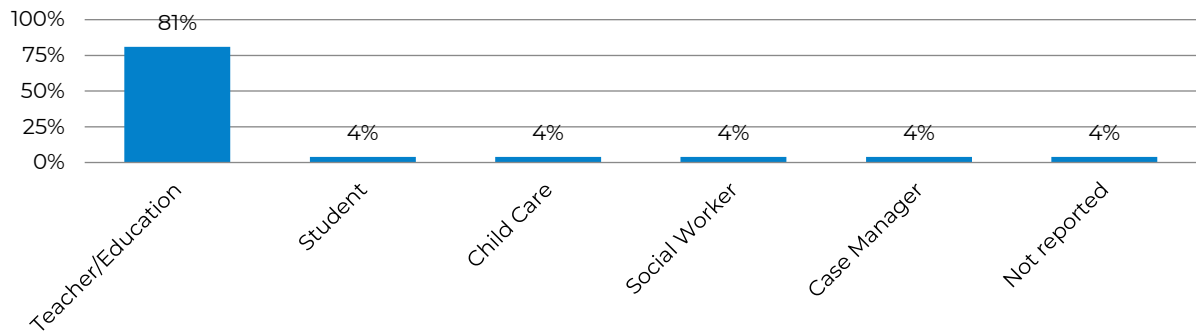
Do You Identify As An Individual Who Struggles With Mental Health:



Are You Currently Receiving Mental Health Services?

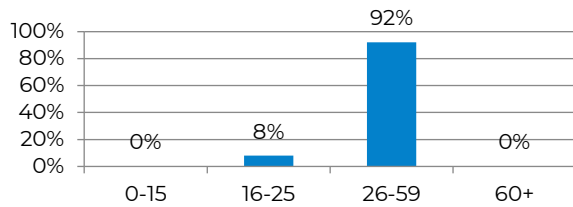


What field/profession are you in:

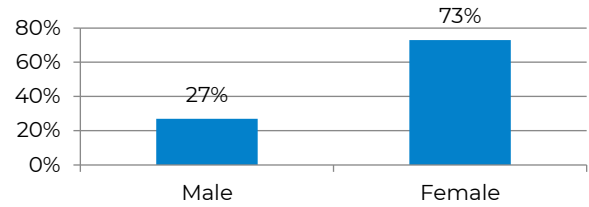


Demographics based on participants who completed Suicide Prevention Surveys (n=26)

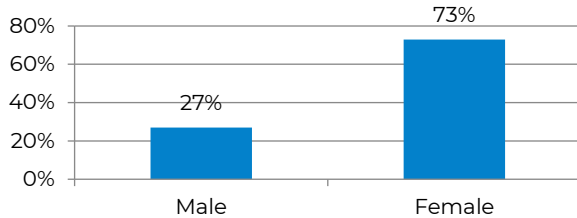
Age Groups



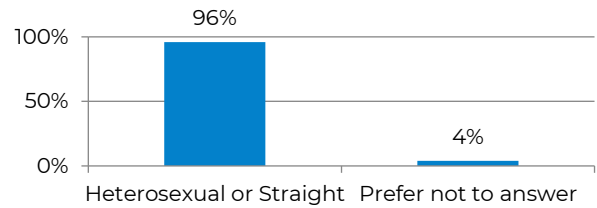
Gender at Birth



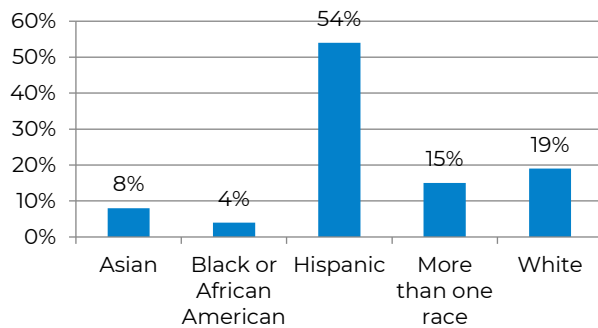
Gender Identity



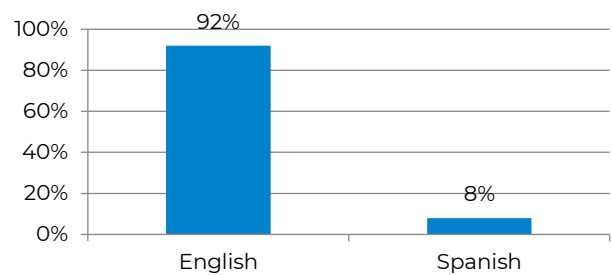
Sexual Orientation



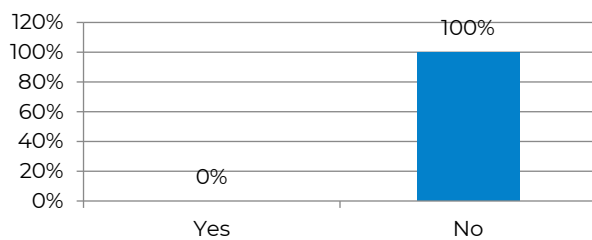
Race



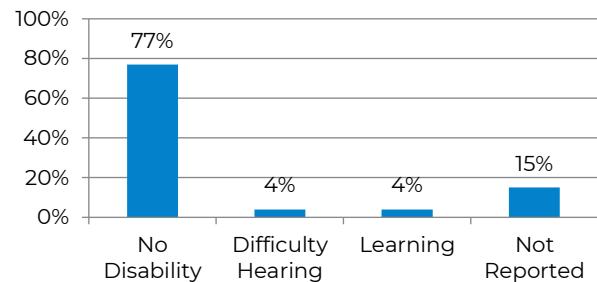
Primary Language



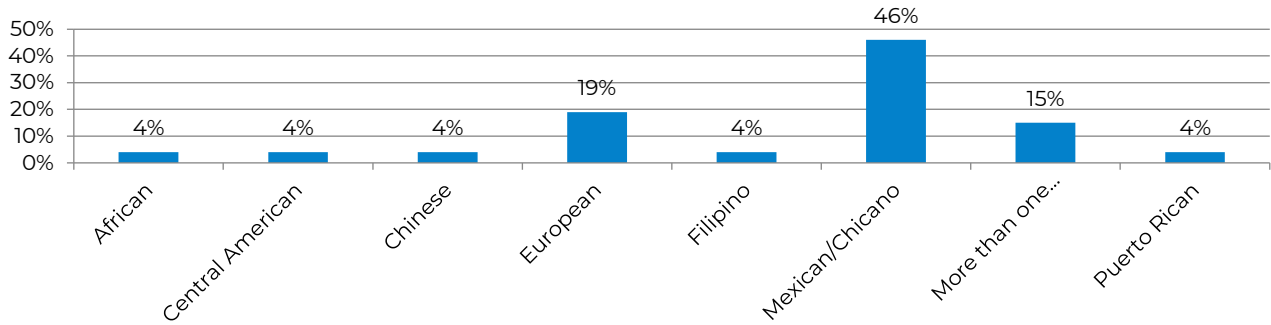
Veteran



Disability



Ethnicity



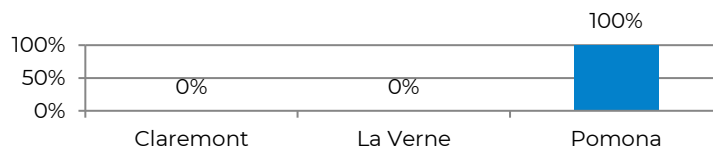
Creative Minds



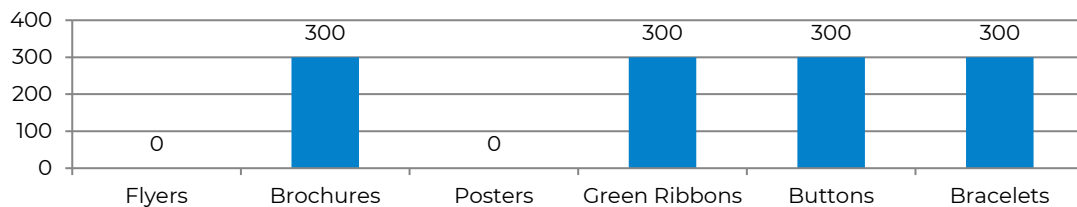
Promotional Materials



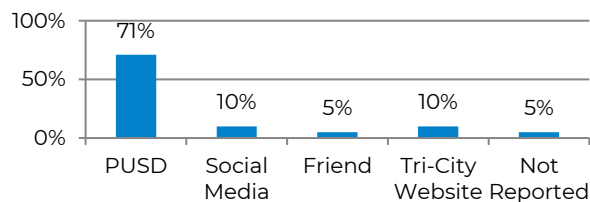
City of Promotional Materials Distribution



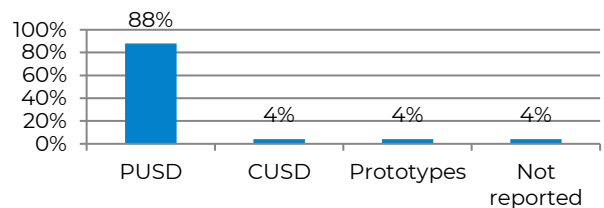
Type of Promotional Materials



How did you hear about Stigma Reduction Presentations



How did you hear about Suicide Prevention Presentations



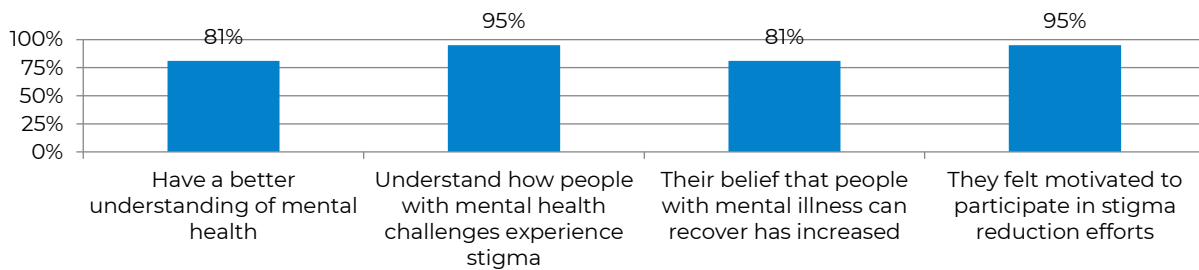
How Well Did We Do It?



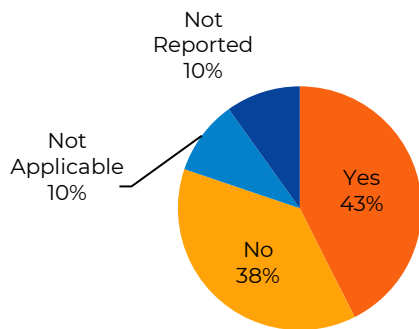
Is Anyone Better Off?

Stigma Reduction

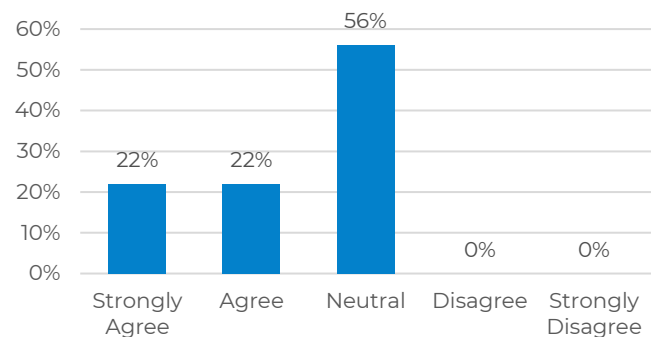
Percentage of Stigma Reduction Attendees who reported that, as a result of the trainings:



At Any Time In Your Life Have You Experienced Trauma Or Mental Illness

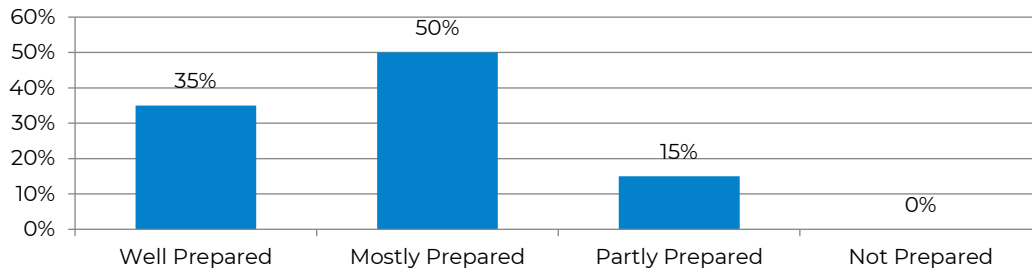


If So, Has This Training Helped You To Manage Your Symptoms:



Suicide Prevention

Percentage of Suicide Prevention attendees who reported how prepared they feel to talk directly and openly to a person about their thoughts on suicide



No workshops were held between July 2020 through June 2021

Number of Potential Responders	149
Setting in Which Responders were Engaged	Virtual platforms, Community, Colleges, Schools, health centers, workplace, shelters, online and outdoors
Type of Responders Engaged	TAY, adults, seniors, teachers, LGBTQ+, families, suicide survivors, religious leaders, and those with lived experience
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

Peer Mentor and Wellness Center PEI Programs

Older Adult and Transition Age Youth Wellbeing

Both the Older Adult Wellbeing and the Transition Age Youth Wellbeing programs are comprised of two projects: Peer mentoring and specialty groups/programming offered at the Wellness Center specific to TAY and older adults needs.

Peer Mentor Program

Program Description

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

Target Population

All community members with a focus on Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over).

Mentors						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	14	13	5	0	32
Cost Per Person	\$371	\$371	\$371	\$371	N/A	\$371
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	25	59	17	0	101

Peer Mentor Groups						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	18	29	64	17	118	246

Program Update

During FY 2020-21, the Peer Mentors met bi-weekly with 16 returning mentors and 12 new mentors making a total of 28 mentors.

Activities during FY 2020-21 included the Peer Mentors and program staff creating the following virtual wellness roundtables 1) *Stronger Together in Recovery*, focusing on individuals recovering with life stressor while focusing on positive coping skills 2) *Let the Music and Lyrics Speak*, focusing on sharing current life experiences through music and poetry and 3) *Art Through Your Lens*, focusing on expressing thoughts through various arts and crafts activities. These virtual wellness roundtables were conducted via RingCentral and were designed to help combat the holiday blues, life stressors and physical distancing due to COVID-19.

Program staff created a presentation titled *Zoom Fatigue During COVID-19* for Claremont High School students that was held via RingCentral. The presentation focused on addressing the increase of zoom meetings and the impact it can have on an individual's stress level and mental wellbeing.

Another presentation involved collaboration with a Peer Mentor, who's a Vietnam Veteran, to research and create a presentation titled *Veterans and Mental Health*, focusing on mental health themes, mental wellbeing, and shared lived experience.

Staff and Peer Mentors continued to collaborate with Tri-City's Creative Minds Art Gallery to host a Creative Minds Virtual Art Reception. Staff and Peer Mentors outreached to local community partners to participate along with developing and creating the virtual gallery. The theme was *Through the Lens of COVID-19* and the reception was held during Green Ribbon Week.

Challenges and Solutions

As with other MHSA programs, the Peer Mentors were limited by COVID restrictions and safety protocols. Contact with mentees was primarily by phone and groups meetings and trainings were held virtually. However, Tri-City staff and Mentors continued to offer support to over 100 mentees and adapted their approach based on current agency policy and protocols.

Cultural Competence

Peer Mentors are comprised of a diverse group of individuals fluent in Hindi, Malayalam, Tamil, English, Korean, Spanish, and Cantonese. Peer Mentors were also trained in the following topics including, Culture and Minority Mental Health, Ongoing Self-Care, Positive Coping Skills and Well-being. In addition, the Peer Mentor program participated and/or facilitated in the following events and activities with topics focused on cultural competence, equity and inclusion:

Peer Mentor Activity	Dates	Description
40th Annual Virtual Mental Health and Aging Conference focusing on COVID and Racism on Older Adults	11/12/2020	Peer Mentor staff attended this conference, which focused on discussing the mental, physical, and spiritual impact of COVID and the racial pandemic among diverse older adults.
Virtual Wellness Roundtable: Proud to be Me	11/05/2020 & 11/19/2020	Staff and Peer Mentors facilitated <i>Proud to be Me</i> , a virtual wellness roundtable that provides support to consumers who identify in the LGBTQ+ community or as allies.
Virtual Wellness Roundtable: Stronger Together in Recovery	12/07/2020	Staff and a Peer Mentor facilitated <i>Stronger Together in Recovery</i> for consumers seeking extra support as they navigate transition and change in their lives. Due to participants disclosing that the group was beneficial the virtual roundtable was extended and occurred 2x/month.
Positive Coping Skills During COVID	12/17/2020	A Peer Mentor hosted a webinar via RingCentral titled Positive Coping Skills during COVID for St. Mary Orthodox Church, an Indian American community. The presentation focused on identifying common mental health themes, stigma of mental health, identifying positive coping skills and local resources during COVID.
Cultural Competence: Implicit Bias, Micro-Aggression and the Danger of a Single Story	03/02/2021 & 03/23/2021	Peer Mentors attended this training presentation. Afterward, Peer Mentor staff provided 1:1 supervision and support to mentors.
Working with the LGBTQ+ Communities and Mental Health	04/06/2021	Peer Mentors received this training for skill-building and awareness.
Transition and Change within the Peer Mentor-Mentee Relationship	04/20/2021	Peer Mentors received this training for skill-building and awareness.
Culture Fest, Claremont High School	04/20/2021 & 04/28/2021	Peer Mentor staff supported and facilitated wellness activities with Claremont High School's Mental Health Association for a Culture Fest event.
Virtual Wellness Roundtable: Proud to be Me	06/03/2021	The group discussed the impact of disclosing their sexual orientation and gender identity has had on their relationship with friends and family and the impact it has had on their mental well-being.
Virtual Wellness Roundtable: Stronger Together in Recovery	06/28/2021	During the group, participants highlighted their strengths and identified their support systems that they can reach out to when life stressors increase.

Community Partners

- **Project Horseshoe Farm** – Peer Mentor staff hosted a “Working with Older Adults During COVID-19” webinar for this non-profit organization. The presentation focused on working with older adults and the common mental health themes that may arise. The focus of the presentation was also on positive communication via telephone, identifying positive coping skills and local resources during COVID.
- **Neighborhood Services Department, City of Pomona** - Peer Mentor staff hosted a “Working with Older Adults During COVID-19” webinar.
- **Mental Health Association, Claremont High School** – Staff provided a presentation titled Restfulness and Mental Health for this student-led club on campus. The presentation focused on how our surroundings can contribute to the outcome of our mental wellbeing.
- **Mental Health Club, Claremont High School** - Staff and peer mentors collaborated with students and facilitated a positive coping skill activity while discussing diversity during their Culture Fest.
- **Child and Family Services, Tri-City Mental Health** - Staff connected with Child and Family Services Program Manager to discuss future collaboration to help support TAY and their family members. Program Manager shared monthly support groups and topics discussed during the meetings. The themes identified focused on family and community connection to help improve interaction with others and decrease isolation. Possible wellness roundtable to occur 1x/monthly beginning Fall 2021.

Success Story

The Peer Mentor staff, with support from mentors, connected with Claremont High School's Mental Health Association to brainstorm with students on various activities and discussion topics related to youth and mental well-being for their Culture Fest event. This included hosting an activity and open discussion related to positive coping skills that youth could utilize when feeling overwhelmed during the pandemic and ongoing adjustments and changes. Twenty-one students participated in the event.

Program Summary

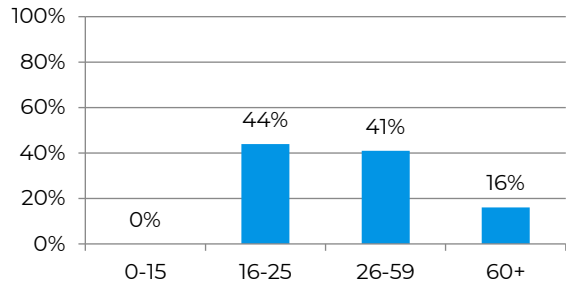
How Much Did We Do?

Peer Mentors

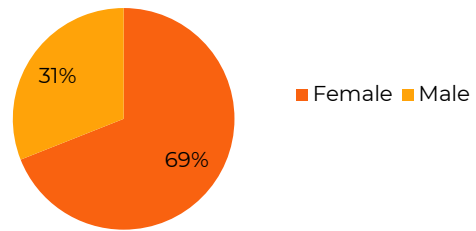
32
Active Peer Mentors

22
Peer Mentor Trainings

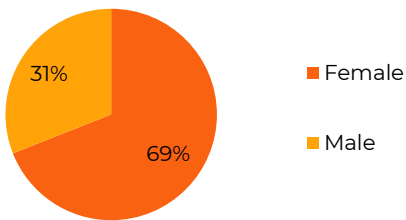
Age



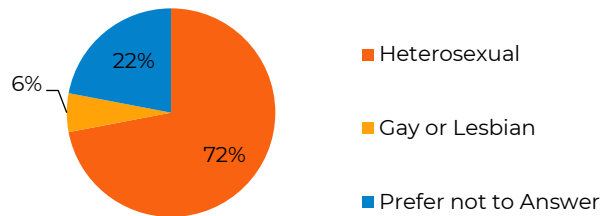
Gender At Birth



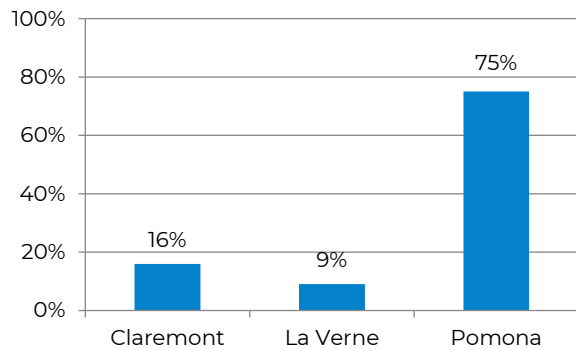
Gender Identity



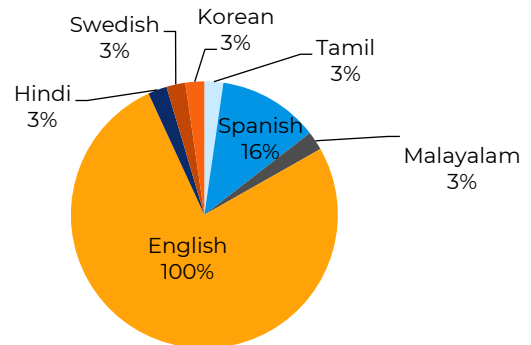
Sexual Orientation



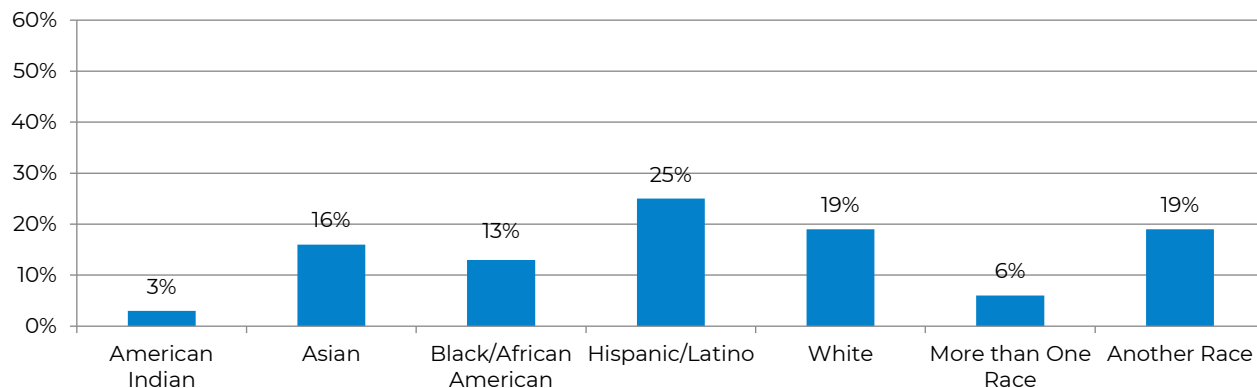
City



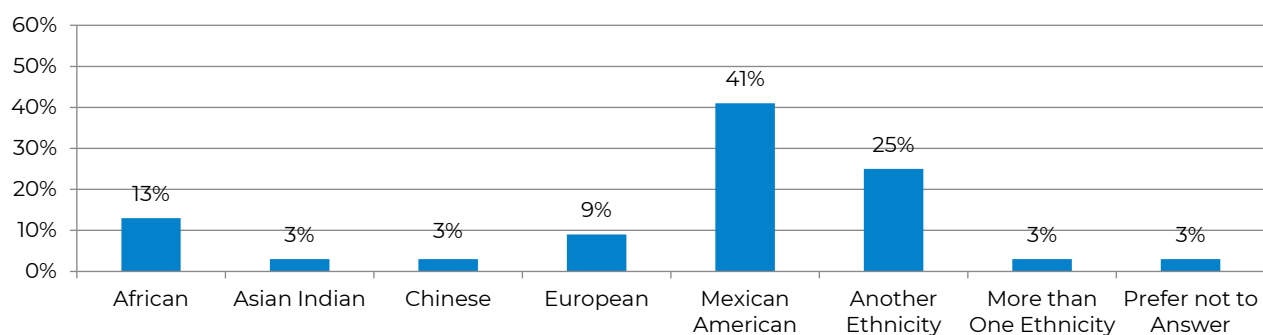
Languages Spoken By Mentors



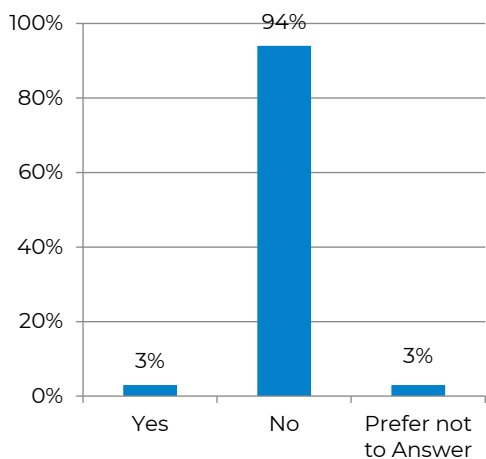
Race



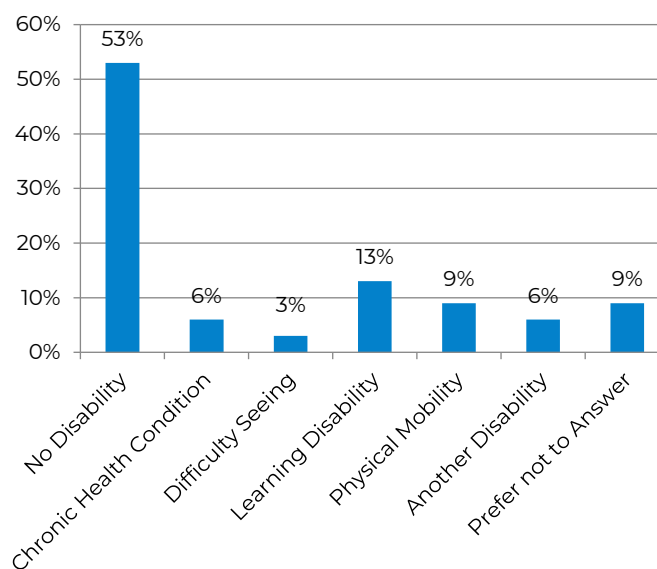
Ethnicity



Veteran



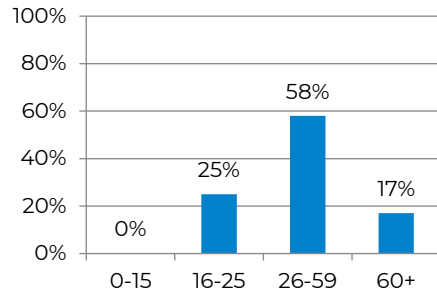
Disability



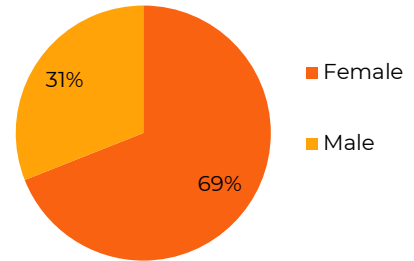
Peer Mentees

101
Mentees
Served

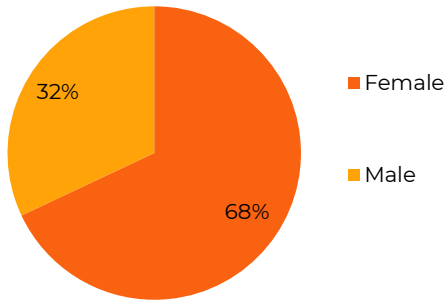
Age



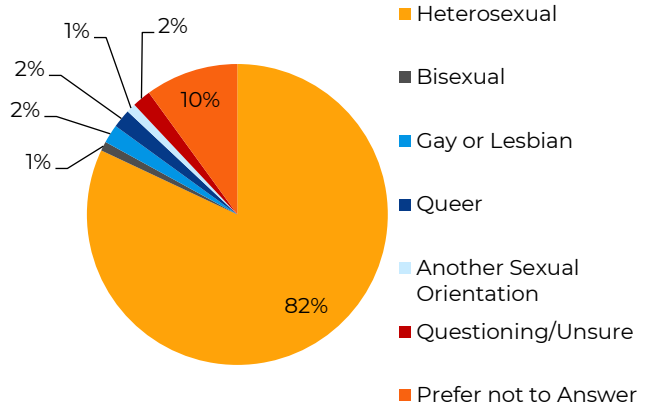
Gender At Birth



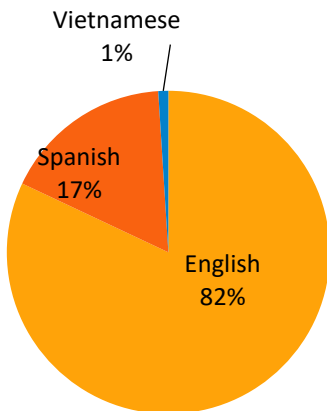
Gender Identity



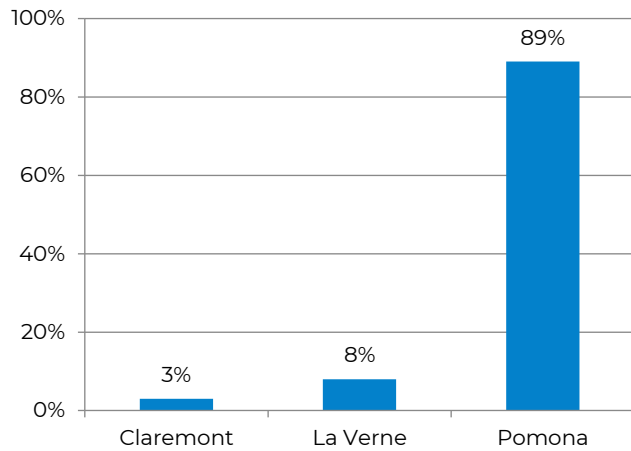
Sexual Orientation

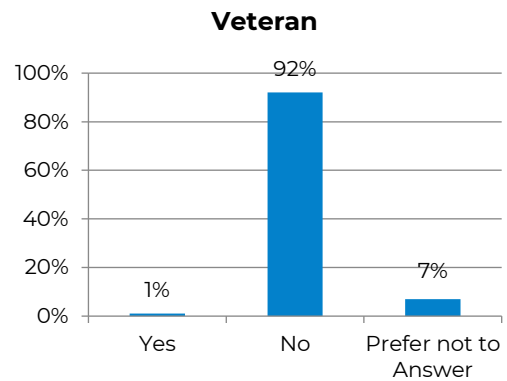
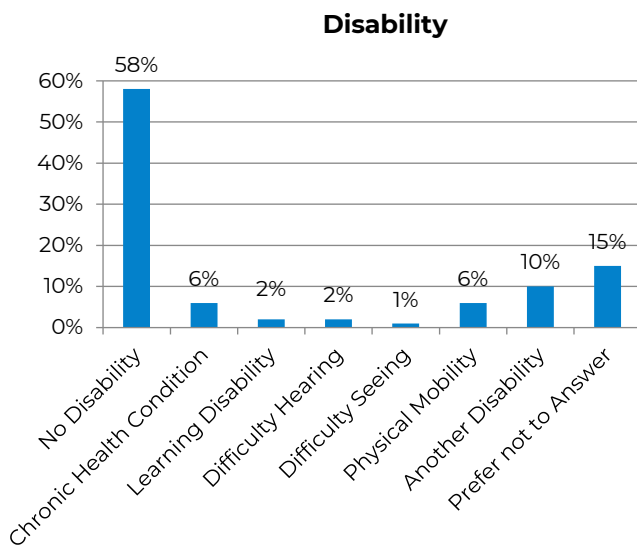
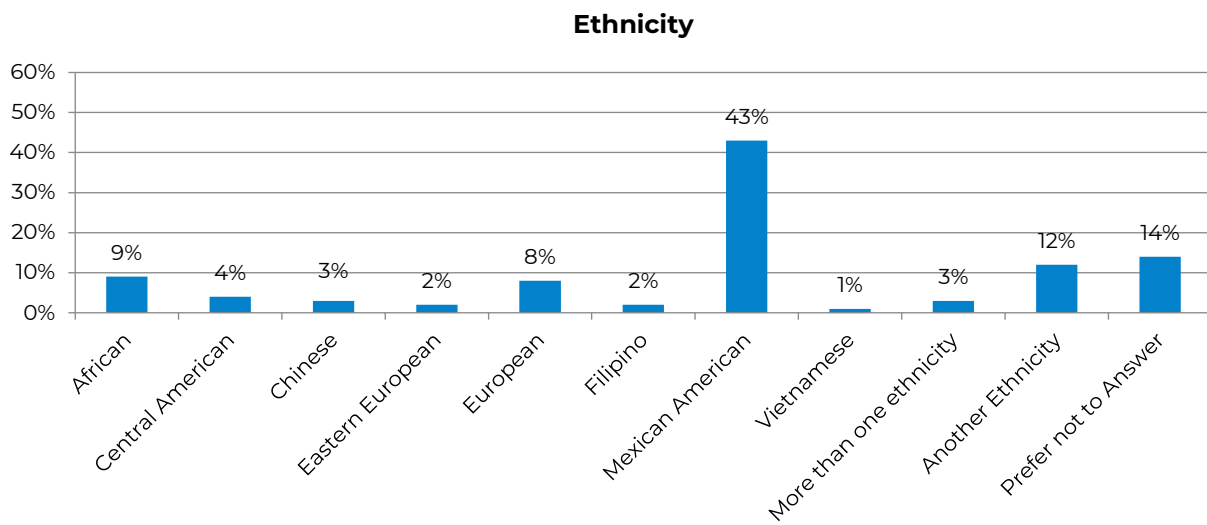
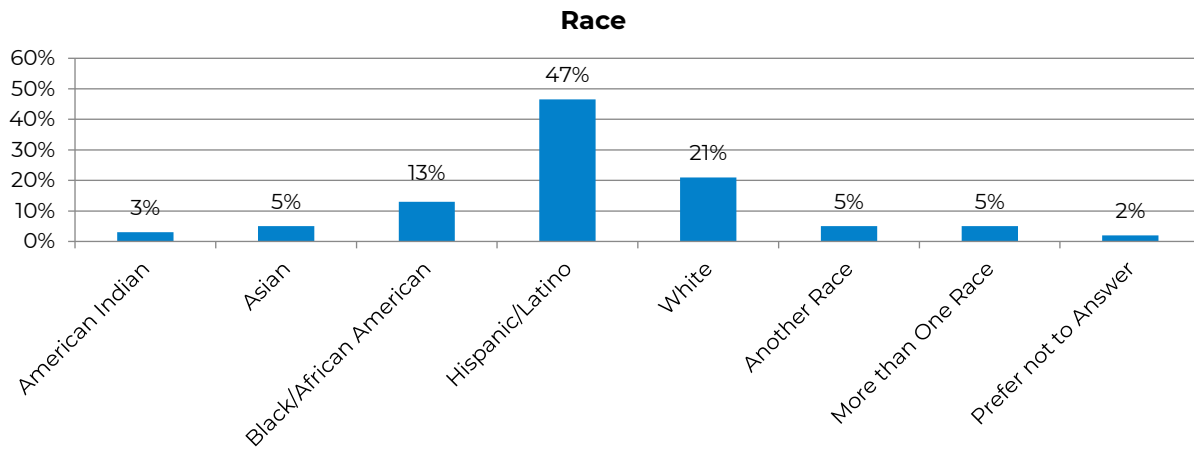


Language



City



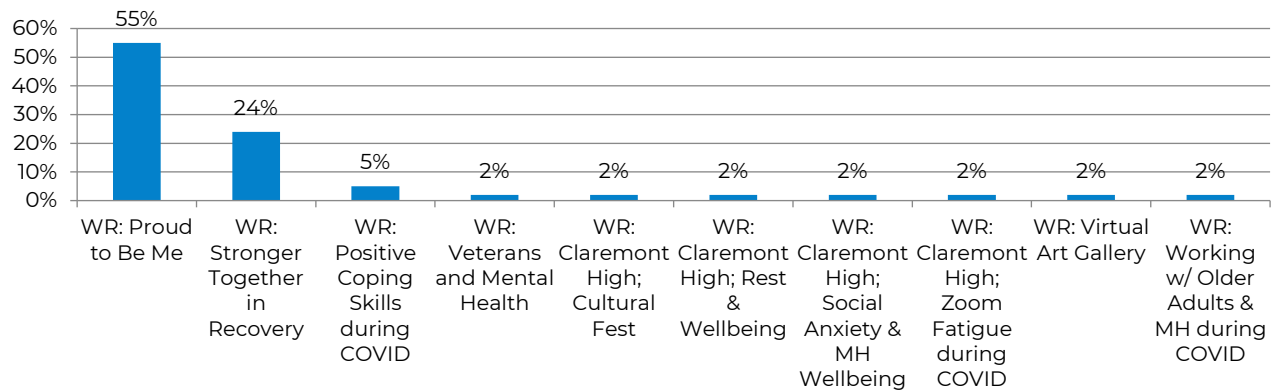


Wellness Roundtable (WR) Activities

147
Unique Participants at Wellness Roundtables

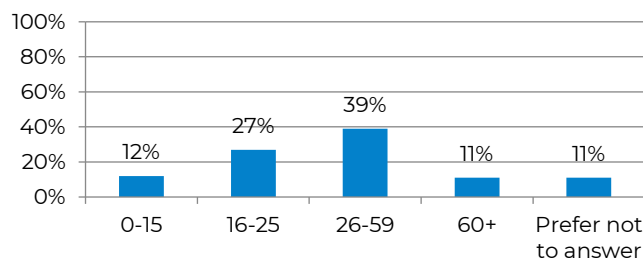
246
Duplicate Participants at Wellness Roundtables

Wellness Roundtable (Total= 42)

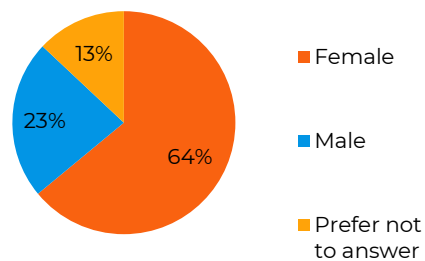


PEI Demographics based on individuals who registered to Wellness Roundtable Activities (n=147)

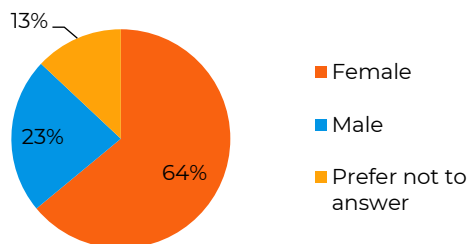
Age Group



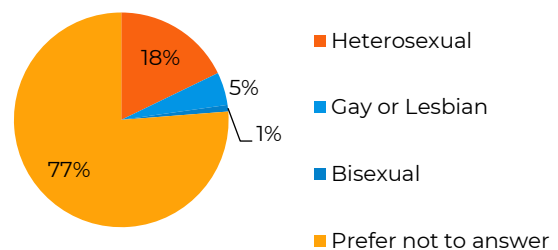
Assigned Gender at Birth

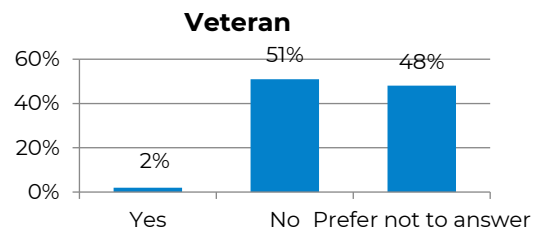
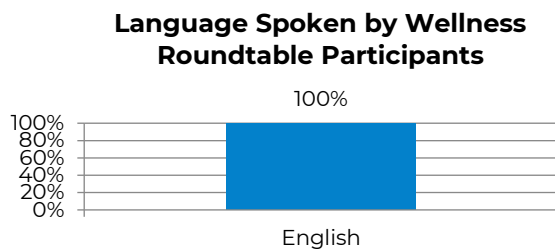
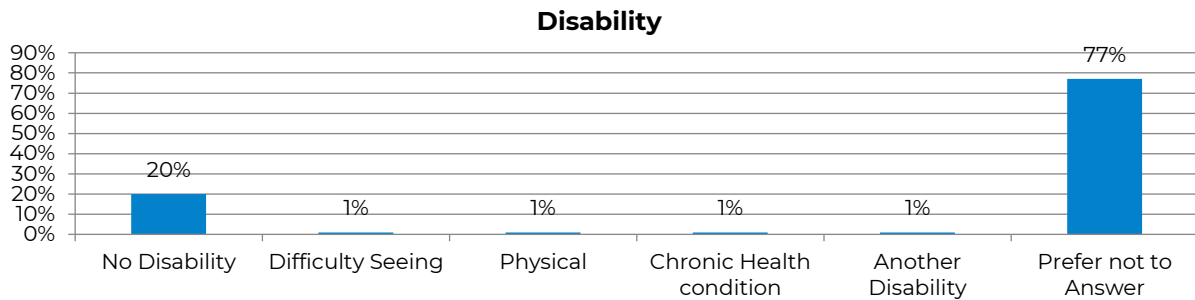
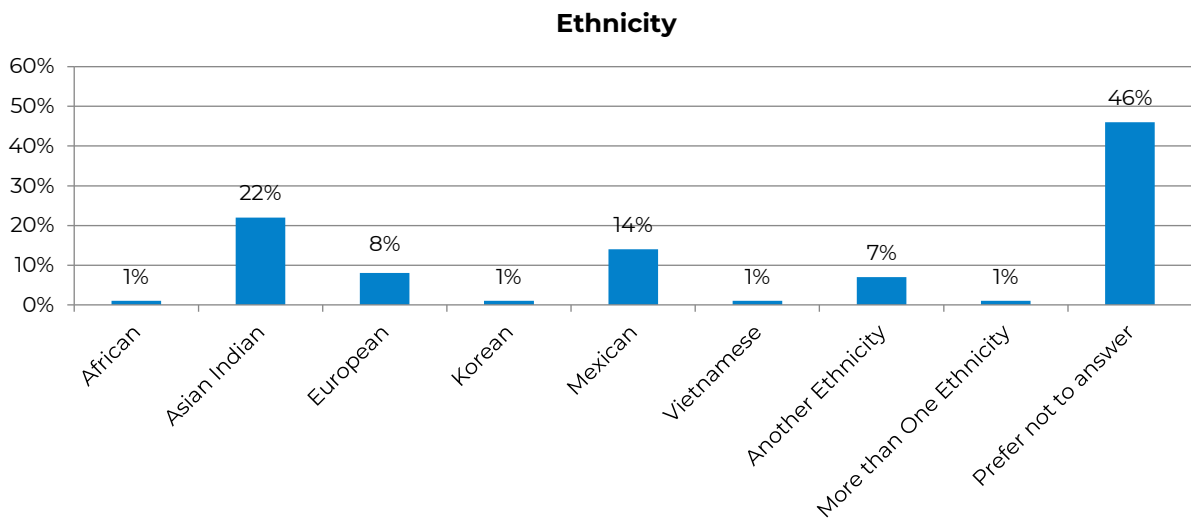
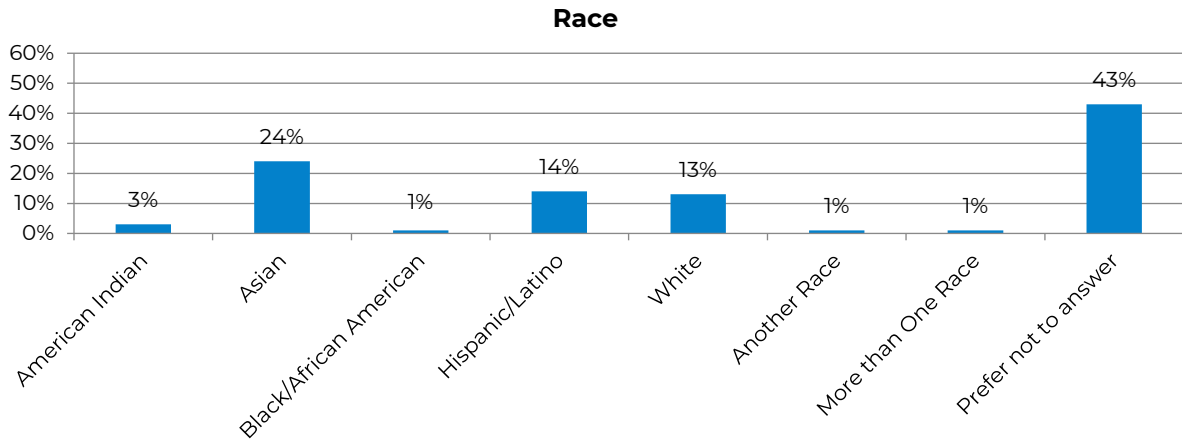


Gender Identity

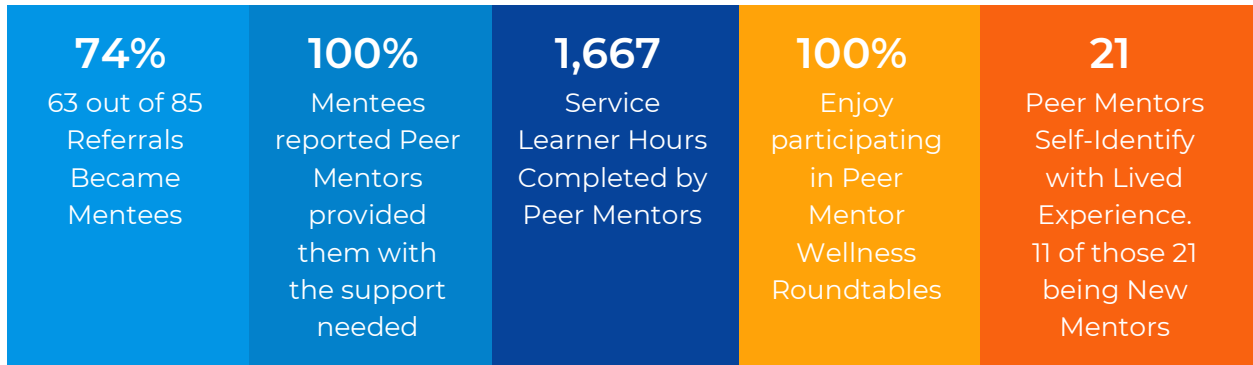


Sexual Orientation





How Well Did We Do It?



Is Anyone Better Off?



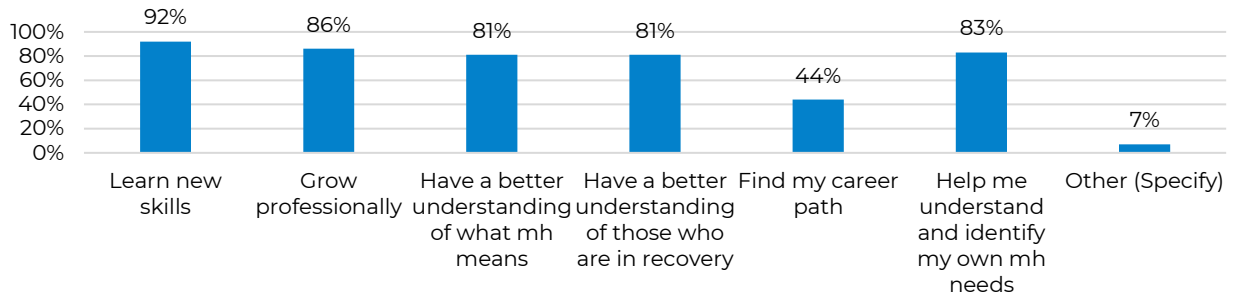
What was your favorite part of being a mentor?

"Connecting and helping others."	"Being able to help out another person."
"A chance to make a difference in someone's life. To have an opportunity to grow and learn new skills for the future."	"The program is incredibly rewarding, as I feel like I am giving back to my community."
"How much my mentee and I learn from each other."	"To actually observe the increased self-assurance of the mentee."
"Ability to give back."	"My favorite part is getting to meet with the mentees and hearing about their progress over time."
"Providing support and resources to my mentees"	"Being able to connect and work on mental wellbeing with people from different walks of life, both mentees and other peer mentors."
"Being able to provide support to those during a difficult experience. As well as still feeling connected with the other mentors."	"Allowing mentees to make a difference in their lives. Finding more opportunities for the future in a positive way."
"Helping the community and job experience."	"Listening to people and realizing how much other people are going through."

List one thing from the Peer Mentor program you feel was most beneficial

"Interaction between peer mentor and mentees"	"The Wellness Center"
"Bi-weekly trainings"	"Found the experience very helpful for academics"
"Learning about others"	"The constant support from supervisors"
"Being able to listen to others"	"Learning more about my own mental illness"
"Learning new skills for mentees"	"Being able to learn about my myself"
"Emphasis of community care and wellbeing"	"Group facilitation training"
"Training and hand-on experience"	"Being able to be there for someone else who is in need"

How has the program helped you personally? (Mark all that apply)

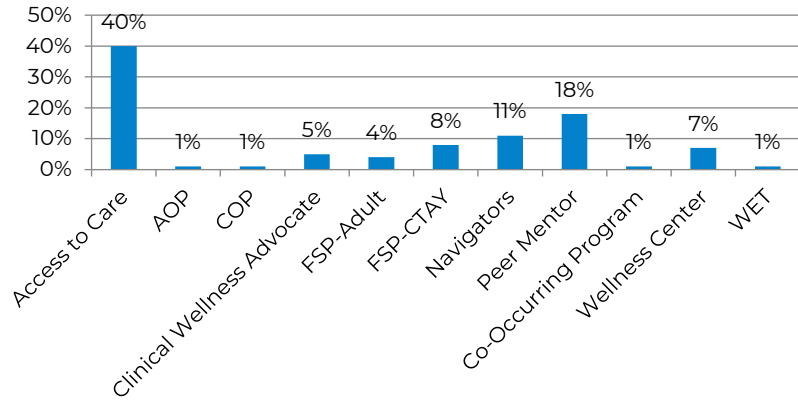


Number of Potential Responders	255
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community,
Type of Responders Engaged	TAYs, adults, seniors, and those with lived experience
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

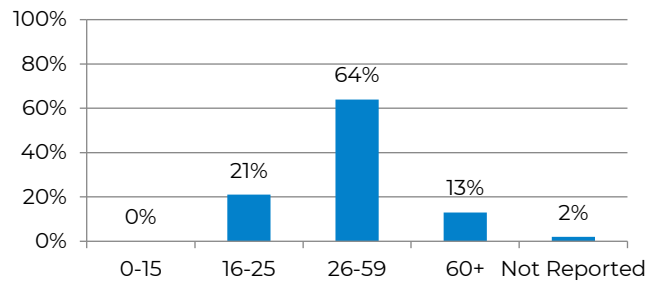
85
MHA Referrals
into Peer Mentor
Program

Referral From:

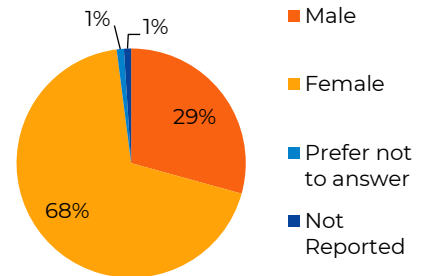


PEI Demographics based on Referrals

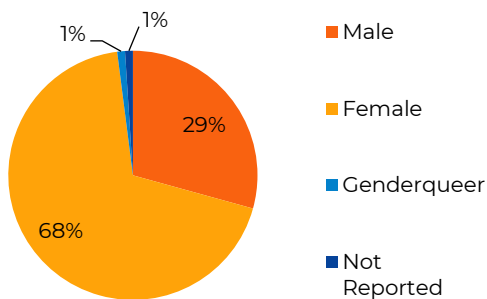
Age Group



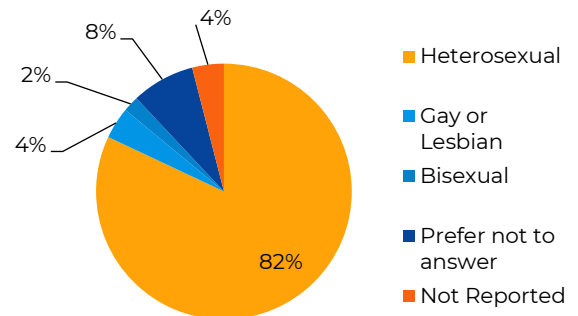
Assigned Gender at Birth

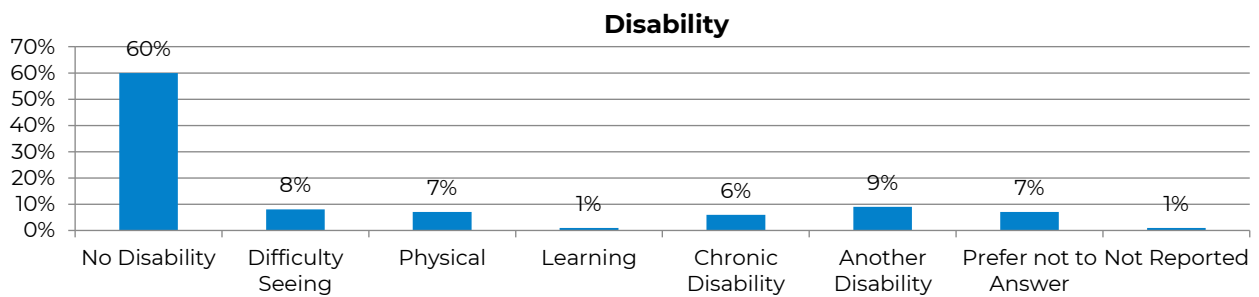
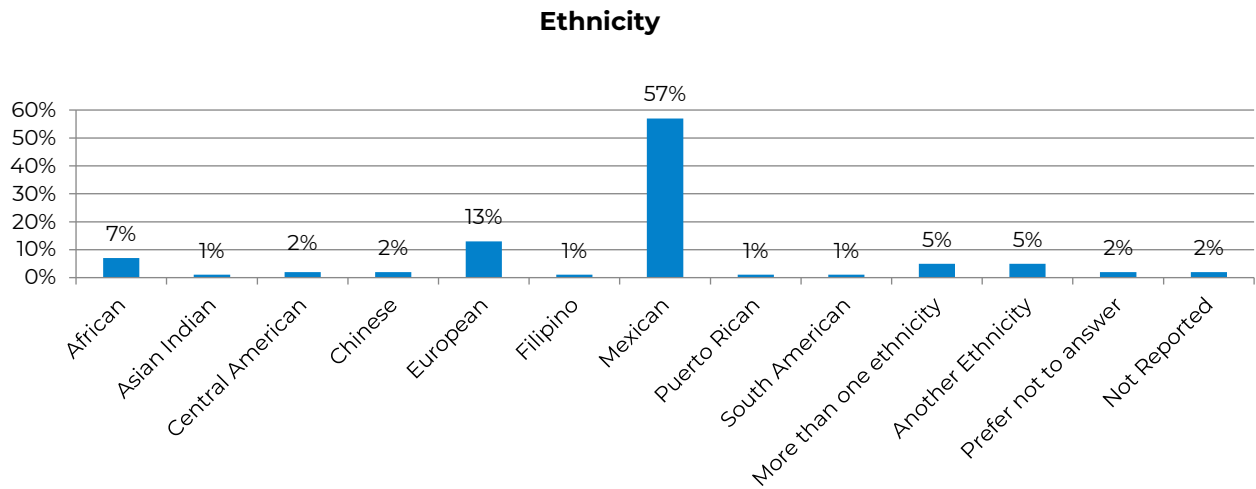
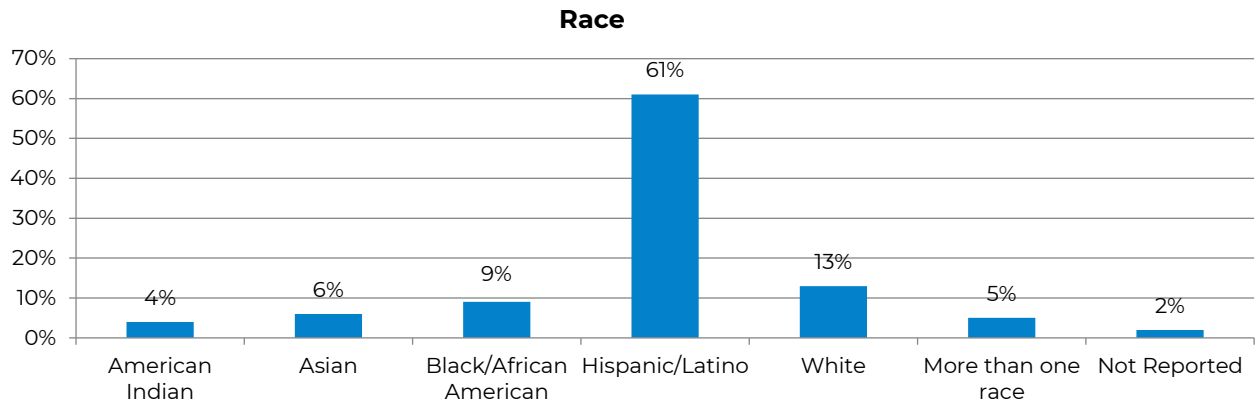
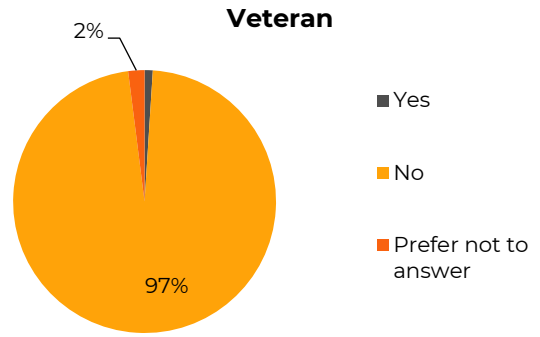
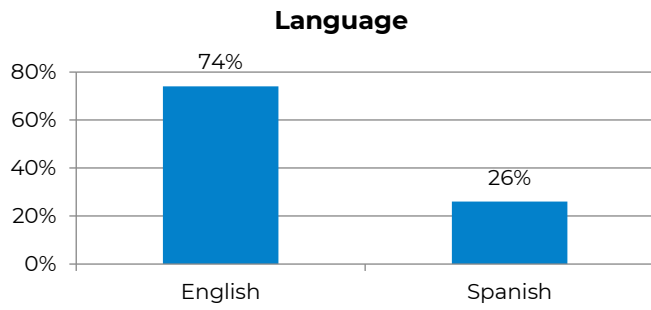


Gender Identity



Sexual Orientation





Wellness Center PEI Programs: Transition Age Youth and Older Adults

Target Population

Transition age youth (TAY) and older adults are considered critical populations in need of support yet tend to be some of the most difficult to engage. Reasons include issues related to stigma and difficulty with transportation. In an effort to meet the needs of these individuals, the Wellness Center utilizes Prevention and Early Intervention (PEI) funding to create programming specific to the needs and interests of these, often considered, at-risk individuals.

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	34	1,315	47	31	N/A	1,427
Cost Per Person	\$632	\$632	\$632	\$632	N/A	\$632

Program Update

The Wellness Center PEI staff collaborated with outside agencies to offer various workshops based on staying healthy during the pandemic and integrating back into the community and workspace due to the gradual reopening of the state.

The TAY space, designed for transition age youth ages 16-25, was reopened with safety protocols in place and is functioning as a hybrid model where participants can join in person or virtual. A new support group was created at the request of TAY participants titled Peace of Mind (self-care group).

For seniors and older adults, an increase focus on programming was implemented which consisted of new groups created to benefit these individuals including Senior Vacation, Senior Bingo, and Tele-Commute, to assist seniors with understanding technology. In addition, the first annual senior retreat was implemented which consists of a 4-week retreat featuring a different theme each week.

Program staff conduct extensive outreach efforts to senior living homes and local senior community centers. The Center calendar of senior groups and events is promoted in each of these locations as well as in their newsletters and websites. Finally, staff conduct wellness calls to senior communities where residents or attendees have previously participated in Wellness Center hosted senior events.

Future programming includes increasing in-person events, especially for senior and older adults who prefer this approach to meeting over a virtual platform.

Challenges and Solutions

Challenges for this program during FY 2020-21 included limited outreach and engagement efforts, especially for TAY, due to limited staff availability at the Center. Other challenges include attendance in TAY groups. Many will express an interest and sign up, but ultimately, the attendance numbers continue to be low.

To address these challenges, the WC/PEI staff will increase their collaboration with outside agencies and offer one-time workshops and events. Historically, attendance tends to be higher for one-time workshops or events targeting TAY. Staff have reported that TAY participants have expressed a desire to rejoin the groups as the TAY space reopens.

For seniors and older adults, many of the participants continue to request in person groups and state they will not join unless they can attend in person. With this in mind, staff continue to look towards scheduling more in-person events for this population as restrictions allow.

Cultural Competence

The Wellness Center includes Spanish speaking staff and materials, and resources are available for non-English speaking participants. Furthermore, the Center hosts support groups for non-English speaking individuals.

The TAY and older adult programming offered at the Wellness Center is open to everyone. The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees.

Community Partners

The Wellness Center TAY and Older Adult programs partner with several organizations to offer workshops, events trainings, and other forms of support. These groups include Compass Point, a drop-in Center for transition age youth located at David and Margaret Youth and Family Services, Claremont High School-Youth Activity Center, City of Claremont, City of Pomona, Pomona Unified School District as well as local probation officers who work with transition age youth.

Success Story

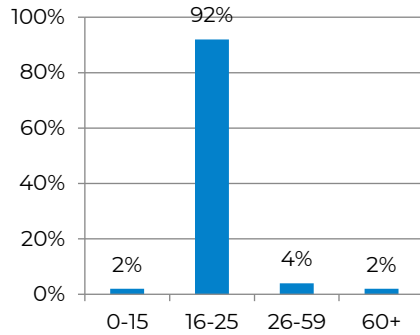
A TAY program participant, upon first attending the Wellness Center, was initially only able to participate in events with their sibling. However, over time, through the supportive efforts of Wellness Center staff and the commitment on the part of this individual, this youth slowly began to engage in TAY events and participate in support groups and outside activities independently.

Program Summary

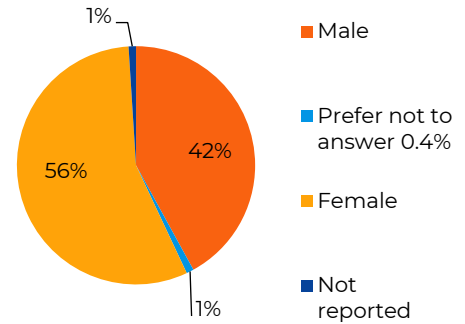
How Much Did We Do?

1,427
Unique
Individuals
attended
Wellness
Center (PEI)

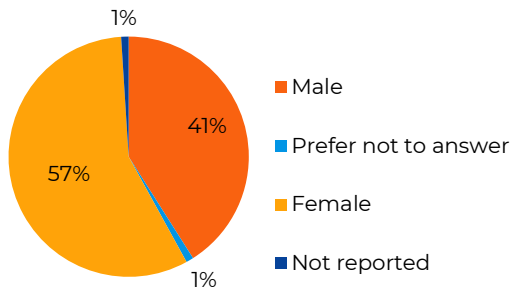
Age Group



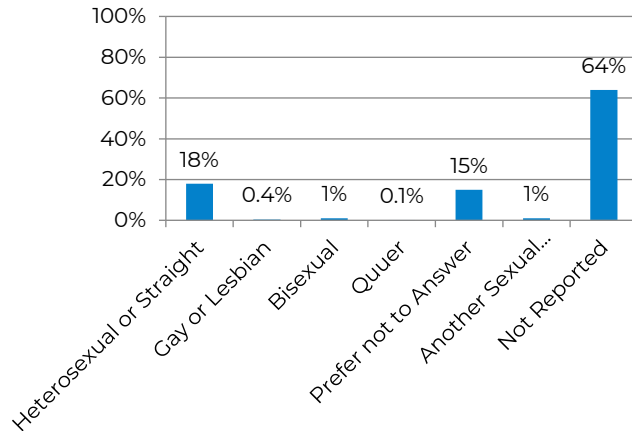
Current Gender Identity



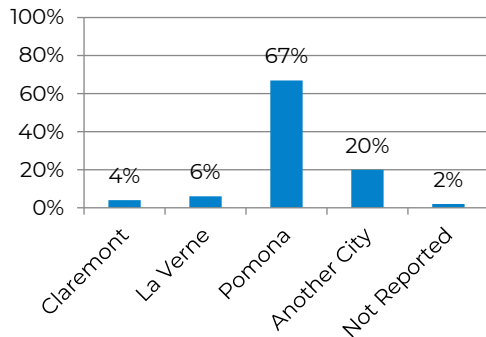
Assigned Gender at Birth



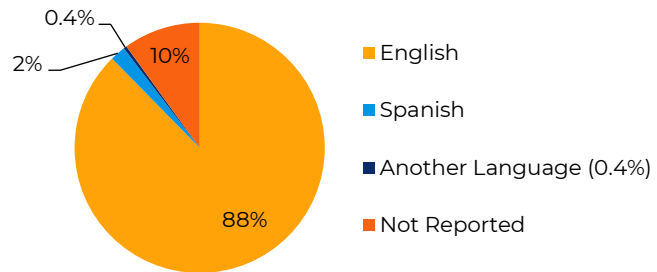
Sexual Orientation



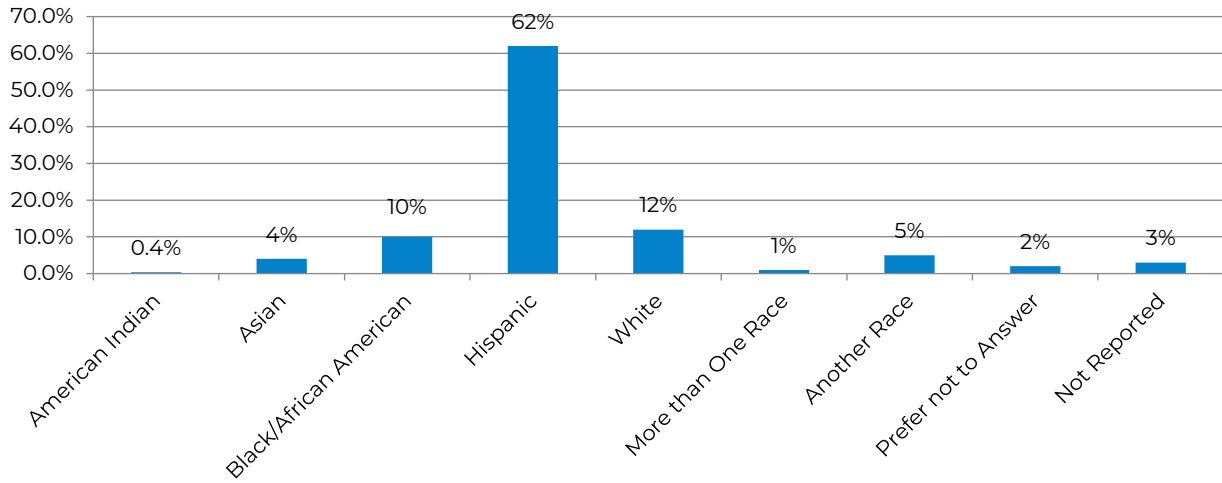
City



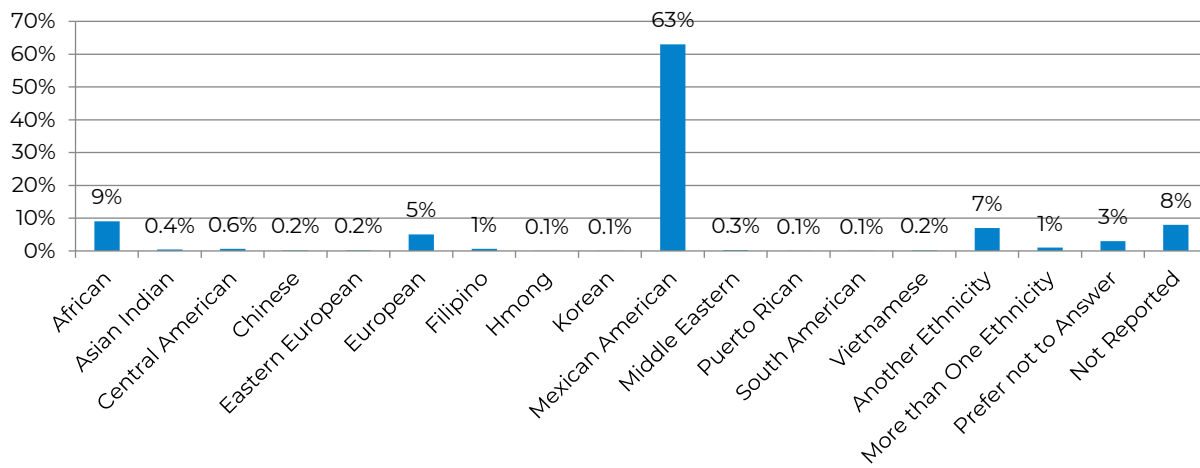
Primary Language



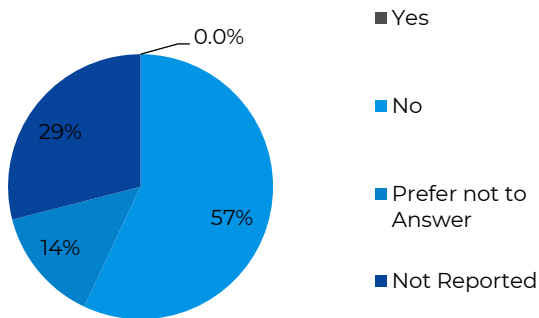
Race



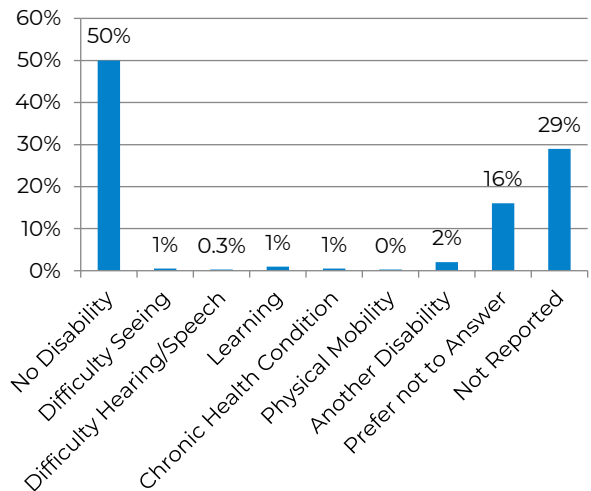
Ethnicity



Military Veteran



Disability



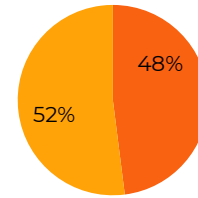
How Well Did We Do It?

5,832

Number of Attendees at Wellness Center PEI Events (Duplicated Individuals)

Number of Times People Visited

- One Visit
- Two or More Visits



Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos (Group Español)	34	2
Senior Calm	48	5
Senior Socialization	53	6
Senior Bingo	7	3
Senior Virtual Vacation	4	4
TAY – Friendly Feud	31	3
TAY – Guy/Girl Talk	8	2
TAY – Hope**	9	1
TAY – PPL	33	3
TAY – Stress Me Not	17	1
TAY – Together We Stand / Fun with Friends	12	1

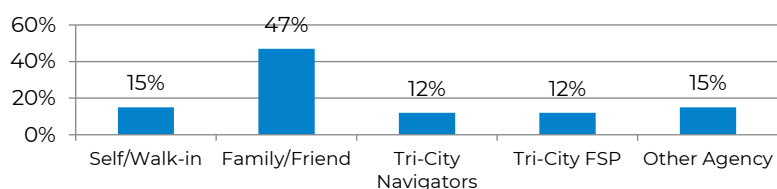
***Groups that have been discontinued*

Contacts by Type	Number of Times Contact was Made
TAY – PC Lab	3
TAY – Phone Call	4,913

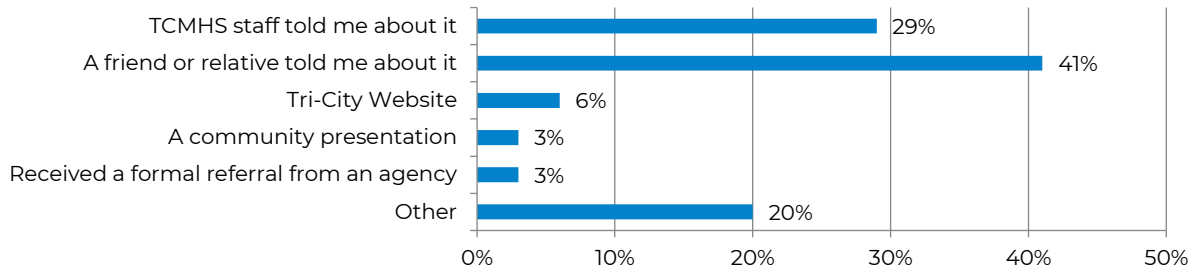
91%

Satisfied with the “Help I get at the Wellness Center”

Referral Source

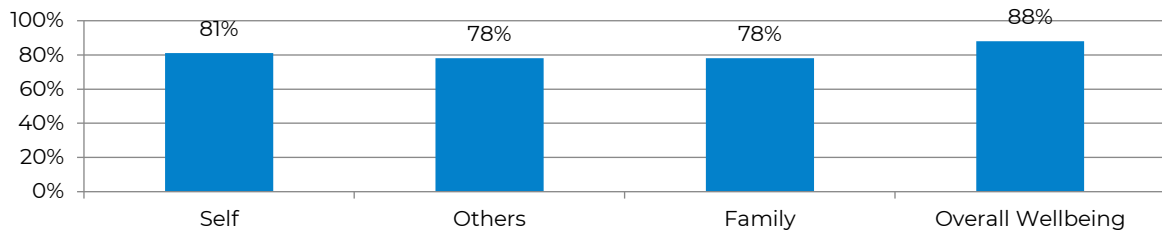


**How Did You Learn About the Wellness Center Programs?
(Choose All that Apply)**



Is Anyone Better Off?

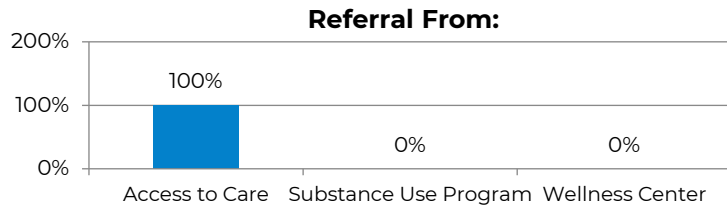
Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs:



Number of Potential Responders	1,427
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, adults, seniors, and those with lived experience
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

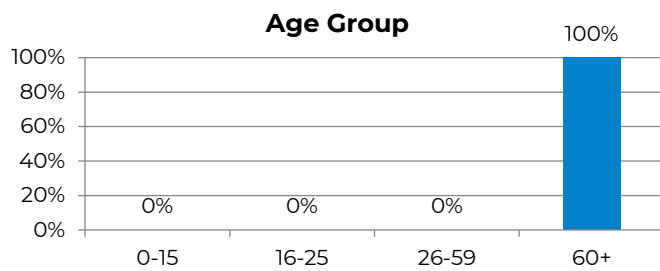
Timely Access to Services for Underserved Populations Strategy

1
Referral coming into
Wellness Center PEI

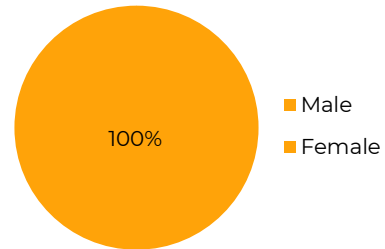


0 out of 1
Referrals
Participated in
Wellness Center PEI

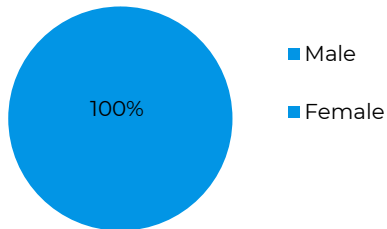
PEI Demographics based on MHSA Referrals



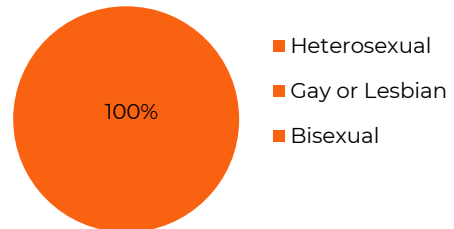
Assigned Gender at Birth



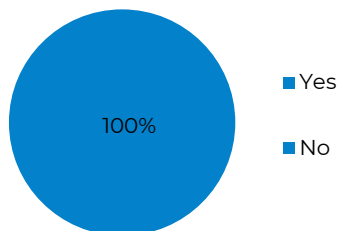
Gender Identity



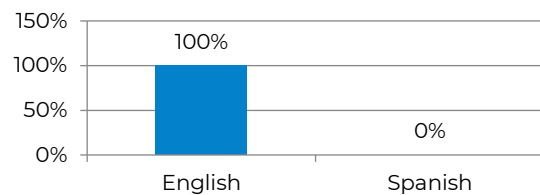
Sexual Orientation

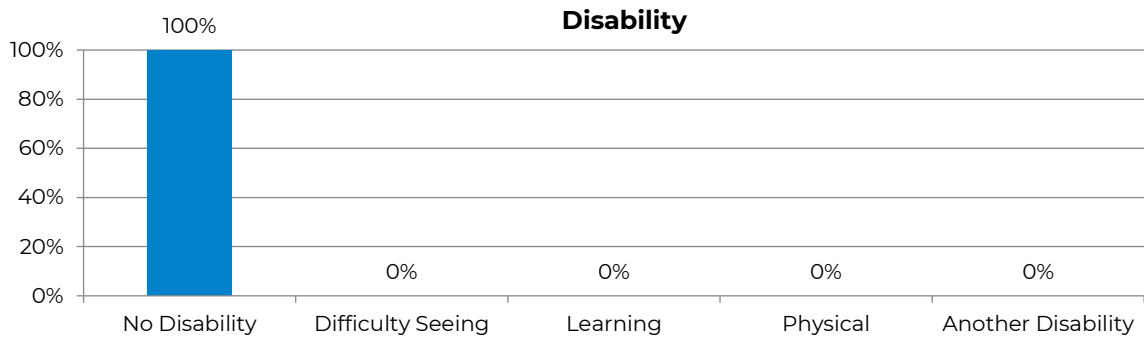
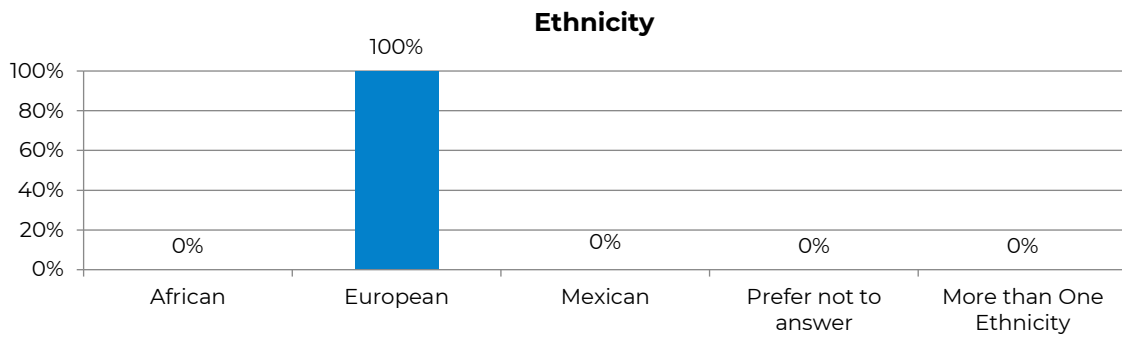
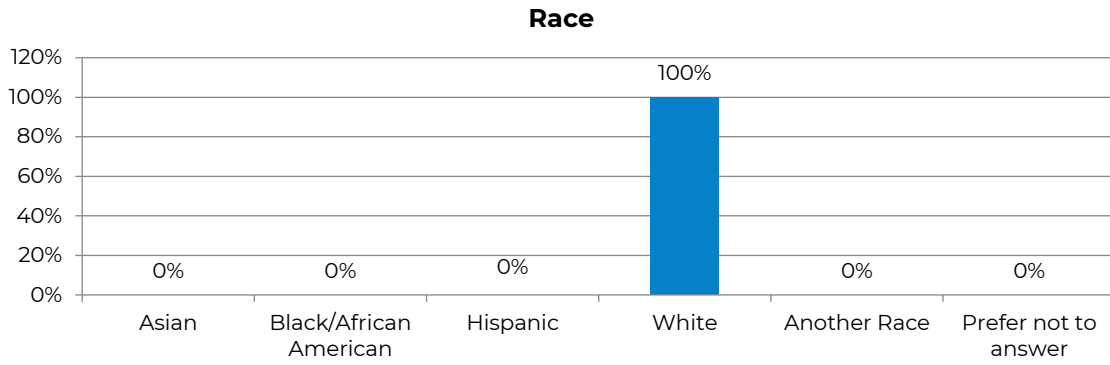


Military Veteran



Language





Family Wellbeing Program

Program Description

The Family Wellbeing (FWB) program consists of a dynamic set of programming focused on addressing the needs of families and caregivers of people experiencing mental health challenges. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g., exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences. By creating a positive and nurturing support system, family members are provided the knowledge and skills necessary to increase the wellbeing of all members.

Target Population

Family members and caregivers of people who struggle with mental illness, especially those from unserved and under-served communities.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	35	71	212	25	24	367
Cost Per Person	\$244	\$244	\$244	\$244	\$244	\$244

Program Update

As with most MHSAs programs, the COVID-19 pandemic necessitated the transition from in-person services and groups to a virtual platform. This provided an opportunity for the FWB staff to connect with families on a new level including learning more about the individual needs of the participants throughout the pandemic. This increased connection allowed for a deeper level of trust and communication as both staff and participants were experiencing similar situations.

FWB staff were successful in adapting their annual summer camp which took place in June and July 2021. Attendees included eight campers – five of which were new participants that had never attended any services at Tri-City’s Wellness Center. Campers were provided with a virtual platform to use, and supplies needed to complete each day’s activities were delivered right to their doors through a contactless delivery method. Campers met virtually once a week and maintained communication via Ring Central video conferencing with some of the campers continuing to participate in weekly Kid’s Zone groups.

Family Wellbeing staff collaborated with the Claremont, Pomona, and Bonita (La Verne) school districts to engage with parents and offer support. Learning about the parent’s needs through various virtual meet ups, staff were able to ascertain that parent’s need for mental health support has increased since the onset of the pandemic.

Challenges and Solutions

Since the onset of the pandemic the needs and priorities for families have changed. Parents changed their focus to other basic needs such as food banks, income assistance and school support. Supporting students who were distance learning became a challenge that had never been seen before.

Utilizing technology to communicate with parents played a major role in meeting their needs. Though the use of emails and text messaging, FWB staff were able to effectively communicate with parents who were home working with their children's distance learning schedules. During support groups with children and teens staff attempted to assist with homework as much as possible as distance learning proved challenging for some students. Staff also provided resources to families to assist with homework while distance learning.

In addition, staff were able to check in more often with families. During regularly schedule support groups with parents, staff found that they were able to keep up to date with available resources as they were now in higher demand than prior to the pandemic.

Cultural Competence

Family Wellbeing staff are bilingual and diverse in race, ethnic background, cultures, age, and sexual orientation which helps to reduce stigma and barriers to seeking services.

Staff attend various community events to meet with children and families individually to reduce barriers when accessing mental health services. By engaging families using personal stories of success and asking participants to share their experience in groups, staff attempted to reduce the stigma surrounding mental health services.

Programing is available in both English and Spanish and Family Wellbeing information brochures are available in both English and Spanish. Future efforts include to increase use of the language line to connect with participants who may prefer a language other than English. Providing additional culturally sensitive trainings for staff will also assist in enhancing current practices.

Community Partners

Family Wellbeing program collaborates with the following programs to improve existing groups and supportive programs as well as support the community in their Family Wellbeing needs:

- **Tracks Activity Center (TAC) at El Roble Middle School in Claremont** - Provide monthly mental health workshops for teens.
- **Bonita Unified School District** - Provide quarterly presentations for PTA groups on Mental Health and Families.
- **Tri-City's Master's in Social Work Interns** - Provided behavior modifications to students at 6 assigned schools during the 2020-21 school year. Thirty two students participated.
- **Pomona Unified School District (PUSD) Parent University** - Provide quarterly presentations for PTA groups on Mental Health and Families.
- **Cal Poly Pomona** - Collaborate with students majoring in Nutrition to provide education for participants through support groups.

- **Parents in Partnership** - Collaboration and platform provided to support program in their efforts to support parents who have their children removed from the home.
- **Generation Her** (non-profit organization that seeks to empower teenage mothers and their children) - This program hosts their support groups at the Wellness Center. Family Wellbeing staff connect with the group facilitator to exchange resources that would benefit children and families.

Success Story

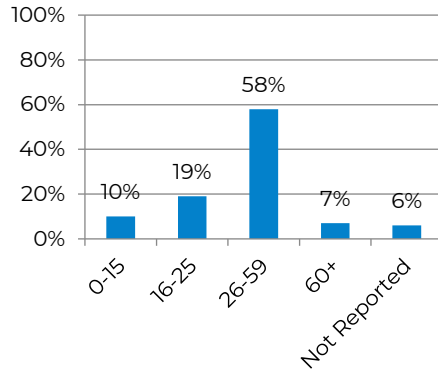
The Summer Camp program continues to be an important component for Family Wellbeing program participants especially during the pandemic. One pair of young family members learned of the Summer Camp program and were very excited to participate. They had never been to a Tri-City group prior to Summer Camp but heard about the services offered through a friend. From the very beginning they were both extremely grateful to be in the camp and each week they thanked staff for the bags and supplies! FWB staff were able to connect with the parent to offer various resources in the community including local food banks and assistance with paying bills. Both participants got along extremely well with the other campers and participated in all the activities each week. As a result of their experience in the summer camp program, both youngsters decided to join the Kid's Zone group every week and were also very engaged in that group.

Program Summary

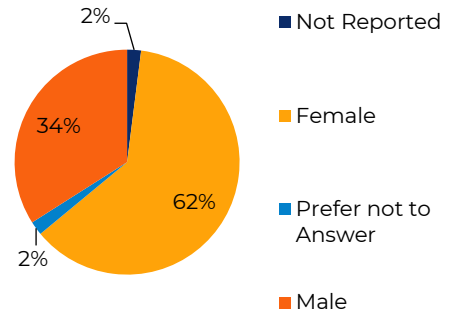
How Much Did We Do?

367
Unique
Individuals
attended Family
Wellbeing

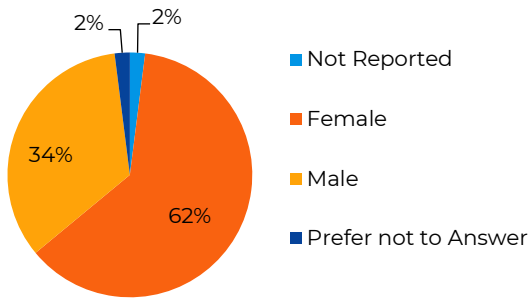
Age Group



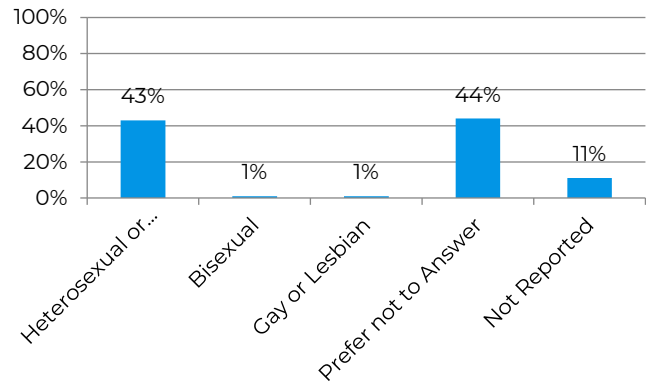
Current Gender Identity



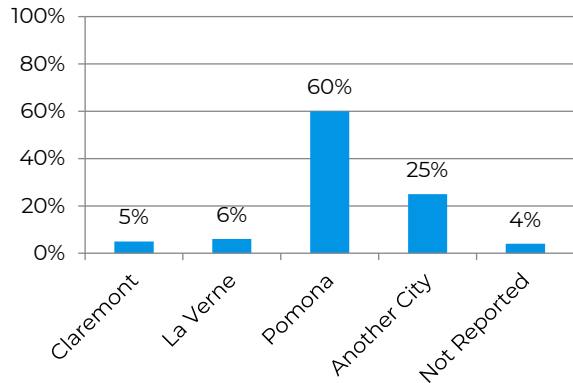
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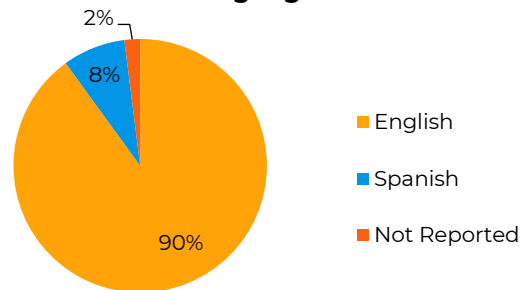
Sexual Orientation



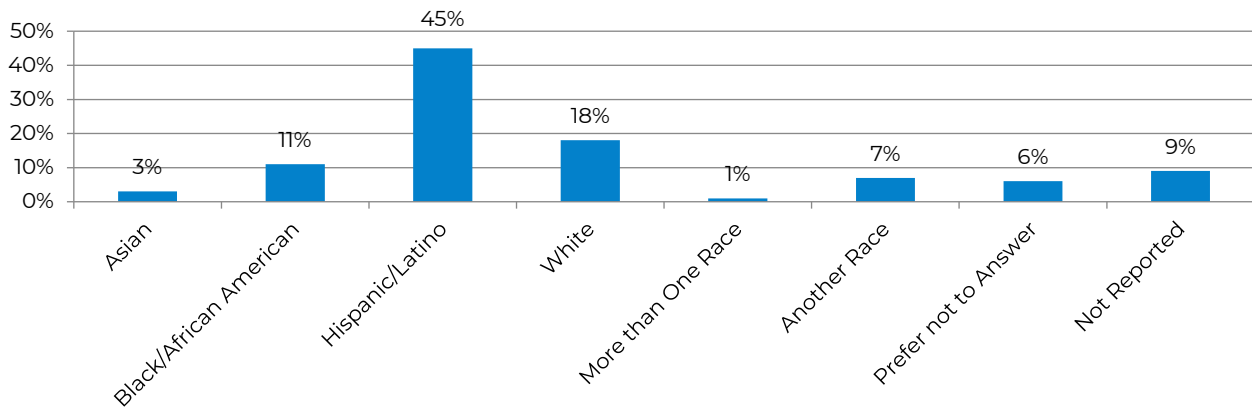
City



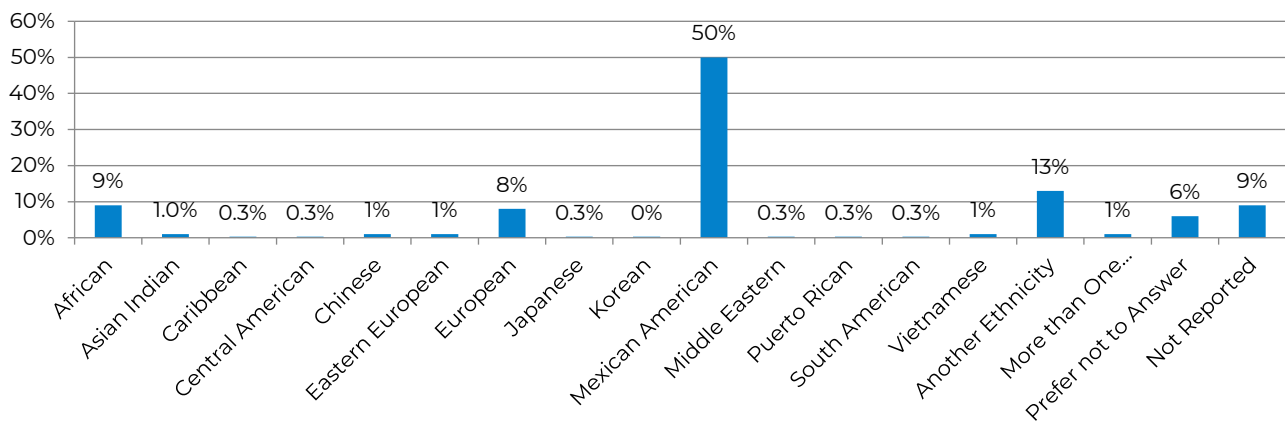
Language



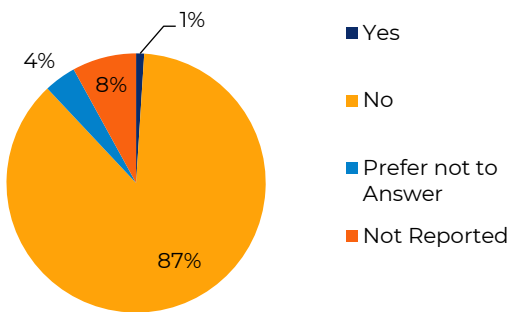
Race



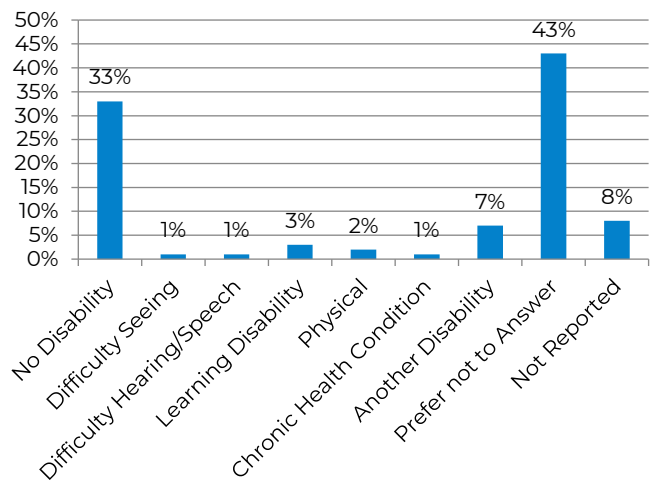
Ethnicity



Military Veteran



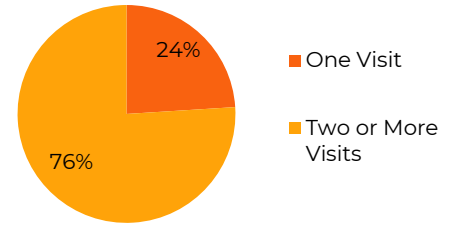
Disability



How Well Did We Do It?

6,493
 Number of Attendees at Family Wellbeing Events
 (Duplicated Individuals)

Number of Times People Visited



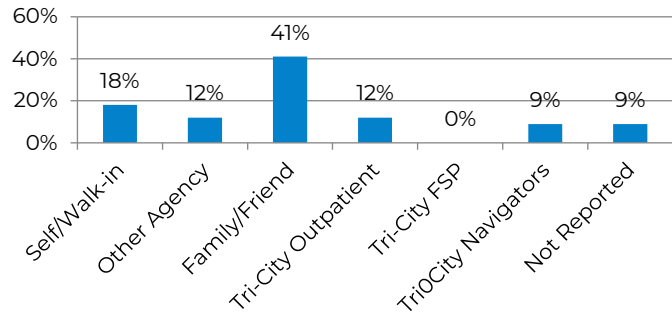
Family Wellbeing Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts & Crafts	52	4
Bore No More**	3	3
Creative Writing**	1	1
Grief & Loss	42	2
Kid's Hour	50	3
Limited to Limitless**	7	3
Movie Night	6	2
Spirituality	47	5
Sacred Heart**	3	1
Summer Camp	24	5
Teen Hour	25	1
United Family	81	4

**Groups that have been discontinued

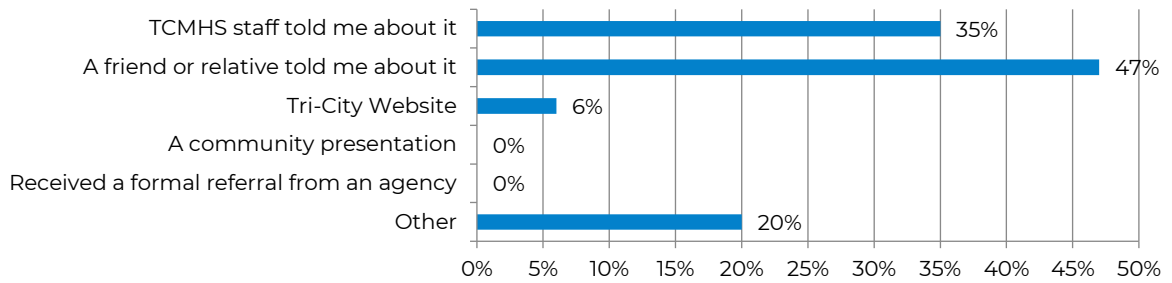
Contacts by Type	Number of Times Contact was Made
(FWS) Attendance Letter	106
(FWS) Brief Check-in	15
(FWS) One-on-One	3
(FWS) Other	57
(FWS) Phone Call	5,142
(FWS) Event	4

97%
Satisfied with the
“Help I get at the Family
Wellbeing Program”

Referral Source

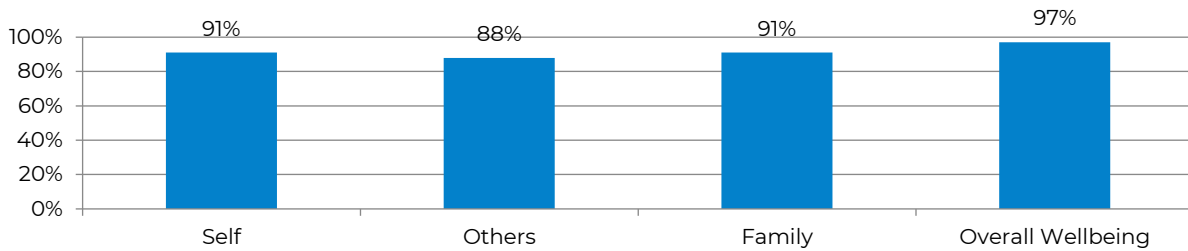


**How Did You Learn About the Family Wellbeing Program?
(Choose All that Apply)**



Is Anyone Better Off?

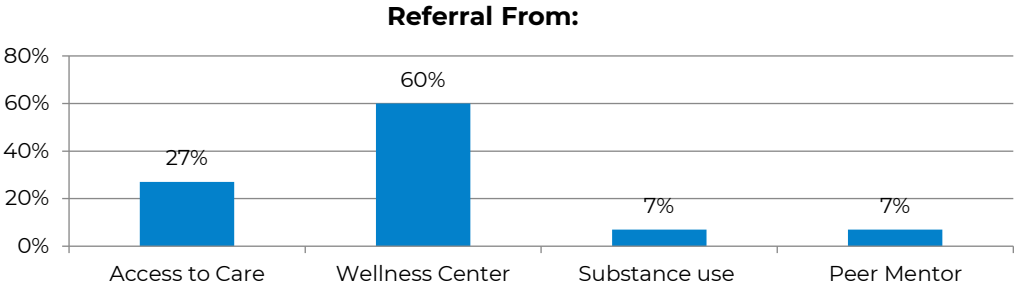
Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



Number of Potential Responders	367
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	Parents and children
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

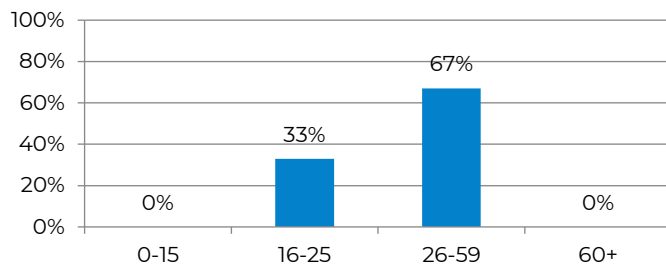
Timely Access to Services for Underserved Populations Strategy

<p>15 MHA Referrals coming into Family Wellbeing Program</p>	<p>11 out of 15 Referrals Participated in Family Wellbeing Program</p>	<p>6 Days Average Time between Referral and Participation in Family Wellbeing Program</p>
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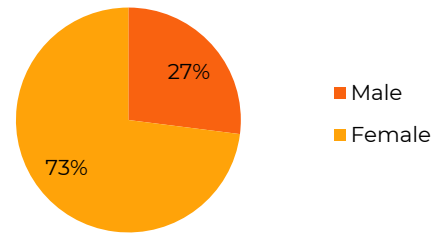


PEI Demographics based on Referrals

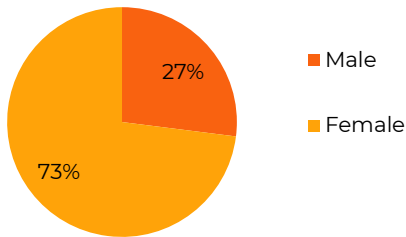
Age Group



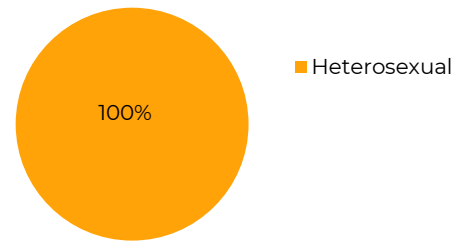
Assigned Gender at Birth



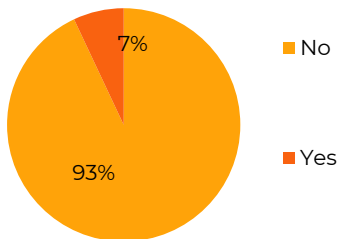
Gender Identity



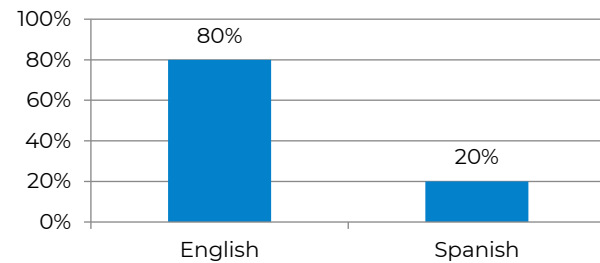
Sexual Orientation



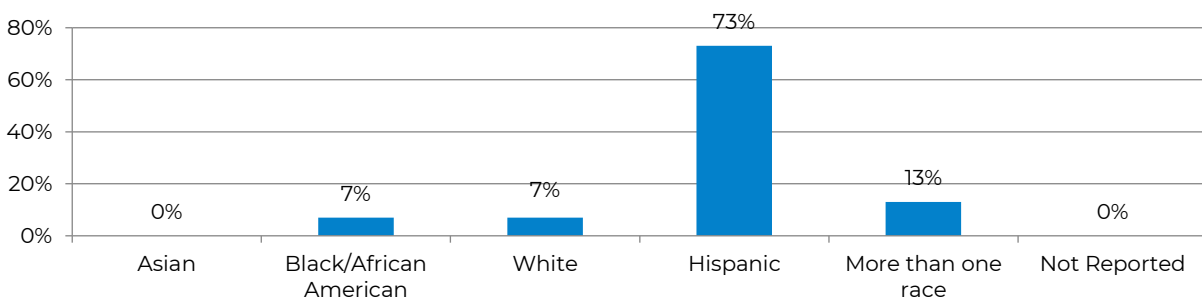
Military Veteran



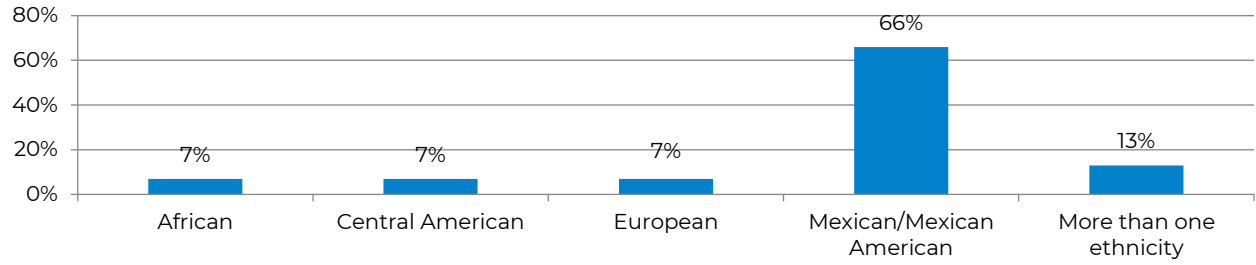
Language



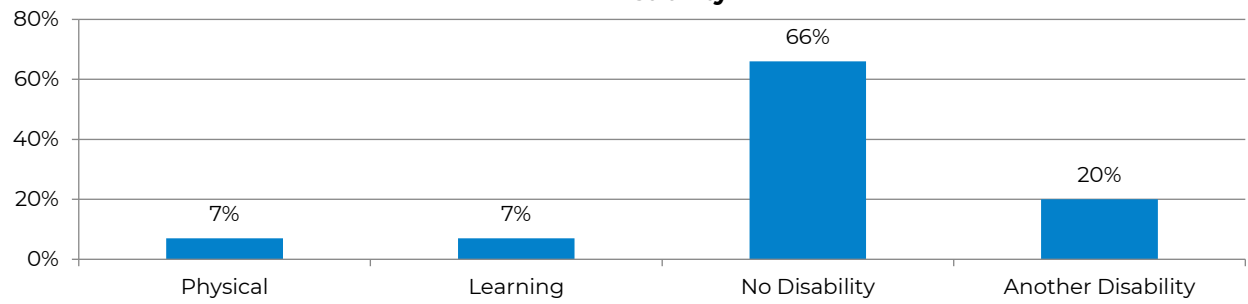
Race



Ethnicity



Disability



Community Capacity Building: NAMI Ending the Silence

Program Description

Ending the Silence is a community presentation offered by the National Alliance on Mental Illness (NAMI). This 50-minute program is designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

Target Population

Ending the Silence offers three separate presentations targeting; 1) middle and high school students; 2) teachers and school staff; and 3) adults with middle or high school youth.

Program Update

On July 16, 2020, Richard Martinez, Superintendent for Pomona Unified School District, issued a letter to parents and guardians of students advising them that when school reopens in August 2020, "it will be solely through the established distance learning model until circumstances permit otherwise". Bonita Unified School District and Claremont Unified School District issued similar notifications.

Based on lack of access to schools and staff, NAMI Pomona Valley was not able to complete the required number of Ending the Silence trainings as indicated in their Memo of Understanding with Tri-City Mental Health.

Challenges and Solutions

Although NAMI staff continued to outreach and promote the Ending the Silence presentations, they quickly learned that since the on-set of the pandemic, the audiences were looking for more specific information that could help them navigate the impact of COVID 19.

Since NAMI California does not allow modifications to their signature program presentations such as Ending the Silence, NAMI trainers were able to supplement the presentation with information that focused on the mental health challenges that so many of the community members were experiencing at that time.

Modification to Existing Project for 2021/22:

When facing the continuing challenges of the pandemic, NAMI staff proposed an additional program that could augment the Ending the Silence program and meet the additional needs of the community. This program entitled NAMI 101 was combined with the NAMI Community Capacity Building plan thereby creating two training options for community members. The original funding allocation for Ending the Silence program of \$35,500 per year will remain the same and NAMI Pomona Valley will now be able to offer both programs under this revised plan which went into effect on July 1, 2021.

This program modification became part of the MHSA Annual Update for FY 2021-22, posted for a 30-day comment period, was endorsed by the Mental Health Commission during the Public Hearing on June 8, 2021 and approved by Tri-City Governing Board on June 16, 2021.

Cultural Competence

The Ending the Silence program is available in both English and Spanish and is facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health condition and/or signs and symptoms not being addressed or acknowledged. Training materials are also available in Spanish.

Community Partners

NAMI collaborates with local school districts to assist with training parents and teachers in a multitude of programing including Ending the Silence.

They are also connected with the local Kiwanis Club which traditionally services older adults in addition to other local organizations who serve veterans.

Data and Outcomes

Based on lack of access to schools and staff, NAMI Pomona Valley was not able to complete the required number of Ending the Silence trainings as indicated in their Memo of Understanding with Tri-City Mental Health. With these limitations in mind, outcome and performance measures are not available for Ending the Silence for FY 2020-21.

Housing Stability Program

Program Description

Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The Housing Stability Program (HSP) is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing.

Target Population

Landlords, property owners and property managers in the Tri-City area who could have tenants experiencing mental illness who need support to maintain their current housing or to find a more appropriate place of residence. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

New Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
19	8	56	70

Program Update

Housing in general became even more of a challenge in FY 2020-21. The stay-at-home orders put into place to reduce the spreading of COVID 19, resulted in people confined to their place of residents due to employment closures, reduction in work hours, or because they or someone in their home was vulnerable to COVID-19. This created a financial challenge as many households began to fall behind on their rent which in turn impacted property owners, landlords, and property managers who grew concerned about being able to pay their own bills as they were not collecting on all rents.

In addition to halting evictions for nonpayment of rent, landlords had restrictions on evictions for no-fault reasons, denying entry to a landlord, or unauthorized occupants or pets if those situations were related to the pandemic. These restrictions made it difficult for landlords to address concerns on their properties.

In response, the HSP staff made it a point to assist with Housing referrals that involve evictions or landlord issues. By adding this support, staff were able to connect to new landlords and demonstrate how Tri-City can help troubleshoot when issues arise. HSP staff also assisted with the City of Pomona Rent Relief program with outreaching to landlords to encourage their participation. Through these community connections, HSP staff received calls from other landlords inquiring about the program and how they could connect their tenants to it.

Landlord Hour provided opportunities for a virtual round table where participants could discuss situations they were encountering and assist each other by providing feedback regarding dilemmas presented. The Housing Rights Center, a non-profit organization dedicated to securing

and promoting fair housing, was also invited to present multiple times during the year to educate the landlords and property owners about the changes in tenant protections, landlord resources and responsibilities during the pandemic.

Future efforts for the HSP staff include focusing on increasing landlord outreach, providing more information about the different subsidy programs that renters can receive through the Housing Authorities, and reminding them how beneficial these programs were to keeping rents up to date during the pandemic.

Challenges and Solutions

As group activities moved to virtual platforms during the pandemic, the monthly Landlord Lunch meetings saw a significant drop in attendance. In 2018-19, the attendance for this group was 240, in FY 2019-20 total attendance was 165 and in FY 2020-21 it dropped to 71. This made it harder to engage with landlords to help give them the most up-to-date information and resources that could help them in at their sites.

In response to this concern, the monthly Landlord Lunch meeting was rebranded to Landlord Hour to eliminate the expectation of a provided meal. The RSVP system for these meetings was also altered. Previously, attendees would call or send an email to confirm their attendance. By implementing the use of Eventbrite, it became easier to keep track of RSVPs, gather contact information, and the system provides a calendar invite and reminders to those who RSVP.

The HSP staff identified that, with all the additional stressors landlords were encountering during the pandemic, it would be helpful to have a webinar to help them with stress management. In September 2020, a new webinar debut entitled Landlord Everyday Mental Health. The focus of the webinar is to help property owners and managers identify how they can best address a difficult situation or interaction with someone on their property and learn coping skills to help take care of themselves, as well.

Cultural Competence

Tri-City's Housing programs offer fair housing to all individuals and families regardless of status. In addition, the Housing Department staff are trained in cultural competency.

Four of the six housing staff are bilingual in English and Spanish. In addition, participants can request the language line if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages.

Presenters for the Landlord Hour provide information regarding reasonable accommodations and emotional support animals. Staff add information about resources such as Social Security Disability Insurance and Health Advocates which landlords can use to provide access for those who have identified with a physical disability at their sites.

Mental Health First Aid training is offered to landlords, owners, and property managers to help them better understand and support individuals with mental health disabilities.

Community Partners

In addition to referrals made within Tri-City's own departments, the HSP staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, sober livings, Los

Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services and the House of Ruth.

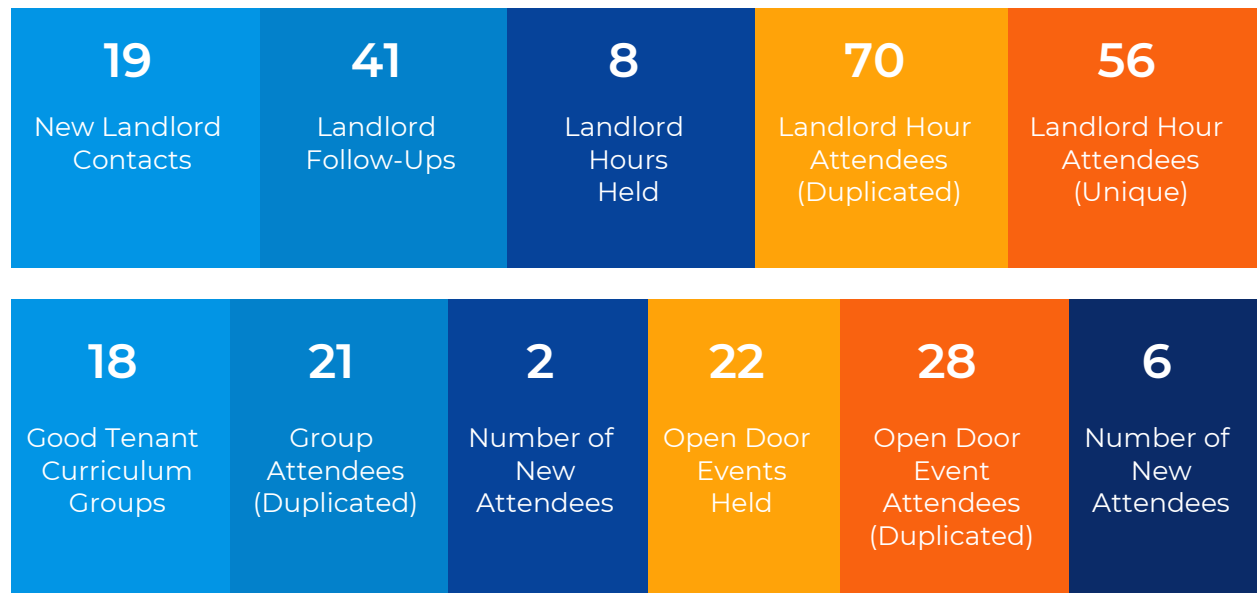
Local landlords attend monthly meetings hosted by the HSP staff to learn more about information and resources that are specific to their needs.

Success Story

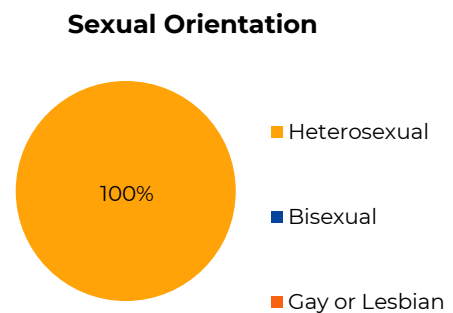
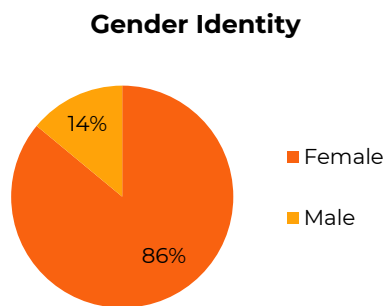
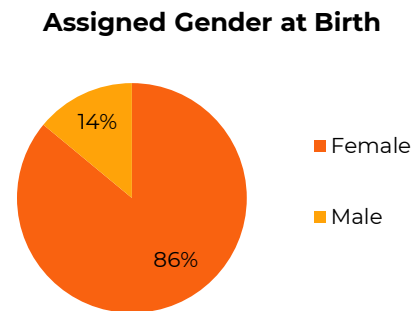
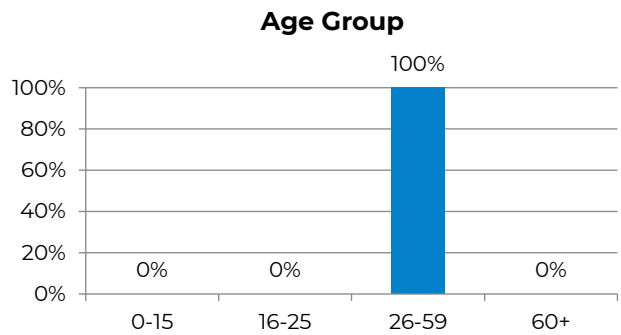
Despite the rebranding of the Landlord Lunch to the Landlord Hour, and the move to a virtual platform, 8 meetings were held during FY 2020-21 with an average of 8 individuals in attendance. HSP staff remain optimistic about this resource and will continue to provide meetings on a regular basis and build on the support offered to these important key holders in our three cities.

Program Summary

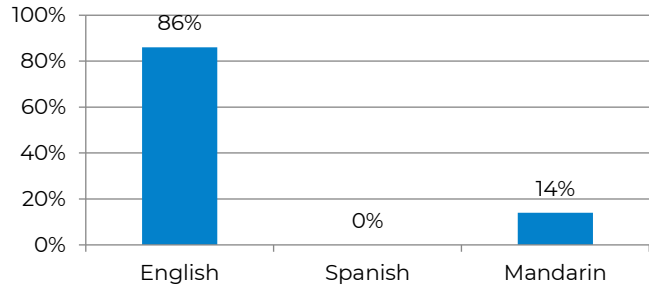
How Much Did We Do?



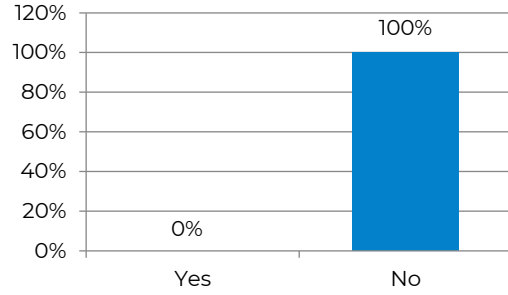
PEI Demographics – Includes Housing Participants



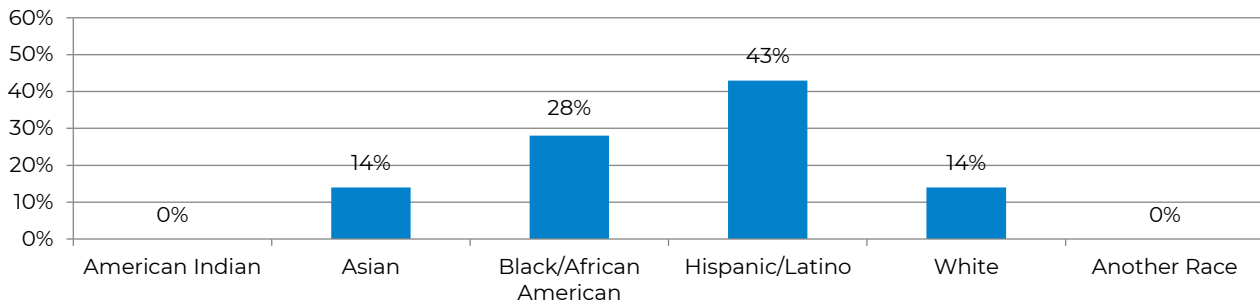
Primary Language



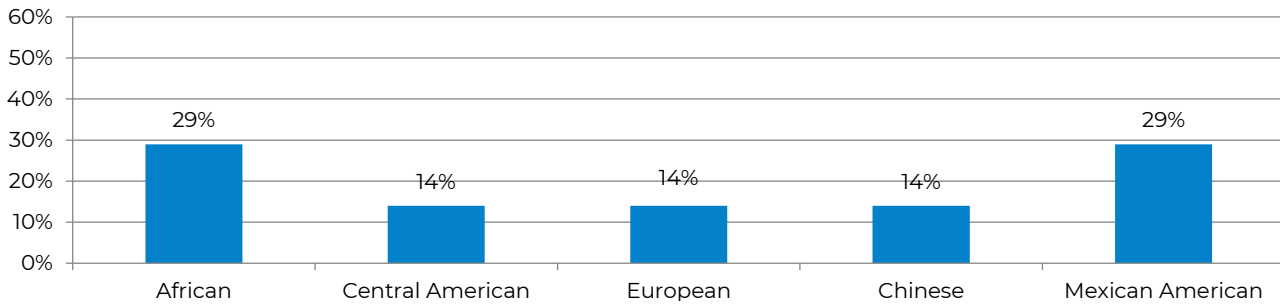
Veteran



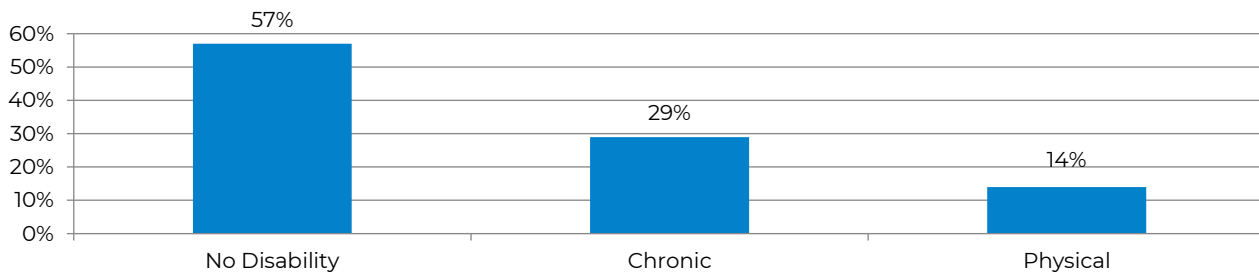
Race



Ethnicity

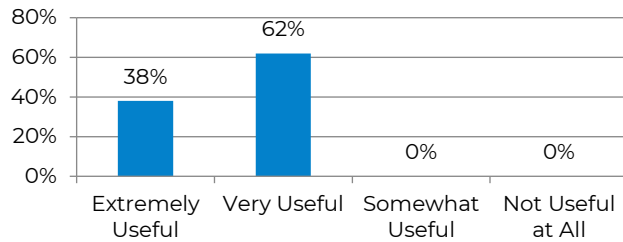


Disability

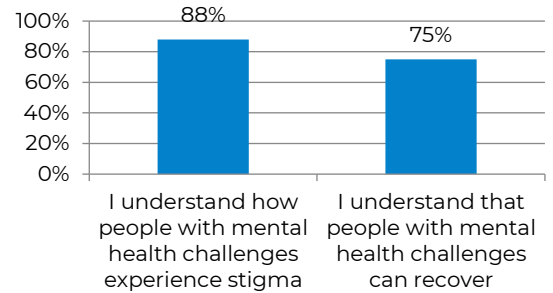


How Well Did We Do It?

Landlord Hour attendees' ratings of how useful the information was from the event.



Percent of Landlords that agree or strongly agree with the following statements:



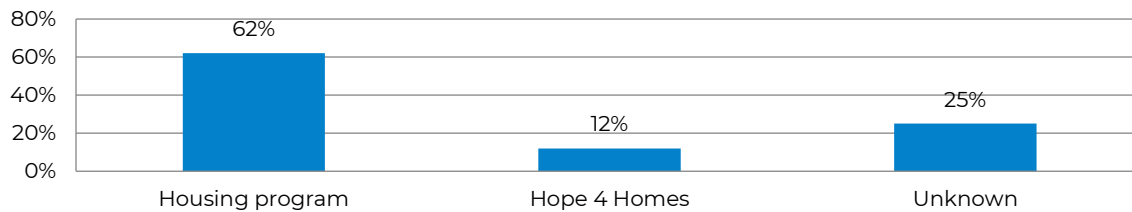
100%

Good Tenant Curriculum Participants Would Recommend This Curriculum to Others

100%

Good Tenant Curriculum Participants Reported the Presenter was Engaging and Approachable

Landlord - How did you hear about us:



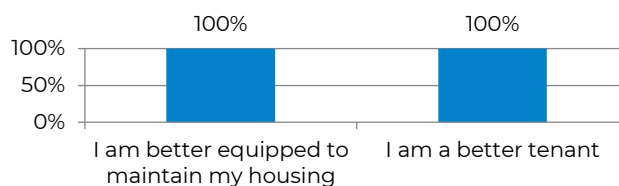
Good Tenant Curriculum - How did you hear about us:



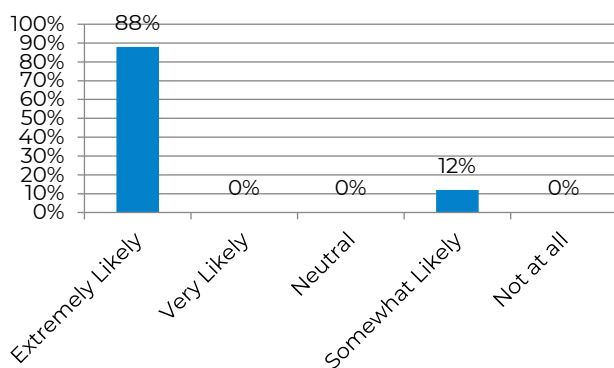
IS ANYONE BETTER OFF?

100%
 Good Tenant Curriculum participants reported that staff helped them obtain the information needed so that they

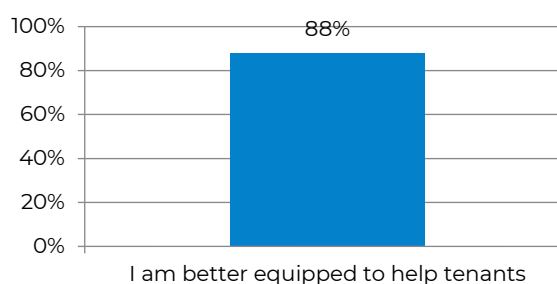
Percent of participants, As a result of this training:



How likely are you to reach out to Tri-City, if you suspect someone has a mental health challenge?



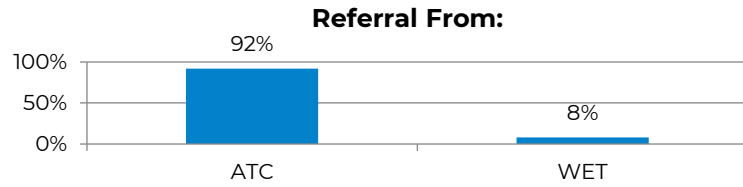
Percent of participants, As a result of this training:



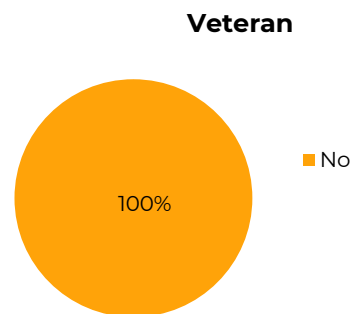
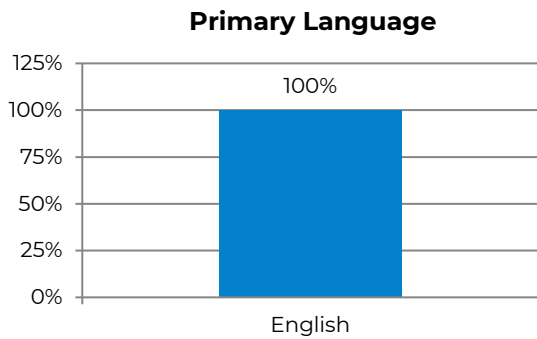
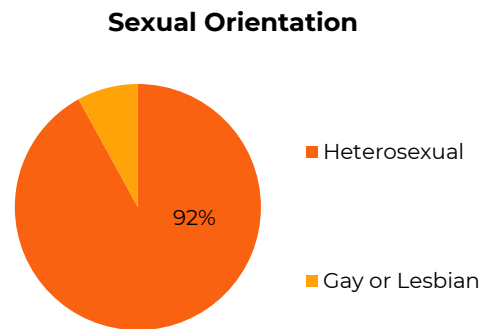
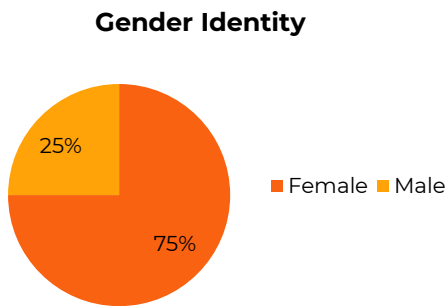
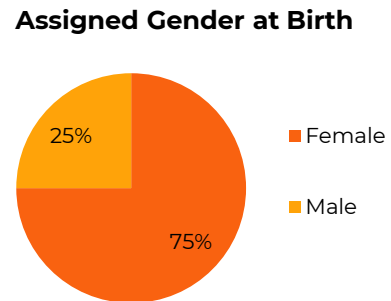
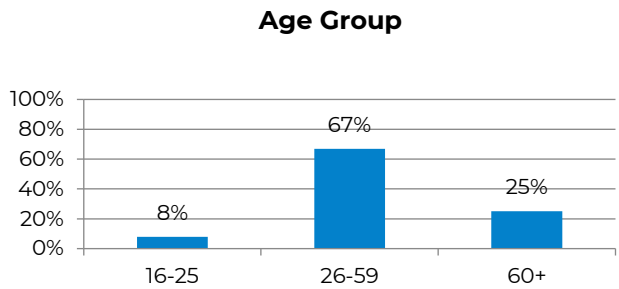
Number of Potential Responders	64
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

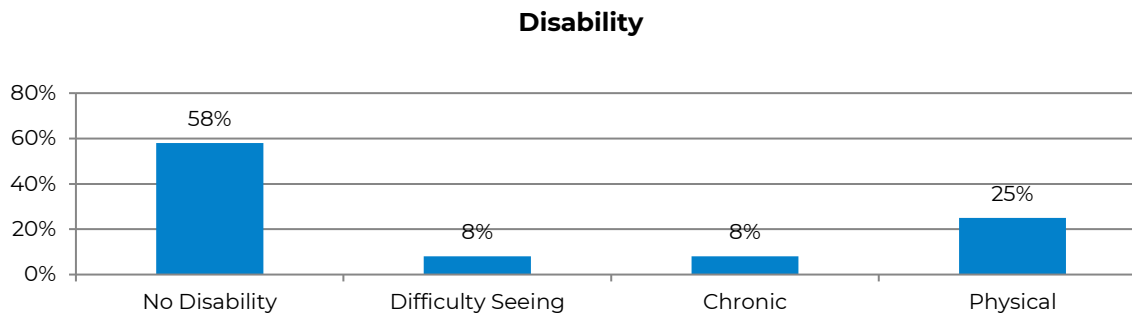
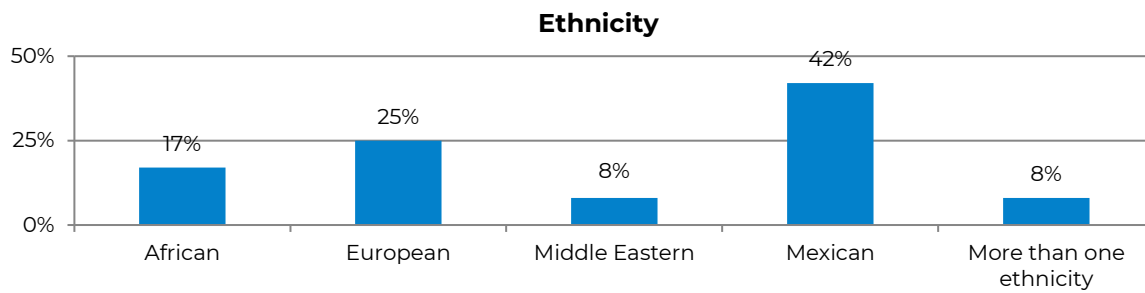
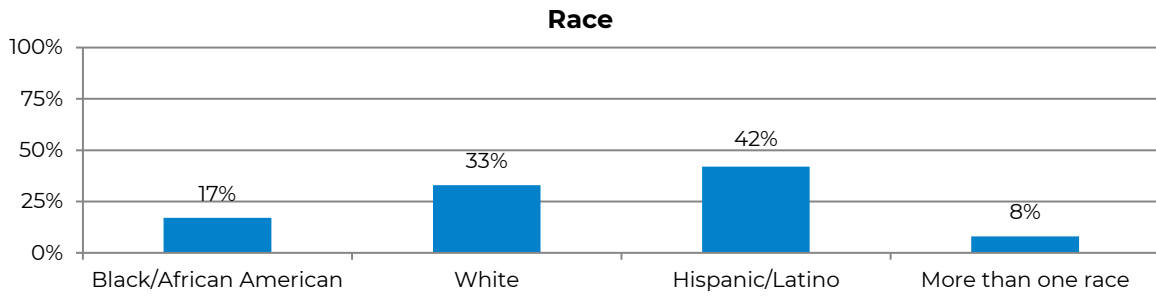
Timely Access to Services for Underserved Populations Strategy

12
MHSA referrals into
Housing Stability



PEI Demographics based on MHSA Referrals





Therapeutic Community Gardening

Program Description

The Therapeutic Community Gardening program utilized therapeutic horticulture, a process of incorporating the relationship between individuals and nature as a form of therapy and rehabilitation with the goal of decreasing isolation and increasing mental health benefits through gardening activities and group therapy exercises. The Garden offers the perfect setting for promoting mindfulness, healing, resiliency, support, and growth for participants. Gardeners learn to plant, maintain, and harvest organic fruits, vegetables, flowers, and other crops for therapeutic purposes and symptom management. TCG staff includes a clinical program manager, clinical therapist, mental health specialist and community garden farmer. Groups are available in both English and Spanish.

Target Population

Community members including unserved and underserved populations, adults, youth ages 16-25, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	14	11	39	13	20	97
Cost Per Person	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158

Program Update

During FY 2020-21, the Therapeutic Community Garden program was fully staff and included the hiring of a new Community Garden farmer. As with most MHSAs programs, groups and workshops were held virtually in keeping with COVID safety standards and increased the number of groups held from one to seven. In partnership with Tri-City psychiatrists, medical students from the Western University of Health Sciences were invited to shadow staff and implement a monthly wellness group specifically for improving the wellness and well-being of those same medical students. Additional workshops were held in partnership with local senior centers that focused on older adults.

Over the next fiscal year, the TCG staff will continue to offer virtual groups and workshops. However, planning is underway to support in-person groups and workshops once COVID restrictions allow. In addition, staff plan to increase outreach to outside agencies and organization focusing on all age groups, including transition age youth.

Challenges and Solutions

Challenges for the TCG program during FY 2020-21 included outreaching to individuals who had difficulty understanding or utilizing technology to connect to virtual groups or workshops. This includes limited access to computers, phones and/or internet services. In response to this

challenge, TCG staff worked with individuals one-on-one to help them connect to virtual groups. In addition, copies of presentations were provided for those who were unable to connect.

Additional challenges included difficulty engaging TAY (transition age youth ages 16-25) as well as a low attendance in the Spanish adult groups. TCG staff implemented groups specifically targeting TAY and partnering with other Tri-City programs who also serve this critical population. Local colleges and school districts were also engaged to help promote this resource.

Cultural Competence

The TCG provides a “come as you are” environment, welcoming all cultures, ethnicities, identities, and backgrounds. Inclusion is emphasized and lessons often discuss individual choice, diversity of backgrounds, differences of opinions and more. Materials are available in Spanish (waivers, enrollment sheet, referral, questionnaires, flyers, how to garden handouts, recipes, curriculum PowerPoints). The TCG staff also include a full-time bilingual Mental Health Specialist as well as the use of interpretation services when needed.

In order to meet the needs of Spanish-speaking participants, TCG offers groups in both Spanish and English. In addition, handouts, planning instructions and presentations are also available in Spanish. For individuals who have memory or learning impairments, activities are modified by repeating information shared in group, offering verbal, written and visual cues, providing copies of lessons/instructions to individuals in person or mailed to their address when requested. TCG also offers all directions and lessons in enlarged font for those with visual impairments.

Curriculum developed for TCG includes discussions about diversity, culture, and inclusion. Metaphors are used that compare diversity in the garden (companion planting, intercropping, trap plants, crop rotation etc.) as beneficial mirroring diversity in our society (different people bringing different strengths, abilities, opinions, etc.).

The TCG staff increased outreach efforts utilizing bilingual staff to engage Spanish speaking clients and Tri-City’s own Spanish-speaking cultural group, Adelante. Finally, staff partnered with outside organizations who serve the Spanish speaking population including Pomona Unified School District and their Community Liaison program.

Community Partners

The Therapeutic Community Garden staff network and collaborate with a multitude of community partners and organizations. Examples include 1) local food banks where garden produce is shared in support of their food insecurity programs, 2) annual events with Cal Poly Pomona Veterans Resource Center targets veterans and their families, offering wellness support through free TCG groups, 3) outreach with Pomona Unified School District targeting Children and TAY youth as well as their families, 4) partnered with Alcoholics Anonymous to advertise groups and provide fresh and natural snacks from the garden as a healthy alternative.

Other examples of organizations in which TCG engages in strong community partnerships:

- **Sustainable Claremont** – Outreach to community members via virtual workshop
- **Mt. San Antonio Gardens Pomona** - Outreach to older adults via virtual workshop
- **Joslyn Center Claremont** - Outreach to older adults via virtual workshop

- **University of La Verne** - Outreach to students via virtual workshop
- **Pomona Unified School District** - Outreach to youth and via virtual workshop
- **Pomona Valley Hospital Medical Center (PVHMC)**: TCG staff facilitated a Residents Wellness Workshop
- **Pilgrim's Place Claremont** - Outreach retirement community via flyer distribution
- **Cal Poly Pomona Veterans Center** – Outreach to Veterans
- **La Verne Youth and Family Action Committee at City Hall** – Outreach
- **Pomona Mayor's Office** - Community Outreach
- **California Community Inclusion and Diversity Summit**
- **Medical students from University of California, Riverside (UCR) and Western University of Health Sciences** – Students shadowed TCG groups

Success Story

An individual initially attempted to connect to clinical services, however felt the process invasive and became very guarded during the assessment. Ultimately, this individual did not meet medical necessity for services and instead was guided to the Therapeutic Community Garden (TCG) which has a less formal approach. Once enrolled in TCG, the staff was able to build rapport and therapeutic trust and as the groups progressed, staff were able to help them identify goals and in turn become healthier both physically and mentally. One critical function of TCG is to act as a two-way bridge with clinical services where participants find support and can be referred to clinical services when appropriate.

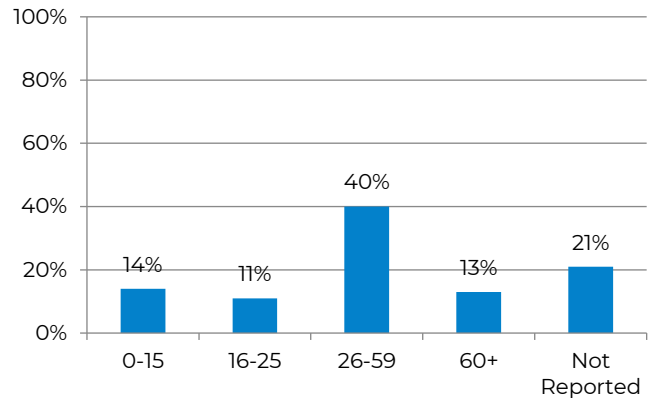
Program Summary

How Much Did We Do?

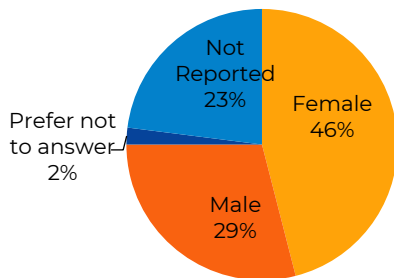
97
Unique Individuals Served

11 Months
Average Length of Time
Participants Enrolled in TCG

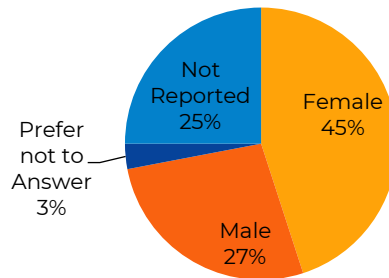
Age Group



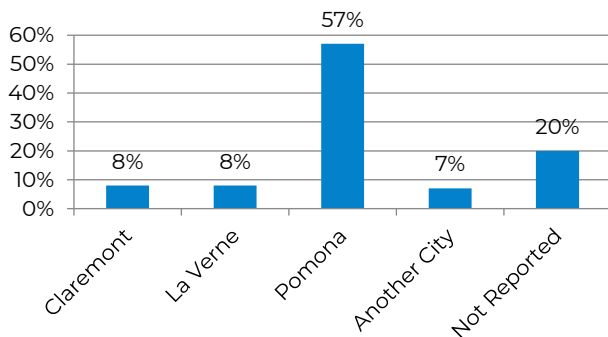
Assigned Gender at Birth



Current Gender Identity

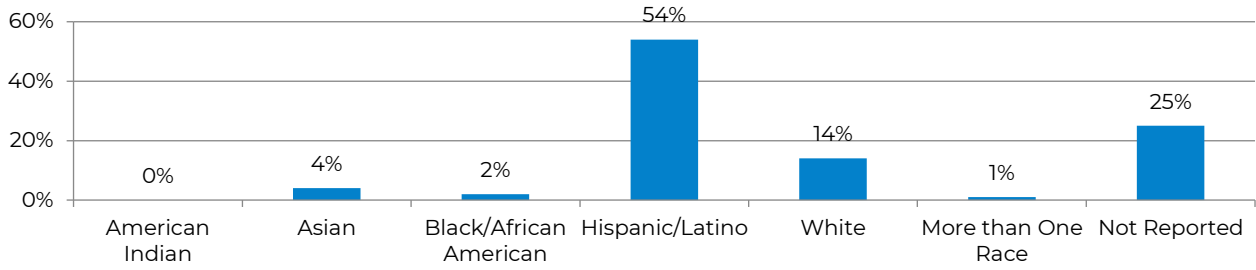


City

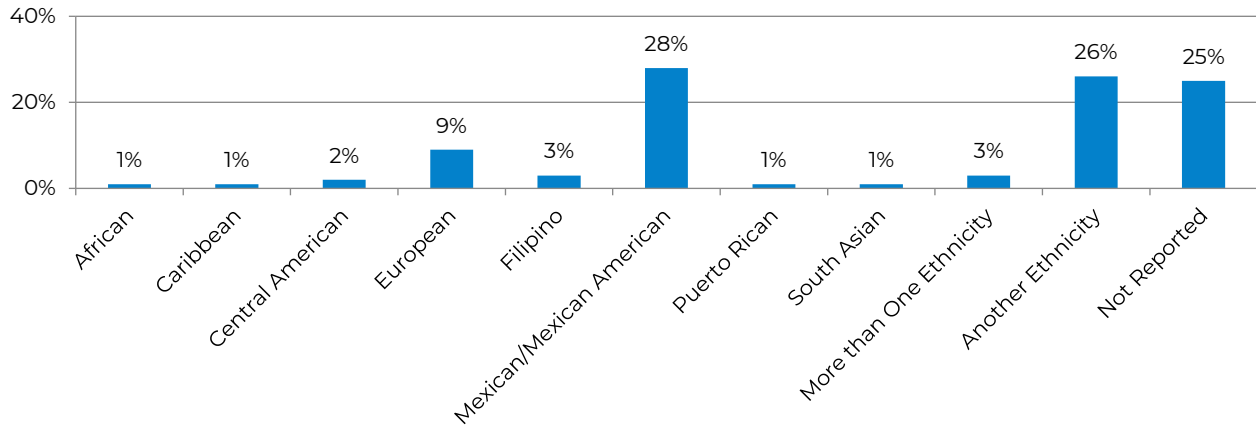


37%
of TCG participants are enrolled in clinical services, while 63% are community members.

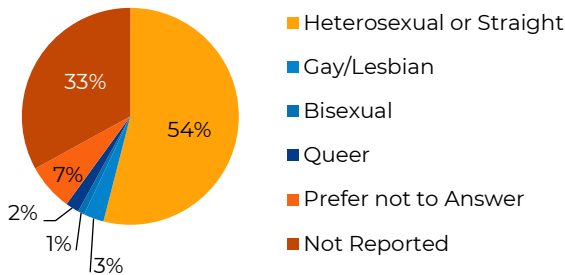
Race



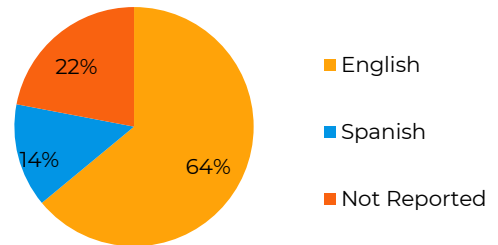
Ethnicity



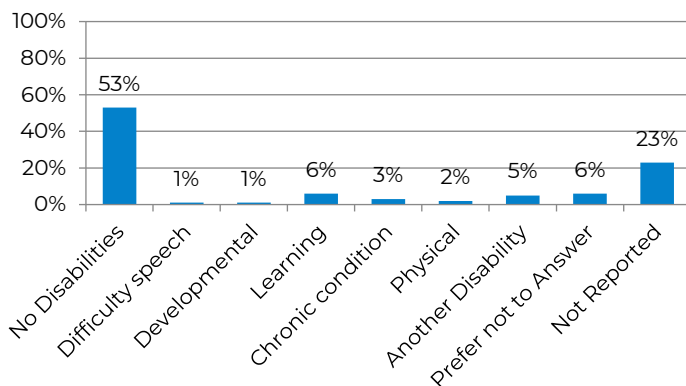
Sexual Orientation



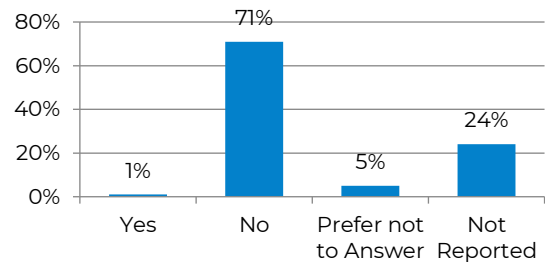
Primary Language



Disability



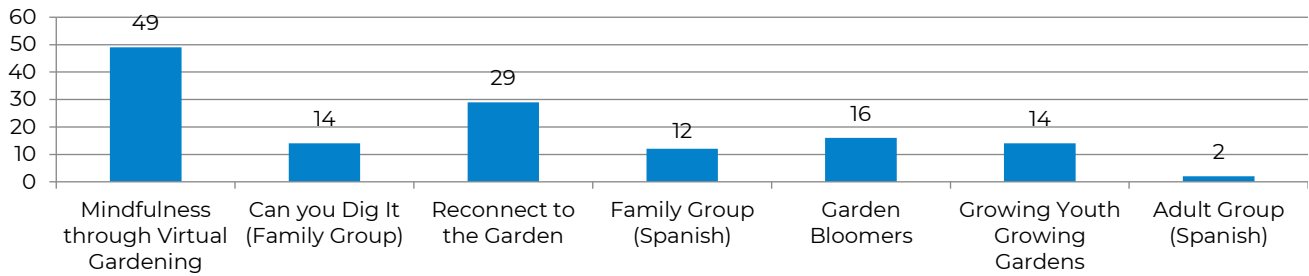
Veteran



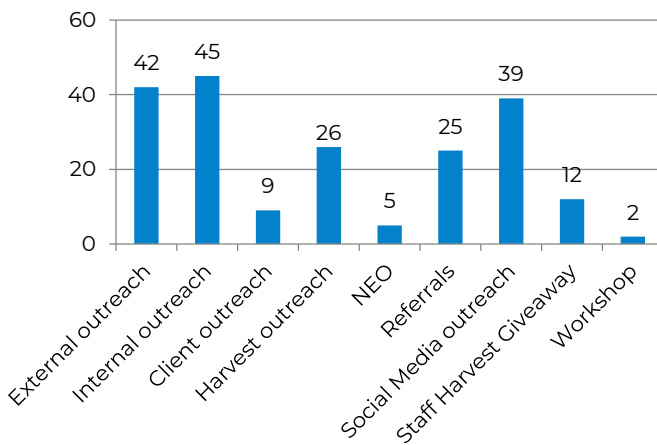
How Well Did We Do It?



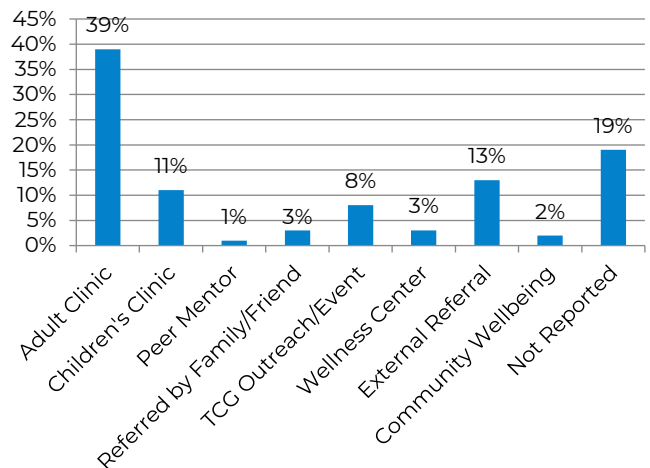
Type of Groups Held



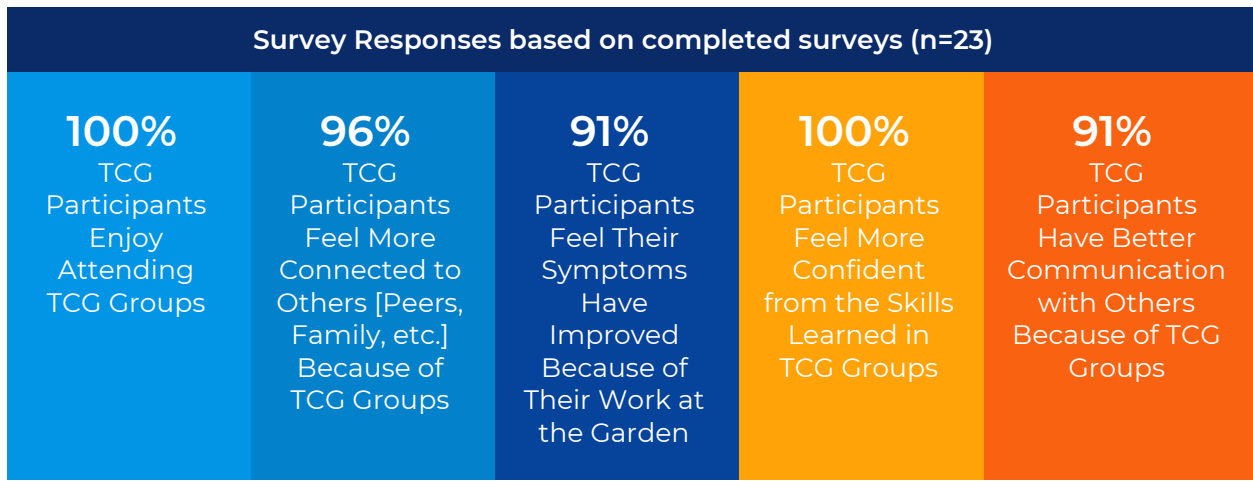
Type of Outreach



Referral Source



Is Anyone Better Off?



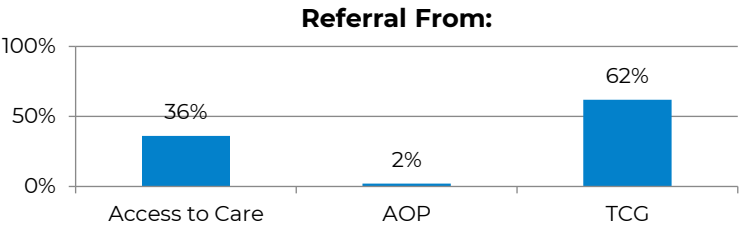
TCG Participant Feedback – How have you benefited from participating in TCG groups?

“I find it relaxing, enjoying talking to people about plants.”	“They give a lot of good garden suggestion.”
“I feel more relaxed, more confident, about myself and the conversations we have.”	“I am doing something that makes me feel good that is caring, my kids are grown so it gives me something else to take care of.”
“Able to speak more openly to others.”	“I have gained more confidence on expressing my emotions.”
“I’ve learned new things about gardening that have been really helpful.”	“I feel happier when I join the group.”
“I really like the session, and I always feel calmer after attending.”	“I have learned so much about things I would have never thought about before.”
“It built my self-esteem and my self-confidence.”	“Gives me something to do and allows me to socialize with others.”
“I’ve learned more coping skills, learned to socialize more, and have been able to socialize in a healthier way in an environment that is not viable to socialize at this time.”	

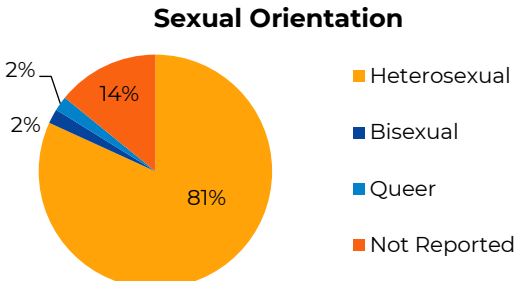
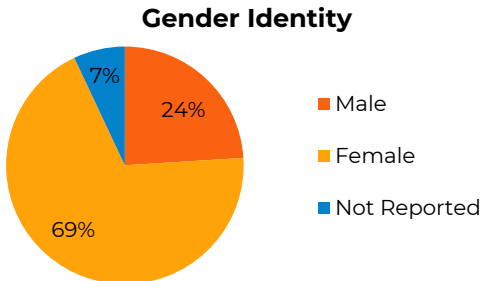
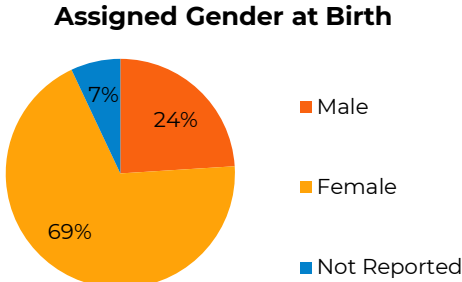
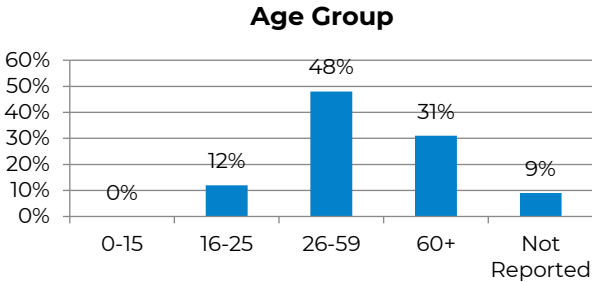
Number of Potential Responders	97
Setting in Which Responders were Engaged	Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

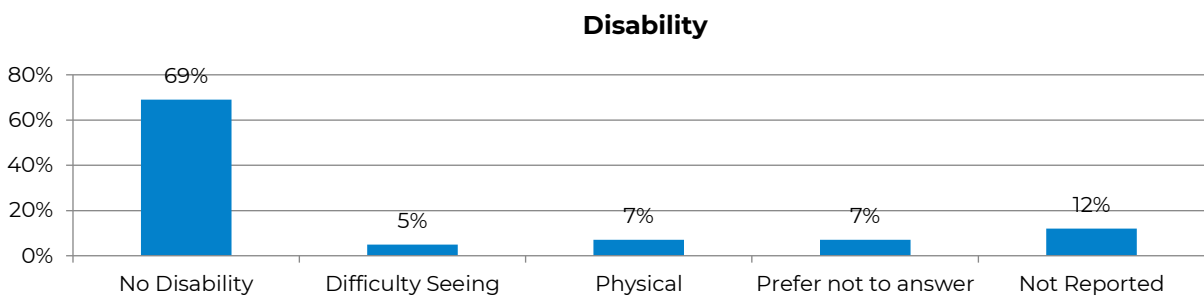
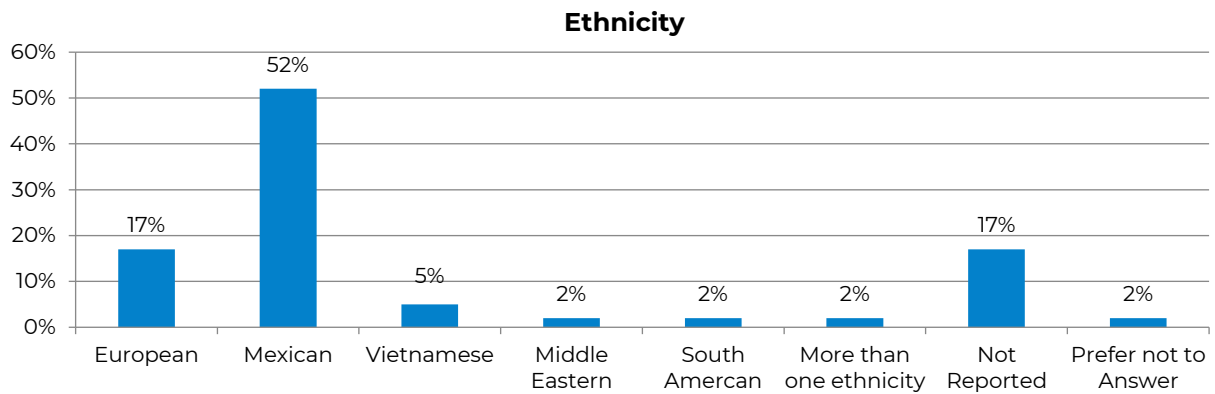
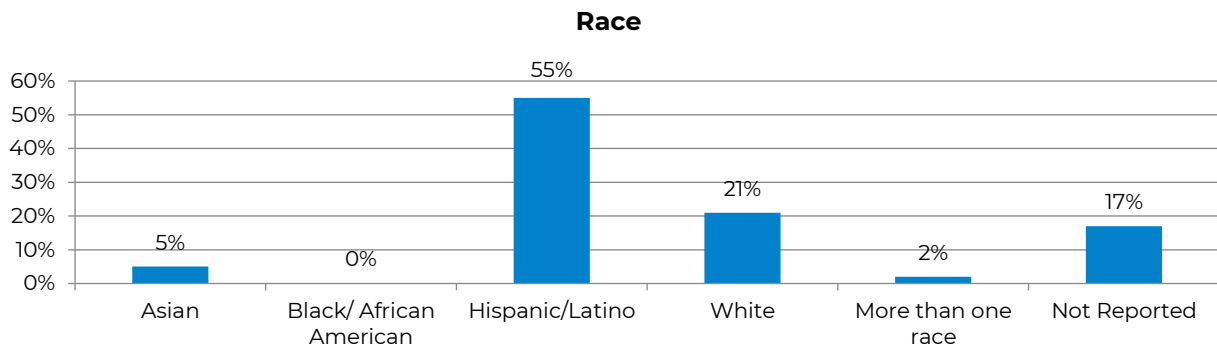
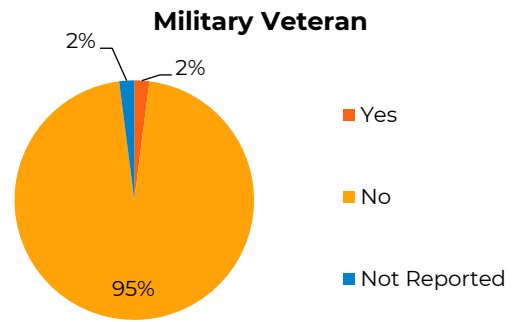
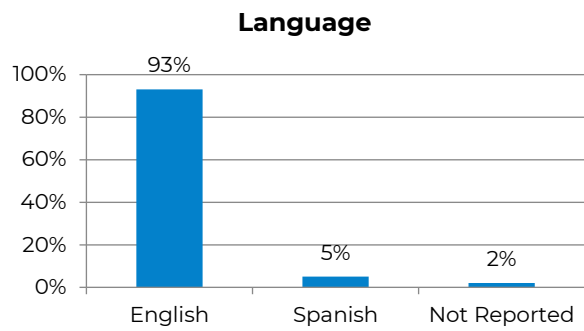
Timely Access to Services for Underserved Populations Strategy

42
MHA Referrals coming into TCG Program



PEI Demographics based on MHA Referrals





Early Psychosis Program

Program Description

Tri-City’s Early Psychosis Program (EPP) is designed for young people and their families who are at risk of developing psychosis or experiencing a first episode psychosis. This coordinated specialty care program is focused on assisting a young person manage their symptoms, prevent deterioration, and equip their family to be the best support for them. Awareness, early detection, and access to services is needed to help young people with psychosis recover. Utilizing the PIER (Prevention, Intervention, Enforcement and Reentry) model, Tri-City staff host workshops and trainings for community members and school personnel focused on recognizing and addressing the earliest symptoms of mental illness. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The goal for this program includes increasing awareness among community members in recognizing the signs and symptoms of early psychosis and how to connect individuals to services as well as to reduce the time of untreated psychosis and severe mental illness.

Target Population

Transition Age Youth (TAY) ages 16 to 25 who are experiencing psychosis and are not currently enrolled in mental health services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	1	42	4	62	109
Cost Per Person	\$3,112	\$3,112	\$3,112	\$3,112	\$3,112	\$3,112

Program Update

In FY 2020-21, EPP staff were able to complete the PIER (Prevention, Intervention, Enforcement and Reentry) model. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The next phase of this training program includes monthly supervision for outreach for specific components of the program.

One component of the Early Psychosis program is training and stigma reduction. Even with the challenges of the COVID19 pandemic, there were 109 people who attended an Early Psychosis training during the last fiscal year. Positive ratings from attendees include: 94% reported that they “understood the symptoms of early psychosis” and 94% agreed that they were “provided with new and useful resources”. An additional 89% agreed that “their belief that people with early psychosis can recover” increased because of the training and 87% agreed that they would “reach out to Tri-City, if they suspected someone had a mental health challenge”.

The occupational therapist (OT) began to complete sensory profiles for EPP clients which helped to provide a more comprehensive view of client's needs and ways to provide support. The OT also met with parents and clients to share outcomes leading to some meaningful conversations and learning.

Challenges and Solutions

Limitations placed on program delivery due to the pandemic made it difficult for the first half of fiscal year 2020-21. Apprehension by clients and staff to meet in person and staff shortages led to slow engagement for some clients. In addition, providing services via telehealth presented a challenge when attempting to engage families to participate.

High staff turn-over also presented a challenge for the EP program. As staff decreased, cases had to be transferred and this exacerbated a feeling of suspicion that already made it difficult to engage certain populations. Some clients and families were reluctant to participate in groups and had reservations about involving family members or participating in groups with other families.

Finally, outreach and engagement with community partners, who were also struggling with the pandemic, when scheduling outreach events or webinars, resulted in cancelled events or low attendance.

Efforts to address these challenges in the future include 1) ensuring that all staff participate in the PIER supervisions to assist other team members who may not be as comfortable with the assessments or skills required for this program 2) host webinars on the Tri-City website and invited community partners and utilized social media to advertise these events and 3) rethink outreach and engagement with this population, complete screening prior to enrollment, start conversation about EP program earlier and complete assessment faster.

Cultural Competence

The Early Psychosis program consists of multicultural staff who provide services in both English and Spanish. Workshops and webinars, including outreach and engagement, are also available in both languages. Additional languages are available via the language line. Materials for trainings are available to be translated upon request.

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as gay, lesbian, bisexual, transgender, or questioning are addressed.

Community Partners

Local schools are the primary community partners for this program. In FY 2020-21, the EP team provided a virtual presentation to the Pomona Unified School District during one of their staff development days. Twenty-five teachers attended and received training on the early warning signs of psychosis. Training opportunities have been extended to all school districts in the Tri-City area.

Success Story

One critical component of the Early Psychosis program is to provide psychoeducation about psychosis and its impact on the mind and the body. After attending the educational workshop,

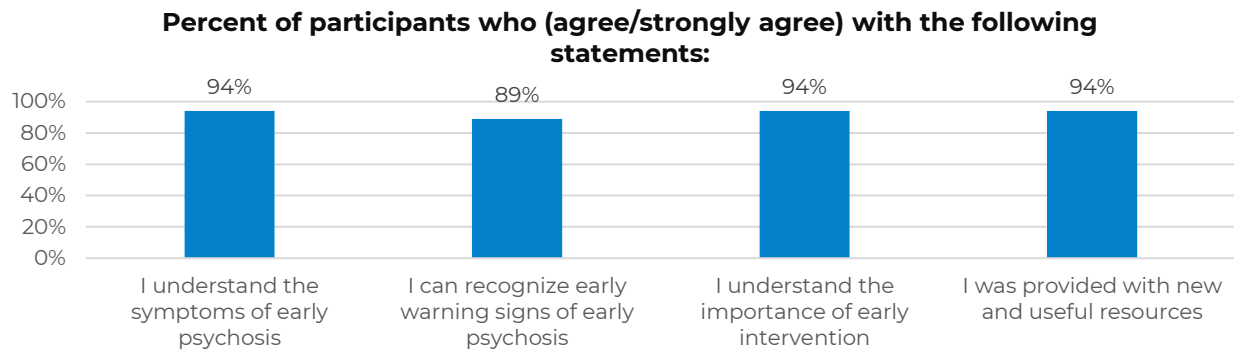
several clients shared that they felt understood and had a better understanding of their symptoms. Family members also reported having a clearer understanding of their loved one.

Program Summary

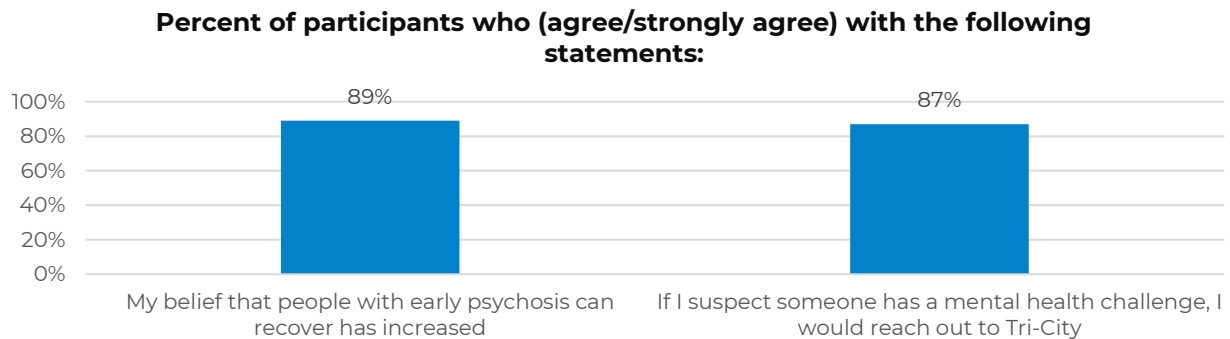
How Much Did We Do?



How Well Did We Do It?

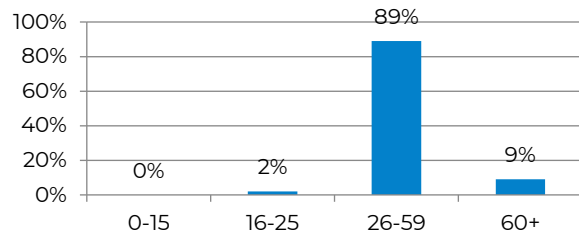


Is Anyone Better Off?

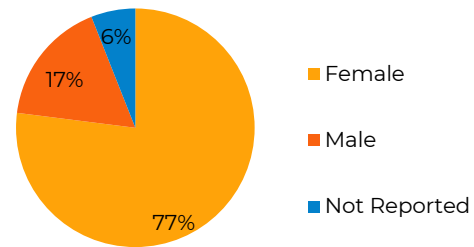


PEI Demographics

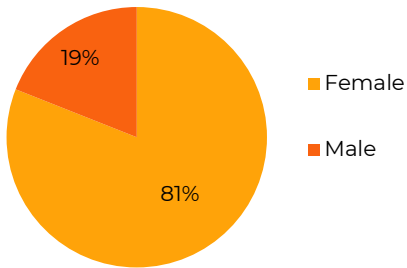
Age Group



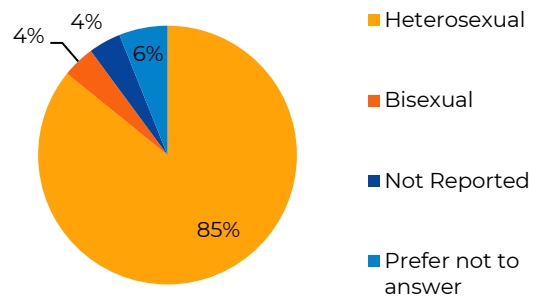
Assigned Gender at Birth



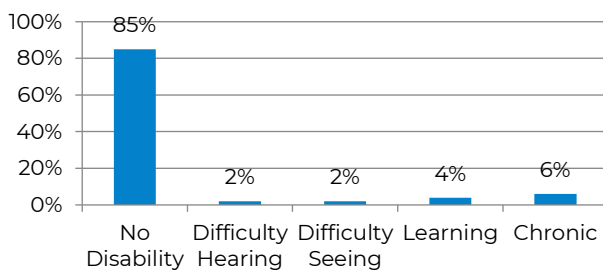
Gender Identity



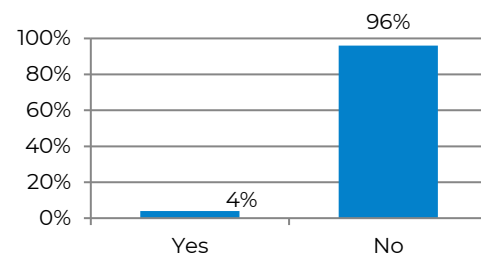
Sexual Orientation



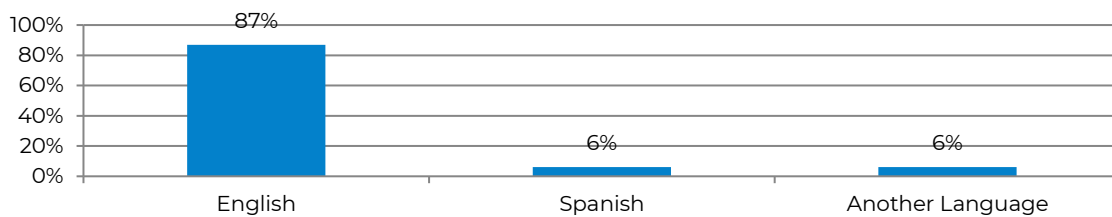
Disability

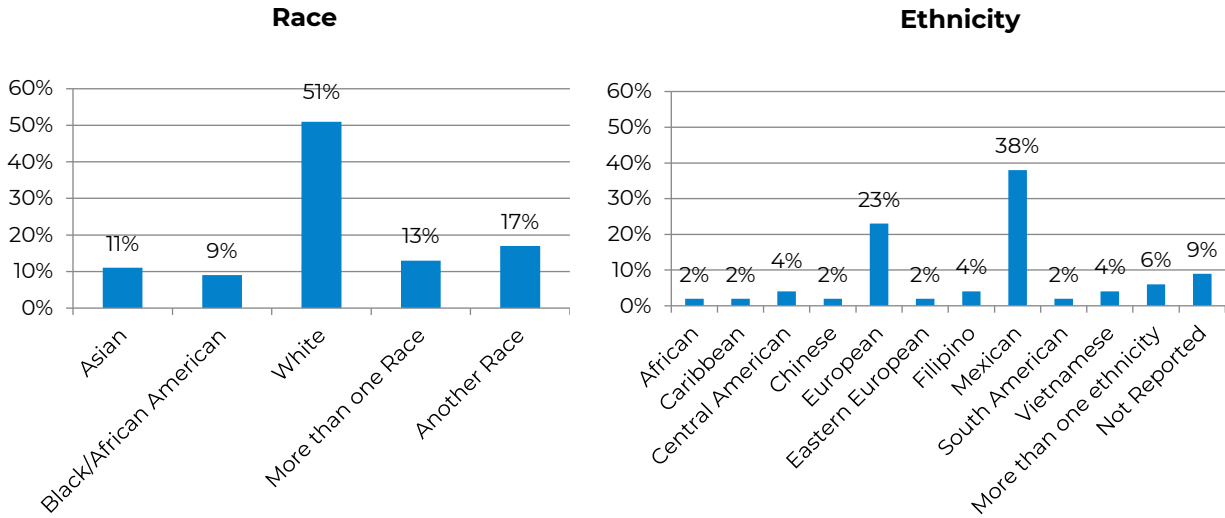


Military Veteran



Language Spoken by Group Participants





Number of Potential Responders	109
Setting in Which Responders were Engaged	Community, schools, health centers, and workplace.
Type of Responders Engaged	Community members
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

1
External MHA Referral to Early Psychosis

4
Internal MHA Referrals to Early Psychosis

Innovation (INN)

Innovation consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

Innovation (INN)

Innovation projects are designed to evaluate the effectiveness of new or changed practices in the field of mental health, with a primary focus on learning. Innovation provides county-administered mental health systems in California the opportunity to "try out" new or changed approaches that can inform current and future mental health practices. These projects are intended and implemented as time-limited (maximum of five years), after which an alternative source of funding must be identified if the project is deemed successful.

Help@Hand/Tech Suite Project

The Help@Hand or Tech Suite project was approved in 2018 with the primary purpose of increasing 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. Using 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 Dates	January 1, 2019 to December 31, 2023
Project Funding Amount	\$1,674,700.00
Target Populations	<ul style="list-style-type: none">• Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners• Older adults (ages 60+) who lack transportation or are unable to access traditional services• Non-English-speaking clients and community members who may be experiencing stigma and language barriers

Program Update

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level. Five counties/cities who are a part of the collaborative were exploring products for potential pilots for this project.

In February 2021, Tri-City conducted focus groups to determine whether myStrength, Headspace, or Mindstrong best met the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.

Tri-City worked on planning a three-month pilot with 60 participants (20 from each target population- older adults, TAY, and monolingual Spanish-speakers). Participants would be recruited through clinical referrals and community outreach. Participants could meet with Tri-City's program coordinator to learn more about the project and participate in Appy Hours to get digital literacy support prior to the pilot. Painted Brain, a peer-led organization that supported other counties/cities' Help@Hand projects, would onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities.

In April 2021, Tri-City participated in three pre-launch training sessions held by myStrength. The sessions aimed to understand Tri-City's pilot plan, the type of app data Tri-City would access, and marketing strategies. Tri-City also attended a demonstration of myStrength.

In May 2021, a contract was executed between Tri-City and myStrength. Tri-City would purchase 5,000 myStrength licenses.

FY 2021-22 Future Directions

In October 2021, Tri-City discontinued their pilot planning and launch due to staffing shortages.

Beginning in January 2022, Tri-City plans to revisit which technologies to implement based on the results and learnings from pilots and implementations conducted by other Help@Hand counties/cities. Tri-City may work with myStrength to amend their contract for the licenses that were already purchased.

Restorative Practices for Improving Mental Health (RPIMH)

In December 2020, Tri-City issued an open invitation to community members and stakeholders from the Tri-City area to share their ideas for new potential innovation projects. Tri-City's Innovation workgroup met over several weeks to finalize ideas and proposals for these new projects. This group of 17 community members and 3 Tri-City staff came together to discuss the needs of people residing in the Tri-City area as well as perceived gaps in service and how these can be addressed through the creation of one or more community-driven projects. This process included reviewing the results of the Community Planning Survey where participants identified unserved and underserved populations as well as barriers to service.

After extensive research and review, Restorative Practices in Mental Health (RPIMH), a three-year plan was proposed which combined three wellbeing practices into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support targeting Tri-City staff, transition age youth and community youth support staff. Although the COVID-19 pandemic created numerous obstacles to the Innovation planning process, community members brought forth the idea of RPIMH which was then endorsed by stakeholders and approved unanimously by both the Mental Health Commission and Tri-City Governing Board on May 19, 2021.

On June 29, 2021, the MHSOAC Director and MHSOAC Project Manager met virtually with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC). The purpose of this meeting was to answer any remaining questions the MHSOAC had prior to making their final decision regarding approval of this project. Ultimately, the Chair and Executive Director of the MHSOAC felt this project did not meet the threshold for "Innovation". Therefore, the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward. Unfortunately, the RPIMH project included funds in amount of approximately \$272,000 that were subject to reversion on June 30, 2021.

Despite this setback, Tri-City staff continue to engage in the extensive process of developing another Innovation project with the assistance of community partners and stakeholders. The hope is with the future reduction of COVID restrictions, stakeholders will once again be able to meet in person and develop a meaningful and viable Innovative project.

Workforce Education and Training (WET)

The WET efforts focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel.

Workforce Education and Training

The Workforce Education and Training plan focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel. This plan is not designed to focus on providing services but rather in training and supporting the people who are charged with the delivery of the services and supports including clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal but vital support to loved ones and others.

A second component of this plan is the recruiting of students, community members, and volunteers to expand the recovery and wellbeing supports provided by staff. It is clear the demand for mental health services in the Tri-City area far exceeds the current and projected availability of staff. With this in mind, by increasing the pool of interest in the mental health system, these efforts can work to generate new staff members over time by encouraging high school and college students to realistically consider a career in the community mental health field in the Tri-City area.

Program Update

During FY 2020-21, 36 trainings, conferences and educational opportunities were available for staff. Training topics included cultural competence, trauma and parenting, forensic training, Adverse Childhood Experiences (ACEs), stress, resiliency and restorative practices.

The implementation of the WET program stresses the importance of learning – a relevant goal of cultural equity, diversity, and inclusion – and incorporates ongoing efforts to inform, engage and educate volunteers and peers about opportunities and careers in the community mental health system. Several positions within this agency have 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 (P2C) program is a self-paced structured program that is optional and based on the individual goals of the client/volunteer. The P2C program offers a selection of educational and experiential opportunities that promote knowledge of mental health and contribute to a greater desire to work or volunteer in the mental health system through three different pathways:

Pathway 1: Wellness Center

H.O.P.E Transition/Graduation

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

Wellness Center

Participants are expected to sit in on at least two support groups from the four programs available at the center: Family Wellbeing, TAY Resource Center, Older Adult Wellbeing, and Community

Services and Supports. Each group is designed to share basic concepts of recovery, and peer support.

Employment Curriculum

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

Computer Classes

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

Wellness Recovery Action Plan (WRAP)

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

Pathway 2: Service-Learning

Service-Learner

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

Working Independence Skills Helping (WISH)

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

Summer Camp

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

Peer Mentor Program

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

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.

Relias continues to be a recognized leader in online training services for the healthcare industry. During FY 2020-21, 618 online courses were completed by Tri-City staff increasing their capacity to provide informed care to clients as well as meeting requirements for licensure. Relias serves as a virtual training platform for staff who are required to complete a set of courses as well as given the opportunity to pursue courses that are of interest and related to their role within Tri-City.

Challenges and Solutions

With many schools minimizing the requirements for volunteering as part of their programs, Tri-City received far fewer Service Learner applications than in previous fiscal years. The students who did volunteer were frequently unable to find sufficient opportunities to provide support to Tri-City departments.

For staff trainings multiple challenges arose during this fiscal year. Some staff felt less comfortable receiving training in an online format and preferred a live interaction for their training. Due to ongoing restrictions, however, this was not always possible. Additionally, as staff shortages became more pronounced, the capacity for departments to engage in significant amounts of training while still meeting client needs was compromised.

To attract more candidates both for service-learners and for recruiting employees, WET staff increased outreach efforts through colleges and career fairs. Service-learners were also encouraged to use strengths that were particularly suited for a more virtual environment, including social media skills, supporting virtual meetings, etc.

Staff trainings were kept shorter, offered less frequently, and prioritized during this past fiscal year as the reduction in staff became more problematic during this fiscal year.

Cultural Competence

Tri-City strives to engage underserved populations by communicating in ways that are accessible to all members of the community. This includes communicating via a variety of social media platforms and incorporating messaging that is both reflective of the diverse populations that we serve and containing messaging that is often directly relevant to the experiences of these populations within the three cities that we serve.

To support staff in building their capacity to address barriers related to these disparities, Tri-City staff participated in a series of discussions facilitated by Dr. Allen Lipscomb. This series of discussions were preceded by an introductory training including strategies for effectively communicating around topics of justice, equity, diversity, and inclusion. The intention of the trainings was to provide staff the skills, tools, and confidence to initiate and engage in difficult conversations around race and culture. Following these trainings, Tri-City staff were better able to communicate with co-workers and management more effectively about issues that they perceive to be impacting both their client's and their own experiences.

Tri-City ensures communications are either translated or capable of being automatically translated. Additionally, flyers are created in both Spanish and English. WET and the

Communications department frequently collaborates with staff in other departments to translate and ensure cultural appropriateness.

The perspectives of members of these underserved communities are considered in the selection of content that is represented on social media, and in the selection of trainings that are offered to staff.

Community Partners

Southern California Regional Partnership

Tri-City participated in monthly meetings with the Southern California Regional Partnership (SCRIP), 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.

The SCRIP collaborated to apply for a grant from the Office of Statewide Health Planning and Development to participate in 5 programs: Career Pipeline Development, Stipends for graduate level students, scholarships, Loan Repayment and Retention. Those projects have been approved and will begin during the next fiscal year.

Success Story

During the fiscal year 2020-2021, one of the greatest successes was being able to prioritize Tri-City's commitment to ensuring an entire workforce dedicated to the values of justice, equity, diversity, and inclusion. The entire agency staff participated in a series of increasingly difficult conversations over a 6-month period which demonstrated a commitment that future conversations can be held in a safe space throughout the agency.

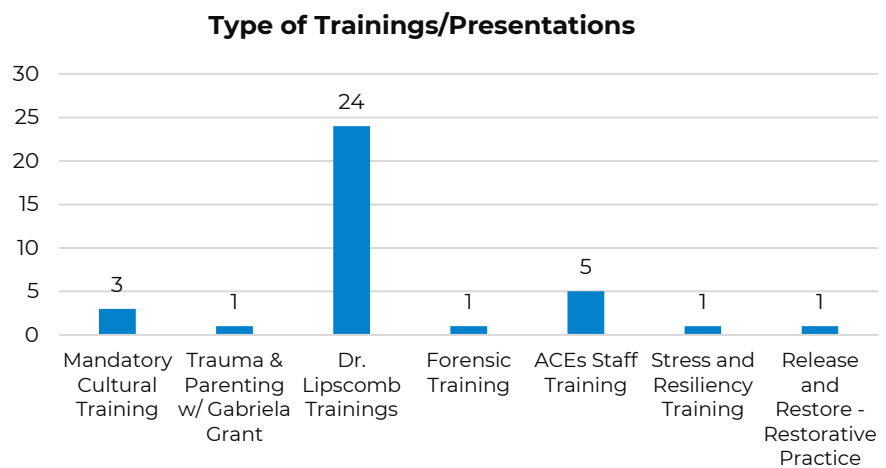
Program Summary

How Much Did We Do?

202
Service-learning Hours Completed

9
Service Learner Applications

36
Trainings, Conferences, and Educational Opportunities for Staff



How Well Did We Do It?

4
Applicants Became Service-Learners

1
Service-Learner was Hired at Tri-City

2,618
Course Completed by Staff through the Relias Online Training

Capital Facilities and Technological Needs (CFTN)

The CFTN plan focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act allocates funds for projects designed to improve the infrastructure of community mental health including the purchase, development or renovation of buildings used to house and support MHSa programs and staff. The technological portion of this plan supports counties in transforming existing clinical and administrative technology systems while increasing access to mental health records and information electronically for consumers and family members.

Program Update

There were two notable events in FY 2020-21 impacting the Capital Facilities and Technological Needs plan. The first was an amendment to the Capital Facilities and Technological Needs Project Proposal dated March 18, 2020. This amendment represented the redistribution of tasks and costs between original vendors, RKA Consulting Group and Withers and Sandgren, contracted to complete capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Avenue, Pomona 91767.

The original Capital Facilities and Technological Needs Project proposal was approved by Tri-City Mental Health (TCMH) Governing Board on March 18, 2020. The proposal encompassed two renovation projects; 1) electrical upgrade and office space remodel of the MHSa administration office located at 2001 N. Garey Ave, Pomona, 91767 in the amount of \$509,208.00 and 2) capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Ave., Pomona, 91767 in the amount of \$461,760.00. The total amount approved for both projects was \$970,968.00.

Although the first project continued as originally approved, the second renovation project involving the garden located adjacent to the TCMH clinic, required a shift in both tasks and costs initially proposed by each vendor. These estimates were based on projected deliverables from each vendor at the time of the original proposal. However, upon further examination of each vendor's role and capacity, it was determined that several components of the project would need to be eliminated or transferred resulting in a shift in costs for each vendor.

The second update to the CFTN plan included a new project which proposed to expend existing MHSa funds assigned to Capital Facilities and Technological Needs to implement a new Electronic Health Record (EHR) system and client referral management platform.

Through this proposal, TCMH intends to migrate its current EHR platform from Welligent to the Cerner Electronic Health record platform at a cost of \$270,436. Additionally, TCMH does not currently have a centralized referral management platform. Such a system would allow TCMH to ensure the quality of referrals delivered by TCMH, as well as allow for both increased transparency and follow-up from both the TCMH clinical and Community Navigator staff as well as the participants. Unite Us will be implemented at a cost of \$30,000 as a pilot over the next 3 years within two departments of Tri-City that are primary access points to care and services: Access to Care and Community Navigators. Both of these teams are responsible to receive referrals for requests for treatment services and/or requests for basic needs necessary for well-being.

MHSA Expenditure Plan

MHSA Expenditure Plan

Cost Per Participant

The services provided in Fiscal Year 2020-21 are summarized in the table below per the guidelines for this Annual Update by age group, number of clients served, and average cost per person:

Summary of MHSA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (Child)	CSS	78	\$21,082
Full Service Partnership (TAY)	CSS	161	\$11,873
Community Navigators	CSS	280	\$175**
Wellness Center	CSS	1,551	\$632**
Supplemental Crisis Services	CSS	251	\$706**
Family Wellbeing Program	Prevention and Early Intervention	113	\$244**
Peer Mentor Program (TAY Wellbeing)	Prevention and Early Intervention	129	\$371
Therapeutic Community Gardening	Early Intervention	31	\$3,158**
Early Psychosis	Prevention and Early Intervention	2	\$3,112**

Summary of MHSA Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (TAY)	CSS	161	\$11,873
Full Service Partnership (Adult)	CSS	315	\$11,925
Full Service Partnership (Older Adult)	CSS	87	\$7,150

Community Navigators	CSS	1,532	\$175**
Wellness Center	CSS	1,745	\$632**
Supplemental Crisis Services	CSS	1,030	\$706**
Field Capable Clinical Services for Older Adults	CSS	32	\$2,503
Family Wellbeing Program	Prevention and Early Intervention	254	\$244**
Peer Mentor Program (Older Adult Wellbeing)	Prevention and Early Intervention	247	\$371
Therapeutic Community Gardening	Early Intervention	65	\$3,158**
Early Psychosis	Prevention and Early Intervention	106	\$3,112**

**** These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.**

In FY 2020-21, Tri-City served approximately 2,889 unduplicated clients who were enrolled in formal services. Tri-City currently has 167 full-time and 15 part-time employees and an annual operating budget of \$29.2 million dollars. Tri-City strives to reflect the diversity of its communities through its hiring, language spoken, and cultural competencies.

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

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve as of June 2021. The Hispanic/Latinx, Black/African American and Native Hawaiian/Pacific Islander populations are successfully represented by Tri-City staff while the Asian and Native American/Alaska Native continue to be a focus for recruitment.

HR Staff Data compared to Tri-City Race Demographics

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

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

FY 2022/23 Mental Health Services Act Annual Update Funding Summary

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	19,278,875	4,037,204	2,697,746	808,952	1,529,299	
2. Estimated New FY 2022/23 Funding	8,477,602	2,119,401	557,737			
3. Transfer in FY 2022/23 ^{a/}	(2,700,000)	0	0	1,000,000	1,700,000	0
4. Access Local Prudent Reserve in FY 2022/23	0	0				0
5. Estimated Available Funding for FY 2022/23	25,056,477	6,156,605	3,255,483	1,808,952	3,229,299	
B. Estimated FY 2022/23 MHSA Expenditures	12,284,819	2,221,506	1,043,021	957,628	703,183	
G. Estimated FY 2022/23 Unspent Fund Balance	12,771,658	3,935,099	2,212,462	851,324	2,526,116	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	2,349,321
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	2,349,321

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

**FY 2022/23 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,729,377	728,195	500,591		500,591	
2. 1b-TAY FSP	2,295,154	1,227,332	704,053		363,769	
3. 1c-Adult FSP	4,854,027	3,213,743	1,640,284			
4. 1d-Older Adult FSP	929,029	688,860	240,169			
Non-FSP Programs						
1. Community Navigators	668,297	668,297				
2. Wellness Center	1,551,511	1,551,511				
3. Supplemental Crisis Services	968,535	968,535				
4. Field Capable Clinical Services for Older Adults	131,644	131,644				
5. Permanent Supportive Housing	609,573	604,573				5,000
CSS Administration	3,199,092	2,502,129	544,429		152,534	
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	16,936,239	12,284,819	3,629,526	0	1,016,894	5,000
FSP Programs as Percent of Total	79.8%					

**FY 2022/23 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	103,067	103,067				
2. Older Adult Wellbeing (Peer Mentor)	54,552	54,552				
3. Transition-Age Youth Wellbeing (Peer Mentor)	52,003	52,003				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	445,097	445,097				
5. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
6. Housing Stability Program	196,527	196,527				
PEI Programs - Early Intervention						
7. Older Adult Wellbeing (Peer Mentor)	54,552	54,552				
8. Transition-Age Youth Wellbeing (Peer Mentor)	52,003	52,003				
9. Therapeutic Community Gardening	371,806	371,806				
10. Early Psychosis	162,003	162,003				
PEI Programs - Other						
11.	0	0				
12.	0	0				
13.	0	0				
PEI Administration	618,397	618,397				
PEI Assigned Funds	76,000	76,000				
Total PEI Program Estimated Expenditures	2,145,506	2,221,506	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Help @ Hand	182,009	182,009				
2. Pending Innovation Programs*	789,360	789,360				
3.	0	0				
4.	0	0				
INN Administration	71,652	71,652				
Total INN Program Estimated Expenditures	1,043,021	1,043,021	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning and Improvement	194,235	194,235				
2. Engaging Volunteers and Future Employees	535,067	535,067				
3.	0					
WET Administration	228,326	228,326				
Total WET Program Estimated Expenditures	957,628	957,628	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electrical Upgrade & Office Space Remodel	233,033	233,033				
2. Capital Improvements to Therapeutic Community Garden	452,760	452,760				
CFTN Programs - Technological Needs Projects						
3. Cerner Electronic Health Record System Implementation	17,390	17,390				
4.	0	0				
5.	0	0				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	703,183	703,183	0	0	0	0

Appendix

MHSA Public Hearing

Agenda, Presentation, Public Comments and Outreach Materials



MISSION

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

TRI-CITY MENTAL HEALTH AUTHORITY

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

AND

PUBLIC HEARING FOR THE MENTAL HEALTH SERVICES ACT (MHSA)

APRIL 12, 2022

3:30 p.m.

MEETING LOCATION

There will be no in-person public meeting location. On September 16, 2021, the Legislature amended the Brown Act provisions regarding teleconferencing through Assembly Bill No. 361, codified under Government Code § 54953. Accordingly, the Mental Health Commission will hold this public meeting via teleconference and the public seeking to observe and to address the Mental Health Commission may participate telephonically or otherwise electronically.

To join the Mental Health Commission meeting click on the following link:

<https://tricitymhs-org.zoom.us/j/92275682172?pwd=Y3Q5RUwvVWRveHVyUIRvSHdYb0Rwdz09>

Passcode: xvAj&6kE

Or Telephone: 1-213-338-8477

Webinar ID: 922 7568 2172

Passcode: 44348125

Posting of Agenda. The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: Administration, 1717 N. Indian Hill Blvd. #B in Claremont; Clinical Facility, 2008 N. Garey Avenue in Pomona; Wellness Center, 1403 N. Garey Avenue in Pomona; Royalty Offices, 1900 Royalty Drive #180/280 in Pomona; MHSA Office, 2001 N. Garey Avenue in Pomona; and on the Tri-City's website: <http://www.tricitymhs.org>

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Mental Health Commission on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Mental Health Commission. **The public can make a comment during the meeting by using the 'raised hand' feature, or by calling in, if they wish to address a particular agenda item or to make a general comment on a matter within the subject matter jurisdiction of the Mental Health Commission. The Chair will call on the member of the public at the appropriate time and allow the person to provide live comment. The public can also submit a comment by writing an email to molmos@tricitymhs.org.** All email messages received by 1:30 p.m. will be shared with the Mental Health Commission before the meeting. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the Mental Health Commission less than 72 hours prior to this meeting are available for public inspection at <http://www.tricitymhs.org>

CALL TO ORDER

Chair Henderson calls the meeting to Order.

ROLL CALL

Anne Henderson – <i>Chair</i>	Isabella A. Chavez	Alfonso Villanueva
Wray Ryback – <i>Vice-Chair</i>	Nichole Perry	David J. Weldon
Carolyn Cockrell – GB Liaison	Joan M. Reyes	Toni L. Watson
Clarence D. Cernal	Twila L. Stephens	

REGULAR BUSINESS

I. APPROVAL TO IMPLEMENT TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER AB 361 (GOVERNMENT CODE SECTION 54953)

Recommendation: “A motion to ask the Interim Executive Director, or designee, to perform all actions necessary to implement the Brown Act provisions regarding teleconferencing in compliance with Government Code § 54953.”

II. APPROVAL OF MINUTES FROM THE MARCH 8, 2022 MENTAL HEALTH COMMISSION REGULAR MEETING

III. EXECUTIVE DIRECTOR MONTHLY REPORT

COMMISSION ITEMS AND REPORTS

Commissioners are encouraged to provide comments or ask questions about the community’s mental health needs, services, facilities and special problems. In addition, this is an opportunity to provide reports on their activities.

PUBLIC COMMENT

The Public may speak regarding any Tri-City related issue. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

PUBLIC HEARING - MENTAL HEALTH SERVICES ACT (MHSA)

- A. OPEN THE PUBLIC HEARING
- B. MENTAL HEALTH SERVICES ACT (Proposition 63)
 - Description of Plans under the MHSA
 - Community Planning Process
 - MHSA Community Planning Survey

C. TRI-CITY’S MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23

- Description of TCMHA and the Communities it serves
- Current MHSA Program Updates
- New MHSA Project – Psychiatric Advance Directives (PDAs)
- Guest Speakers
- Financial Update

D. PUBLIC COMMENT

E. NEXT STEPS

F. CLOSE THE PUBLIC HEARING

IV. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23

Recommendation: “A motion to recommend to the TCMHA Governing Board to approve the MHSA Annual Update for Fiscal Year 2022-23.”

V. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PROJECT UNDER THE MHSA INNOVATION PLAN

Recommendation: “A motion to recommend to the TCMHA Governing Board to approve the Multi-County Psychiatric Advance Directives (PDAs) Project under the MHSA Innovation Plan.”

ADJOURNMENT

The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on **Wednesday, May 18, 2022 at 5:00 p.m.** via teleconference due to the COVID-19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

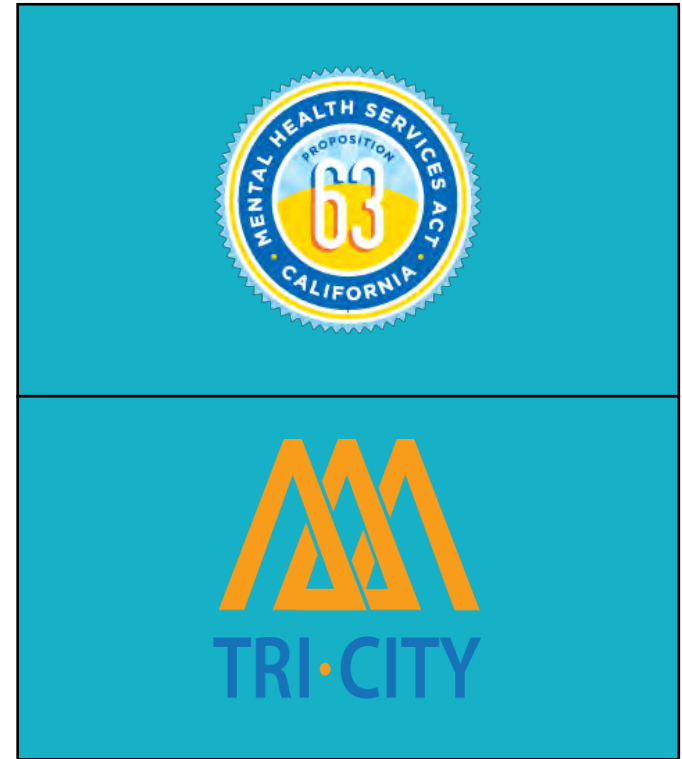


MHSA Public Hearing



TRI·CITY

APRIL 12, 2022



MENTAL HEALTH COMMISSION

Public Hearing 2022

**BEFORE
WE GET
STARTED**

We have Spanish and
American Sign Language
interpreters available

Please “raise your hand” if
you have a question or would
like to make a comment
during the Public Comment
period

WELCOME

Rimmi Hundal
Director of MHSA and Ethnic Services
Tri-City Mental Health



AGENDA



MHSA Annual Update FY
2022-23

New Innovation Project –
Psychiatric Advance
Directives

Special Guest Speakers

Mental Health Services Act (Proposition 63)

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



**Prevention and
Early
Intervention**

**Community
Services and
Supports**

**Workforce
Education and
Training**

**Capital Facilities
and Technological
Needs**

**MHSA
Components**

Innovation

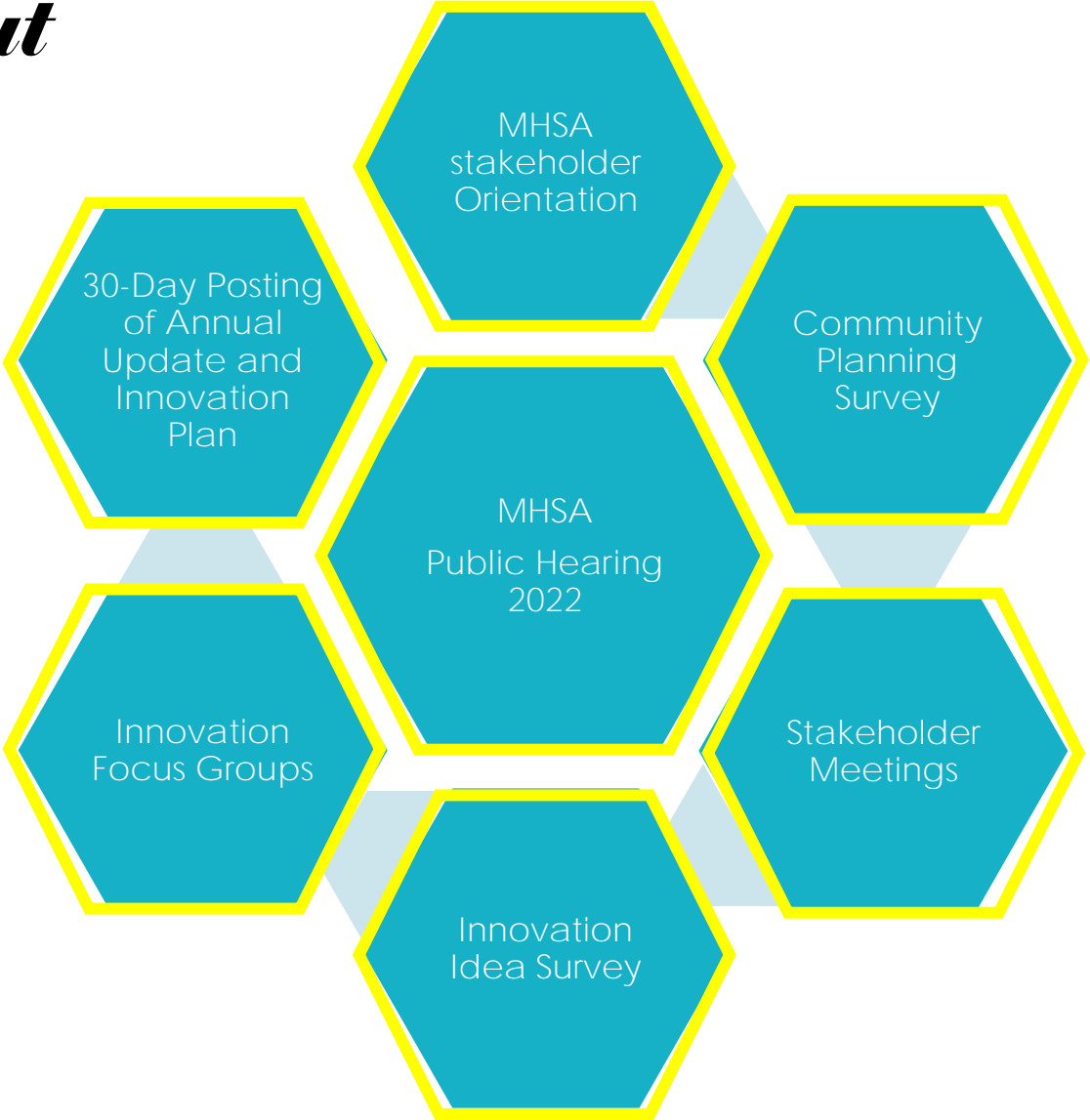


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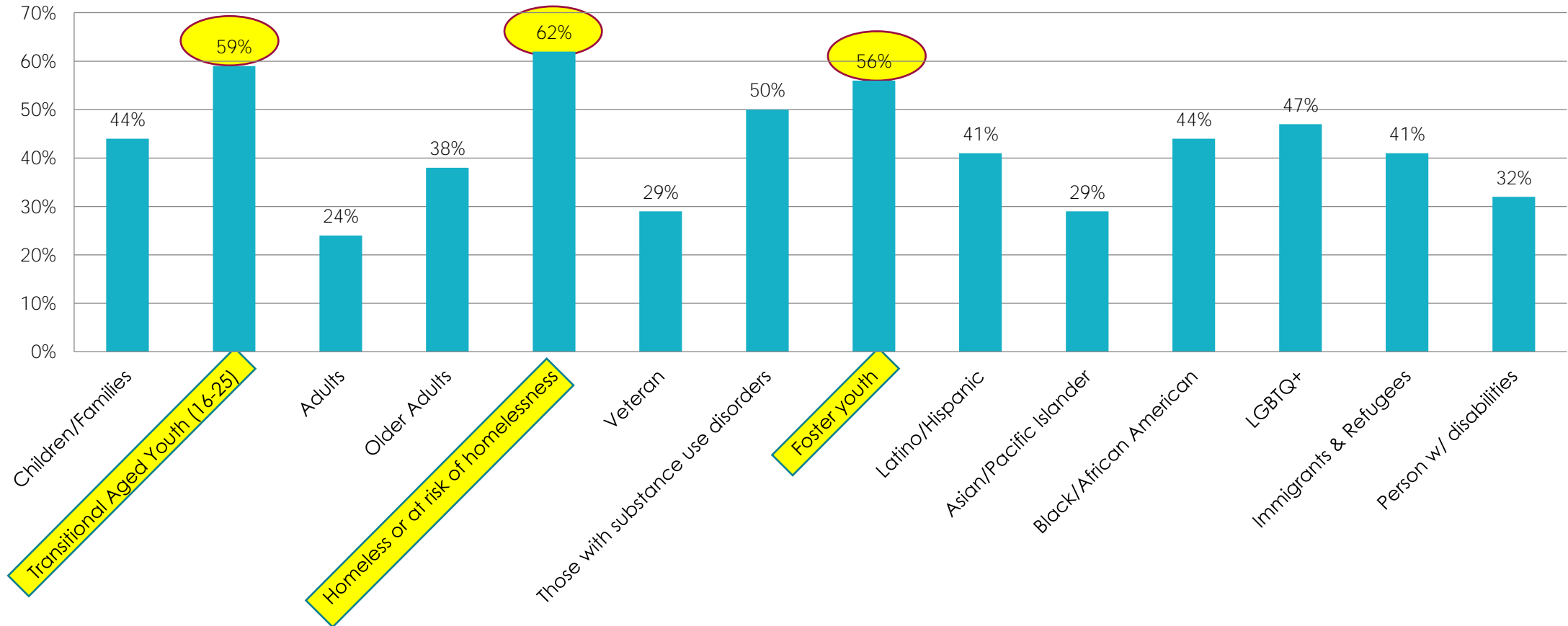
Community Planning Process

Community Input and Impact

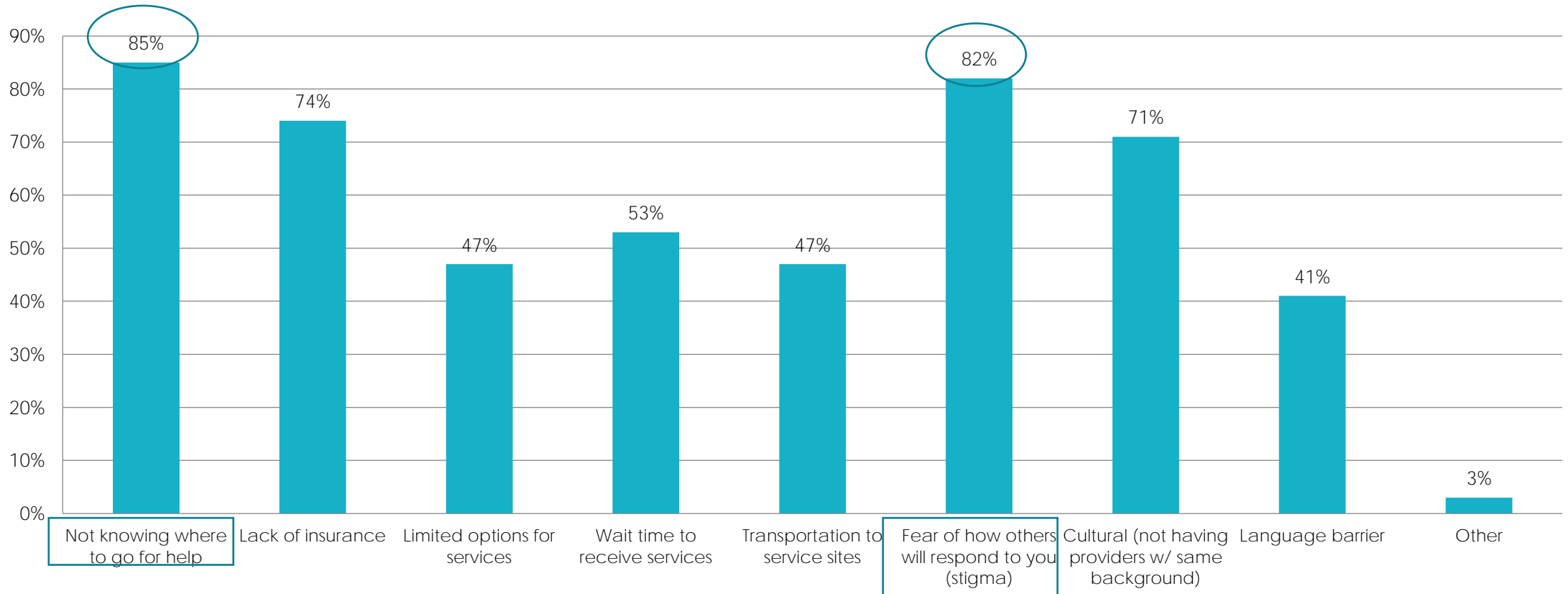


MHSA Community Planning Survey

Indicate the population(s) you feel is most unserved/underserved communities.



What do you feel are barriers to individuals seeking mental health support?

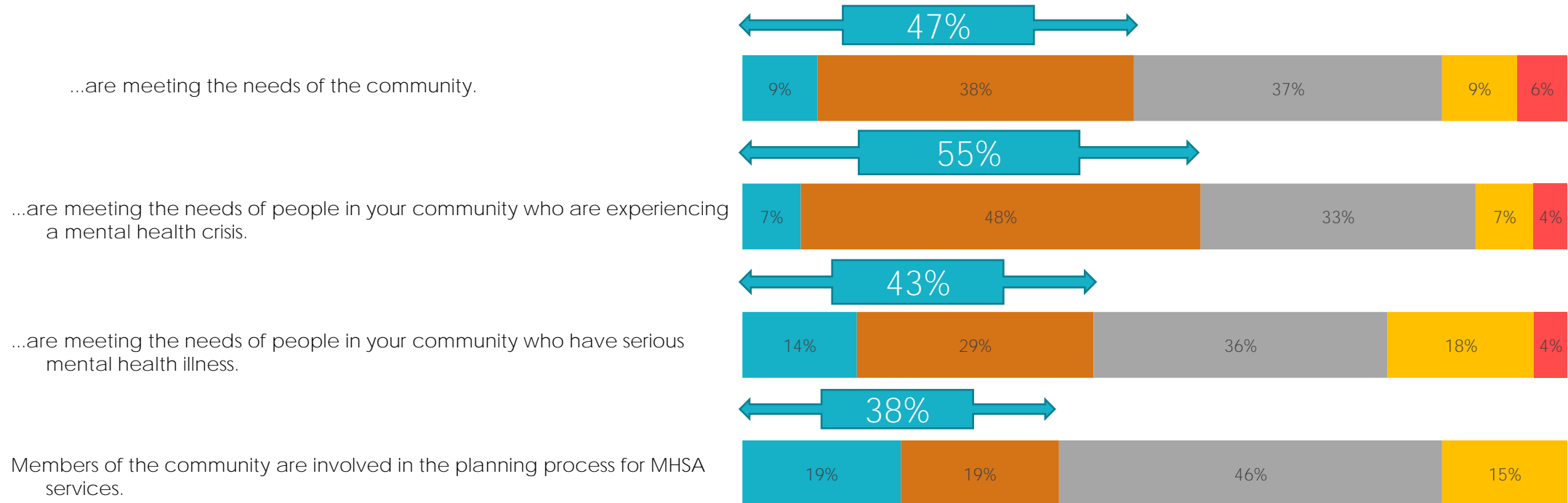


How are the MHS.A Programs doing ?

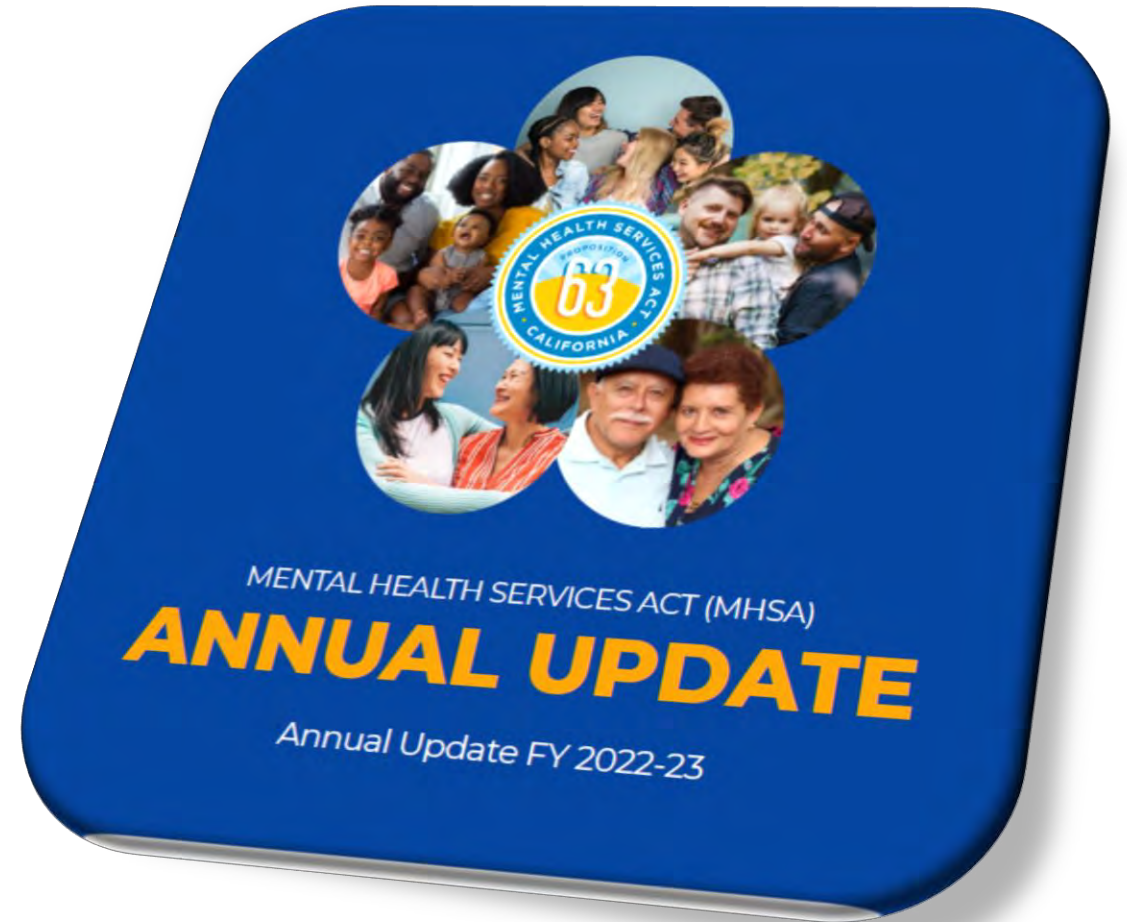
Tri-City's MHS.A programs:



Strongly Agree Agree Neutral Disagree Strongly Disagree



- Description of our agency and the communities we serve
- Community planning process
- Current MHSA program updates
- New MHSA projects
- Outcomes and lessons learned
- Financial updates



MHSA Annual Update Highlights

Allocate \$152,000 in Community Services and Supports Funds to Create Three Additional Community Navigator Positions

- Allows for faster response
- Assist clients who are struggling with obstacles when trying to connect to resources
- Allows for additional Community Navigators to assist with additional resources when events, health, and medical screenings take place in the community

Transfer \$1,000,000 from the Community Services and Supports Plan to the Workforce Education and Training Plan

- Expand student loan repayment program
- Offer comprehensive training and internship programs that are a direct pipeline to our positions

Transfer \$1,700,000 from the Community Services and Supports Plan to the Capital Facilities and Technology Needs Plan

- Property Acquisition/Construction/Building Expansion
- Technology Needs including computer turnover, network and security refresh and software implementation

Public Comments for Annual Update

'I really approve of and support outreach programs. To me, this is consistent with what Bishop Desmond Tutu once said, "*at some point, we need to stop pulling people out of the river and go upstream and see why they are falling in.*" This program seems to be an indicator that we are going upstream, taking psychology and its components to the people in need.'

Community
OUTREACH



Psychiatric Advance Directives (PADs)

INNOVATION PROJECT



What are Psychiatric Advance Directives (PADs)?

- Used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition
- PADs allow the individual's wishes and priorities to inform mental health treatment
- PADs are created in a voluntary setting with full consent of the participant



A teal-colored map of the Tri-City area (Columbia, South Carolina) is positioned on the left side of the slide. The map shows the outlines of the three counties: Richland, Lexington, and York.

Multi-County Project

\$789,360

7/1/2022 - 6/30/2025

- Creation of a cloud-based technology platform which operates in real-time
- Consumers can create, access, store and share their PAD with their appointed advocate, loves ones or providers
- Creates a shared system for Healthcare providers and first responder to allow immediate access to consumer's PAD during a crisis
- Innovation Component: Creating a dynamic technology platform with a single point of access and real-time capabilities does not currently exist

What are we hoping to learn and how will it be evaluated?

Standardized training on the usage and benefits of PADs by stakeholders – *Evaluation of process and understanding.*

Peer created standardized PAD template with the facilitation of peers with lived experience- *Evaluation of process and utilization ease.*

Development of a training toolkit (in 9 Languages) to be used throughout various counties while maintaining reliability and consistency- *Evaluation of understanding and utilization.*

Creation and implementation of a cloud-based technology platform to utilize PADs- *Evaluation of process, utilization and impact.*

What makes this project innovative?

Innovative Component:

- Creating a dynamic technology platform with a single point of access and real-time capabilities which does not currently exist
- Create a standardized PADs template for utilization across California



PUBLIC COMMENTS FROM STAKEHOLDERS

“I like Advanced Psychiatric Directives (PADS). As a retired police officer, I can potentially see PADS as being an important de-escalation tool for police and mental health staff. It's an essential piece of communication when someone may not be communicating so well. Police included.

I wish you the best of luck. Looking forward to following this program.”



Question: “I’d just appreciate clarification about whether an individual would already have to have a mental health diagnosis before submitting a PAD on their own”

Answer: Although our primary focus for this project is on individuals with mental illness, we anticipate making PADs available to all community members who request this resource.



Guest Speakers



COURAGEOUS MINDS SPEAKERS BUREAU

- Enable speakers to tell their story in a safe and effective way
- Share their story in a variety of settings including high schools, colleges, parent groups, community forums, civic groups, professional conferences, and more
- Reduce the stigma surrounding mental health
- Show others that they are not alone in their struggles and that support is available
- Empower people to reach out for help when needed
- Bring the community together to engage in positive conversations about mental health

Jared Diehl

Toni Lynn Watson

How has your experience as a Courageous Minds Speaker impacted your mental wellbeing?

How do you feel sharing your story has impacted others as far as their views on mental illness and recovery?

Do you have any suggestions about how Tri-City can improve on their outreach and engagement of individuals with mental illness?





FINANCIAL UPDATE



TRI CITY

County: TRI-CITY MENTAL HEALTH AUTHORITY







Date: 3/9/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	19,278,875	4,037,204	2,697,746	808,952	1,529,299	
2. Estimated New FY 2022/23 Funding	8,477,602	2,119,401	557,737			
3. Transfer in FY 2022/23 ^{a/}	(2,700,000)	0	0	1,000,000	1,700,000	0
4. Access Local Prudent Reserve in FY 2022/23	0	0				0
5. Estimated Available Funding for FY 2022/23	25,056,477	6,156,605	3,255,483	1,808,952	3,229,299	
B. Estimated FY 2022/23 MHSA Expenditures	12,284,819	2,221,506	253,661	857,628	703,183	
G. Estimated FY 2022/23 Unspent Fund Balance	12,771,658	3,935,099	3,001,822	951,324	2,526,116	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2022		2,349,321				
2. Contributions to the Local Prudent Reserve in FY 2022/23		0				
3. Distributions from the Local Prudent Reserve in FY 2022/23		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2023		2,349,321				

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





		MHSA Funding				
		A	B	C	D	E
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs
A. Estimated FY 2022/23 Funding						
	1. Estimated Unspent Funds from Prior Fiscal Years	19,278,875	4,037,204	2,697,746	808,952	1,529,299
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	4. Access Local Prudent Reserve in FY 2022/23	0	0			
	5. Estimated Available Funding for FY 2022/23	25,056,477	6,156,605	3,255,483	1,808,952	3,229,299
	B. Estimated FY 2022/23 MHSA Expenditures 	12,284,819	2,221,506	253,661	857,628	703,183
	G. Estimated FY 2022/23 Unspent Fund Balance 	12,771,658	3,935,099	3,001,822	951,324	2,526,116



Some of the funds shown as unspent may be “encumbered” for future expenditures or will have been spent before the end-of-fiscal annual reports.

PUBLIC COMMENT

1. Please “raise your hand” if you would like to speak
2. Type your question in the Q & A section
3. Complete the online survey in the chat

[Stakeholder Survey](#)





***What Comes
Next?***

MHSA Annual Update will be presented to Tri-City's Governing Board on April 20 for approval

PADs Innovation project will also be presented to Tri-City's Governing Board on April 20 for approval

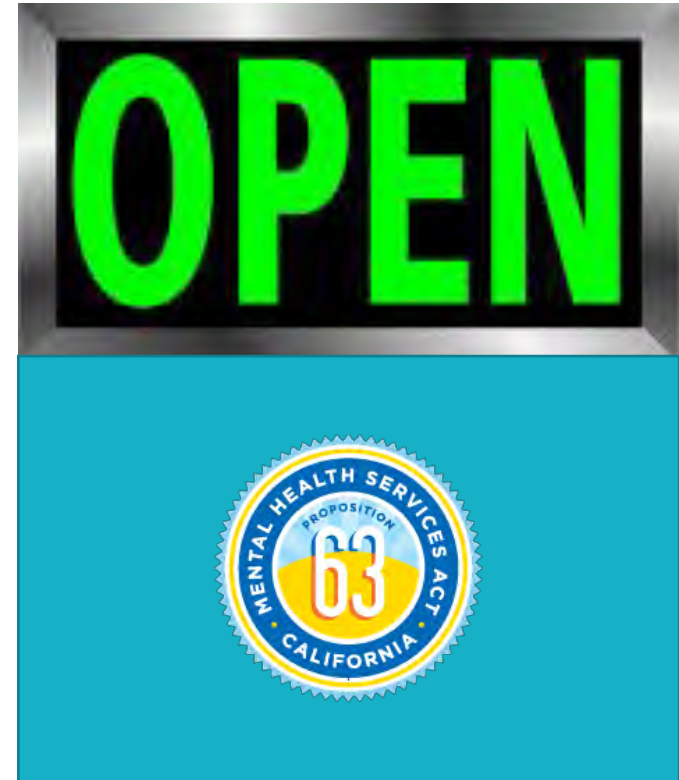
PADs Innovation project will be presented to the Mental Health Oversight and Accountability Commission (MHSOAC) for final approval

Plans go into effect on July 1, 2022



MENTAL HEALTH COMMISSION

Public Hearing 2022



Motions for Recommendations to the TCMHA Governing Board

A motion to recommend to the TCMHA Governing Board to approve the MHSA Annual Update for Fiscal Year 2022-23.

A motion to recommend to the TCMHA Governing Board to approve the Multi-County Psychiatric Advance Directives (PDAs) Project under the MHSA Innovation Plan.



Public Comments From 30-Day Posting

MHSA Annual Update FY 2022-23

'I really approve of and support outreach programs. To me, this is consistent with what Bishop Desmond Tutu once said, "*at some point, we need to stop pulling people out of the river and go upstream and see why they are falling in.*" This program seems to be an indicator that we are going upstream, taking psychology and its components to the people in need.'

Innovation Project-Psychiatric Advance Directives (PADs)

"I like Advanced Psychiatric Directives (PADS). As a retired police officer, I can potentially see PADS as being an important de-escalation tool for police and mental health staff. It's an essential piece of communication when someone may not be communicating so well. Police included.

I wish you the best of luck. Looking forward to following this program."

Question: "I'd just appreciate clarification about whether an individual would already have to have a mental health diagnosis before submitting a PAD on their own"

Answer: Although our primary focus for this project is on individuals with mental illness, we anticipate making PADs available to all community members who request this resource.

MHSA Annual Public Hearing Comments April 12, 2022

Comments/ Questions after Guest Speakers:

C. Rimmi Hundal: Thank you Toni & Jarred for sharing such powerful stories you're both an inspiration for us. Toni, you, and I have worked together for so long and every time I'm so amazed by your strength and the things you give back to the community, the things you do at the Wellness Center, and both of you are Tri-City true success stories.

Q. Clarence Cernal: Can someone talk to me about Courageous Minds? Is it a speaker series?

A. Rimmi Hundal: Courageous Minds is our speaker's bureau, and it is a part of our stigma reduction campaign. We teach our cohorts to tell their stories in a meaningful way to them. Because of Covid we haven't been able to go out and speak to the community. We like to take these stories to our community members and encourage them to come to seek help or else know where to get the help that they need and use these individuals as their role models. If anyone is interested in joining, please reach out to Brittany or Lisa Naranjo.

C. Liz Renteria: Thank you Toni & Jared for sharing your story

Q. Jan Chase: I love these stories. Do others in treatment get to hear them?

A. Toni Lynn Watson: Yes, they do. They also have Room 4 Everyone that is also on the website.

C. Twila Stephens: Courageous Minds is a very supportive environment. So, it's not just about teaching how to tell your story, it is also supportive. When someone goes out to speak for the first time other also go with you to support you. They lift each other up, and even if you're not a great speaker out of the gate, you get the support from the rest of the speakers.

C. Clarence Cernal: Thank you Jaren & Toni for sharing your stories.

C. Kimberly Kittson Morris: To the speakers; thank you very much for your courage.

Public Comments Regarding Innovation Project

Q: Kimberly Kittson Morris That sounds great that the PDAS system will be transferrable across all counties in California. Where will people sign-up for PADS?

A: Amanda Colt: We will have people help out in the community similar to the community navigators; helping individuals to register and training them on how to navigate PADS.

C. Wray Ryback: I work at Pomona Valley Hospital, and I have a lot of experience with medical advantage directive and I'm glad to help with this to move forward. I also think that we need to make all of our local hospital aware of this system.

Q; Kimberly Kittson Morris: Does the form itself require witnesses or a notary? If not, how do we verify that it is the person itself completing the form?

A: Rimmi Hundal: it does need to be fill out in front of a witness, and if they're doing them on their own it needs to be notarized. It will be very similar to medical advance directives.

C. Liz Renteria: In Oregon we have used these forms for some time. Like Rimmi said, you meet with a mental health specialist and you are able to talk about your options that are healthy and good for you. This process is not done when the client is not in a crisis. and it was a similar process as PADS. I'm very pleased to see this coming aboard.

Q: Wray Ryback: You said that this is a multi-County project, what other counties are participating?

A: Amanda Colt: Orange, Fresno, Shasta, Mariposa, Monterrey and one more county up North.

Q: Wray Ryback: My main concern is San Bernardino County, because we are so closed to the San Bernardino county line

A: Rimmi Hundal: San Bernardino county is not a part of this yet, but there is talk about them joining. This project is endorsed by the OAC encouraging other counties to join as well.

C. Wray Ryback: Let the commission know if we can help in any way to push San Bernardino County to join this project and we will be happy to do so. Thank you.

Q: Wray Ryback Is LA County part of this as well?

A: Amanda Colt: No, not yet. But when it comes to Innovation, a lot of the counties like to watch what other counties do and take their learnings and then implement the learnings and take them as their own.

Q. Toni Lynn Watson: This is a project that is in 7 different counties. Shasta has a very small population; is the implementation going to be different? Or is it depending on the county need?

A. Amanda Colt: Each county proposes their own plan/ priority population. Ours is education/ TAY population and at-risk homeless people as well. Each county has a different focus.

Q: Toni Lynn Watson- Some folks like myself have an advanced medical directive. How would they both be integrated together, or does it have to be? Does it add to the advanced medical or integration of both?

A. Amanda Colt: My understanding is that you will be able to share your mental health directive with your medical doctor as needed or wanted.

C. Wray Ryback: In the medical field similar law, to engage our patients with an advance directive it's the same but also very different. In a perfect world it would be one document but for now it will have to be a separate document. Maybe in the future the state or federal government might start to mandate both.

Q. Joan Reyes; I just want to digress a little bit to Dana's presentation, the section on equity on those underserve. I did not notice that the Native Americans are being included and that is an area we were considering on being involved with and so far that hasn't happened or worked out for whatever reason.

A. Rimmi Hundal: I have great news for you. We have a new DEI coordinator, and this is her first project. She has already contacted some individuals in the community and Pomona College, that identify as Native American, and we will soon be inviting them to one of those meetings. It's happening and it's a lot closer than we've ever been before. Our data is not including Native Americans because we didn't have a Native American council, but moving forward we will and in the next presentation, the Cultural Inclusion Committee we will be talking about the Native American Council/ community

Wray Ryback: Thank you very much

C. Twila Stephens: I would like to assist with the PADs project.

C. Rimmi Hundal: Thank you. We will make sure to include you in this project.

Q. Kimberly Kittson Morris: Just as a follow-up. Where would community members receive the PADs documents?

A. Amanda Colt: We plan to make this digital and we will have tablets for community members who are trained to assist with filling them out. We will have tablets to make available to our community so hopefully everything will be digital.

Q. Jan Chase: Do you need contacts in the Native American community?

A. Rimmi Hundal: Jan, you know we will reach out to you for sure, as we always have in the past, so definitely. I will be working with Tony Cerda and will be reaching out to you. Please expect a call from either me or Andrea Espinosa.

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a Public Hearing will be held during a regularly scheduled meeting of the Tri-City Mental Health Commission.

The hearing is on the Mental Health Services Act (MHSA) Annual Update Fiscal Year 2022-23.



Tuesday
April 12, 2022

3:30 pm - 5:30 pm

We may not be meeting in person but we still want to hear from you.

Are you a community member or an organization in Pomona, Claremont or La Verne? Join us for a virtual discussion where we will share updates on programs funded by the Mental Health Services Act (MHSA).

Participate in public comment and share your thoughts on the future planning and development of MHSA-funded programs!

We will review the MHSA Annual Update FY 2022-23 and the new Innovation project, *Psychiatric Advance Directives (PADs)*. To prevent the spread of COVID, this meeting will be held virtually.

The draft MHSA Annual Update FY 2022-23 is posted for a 30-day public comment period beginning March 11 and is available at <https://tricitymhs.org/mhsa/> for review.



Join us and participate virtually!



Zoom: bit.ly/tcmh2022-23 or call: 1 (213) 338 8477
Meeting ID: 922 7568 2172 | Code: 44348125



Rimmi Hundal, MHSA Director
(909) 623-6131 | rhundal@tricitymhs.org



Spanish and American Sign Language interpretation services will be available

AVISO DE AUDIENCIA PÚBLICA

POR MEDIO DEL PRESENTE SE DA AVISO de una Audiencia Pública que se llevará a cabo durante la Reunión de Comisión de Salud Mental.

La audiencia es sobre la Ley de Servicios de Salud Mental (MHSA) y la Publicación del Plan Anual del Año Fiscal 2022-23 de MHSA.



**Martes,
12 de abril de 2021**

3:30 pm - 5:30 pm

No es posible reunirnos en persona, pero aún queremos saber de usted.

¿Es usted un miembro de la comunidad o de una organización en Pomona, Claremont o La Verne? Acompañenos y reciba una actualización sobre el estado de los programas financiados bajo la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés)

¡Comparta su opinión sobre la planificación y el desarrollo futuro de los programas financiados por MHSA!

Revisaremos la Publicación del Plan Anual del Año Fiscal 2022-23 de MHSA y el nuevo proyecto de Innovación, *Directiva Anticipada Psiquiátrica* (PAD por sus siglas en inglés). En un esfuerzo de disminuir la transmisión de COVID, nuestra reunión se ofrecerá virtual.

La Publicación del Plan Anual del Año Fiscal 2022-23 de MHSA se publicará durante un período de 30 días para recibir comentarios del público a partir del 11 de marzo. Para revisar el documento, por favor visite el sitio <https://tricitymhs.org/mhsa/>.



¡Acompañenos y participa virtualmente!



Zoom: bit.ly/tcmh2022-23 o llame: 1 (213) 338 8477
ID de la reunión: 922 7568 2172 | Código: : 44348125



Rimmi Hundal, MHSA Director
(909) 623-6131 | rhundal@tricitymhs.org



Se dispondrá de servicios de interpretación al español y lenguaje de señas americano



La Nueva Voz

The New Voice, a Bilingual (English/Spanish) Publication
Pomona's *only* community newspaper!



Pomona Chamber of Commerce



Member

Issue No. 152

Thursday, March 24, 2022

FREE
GRATIS

www.lanuevavoz.net

War in Ukraine comes to Claremont with protests . . .

Several dozen demonstrators from the Pomona-Claremont area and as far away as Riverside County this month held signs, chanted slogans and waved to passing motorists honking their horns in support of what may have been the region's first protest of the Russian invasion of Ukraine.

The local demonstration was organized by members of the locally based group UPWARD (Uniting Peace with Actions, Respect and Dignity) and was held in conjunction with an "International Day of Action to End the War in Ukraine," called for by the group Code Pink: Women for Peace.

Code Pink describes itself as a grass roots and social justice movement working to end United States-funded wars and occupations and to redirect resources into health care, education and "green" jobs.

The three-hour "Peace Rally and Vigil for Ukraine, Europe and the World" in Claremont, with protestors on all four corners at Indian Hill and

Protests... pg. 3



RUSSIAN INVASION OF UKRAINE REACHES CLAREMONT/POMONA -- Dozens of local demonstrators gathered this month in Claremont to protest the Russian invasion of Ukraine. Pictured are two organizers of the demonstration -- Jerry Hoffman, at far left, and Gustavo Ramirez, at center, both of Pomona.

. . . and Gold Line construction comes to Pomona with traffic congestion

Metro Gold Line Foothill Extension Construction Authority crews were several days late getting long-anticipated work under way at the Garey Avenue railroad tracks crossing last month but the orange cones, caution signs and even "permanent" lane markings all were put in place essentially on schedule as Garey was transformed into a two-lane roadway for a couple of blocks -- with all the traffic congestion that goes along with it -- and the street will remain that way for the rest of the year through the end of December.

The lane closures -- one lane closed in each direction -- were required to relocate underground utilities in anticipation of actual work on the tracks in preparation for the Gold Line light rail commuter trains.

Construction authority officials, in response to a question from La Nueva Voz, reported that in addition to the year-long partial closure, the anticipated full closure of

Gold Line... pg. 6



TRAFFIC ON GAREY -- A worker, pictured four cars up at the tracks, holds up a "stop" sign while construction workers move equipment around at rear to do a little digging in the street as they work on relocating underground utilities in preparation for getting the tracks ready at the Garey Avenue crossing for the Gold Line light rail project extension. Also visible is the white line "restriping" that narrows Garey down to one lane in each direction in a project that will continue until the end of the year.



Pomona Unified Supt. Richard Martinez . . . announces retirement
(See story pg. 5)

PAID ADVERTORIAL

NOTICE OF PUBLIC HEARING OF THE MENTAL HEALTH COMMISSION

Aviso de Audiencia Pública
de la Comisión de Salud Mental



Tuesday, April 12, 2022 | Martes, 12 de abril de 2022

3:30 pm - 5:30 pm

bit.ly/tcmh2022-23

**We may not be meeting in person,
but we still want to hear from you!**

Share your thoughts about the Annual Update Fiscal Year 2022-23 of the Mental Health Services Act (MHSA) and the new Innovation project, Psychiatric Advance Directives (PADs).

For more information/Para más informacion:

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**¡No es posible reunirnos en persona,
pero aún queremos saber de usted!**

Comparta sus comentarios sobre la Publicación del Plan Anual del Año Fiscal 2022-23 de la Ley de Servicios de Salud Mental (MHSA) y el nuevo proyecto de Innovación, Directiva Anticipada Psiquiátrica (PADs en ingles).

Spanish and American Sign
Language Interpretation
Services will be available

**Tri-City Mental Health
Innovation Annual Report 2022**



Tri-City Mental Health
Innovation Annual Report 2022



To: Mental Health Services Oversight and Accountability Commission

Subject: MHSA Innovation Annual Report

Tri-City Mental Health Authority (TCMHA) was created in 1960 as a result of a Joint Powers Authority adopted by the cities of Claremont, La Verne, and Pomona. TCMHA and the city of Berkley are the only cities in California considered a “county” and serve as the mental health authority, although not the mental health plan, for a specific area.

TCMHA’s stakeholder process begins in July of any given year and culminates the following April with a Public Hearing and approval of the Annual Update by Tri-City’s Governing Board. Our most recent FY 2022-23 Annual Update was approved and adopted by our Governing Board on April 20, 2022 and contains program updates and data from FY 2020-21.

The information and data for this report is the same information provided in the Annual Update for FY 2022-23.

With this timeline in mind, we respectfully submit the following information, vetted through our community planning process, and approved and adopted by TCMHA’s Governing Board.

Please feel free to contact me with any questions.

Regards,

Rimmi Hundal
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Innovation (INN)

Innovation projects are designed to evaluate the effectiveness of new or changed practices in the field of mental health, with a primary focus on learning. Innovation provides county-administered mental health systems in California the opportunity to "try out" new or changed approaches that can inform current and future mental health practices. These projects are intended and implemented as time-limited (maximum of five years), after which an alternative source of funding must be identified if the project is deemed successful.

Help@Hand/Tech Suite Project

The Help@Hand or Tech Suite project was approved in 2018 with the primary purpose of increasing 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. Using 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 Dates: January 1, 2019 to December 31, 2023

Projected Funding Amount: \$1,674,700.00

Target Population:

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

Program Update

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level. Five counties/cities who are a part of the collaborative were exploring products for potential pilots for this project.

In February 2021, Tri-City conducted focus groups to determine whether myStrength, Headspace, or Mindstrong best met the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.

Tri-City worked on planning a three-month pilot with 60 participants (20 from each target population—older adults, TAY, and monolingual Spanish-speakers). Participants would be recruited through clinical referrals and community outreach. Participants could meet with Tri-City’s program coordinator to learn more about the project and participate in Appy Hours to get digital literacy support prior to the pilot. Painted Brain, a peer-led organization that supported other counties/cities’ Help@Hand projects, would onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities.

In April 2021, Tri-City participated in three pre-launch training sessions held by myStrength. The sessions aimed to understand Tri-City’s pilot plan, the type of app data Tri-City would access, and marketing strategies. Tri-City also attended a demonstration of myStrength.

In May 2021, a contract was executed between Tri-City and myStrength. Tri-City would purchase 5,000 myStrength licenses.

FY 2021-22 Future Directions

In October 2021, Tri-City discontinued their pilot planning and launch due to staffing shortages.

Beginning in January 2022, Tri-City plans to revisit which technologies to implement based on the results and learnings from pilots and implementations conducted by other Help@Hand counties/cities. Tri-City may work with myStrength to amend their contract for the licenses that were already purchased.

[Restorative Practices for Improving Mental Health \(RPIMH\)](#)

In December 2020, Tri-City issued an open invitation to community members and stakeholders from the Tri-City area to share their ideas for new potential innovation projects. Tri-City’s Innovation workgroup met over several weeks to finalize ideas and proposals for these new projects. This group of 17 community members and 3 Tri-City staff came together to discuss the needs of people residing in the Tri-City area as well as perceived gaps in service and how these can be addressed through the creation of one or more community-driven projects. This process included reviewing the results of the Community Planning Survey where participants identified unserved and underserved populations as well as barriers to service.

After extensive research and review, Restorative Practices in Mental Health (RPIMH), a three-year plan was proposed which combined three wellbeing practices into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support targeting Tri-City staff, transition age youth and community youth support staff. Although the COVID-19 pandemic created numerous obstacles to the Innovation planning process, community members brought forth the idea of RPIMH which was then endorsed by stakeholders and approved unanimously by both the Mental Health Commission and Tri-City Governing Board on May 19, 2021.

On June 29, 2021, the MHSOAC Director and MHSOAC Project Manager met virtually with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC). The purpose of this meeting was to answer any remaining questions the MHSOAC had prior to making their final decision regarding approval of this project. Ultimately, the Chair and Executive Director of the MHSOAC felt this project did not meet the threshold for “Innovation”. Therefore, the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward. Unfortunately, the RPIMH project included funds in amount of approximately \$272,000 that were subject to reversion on June 30, 2021.

Despite this setback, Tri-City staff continue to engage in the extensive process of developing another Innovation project with the assistance of community partners and stakeholders. The hope is with the future reduction of COVID restrictions, stakeholders will once again be able to meet in person and develop a meaningful and viable Innovative project.

FY 2022/23 Mental Health Services Act Annual Update						
Innovations (INN) Funding						
County: TRI-CITY MENTAL HEALTH AUTHORITY					Date:	3/9/22
Fiscal Year 2022/23						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Help @ Hand	182,009	182,009				
2.	0	0				
3.	0	0				
4.	0	0				
INN Administration	71,652	71,652				
Total INN Program Estimated Expenditures	253,661	253,661	0	0	0	0



CONNECTING PEOPLE WITH CARE

CalMHSA Support for *City and County's* MHSA Annual Report

The summary below outlines CalMHSA guidance in response to the Innovation Regulations 9 CCR § 3930 Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update. This summary is intended to support Counties in providing responses to the annual report and represent CalMHSA's suggestions as it relates to the overall Help@Hand Collaborative effort. Cities and Counties should consider whether CalMHSA's guidance is an accurate reflection of how the Help@Hand project is being deployed within their jurisdiction and use or update the guidance accordingly for their respective reports.

Collaborative Response could serve as intro to the section, followed by local response to focus on City/County-specific efforts.

TRI-CITY MENTAL HEALTH

Based on input from consumers, Peers, and clinical staff, Tri-City planned a pilot of myStrength with older adults, TAY, and monolingual Spanish speakers. Tri-City also planned to distribute devices to help those participating in the pilot. However, Tri-City decided to pause their pilot planning in October 2021.

MYSTRENGTH PILOT



Technology Selection

In February 2021, Tri-City conducted focus groups to determine whether myStrength, Headspace, or Mindstrong best met the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.



Pilot Planning

Tri-City worked on planning a three-month pilot with 60 participants (20 from each target population—older adults, TAY, and monolingual Spanish-speakers). Participants would be recruited through clinical referrals and community outreach. Participants could meet with Tri-City’s program coordinator to learn more about the project and participate in Appy Hours to get digital literacy support prior to the pilot. Painted Brain, a peer-led organization that supported other counties/cities’ Help@Hand projects, would onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities.



Workflow Planning and Contract Execution

In April 2021, Tri-City participated in three pre-launch training sessions held by myStrength. The sessions aimed to understand Tri-City’s pilot plan, the type of app data Tri-City would access, and marketing strategies. Tri-City also attended a demonstration of myStrength.

Based on learnings from Marin County’s myStrength pilot and Orange County’s Mindstrong implementation, Tri-City created a “welcome packet” with Frequently Asked Questions to support participants during the pilot. Tri-City also developed a Help@Hand landing page and created an online participant registration form.

In May 2021, a contract was executed between Tri-City and myStrength. Tri-City would purchase 5,000 myStrength licenses.

myStrength and Tri-City had several discussions related to data sharing, data storage, and crisis protocols. Tri-City paused their pilot planning while they considered whether a Business Associates Agreement (BAA) with myStrength and the Help@Hand evaluation team was needed. In July 2021, Tri-City determined a BAA was not needed and continued planning their pilot.

In October 2021, Tri-City discontinued their pilot planning and launch due to staffing shortages.



Evaluation Planning

Table 3.5 shows Tri-City’s planned pilot evaluation activities. The Help@Hand evaluation team would lead the evaluation of TAY pilot participants, while Tri-City would lead the evaluation of older adult and monolingual Spanish speaking participants. Painted Brain would distribute the electronic evaluation surveys and help pilot participants complete the surveys.

Table 3.5. Tri-City’s myStrength Pilot Evaluation Activities.

Evaluation Activity	Occurrence
Consumer Surveys	Occurs Twice (at the beginning and at the end of the pilot)
Consumer Focus Groups	Occurs Twice (3-months and 5-months after the pilot start date)
Clinician Surveys	Occurs Once (no sooner than 2 months after the pilot start date)



Future Directions

Beginning in January 2022, Tri-City plans to revisit which technologies to implement based on the results and learnings from pilots and implementations conducted by other Help@Hand counties/cities. Tri-City may work with myStrength to amend their contract for the licenses that were already purchased.

EQUITABLE DEVICE DISTRIBUTION

This year Tri-City planned how to distribute devices in the community. Below is information that was collected in the device distribution survey, which was completed in November 2021.



Tri-City's Equitable Device Distribution

What type of device? Smartphones and tablets

Who will receive the devices? Older Adults, Monolingual Spanish Speakers

How many devices will be distributed? 10-20

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: TRI-CITY

Learnings from Tri-City's myStrength pilot planning and equitable device distribution work include:

- *Supporting a pilot requires considerable resources and staff:* A pilot is resource-intensive and requires considerable staff support. Staff changes can also delay a pilot launch as new staff has to be trained and oriented towards the pilot plan and documentation.
- *Involve different departments early on:* It is important to involve different departments with relevant expertise, such as IT, to understand and resolve potential issues regarding the data flow and safety.

Help@Hand Collaborative Summary FY 20/21 (July 2020 – June 2021):

Overview

Help@Hand is a statewide Collaborative project that began in 2018 with fourteen Counties and Cities leveraging interactive technology-based mental health solutions to help shape the future and improve accessibility and outcomes to connect people with care across the state. Technology has many benefits, but there are also many challenges and questions. The participating Cities/Counties are at the forefront of innovation to understand how technology is introduced and works, within the public behavioral health system of care. This means Help@Hand is not one project, but many projects across multiple Cities and Counties. The Collaborative offers the benefit of a shared learning experience that increases choices for Counties/Cities, accelerates learning, and adds in cost sharing. The focus of Help@Hand remains on pursuing a shared vision and common goals. Change at the scale of this project necessitates a robust readiness and change management approach. The project team has focused on building in activities to address these areas for both the project team and the community.

The Help@Hand project leads innovation efforts through factors such as:

- Peer Engagement - integrating those with lived experience of mental health issues/co-occurring issues throughout the project,
- Safety & Security - making sure we prioritize the safety and security of the users and their data,

- Incorporating Stakeholder Feedback - the project has a lot of stakeholders with different priorities. Help@Hand tries to find ways to meet the needs of most, but understanding with conflicting feedback it is not possible to meet the needs of everyone,
- Innovative Technology - always exploring if and how technology fits in the behavioral health system of care,
- Lessons Learned - applying the learnings and incorporating lessons learned as we continue and demonstrating progress and responsible use of resources.

Typically, we consider projects successful based on whether consumer welfare was directly improved because of what a project has done. However, the test of success in an innovation project is more nuanced. Innovation is about transforming the system itself and therefore additional determinations of success include two questions:

1. Did participating Cities/Counties learn something proportionate to the investment they made in the project?
2. Have other Cities/Counties learned from what participants have done and implemented the elements that are valuable to that City/County?

Products Launched

Part 1 – Summary of Products Launched as a pilot or full implementation

Product	City/County	Date
Mindstrong	Modoc – September 2018 Kern – September 2018 Orange – Q2 2020 LA (UCLA Harbor) December 2018	2018 - 2020
Headspace	Los Angeles	April 2020
TakeMyHand	Riverside	April 2020
Mindstrong	Orange	May 2020
Headspace	San Mateo	September 2020
MyStrength	Marin	March 2021
Headspace	San Francisco	March 2021
Prevail	Los Angeles	June 2021

Additionally, Kern wrapped up their Help@Hand project in October 2020 and Modoc concluded theirs in April 2021.

Part 2

The Help@Hand project has also opened new opportunities for Cities and Counties to provide products that meet the needs and interests of their local stakeholder community. This includes the opportunity to work with vendors outside of RFSQ when the vendors currently available do not meet the city/county needs.

One example of this innovation is Monterey and Los Angeles counties' work to build a digital screening tool that will help users identify potential mental health needs. The counties have completed a rigorous procurement, including a Request for Information (RFI) and a Request for Proposal (RFP) and has selected a vendor to build the tool.

Cities and Counties are also using various approaches to outreach and engagement to get products into the hands of users. This includes leveraging community-based organizations (CBO) and Peers, as well as traditional marketing and advertising techniques.

COVID-19 Impact

The COVID-19 pandemic played a significant role in cities and counties work on Help@Hand in 2020 and 2021. With the evolving nature of the pandemic and thus needs of statewide communities, Help@Hand collaborative members experienced changing capacity and shifting priorities, particularly in mid-2020 when the future of COVID was uncertain. All participating cities and counties had to rapidly shift to virtual engagement for the project but more challenging, virtual engagement with their community members and stakeholders. Implementation planning and product launches were impacted by cities and counties reduced or shifted capacity and many outreach and engagement plans had to be revised to reach communities through virtual engagement strategies. It was challenging for cities and counties to balance meeting the immediate needs of their local communities while determining how Help@Hand work could be leveraged to provide support, although many collaborative members did report an increased in perceived usefulness of using technology (apps) to engage communities on mental health issues and expand outreach opportunities.

Shift from Statewide Focus to Locally Driven Emphasis with Collaborative Learning

With the expansion of products available to the Help@Hand Collaborative through the 2019 RFSQ and cities and counties continually exploring and learning about the products that would best meet their community's needs, in 2020 and 2021 Help@Hand began to shift from having a statewide focus to locally driven city and county projects with an emphasis on shared learnings throughout the Collaborative. The Collaborative serves the purpose of sharing learnings, best practices and challenges as cities and counties work through processes locally and encounter different experiences with vendors, local stakeholders and plan development.

Product Exploration & Selection

Cities and counties explored products and made selections based on local needs, project goals and local capacity to support. A critical part of city and county's planning is gathering stakeholder feedback. Many collaborative members found the process to review available technology products and make an app selection took longer than expected as counties developed and deployed processes to engage local

stakeholders in the review and selection of the products. While this often led to app selections that were closely aligned with stakeholders needs and interests, it sometimes led to delayed launch timelines.

Local Outreach

As Help@Hand cities and counties plan to reach their communities with mental health technologies each county is taking different approaches towards outreach and engagement. Some counties are engaging local community-based organizations to support localized and individual outreach methods, others are coordinating with community colleges, drafting billboard and radio campaigns, and creating posters to put on buses while others are working with providers and Peers to refer community members to Help@Hand technologies. Each city and county is tailoring outreach and engagement plans based on their capacity, stakeholder needs, target populations and product type.

Peers Support DMHL with Local Implementations

Peers provide support to city and county Help@Hand work in different ways, depending on city/county product selection, implementation plans, and local stakeholder needs. During the last fiscal year peers played a large role in Santa Barbara, Marin, Riverside, San Mateo and San Francisco in supporting local stakeholders and community members to engage in the project and the use of technology.

Evaluation

Quantitative

The University of California, Irvine (UCI) evaluation team provides the evaluation component of the Help@Hand project. UCI works in conjunction with the CalMHSA project management team and the Help@Hand Cities/Counties to provide a formative evaluation, meaning findings and recommendations are provided throughout the project, rather than waiting until the end of the project to provide results. Several evaluation reports are generated to meet this need, including:

- Learning briefs – focused documentation of learnings around a specific topic
- Quarterly reports – summary of evaluation activity throughout the quarter
- Annual reports – summary of evaluation activity throughout the year
- Pilot evaluation – summary of evaluation activity related to a city/county pilot, usually integrated into the pilot report

Integration of Recommendations

Evaluation reports include suggestions and recommendations all project participants. The integration of these recommendations has occurred throughout the project. The following highlights some of the collaborative-wide recommendations made and/or integrated during this reporting period. Recommendations for cities/counties are addressed by each location respectively.

Recommendation	Action	Date
Engage necessary County departments early and identify areas where cross-County collaboration can promote efficiency (i.e., creating shared processes and documents)	CalMHSA developed organizational change management (OCM) templates and resources for counties, provided training, provided follow up training and individual coaching for counties on an ad-hoc basis.	Year 1 Annual Report
Staff requirements at the county level for a project of this nature were underestimated. In addition to requiring full-time project staff, additional compensated time should be considered for other critical County employees.	CalMHSA created a staffing needs guide to outline the minimum staffing needs for Help@Hand counties/cities.	Year 1 Annual Report
Create or update materials that explain to potential technology Vendors how Counties define their special populations and what counties need to best serve these populations	CalMHSA created a vendor onboarding packet to assist new vendors in understanding the project and county needs.	Year 1 Annual Report
Vendor collected data is likely to give decision-makers the most consistent information on project performance.	CalMHSA revised the contracting template and negotiation process to integrate data needs early in the discussion.	Year 1 Annual Report
Continue to build a collaborative and cooperative culture that fosters relationships, trust and respect across the collaborative: <ul style="list-style-type: none"> • Facilitate more cross-collaboration • Facilitate use of SharePoint as a resource 	Help@Hand website updates, improved SharePoint site and updated Collaborative communication strategy approach (communication artifact).	Year 2 Annual Report
Continue to refine and streamline project processes: <ul style="list-style-type: none"> • Leverage streamlined processes • Adapt project management support and documentation materials 	CalMHSA adapted collaborative processes, such as the Hybrid Implementation Process, and information sharing to streamline and keep the collaborative informed of key issues.	Year 2 Annual Report

Continue to integrate DMHL training into county/city implementations	CalMHSA developed and implemented DMHL Planning Guide. Adapted DMHL courses and supplemented Facilitator Guides for virtual delivery.	Year 2 Annual Report
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Success Stories

Digital Support During COVID

Rapid Response

During the last reporting cycle, Help@Hand reported several counties pivoting to use Help@Hand innovations to quickly meet the needs of communities during the COVID-19 pandemic. Throughout 2020 and 2021, the project and cities/counties have continued to explore use of innovative products and learning from the Help@Hand project to continue supporting communities during the ongoing pandemic. Multiple counties (Los Angeles, San Mateo, San Francisco) leveraged an opportunity to work with Headspace to quickly deploy the product during COVID and provide the product as a resource to their entire county.

One significant aspect of the pandemic and the associated quarantine and remote work is the accelerated worldwide adoption of digital tools. Society became more familiar with tools such as virtual meetings, data dashboards and apps. Help@Hand continues to consider how to leverage this project to meet the extensive need in communities as a result of the COVID-19 pandemic.

Innovative Ways to Reach Older Adults During COVID

The onset of COVID-19 meant that in person events and meetings were no longer an option across the state. In person events provided opportunities to understand the needs among older adults and when in person events were no longer an option counties like San Mateo began hosting their events online. Older adults are a unique target population for this project because they aren't as familiar with technology or as comfortable using new devices. This meant reaching out to older adults via email and other online platforms wasn't as easy. San Mateo was able to reach out to housing organizations directly and asked them to spread the word among their community members and to distribute flyers. At their virtual events each session is centered on a specific topic and serves as an opportunity for people to share resources, make announcements, and get connected with others. San Mateo wanted to ensure that community members are comfortable using technology so that they can benefit from using mental health apps and these new ways to reach older adults fosters that initiative.

Peers

Peer Guide to Behavioral Health Apps

The Kern App Guide represents one concrete output of Help@Hand that has been disseminated both within Kern and has been adapted for other Counties/Cities within the Help@Hand Collaborative to share with their community. The development of this guide was led by Peers in Kern County. Each app

included in the guide was reviewed and approved by Peers based on predetermined criterion. In addition, this process included community stakeholder feedback. The guide also includes various community supports, such as information for a warmline hotline and recovery resources. The development process of this guide exemplifies the Help@Hand vision to incorporate Peer input, expertise, knowledge, and lived experience at all levels of the project. This is important because it provides transparency around basic cautions, clarity about consumer choice, and highlights that technology does not replace in-person mental health services offered.

Peer Presence and Participation at Tech Lead Calls

Peers are also playing a growing role during weekly collaborative Tech Lead meetings (virtual). More county teams now include Peers and these teams have opened the Tech lead calls to all of their project team participants. This allows Peers the opportunity to hear and provide updates on city/county progress, ask questions and provide input and feedback during discussions, small group breakout sessions and cross-collaborative information-sharing.

Help@Hand Learnings applied to other statewide projects

As an Innovation project, one of the long-term goals of Help@Hand is to inform future mental health practices. Help@Hand has seen early success as some learnings from the Collaborative are already being leveraged by other statewide mental health projects.

In 2021 CalMHSA began working with organizations across the state to administer the federal COVID-19 Crisis Counseling Program (CCP) funded by FEMA. The platform, CalHOPE Connects, provides Peer supported conversations to Californians looking for support during the COVID-19 pandemic. CalHOPE Connect was able to leverage learnings from Riverside County's development and implementation of Take My Hand while developing and deploying the platform.

In 2019 CalMHSA developed a series of digital mental health literacy videos to support cities and counties in their outreach and engagement of community members with mental health technologies. There are many learnings documented in the Help@Hand evaluation reports regarding the importance of digital literacy in engaging community members in the use of technology. Recently, the California Department of Health Care Services announced that digital literacy would be a core competency for the statewide Peer Certification work underway.

Providing Access

Language Translation of Documents

One of Help@Hand's principles for collaboration is to "Maintain accountability and transparency with all stakeholders." Included in this initiative is ensuring language access. Spanish is the most common threshold language across all the Collaborative Counties and Cities. So, in the Spring of 2020 during a Tech Lead Collaboration Meeting the members decided to solicit a vendor to translate major stakeholder update materials from English to Spanish. Collaborative members shared their requirements to assess

language translation vendors with the CalMHSA team during Tech Lead calls. These requirements informed CalMHSA's approach to solicit vendors and communicate the project needs with potential vendors. Now the Help@Hand.org website is available in Spanish; the Stakeholder Report is available in Spanish and the transcripts for the Digital Mental Health Literacy Videos are available in Spanish.

ADA

Ensuring the accessibility to public facing materials developed by the Help@Hand Collaborative was outlined under the same principle for accountability and transparency. The Collaborative works to meet standards of accessibility with the Help@Hand website, videos, and digital materials. The Help@Handca.org website uses an embedded tool for accessibility assessments and each of the Digital Mental Health Literacy videos have captions and transcripts available with alt text for images. Lastly the digital materials are developed with accessibility standards in mind including font sizing, and appropriate color contrast.

Device Access

One of the core components of the Help@Hand project is seeking technology-based mental health solutions. While securing access to devices wasn't a specific goal outlined by the Collaborative it has become a prevalent issue that a few counties have worked to address. Riverside and Santa Barbara were able to work with their local departments and community partners to support device access to their target populations. Riverside was able to purchase digital kiosks to place in their high traffic clinic areas to reach their three different regions and they also purchased smart devices to distribute to consumers. Alternatively, Santa Barbara located a Lifeline vendor (smart phone vendors) and trained vendors to become Lifeline providers. The Lifeline program provides phones and phone services to low-income consumers to support their Help@Hand efforts. This allowed community members to receive phones on the spot so that Santa Barbara staff could support community members in accessing documents or registering for documents if needed to receive these devices.

How Policies and Procedures Support Innovation

Collaborative Processes are Working

The Help@Hand Collaborative is made up of 14 Counties and Cities who have several different goals for this project at their local levels. CalMHSA has evolved Collaborative wide practices of communication and processes to reach consensus amongst the differing needs of the counties and cities. Additionally, these processes have enabled Help@Hand Cities/Counties to respond when problems arise.

Recent examples highlight how Collaborative communication process changes throughout the project are working well: the Help@Hand website updates, updated Collaborative communication strategy approach, and two instances of mitigation and resolution of undesirable activity.

Two instances of undesirable behavior include the unauthorized use of technology licenses and invalid 3rd party links on a vendor site. In both instances the collaboration, communication and processes established allowed for a prompt and thorough response and mitigation steps to remedy the issues. Both

issues were documented and shared with the collaborative for immediate learning and captured in evaluation spotlight articles.

Creation of Collaborative Grievance Policy

In 2020 CalMHSA developed a grievance policy. CalMHSA accepts grievances on behalf of the Help@Hand collaborative related to Help@Hand collaborative initiatives, CalMHSA hosted events and meetings, reports provided by CalMHSA, Help@Hand legal questions or matters related to the use of technology in mental health systems (not specific to a city or county's specific implementation). The grievance policy and submission form can be found on the Help@Hand website.

Maintaining Project Management Momentum During Organizational Change

New Executive Leadership at CalMHSA

CalMHSA welcomed new Executive Director, Amie Miller, Psy.D., LMFT in July 2020. As the former Behavioral Health Director in Monterey County, Dr. Miller brings a practical understanding of local needs and constraints and the importance of engaging local stakeholders.

Administrative Changes

Also, during this period, CalMHSA underwent a transformation as the organization transitioned administrative responsibility of the JPA from a contractor and became a self-administered organization. With this administrative change, CalMHSA was able to implement several new tools and processes including the creation of a [Help@Hand website](#), SharePoint resource pages for project participants. The transition also included many administrative changes, including the transition of all contracts, staffing agreements and other logistical considerations. This change represented a positive move for those served by CalMHSA as it allows the organization to continue building capabilities as the awareness and understanding of mental health services need grows throughout the states.

Streamlined Communications (Communication Artifact, SharePoint)

On May 17th CalMHSA implemented a rollout for the new Help@Hand SharePoint site. This included meeting updates, email reminders, and office hours dedicated to ensuring that all collaborative members had access and were acclimated to the new site. The site works as a repository of resources, templates and additional materials for the Collaborative to reference, use and contribute to as a collaboration project. Sharing digital files can place an unnecessary burden on each member in the project so the project management team worked diligently to ensure the access and function of the Help@Hand SharePoint. This site contributes to the ease of sharing learnings and transferable developments like resources that can be shared across counties/cities.

In the latter part of 2020, the Help@Hand management team noticed a pattern of clarifying questions from Collaborative members when new materials were shared. These questions were specific to the use and alignment of the materials with their project work and planning. Understanding communication best practices, CalMHSA saw an opportunity to update collaborative communication documents to include best practices such as outlining goals, and action items to ensure adoption of any new materials.

As a result, CalMHSA developed a template to accompany new project artifacts moving forward so that the purpose, goal(s), and objectives of each new item (i.e. report, template, resource) are clear and align across workstreams. The use of this template now adds clear direction for both the CalMHSA team and the Collaborative on what to do with new materials and/or how to utilize each new tool or resource that CalMHSA shares with the Collaborative moving forward.

Challenges

Vacancy in Peer Engagement Manager Role for FY 20/21

One of the challenges faced by Help@Hand was the vacancy of the Peer and Community Engagement Manager role. CalMHSA continued to support the Peer work across the collaborative but recognizes there were gaps in project management support to Peers in individual cities and counties and a lack of the Peer perspective and support to collaborative wide activities in the absence of the position being filled. The Peer Manager role was filled in July, 2021.

Evaluation SOW

The collaborative has elected to revisit the evaluation scope of work to better align it with the direction and budget of the project. The original scope of work was written to support the five cohort 1 counties, this scope of work will include work for all 14 participating cities and counties. The evaluation scope of work update is currently being discussed between CalMHSA and UCI. Conversations continued into the new fiscal year.

County Capacity and Other Variances Amongst Collaborative

Tech Lead Calls

The project established a weekly Tech Lead Collaboration meeting that provides time and space for members to convene each week. This time is dedicated to information updates and fostering collaboration among the Counties and Cities to share and learn from each other's progress. Over the past year finding relevant topics became challenging due to attendance variations and varied progress among the collaborative. Many members were navigating through different priorities to respond to their community specific needs and COVID-19 response. Understandably having fruitful conversations became less organic and the project management team had to find creative ways to pull together the learnings that the diversity of the group had to offer.

Adoption of Organizational Change Management in Local Implementations

Organizational change management (OCM) is an established discipline involving the human side of change. Though the practice has been in place for more than 20 years, among the OCM community it is well known that adoption of OCM practices is a challenge. OCM relates to a less tangible and often overlooked aspect of a transformation – the people.

OCM has been integrated in the project from the early stages, still counties struggle to conduct OCM activities or create/execute OCM plans as these activities are often viewed as process for process sake. However, during collaborative sharing, cities/counties indicate they experience roadblocks (often from

other departments or divisions who were not well-informed about the project) when rolling out a pilot/implementation.

Understanding OCM theories and approaches, and individuals' and team capacity to work on OCM activities have been significant challenges for cities and counties to adopt OCM best practices into their Help@Hand work.

MHSA Three-Year Prevention and Early Intervention (PEI) Evaluation Report

June 2022



MHSA Three-Year Prevention and Early Intervention Evaluation Report June 2022

This report is prepared in compliance with California Code of Regulations, Title 9, Section 350(a)(1)(A), Innovation Project and Section 3560.010(2)(1), Prevention and Early Intervention Program and Evaluation Report.



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To: Mental Health Services Oversight and Accountability Commission

Subject: MHSA Three-Year Prevention and Early Intervention Evaluation Report

This report is prepared in compliance with California Code of Regulations, Title 9, Section 3560.010(2)(1), Prevention and Early Intervention Program and Evaluation Report.

Tri-City Mental Health Authority (TCMHA) was created in 1960 as a result of a Joint Powers Authority adopted by the cities of Claremont, La Verne, and Pomona. TCMHA and the city of Berkley are the only cities in California considered a “county” and serve as the mental health authority, although not the mental health plan, for a specific area.

TCMHA’s stakeholder process begins in July of any given year and culminates the following April with a Public Hearing and approval of the Annual Update by Tri-City’s Governing Board. Our most recent FY 2022-23 Annual Update was approved and adopted by our Governing Board on April 20, 2022 and contains program updates and data from FY 2020-21.

The information and data for this report is the same information provided in the Annual Updates for FY 2018-19, FY 2019-20, and FY 2020-21.

With this timeline in mind, we respectfully submit the following information, vetted through our community planning process, and approved and adopted by TCMHA’s Governing Board.

Please feel free to contact me with any questions.

Regards,

Rimmi Hundal
Director of MHSA and Ethnic Services
Tri-City Mental Health Services
(909) 326-4626
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MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION: MHSA REGULATIONS FOR PREVENTION AND EARLY INTERVENTION AND INNOVATION

Prevention and Early Intervention Regulations/July 1, 2018 (Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA)

“The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations”.

Per the Regulations stated above, Counties are required to identify each program funded under their Prevention and Early Intervention Plan by one or more of the following categories.

Prevention and Early Intervention Required Categories/Programs	
<p>1. Prevention Program:</p> <ul style="list-style-type: none"> • Therapeutic Community Gardening • Housing Stability <p>2. Early Intervention Program:</p> <ul style="list-style-type: none"> • TAY and Older Adult Wellbeing (Peer Mentor) • Therapeutic Community Gardening • Early Psychosis <p>3. Access and Linkage to Treatment Program:</p> <ul style="list-style-type: none"> • Family Wellbeing • Housing Stability • TAY and Older Adult Wellbeing (Peer Mentor) • Therapeutic Community Gardening • Wellness Center (TAY and Older Adults) • Early Psychosis <p>4. Stigma and Discrimination Reduction Program:</p> <ul style="list-style-type: none"> • Community Wellbeing • Community Mental Health Trainings • TAY and Older Adult Wellbeing (Peer Mentor) • Family Wellbeing • Housing Stability • Therapeutic Community Gardening • Wellness Center (TAY and Older Adults) • Early Psychosis 	<p>5. Outreach for Increasing Recognition for Early Signs of Mental Illness Program:</p> <ul style="list-style-type: none"> • Community Wellbeing • Community Mental Health Trainings • TAY and Older Adult Wellbeing (Peer Mentor) • Family Wellbeing • Housing Stability • Therapeutic Community Gardening • Wellness Center (TAY and Older Adults) • Early Psychosis <p>6. Suicide Prevention:</p> <ul style="list-style-type: none"> • Stigma Reduction/Suicide Prevention • NAMI: Ending the Silence (See Parents and Teachers as Allies) • TAY and Older Adult Wellbeing (Peer Mentor)

**Prevention and Early Intervention
Programs
FY 2018-19**

Community Wellbeing Program (CWB)

Community Wellbeing Program	Community Capacity Building Program (1)
Number of Grantees FY 2016-17	18
Number of Community Members Represented	3,320

Program Description:

The Community Wellbeing (CWB) program provides monetary grants and technical assistance to help communities build their own capacity to strengthen the wellbeing of their members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness. In this program, *community* is defined as a group of individuals who are in relationship with each other sufficient enough to support one another and act together.

Program Updates:

In FY 2016-17, 18 community grants were awarded impacting over 3,000 individuals. This grass roots approach to increasing wellbeing within groups of individuals has expanded the reach for mental wellbeing and support over the past 6 years.

With each individual grant, recipients are able to work towards goals created to serve their members based on their collective needs. Several communities experienced growth as a result of receiving a grant and some were able to experience significant accomplishments within their community. For example, the African American Museum of New Beginnings, which initially served as a cultural and community center for their members, began the process of becoming formally assessed and accredited as a museum and are advancing as a more formal institution that will better serve the needs of their members and the students they support.

One of the overarching successes for the Community Grantee program was the increase in collaboration and networking between the grantees. While many of the communities achieved a great deal of success in their particular projects, the secondary gain for this program was the groundwork for community support which was established during this past fiscal year. By attending quarterly meetings designed to promote networking and sharing of ideas between community groups, foundations for strong working relationships were established among grantees with interactions and collaboration continued outside the meetings. One example of this teamwork includes a non-profit organization that brought a mobile pantry to a local college in support of veteran students who struggle to meet their economic needs. In return, veterans provided a valuable source of volunteer support for events hosted by this organization throughout the year. A second example includes a local Episcopal church inviting an Islamic school to

share their Islamic faith and offered an opportunity to break down barriers that might otherwise have kept them isolated.

Another example of cooperation between grantees included participants who volunteer at CWB meetings to act as translators for monolingual Spanish participants. This provided a wonderful opportunity for grantees to support each other while still focusing on their own individual projects.

Since this project is community-based, one of the many values of working with diverse communities is the ability to promote the services offered by Tri-City directly to unserved and underserved populations who may be connected with the grantees. This has proven to be beneficial for many individuals who may not otherwise be aware of Tri-City's expansive system of care.

Although the Community Wellbeing program has been highly successful over the past six years, some challenges remain which includes the requirement for participants to attend quarterly meetings. For some grantees and their community members who work or lack child care assistance, attendance can create a barrier to participation. Although attendance fluctuates, the value of these quarterly meetings includes an increase focus on intra-community networking and sharing between groups. By building a foundation of working relationships between communities, these positive interactions and collaboration between communities continued throughout the year.

One of the significant strengths of this program is the diversity of the grantees. Although Tri-City has worked diligently to connect with as many populations as possible, especially unserved or underserved individuals, Tri-City has not been successful with their efforts to engage the LGBTQ or Asian American communities. Significant attempts were made to reach out to both populations through agencies and organizations who have strong ties to these communities but they have not been successful in engaging them in the grant application process. A second population which has been noticeably absent is the city of La Verne. As of FY 2016-17, there have not been any applicants/communities residing or connected in the city of La Verne.

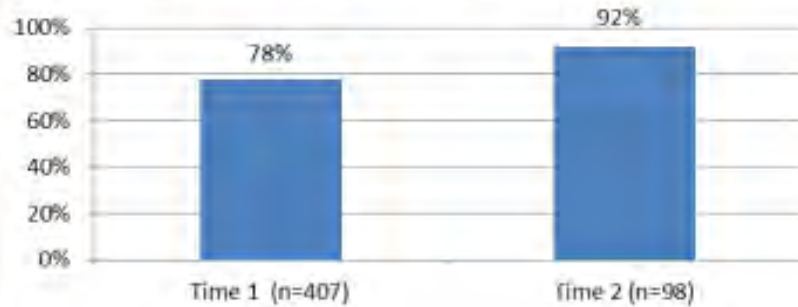
PROGRAM: Community Wellbeing Project (CWB)

HOW MUCH DID WE DO?

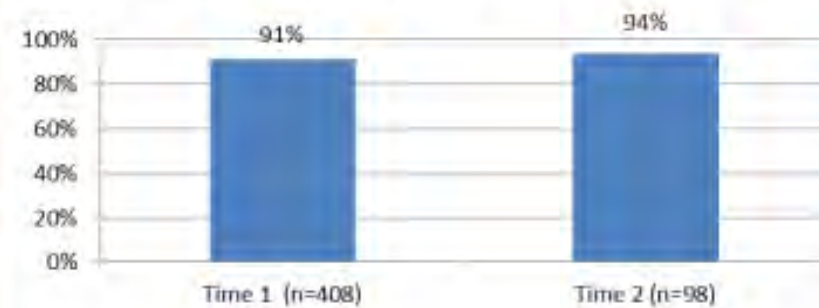


HOW WELL DID WE DO IT?

Percentage of Grantees who Report Improvement in Supporting Each Other



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



85%
Agreed that data
from these surveys
has been useful

IS ANYONE BETTER OFF?

Success Story

While many of the communities achieved a great deal of success in their particular projects, collaboration between the communities was the highlight and benchmark for success for FY 2016-17. In addition to the financial support offered, participants were encouraged to network with each other which resulted in the development of a strong foundation for several communities who continued to support each other outside of the quarterly group meetings. Examples include a food pantry and veterans group who joined together to provide a mobile food pantry on a college campus, providing a valuable resource for both students and veterans who attend. Additionally, an Episcopal church teamed up with a local Islamic school, who presented on the Islamic faith and what it is like being Muslim in America.

Community Mental Health Trainers

Community Mental Health Trainers	Community Capacity Program (2)
Total number trained in MHFA FY 2016-17	437

Program Description:

Community Mental Health Trainers began with Mental Health First Aid (MHFA), a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This evidence-based program begins with a premise that just as people can master basic first aid for physical distress without being doctors (such as the Heimlich maneuver or CPR), they can master basic mental health first aid without being clinicians. TCMHA expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, The Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Program Updates:

The Mental Health First Aid project was originally designed as one of three components of Tri-City's Community Capacity Building project funded through the Prevention and Early Intervention plan. The original intention was to train 25 community partners including school personnel, staff from local agencies, organizations and faith-based leaders, to become Mental Health First Aid Instructors. By utilizing this train-the-trainer model, approximately 1,000 community members were expected to be trained in Mental Health First Aid over a 3 year period. However, Tri-City increased the number of MHFA trainers to 74 community partners which resulted in almost 4,000 individuals trained in Mental Health First Aid over seven years.

Although MHFA was considered a highly successful program since its inception in 2010, over the last few years staff observed a steady decline in the number of trainings requested by the community as well as the number of trainers available to provide them. Several factors may contribute to this reduction including the 8-hour time commitment which seems to be prohibitive for most schools and organizations. In addition, unserved and underserved communities, such as the Buddhist community, Veterans, and monolingual Vietnamese community members, have not responded to invitations for this training despite intensive outreach efforts by Tri-City staff.

In FY 2016-17, the Community Mental Health Trainers continued to focus on engaging new community agencies with the goal of scheduling MHFA trainings. Multiple outreach efforts were required to engage each organization or agency individually with the goal of scheduling MHFA training. Often times it took as long as one year from the initial contact for an agency to process the request only to later cancel the event due to schedule conflicts or a change in personnel.

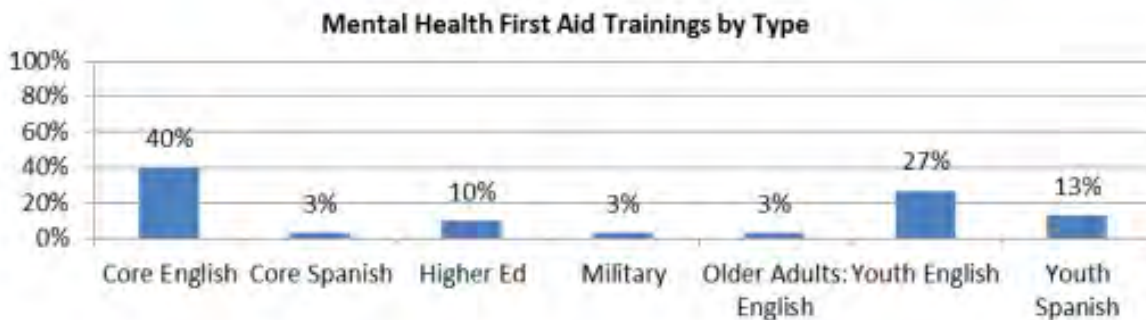
A second challenge includes the decline in certified MHFA instructors. Instructors are required to update their certification every three years to continue offering Mental Health First Aid. As of FY 2016-17, only 6 certified instructors remain, including four Tri-City staff members. Other considerations include the availability of trainings through the National Council for Behavioral Health website. Community members are able to access this website or contact local agencies who may offer MHFA trainings in this area.

These are just a few of the factors that contributed to the decrease in requested trainings with the exception of FY 2015-16. During this period, Tri-City was able to fulfill a prearranged commitment to present the MHSA training to local law enforcement personnel. In addition, stipends provided through one-time funds were available for school personnel to assist with the cost of replacement staff during classroom time. However, in FY 2016-17 funding was not available for stipends or requests for large group trainings which resulted in a continued decline in requests for MHFA trainings.

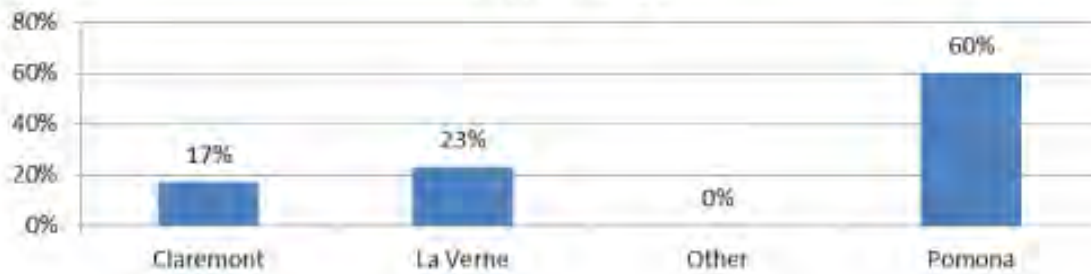
Based on these multiple factors and projected reduction in PEI revenue, Tri-City staff recommended to stakeholders to terminate the Community Mental Health Training program effect June 30, 2018. Once this program is retired, there will still be four MHFA instructors remaining who are certified to offer trainings, when requested, without requiring funding for an entire department dedicated to this purpose.

PROGRAM: Mental Health First Aid/Community Mental Health

HOW MUCH DID WE DO? Mental Health First Aid



City of Training

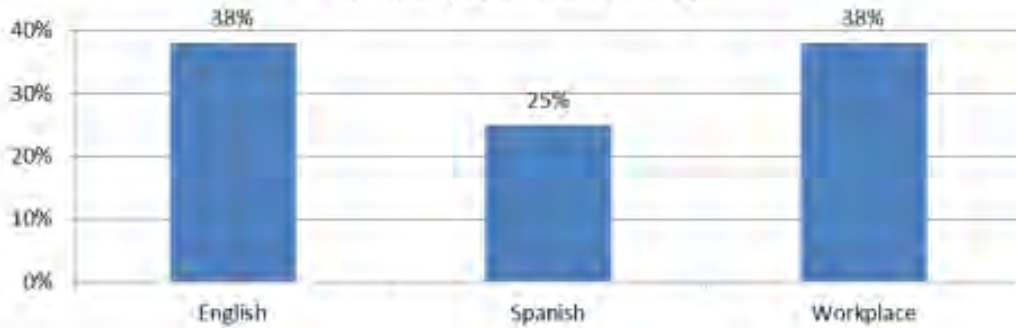


HOW MUCH DID WE DO? Community Mental Health Training

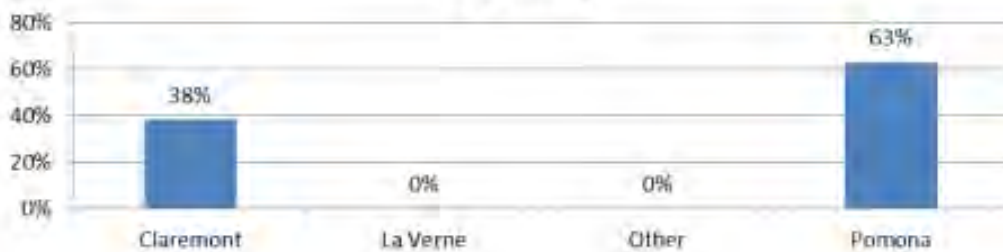
162
Unique
Individuals
Trained

8
Community Mental
Health Trainings
Conducted

Community Mental Health Trainings



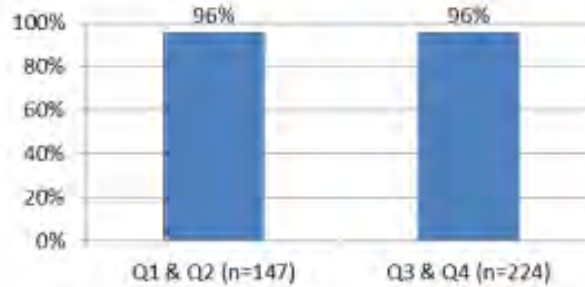
City of Training



HOW WELL DID WE DO IT?

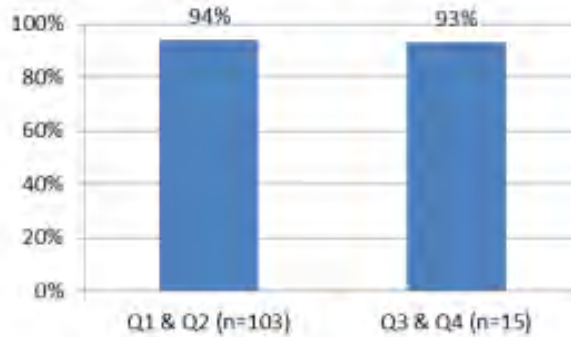
Mental Health First Aid

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



Community Mental Health Training

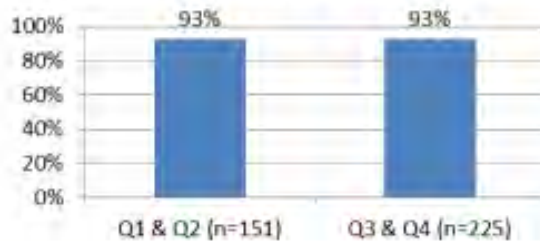
Percentage of those trained in Community Mental Health who agreed or strongly agreed that the topics covered in the training were relevant to their setting.



IS ANYONE BETTER OFF?

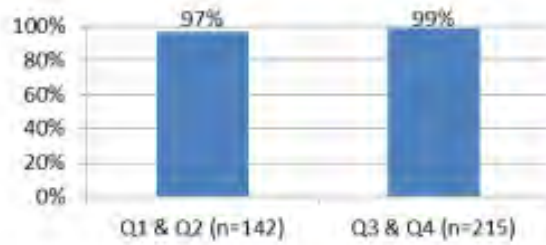
Mental Health First Aid

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



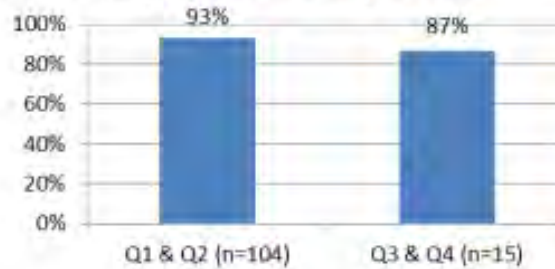
Mental Health First Aid

Percentage of those who agreed or strongly agreed that they would recommend the course to others:



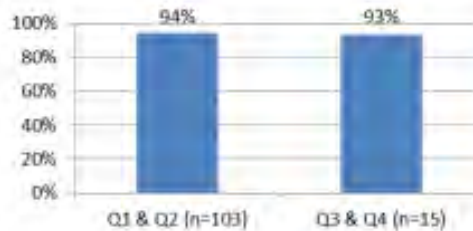
Community Mental Health Training

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



Community Mental Health Training

Overall Training Rating of Good/Excellent



Success Story

Two family members seeking support for an adolescent relative were referred to a parenting class offered by the Community Mental Health Trainers. After taking Youth Mental Health First Aid and the 8-week parenting class, both participants were able to use their newly acquired skills to better support their younger family member. This adolescent has since made significant progress in recovery and is now an advocate for other teens. Both family members have expressed how grateful they are for the CMHT program and for gaining the necessary skills to strengthen recovery within their family.

Stigma Reduction and Suicide Prevention

Stigma Reduction and Suicide Prevention	Community Capacity Building (3)
Total number of Stigma Reduction presentation attendees	225
Total number of Suicide Prevention presentation attendees	145

Program Description:

Addressing the stigma that surrounds mental illness has long been a focus for Tri-City Mental Health Service. Tri-City's stigma reduction efforts are consolidated under their primary campaign, Room4Everyone. Room4Everyone, a community wellbeing campaign, includes a website dedicated to providing community members with resources, information, and personal stories about recovery for individuals with mental illness. Beneath the Room4Everyone umbrella are three components that each offers a different perspective for addressing the stigma of mental illness:

1. **Courageous Minds Speakers Bureau** consists of individuals with lived experience who are leading the charge against stigma by sharing their personal stories and modeling a positive path to recovery.
2. **Creative Minds** is a community art gallery where local artists of every skill level can contribute art to be displayed on the walls of Tri-City's MHA building. Artists are able to be recognized for their work and share how their art has impacted their life.
3. **National, state and local mental health awareness campaigns** which includes collaborative campaigns such as recognizing May as Mental Health Month, Suicide Prevention Week and Green Ribbon Week, an annual Tri-City special event.

In addition to stigma reduction, suicide prevention remains high on the list of priorities for Tri-City. By offering a series of trainings for both staff and community members, TCMHA is able to empower the community to recognize the early signs of suicide and how to respond to these through trainings such as SafeTALK/SuicideTALK and Know the Signs.

Program Updates:

The Courageous Minds Speakers Bureau continues to positively impact both participants and their audience. By sharing their experiences of coping with the challenges of mental illness, participants are able to see first-hand the impact their life story can have for someone who is on a similar path to recovery. Although a popular component of stigma reduction, the Courageous Minds program has experienced a reduction in the number of speakers who are available for panels and speaking engagements. Staff members overseeing this project have learned the importance of encouraging new members to join this important group throughout the year to ensure the availability of speakers.

The Creative Minds gallery provides an opportunity for local artists, many who suffer with mental illness,

to display their work in a community setting. Twice a year, an artist reception is hosted where a panel of participants speak about the impact of art on their wellbeing and recovery. Notable changes for the Creative Minds project in FY 2016-17 included the addition of the Creative Minds Artist workshops. The goal of these workshops is to invite experienced artists to partner with Tri-City as peer artists to mentor the skills of the newer artists. This offers a powerful way to reduce stigma and empower individuals to use art as a recovery tool and outlet while the workshops create a dual relationship between professionals and amateurs.

Suicide Prevention remains a critical element for this PEI program. In addition to the SafeTALK and SuicideTALK trainings offered, this year marks the first use of scan-able surveys which were developed and used to collect data after completing each suicide prevention training. One challenge for this program is that SafeTALK and SuicideTALK are not currently offered in Spanish by the program developer, Livingworks. This gap is further reinforced by the low numbers of individuals from minority populations that seek services in our community.

With this challenge in mind, Tri-City is able to offer access to Know the Signs, a community-based suicide prevention presentation, that offers tools available for Spanish speaking communities. These materials are made to be used by community members with community members. By encouraging this Promotores-style of training using materials provided through California Mental Health Services Authority (CalMHSA), Tri-City is able to offer support for Spanish-speaking community leaders by empowering them to provide the training in their own language.

During the third week of March, Green Ribbon Week is celebrated which continues to be a strong component of Tri-City's Stigma Reduction campaign. Each year, our communities come together to join in events and special presentations that convey the message of hope and mental health awareness. Another special date is the month of May, which is designated as Mental Health Month. During this time, efforts continue to focus on community outreach and engagement with the goal of educating the community on mental health options and initiatives. The Pomona Christmas Parade and the NAMI Walk are just two examples of how Tri-City staff is able to collaborate with community members to support events with a common theme of stigma reduction.

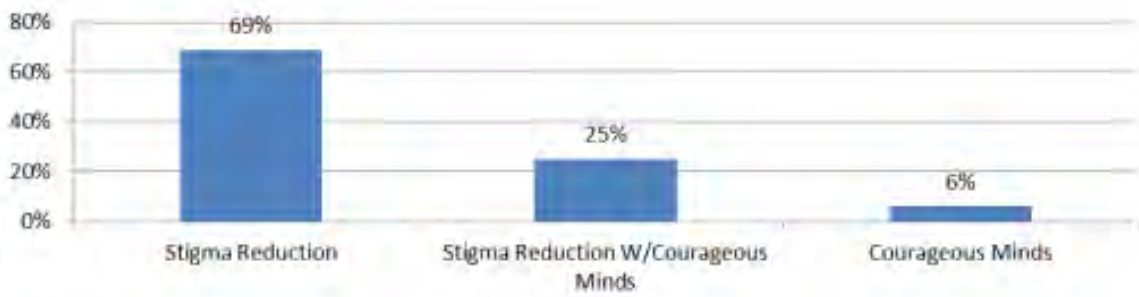
Finally, in support of the stigma reduction efforts, Tri-City has incorporated volunteers from the Workforce Education and Training program to assist with promoting and supporting a variety of events or tasks focused on stigma reduction and suicide prevention. By matching the interests of the volunteers with each opportunity, the stigma reduction team is able to maximize the experience for them and demonstrate how their efforts can make a valuable impact on Tri-City's overall system of care.

PROGRAM: Stigma Reduction & Suicide Prevention

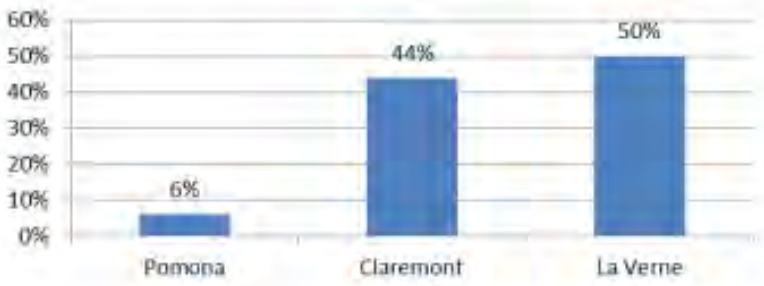
HOW MUCH DID WE DO? Stigma Reduction



Type of Presentation



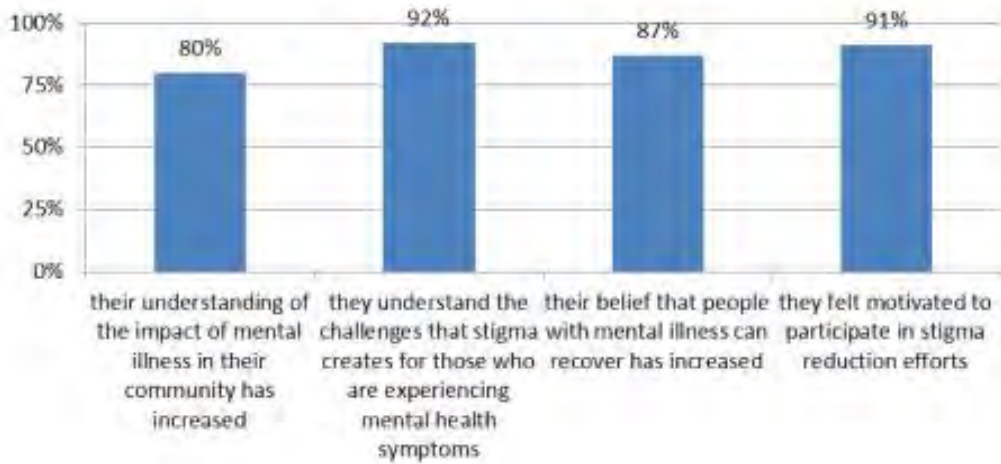
Presentations by City



HOW MUCH DID WE DO? Suicide Prevention



Percentage of Stigma Reduction Attendees who reported that as a result of the trainings:



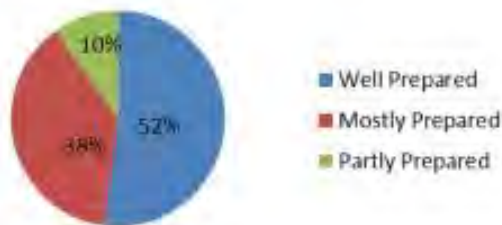
Courageous Minds

Percentage of Courageous Minds Speakers who:



Suicide Prevention

Percentage of how prepared Safe Talk attendees feel to talk directly and openly to a person about their thoughts of suicide:



Courageous Minds Art Gallery

2
Art Showcases Held

40
Artists who Participated

53
Art Pieces Submitted

IS ANYONE BETTER OFF?

Success Story

A young adult Courageous Minds member attended the Creative Mind's Gallery Showcase and was able to interact with an older adult artist. Normally uncomfortable in social settings, the young adult began to converse with the artist and - within moments of being introduced - discovered they both spoke the same foreign language. After conversing for several minutes, the artist was impressed by the young person's ability to speak the language and the Courageous Minds member was happy to practice their fluency with a native speaker. This was a true embodiment of social inclusion and what Room4Everyone stands for.

Older Adult Wellbeing/Transition Age Youth Wellbeing (Peer Mentor Program)

Peer Mentor Program	
Number of Clients Served in FY 2016-17	290 OA/226 TAY
Estimated Annual Cost per Client for FY 2016-17	\$391 OA/\$395 TAY

Program Description:

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

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

Program Updates:

The Peer Mentor Program continues to be a popular and productive support service for the community. The success of this program is evident in the number of peer mentors who return each year to continue their work as a vital volunteer for this program. In FY 2016-17, 36 mentors accumulated 1,720 volunteer hours by providing 1:1 and group support to individuals who reside or are connected to the three cities of Pomona, Claremont, and La Verne.

Since its inception, the Peer Mentoring program has facilitated numerous support groups throughout the community based on topics of interest and needs expressed by the participants. During this past fiscal year, an additional support group, Proud to Be Me: LGBTQA, was launched for individuals who are 18 years of age and over. This critical support group provides individuals who identify as LGBTQ, and who may be questioning or their supporters who want to learn more, a safe and supportive place to meet.

A second emphasis included the engagement of individuals who identify as having lived experience and encouraging them to become peer mentors. As a result, the number of peer mentors who self-identify as having lived experience increased from 4 to 12 in FY 2016-17. These individuals provide a unique perspective as it relates to recovery and mental health which is beneficial to both the peers and mentees. By providing extra supervision and support to the mentors with lived experience, these individuals were able to feel more confident in using the skills they acquired through weekly peer mentoring trainings, especially how to be supportive when interacting with their mentees. Additional trainings offered include:

Working with Older Adults, Motivational Interviewing, Boundaries, LGBTQ, Micro-Aggression, Working with the Homeless and Supporting Veterans.

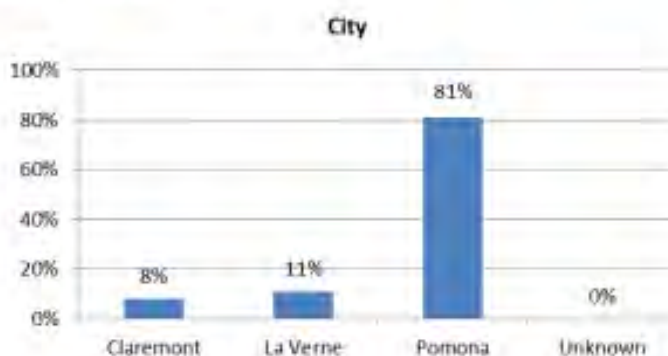
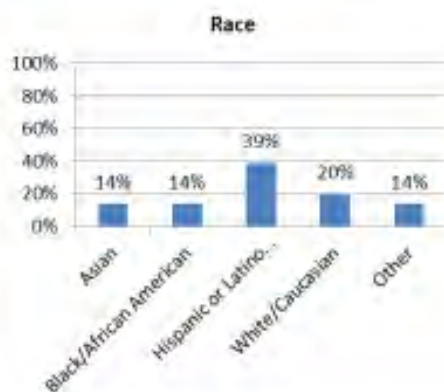
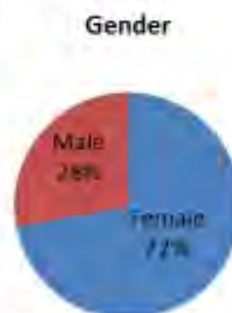
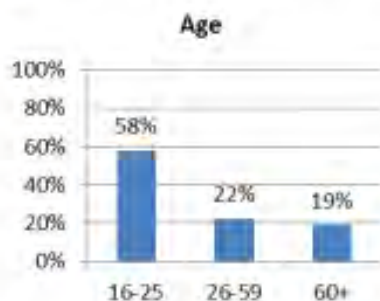
Other important groups include two senior socialization support groups, offered in both English and Spanish, where participants continue to be consistent in their attendance. Previous recommendations for this program included an emphasis on recruiting peer mentors who are fluent in non-English languages that are consistent with the population in the Tri-City area. As a result of this focused recruitment, peer mentors provided the following languages: English, Spanish, Korean, Vietnamese, Mandarin, Cantonese, American Sign Language and Arabic.

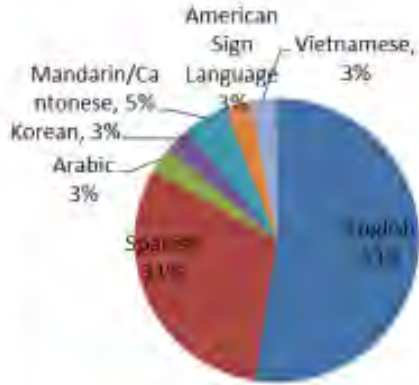
Some of the challenges experienced by the Peer Mentor program included outreach and engagement for older adults. This critical age group of individuals is known to have limited access to transportation and other issues with mobility. This will continue to be a focus for this program as the peer mentor staff work to identify transportation options and ways to increase access to services for this geriatric population.

Another challenging group for mentors relates to homeless individuals. Due to their lack of permanence, mentors struggle to locate and maintain contact with these individuals when they do not have stable housing. By working closely with Tri-City's housing department and Community Navigators, peer mentors continuously work to assist these individuals with resources that will support stability and continuity of services.

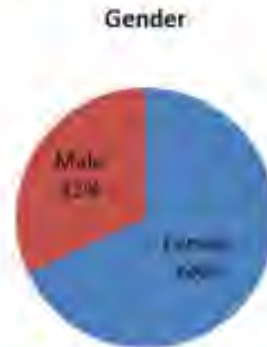
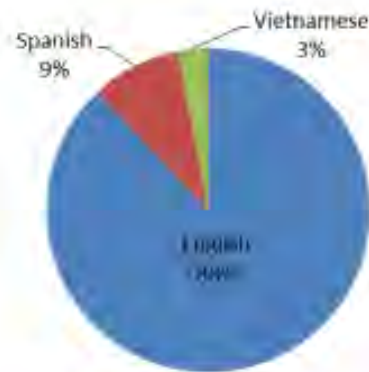
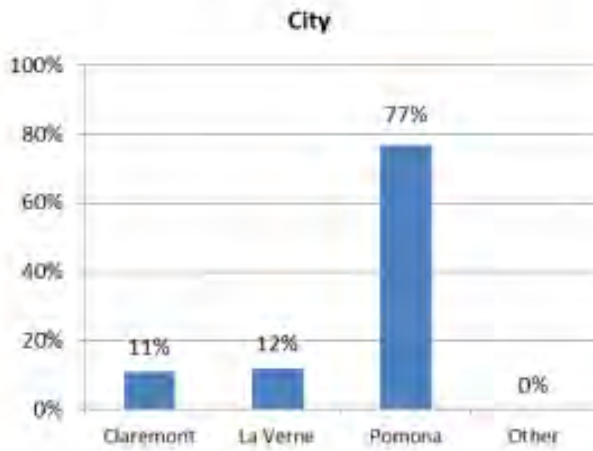
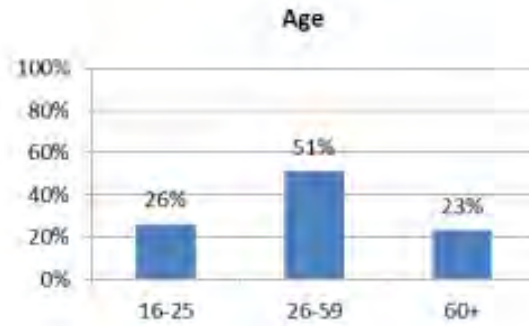
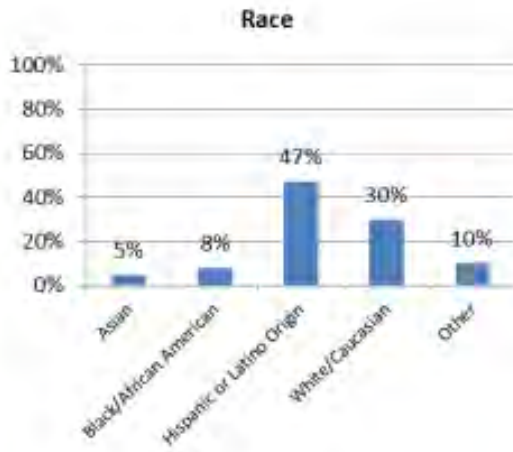
PROGRAM: Older Adult Wellbeing and TAY Wellbeing (Peer Mentoring)
HOW MUCH DID WE DO?

36
Unique
Peer Mentors





74
Unique Mentees Served



HOW WELL DID WE DO IT?



IS ANYONE BETTER OFF?



Success Story

During FY 2016-17, the Peer Mentor program made it a priority to recruit applicants who were bilingual. As a result, mentors were able to increase access to services by providing services in English, Spanish, Korean, Vietnamese, Mandarin, Cantonese, American Sign Language and Arabic. Due to the variety of languages spoken by Peer Mentors, the program was able to accept referrals that would have otherwise been turned down due to prior language barriers. With a wide variety of languages spoken, mentors are able to build rapport and relationships with homeless individuals at a local shelter and provide appropriate resources, including permanent supportive housing.

Family Wellbeing Program

Family Wellbeing	
Number of Clients Served in FY 2016-17	1,022
Estimated Annual Cost per Client for FY 2016-17	\$95.00

Program Description:

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

Program Updates:

Building strong community connections is just one of the driving forces behind the success of the Family Wellbeing (FWB) program. In FY 2016-17, Family Wellbeing staff were able to finalize a Memo of Understanding (MOU) with the local WIC office which opened the door for Tri-City to begin hosting "Mommy and Me" classes on a monthly basis at three different locations in the community as well as Tri-City's children's outpatient location. Like the parenting classes currently offered through the FWB program, this new educational opportunity will be available in both English and Spanish.

The Family Wellbeing program is located at the Wellness Center, which serves as a community center and place of support for participants from the cities of Pomona, Claremont and La Verne. Although not a clinical setting, the Wellness Center can be the first point of contact for someone who is in crisis and seeking services. Our Family Wellbeing team is able to assess an individual who is in crisis and through collaborative efforts with Tri-City's Intensive Outreach and Engagement Team or local law enforcement, connect the individual with the appropriate level of care including the Tri-City clinic or hospital emergency room. Additional resources may be provided through the Community Navigators or Tri-City's Housing department.

Community outreach and engagement continues to be a focus for this program which included the creation of an assortment of marketing materials that promote the numerous services and supports offered through the FWB program. A trifold multi-language brochure was developed specifically for local school officials to provide them with a brief overview of this program and the many benefits tailored for students and family members in their districts. Due in part to these extensive marketing efforts, the number of individuals served has increased during this past fiscal year.

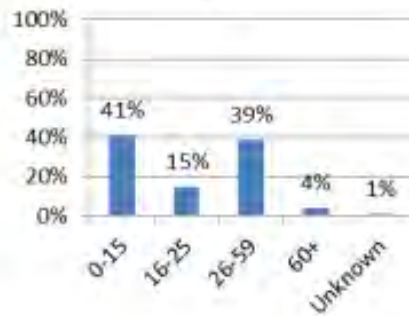
A second component of success includes the hiring of a licensed clinical social worker (LCSW) to oversee the interns who are embedded in the local schools and are available as an additional form of support to the school counseling teams. After connecting with students and their families, interns are able to act as a direct conduit to additional support services including Tri-City's Children's Outpatient Services or the Wellness Center.

PROGRAM: Family Wellbeing

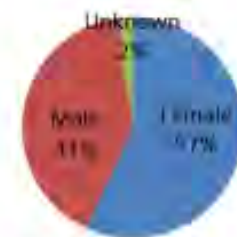
HOW MUCH DID WE DO?

1,022
Unique Individuals Served

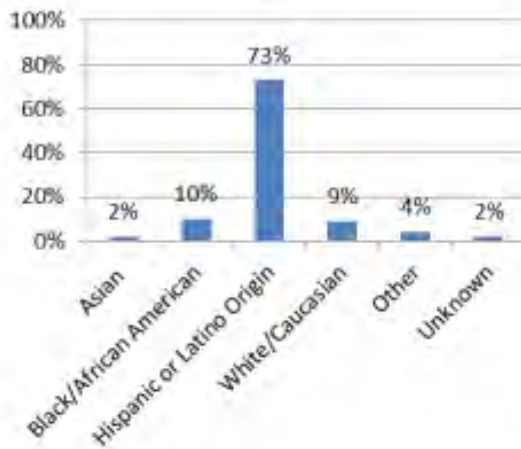
Age



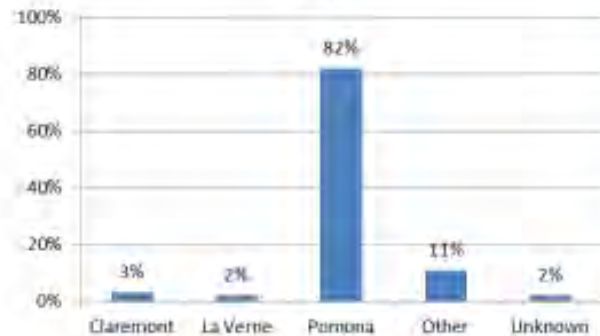
Gender



Race



City



Language



HOW WELL DID WE DO IT?

4,970

**Number of Attendees at Family Wellbeing Events
(Duplicated Individuals)**

89%

Satisfied with the Family Wellbeing Program

IS ANYONE BETTER OFF?

83%

Improved relationships because of the help they get from Family Wellbeing Program

Success Story

Through her participation in the Family Wellbeing program, a mother began attending a "Mommy and Me" group regularly with one of her children. After learning about other opportunities available through the Wellness Center, she was able to enroll another child in the WC summer camp. This child then expressed an interest in continuing their involvement in the camp by returning in the future as a volunteer.

NAMI - Parents and Teachers as Allies

NAMI-Parent and Teachers as Allies	NAMI Community Capacity Building
Number of PTAA presentations FY 2016-17	9
Number of attendees FY 2016-17	151

Program Description:

The NAMI Community Capacity Building Program consists of the Parents and Teachers as Allies (PTAA) training program. Parents and Teachers as Allies provides in-service trainings for school professionals and families to help participants better understand the early warning signs of mental illnesses in children and adolescents. The intention is that this training will help teachers and family members learn how best to intervene so that youth with mental health treatment needs are linked with appropriate support services.

Program Updates:

The Parents and Teachers as Allies (PTAA) program increased their number of presentations during FY 2016-17. This is significant because one of the challenges in the past included the local school district's requirement for common core training for school personnel which limited staff educational time and contributed to the reduction in the number of the overall PTAA presentations. However, this past year has seen a change in this philosophy and was demonstrated during a recent Social-Emotional Symposium, where a principal who was impressed by the PTAA presentation and the resources offered, approached the PTAA team and requested training for their school staff and parents of their students.

Presenters for the Parents and Teachers as Allies program continue to receive feedback indicating the information provided by this well-received program is important for both school personnel and parents. Once participants have experienced the program, they seem to want more. In response to previous requests from participants to expand the PTAA presentation to include information about Autism and Tourette's Syndrome, NAMI now includes discussion focusing on these neurological disorders and specifically how they may co-occur with mental health problems.

The success of the PTAA presentations has led to a significant increase in the number of parents who choose to continue their education by participating in related NAMI courses such as NAMI Basics. This adjunct class is offered in both English and Spanish and NAMI has seen an increase in the number of individuals who are requesting training to become instructors for the Spanish version of the class. This encouraging response will allow NAMI to increase their capacity to reach the Spanish-speaking underserved community in the Pomona Valley area by offering more culturally competent classes throughout the year.

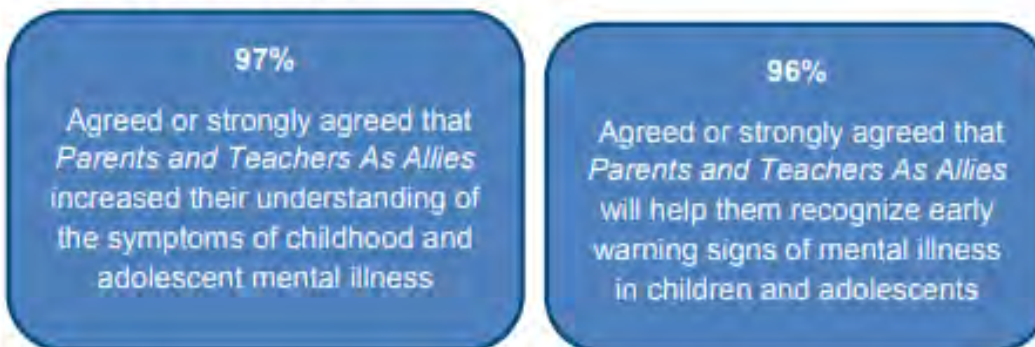
Although parents and teachers continue to express their gratitude for the information that is provide through the Parents and Teachers as Allies training, coordinating with teachers and staff schedules continues to be a struggle. Although NAMI has made consistent efforts to engage the Claremont Unified School District (CUSD), they have not yet been able to schedule PTAA trainings for their school personnel. However, the PTAA staff has been successful in scheduling two parent trainings with CUSD through its "Active Parenting Teens and Tweens" program which will occur in FY 2017-18.

PROGRAM: National Alliance on Mental Illness (NAMI)
Parents and Teachers as Allies

HOW MUCH DID WE DO?



HOW WELL DID WE DO IT?



IS ANYONE BETTER OFF?

Success Story

After presenting the NAMI Parents and Teachers as Allies program at a local school district conference, one of the principals approached the presenter and expressed how important the information is to school personnel and parents. Impressed by the information provided and the model of the presentation, she requested NAMI Pomona Valley to provide the PTAA presentation to her school staff and parents – in both English and Spanish. Due to the success of these presentations, a significant number of parents participated in the NAMI Basics classes, offered in both English and Spanish.

Housing Stability Program

Housing Stability Project	
Number of Clients Served in FY 2016-17	289
Estimated Annual Cost per Client	\$808.00

Program Description:

The Housing Stability Program is designed to help people with mental illness maintain their current housing or find a more appropriate place of residence. Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. TCMHA works to prevent homelessness by going where the housing is (landlords and property management companies) and addressing the needs and concerns of housing providers, in addition to consumers. As part of this project, TCMHA developed a Good Tenant Curriculum that addresses both landlord and tenant expectations, rights and responsibilities.

Program Updates:

Through the Housing Stability Program, staff has observed that when someone is able to sustain housing they seem to experience longer periods of mental wellbeing as well as a reduction in self-stigma. Working collaboratively with landlords and property managers regarding eviction prevention is the most notable success of this past year. By building strong relationship with these individuals, Tri-City's housing staff has found they are able to encourage positive solutions for all as opposed to defaulting to filing evictions. By engaging in a solution-oriented conversation, the housing team is able to identify the underlying concerns and behaviors of the tenant and work toward the goal of resolving these issues to the benefit of all parties and thereby avoiding eviction.

One of the most difficult challenges experienced by clients and housing staff during FY 2016-17 includes a noticeable increase in the rents in the Tri-City area. This upsurge in the cost of housing has led to a significant reduction in affordable housing. Housing staff has also observed that the current level of Supplemental Security Income (SSI) benefits, the primary source of income for most clients, no longer covers even a studio apartment in this area. Sober living homes, once a go-to housing option for this population, has also increased in rental costs. Finally, staff has also observed an increase in homelessness in this area which has resulted in fewer resources and funding available to meet the demand. Housing staff find themselves working harder but with fewer resources.

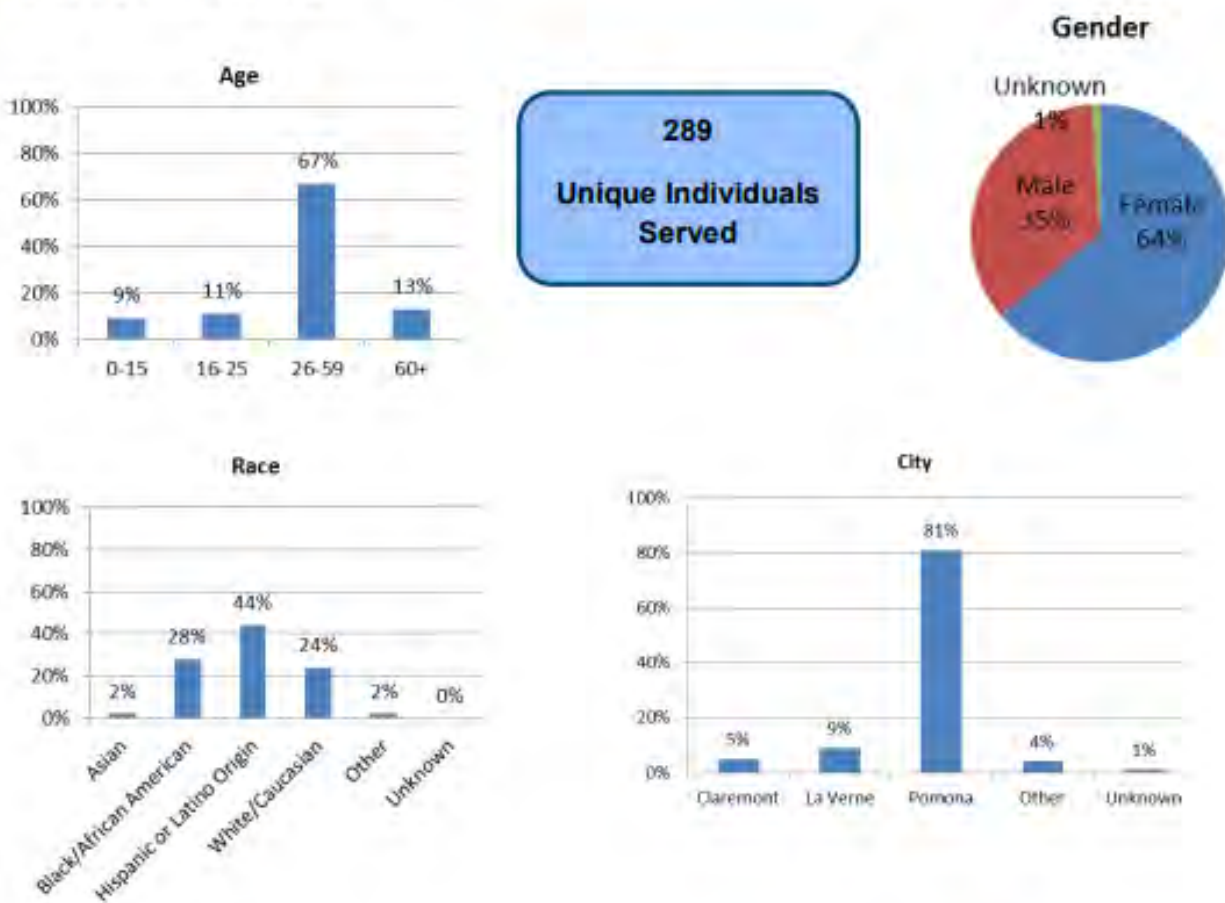
To address these housing concerns, staff plans to create an "options group" which consists of several Tri-City staff members working closely with clients to help them adopt a realistic expectation of the housing

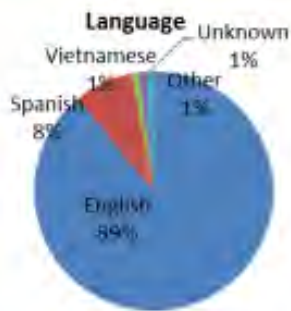
options available to them based on their income. This transparent approach will encourage clients to consider supplementing their SSI with part-time employment in an effort to increase their income. Tri-City's Employment Specialist is available to work directly with clients who are interested in building a resume and understanding the benefits and limits of working while still collecting SSI.

Auxiliary funding sources were explored to assist with placement, including the Housing Assistance Program (HAP) offered through the Department of Housing and Urban Development which supplements rent paid to landlords until the client/tenant is able to move into an apartment or housing unit. Tri-City's Full Service Partnership flex funds are also considered as seconding funding, when appropriate.

Cultural responsiveness is critical to this program and bilingual staff members are available to support Spanish-speaking individuals seeking housing. To accommodate other languages, staff will use language lines or translators for Vietnamese-speaking consumers. Monolingual and bilingual documents are also available upon request.

PROGRAM: Housing Stability Program
HOW MUCH DID WE DO?





HOW WELL DID WE DO IT?

142
Referrals

2,144
Housing Contacts

IS ANYONE BETTER OFF?

17
Individuals who Secured Housing

23
Individuals who received help with an Eviction

4
Individuals who Participated in the Landlord Tenant Curriculum

7
New Contacts made with Landlords

Success Story

After years of experiencing homelessness, stigma and exacerbated symptoms of mental illness, a client successfully moved into MHSA housing. By participating in the Good Tenant Curriculum, she has become a model tenant and continues to build community wellbeing with other residents. She has strengthened her relationships with various family members and subsequently hosted a holiday family gathering for the first time. The client has expressed, "This is my home. I have somewhere to call home. It's beautiful and comfortable. Thanks Tri-City."

Therapeutic Community Gardening (TCG)

Therapeutic Community Gardening	
Number of Clients Served in FY 2016-17	106
Estimated Annual Cost per Client for FY 2016-17	\$2,244.00

Program Description:

The Therapeutic Community Gardening (TCG) program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises. The focal populations for this program are unserved and underserved populations including adults, youth ages 16-25, families with children, older adults, and veterans. Focusing on early intervention, this program provides services to people who are in the early stages of their treatment and do not yet meet medical necessity. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

Program Updates:

Participants in the Therapeutic Community Garden (TCG) program continue to demonstrate a strong commitment to active participation in this program and with each other. Over the past fiscal year, TCG has experienced an increase in the number of individuals served which has almost doubled. This is especially significant since this program experienced a loss of three key staff members during this time period. However, the clients continued to attend the groups and this program did not experience attrition of clients due to changes. This speaks to the strong connection for participants to the TCG program as well as each other. Several clients expressed their gratitude to staff that the groups and program continued as designed.

Over the past year, staff has come to realize that a supportive peer culture has developed within the TCG groups where participants encourage and support one another both in and out of the group setting. During the period of staff transition, several participants demonstrated this support by calling each other to check-in and encourage consistent attendance. By building strong supportive relationships in the groups, clients were able to test these bonds outside the group by joining together in social activities such as Girl's Taco Night.

In FY 2016-17, TCG staff focused on identifying specific gaps in services and looking for new ways to assist with unmet needs in the community. One targeted population is older adults and the question under consideration was how to bring the "garden" to seniors that may be homebound or non-ambulatory.

Another focus on older adults includes a Spanish-speaking female support group which developed through TCG and became very popular. As a result, an English version of the same senior group is slated to begin in FY 2017-18.

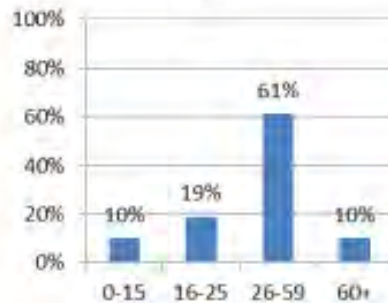
Another popular gardening group held at the Cedar Springs Apartments, also inspired future planning. Although this group is designed for youth ranging from “tweens” (ages 13-15) to college students, it quickly became a favorite with the younger gardeners. As a result, Tri-City staff is now considering developing new groups for the TCG garden location which will focus on engaging the underserved youth.

A recommendation from previous years included focusing on increasing collaboration with other Tri-City programs to expand the services offered through TCG. This was accomplished by teaming up with the Wellness Center to provide prevocational groups and inviting TCG clients to participate in the Effective Employee Curriculum created under the Innovation plan.

PROGRAM: Therapeutic Community Gardening
HOW MUCH DID WE DO?

106
Unique
Individuals
Served

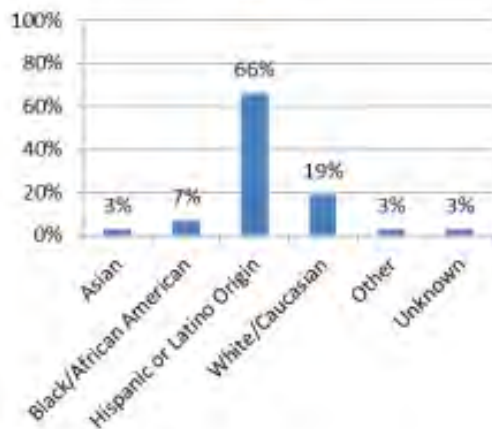
Age



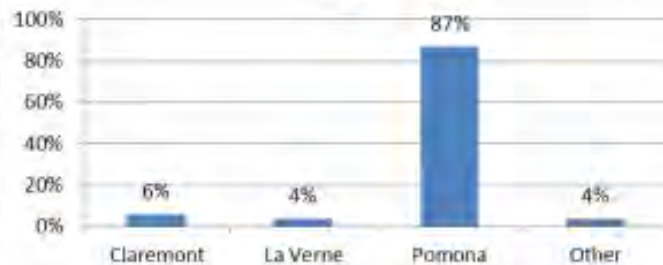
Gender



Race



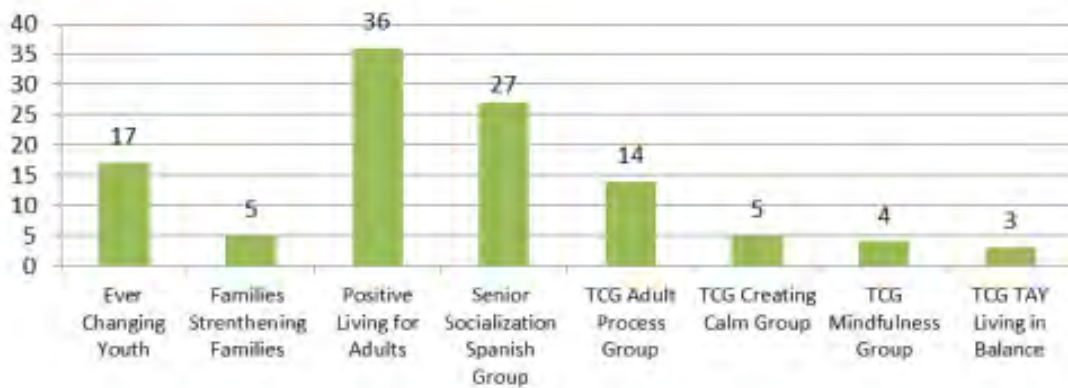
City



HOW WELL DID WE DO IT?

Number of
Groups Held

111



IS ANYONE BETTER OFF?

94% of participants reported improvement in their symptoms because of their work in the garden.

94% of participants enjoy participating in TCG groups.

88% of participants reported being more connected to others because of the TCG groups

100% of participants reported having better communication with others because of TCG.

Success Story

Several Therapeutic Community Garden participants expressed that their TCG support group has provided a unique opportunity for social support outside of the garden. These members have built and maintained relationships outside of TCG by attending community events as a group at the Wellness Center and coordinating group outings while staying connected over social media. As further testament to their strengthened commitment to each other, participants have shared resources in the community, including food banks, and continue to reach out to one another in an effort to include everyone in activities outside of their group.

**FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/12/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Well Being	56,251	56,251				
2. Older Adult Wellbeing (Peer Mentoring)	67,294	67,294				
3. Transition-Aged Youth Wellbeing (Peer Mentoring)	67,306	67,306				
PEI Programs - Early Intervention						
4. Family Well Being	56,251	56,251				
5. Older Adult Wellbeing (Peer Mentoring)	67,294	67,294				
6. Transition-Aged Youth Wellbeing (Peer Mentoring)	67,306	67,306				
7. Therapeutic Community Gardening	268,500	268,500				
8. Early Psychosis	240,000	240,000				
PEI Programs - Other						
9. Community Capacity Building (Community Wellbeing, Mental Health First Aid Training programs and Stigma Reduction programs)	502,406	502,406				
10. NAMI Community Capacity Building Program (Interfaith Collaborative and Parents & Teachers as Allies programs)	35,500	35,500				
11. Housing Stability Program	148,499	148,499				
PEI Administration	734,392	734,392				
PEI Assigned Funds	20,653	20,653				
Total PEI Program Estimated Expenditures	2,310,999	2,331,652	0	0	0	0

**Prevention and Early Intervention
Programs
FY 2019-20**

Community Capacity Building Programs

Three projects make up the Community Capacity Building program; Community Wellbeing Program, Community Mental Health Trainers and Stigma Reduction/Suicide Prevention Program.

Community Wellbeing Program

Program Description: The program provides small grants up to \$10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.

Target Population: Local communities (defined as a group of individuals who rely on each other for support and can act together) who are interested in building their own capacity to strengthen the wellbeing of their members.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
Number Served FY 2017-18	329	155	749	19	1252

The Community Wellbeing (CWB) program typically supports unserved and underserved populations in 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. In addition, the CWB program partners with and supports various non-profits, community organizations, and grass roots projects in the Tri-City area.

To qualify for a Community Wellbeing Grant, community groups located within the three cities go through a rigorous application process and interview. The amount funded is determined through the selection process and each applicant must have a fiscal sponsor or be a 501c3.

The specific goals of each community are addressed in the CWB application and clarified through one-on-one interviews. Some "universal" goals that are consistent through the majority of grantees include:

- Improved relationships between members of the community
- Increased capacity to meet the goals of the community
- Improved wellbeing- typically in the form of reduced stress, and overcoming challenges that the community faces

Program Update:

In FY 2017-18, 18 Community Wellbeing Grants were awarded, marking the seventh year for this vital and empowering project. Recipients for these grants included women who were previously incarcerated, children attending an Islamic school, undocumented women, preschool students and their families, Tongan families, Episcopal church groups, and older adults.

In addition to the financial support received through the grants, recipients can expand the benefits of this program by building strong relationships and connections among other grantees thereby increasing the wellbeing of their participants. This was accomplished when several grantees extended invitations for other grantees to join in their wellbeing events/activities. This example of collaboration provided an opportunity for participants to share their culture and wellbeing approach while providing a learning opportunity that may not have occurred without this common thread connecting these diverse individuals.

There are several examples of communities thriving because of this grant program. One grantee, "Write the Wrong Writers Workshop", grew in both membership and in the participation of their group. This diverse group of individuals seek support, encouragement, and understanding in their pursuit of emotional healing after suffering trauma from domestic violence, the loss of a loved one, loss of livelihood, divorce, or loss of physical health. Through this funding, they were able to add several additional groups to meet the demand for individuals struggling with trauma(s).

Another grantee, Casa Colina, a local hospital and healthcare center serving youth with physical and cognitive disabilities, saw surprising benefits, not only for the siblings of those with disabilities as first intended, but also for the parents who reported greater connection with each other and a reduced stress resulting from connecting with other families going through similar struggles.

Challenges Experienced:

One challenge that the Community Wellbeing program continues to experience since its inception is inconsistent submission of community surveys, designed to monitor activities and progress throughout the year. To rectify this, staff implemented a more streamlined process in which each community submits a single survey twice a year that highlights important trends in wellbeing, challenges faced throughout the year, and success stories. This has resulted in a nearly 100% participation rate, and a significant improvement over previous years.

During this past fiscal year, a significant challenge occurred related to communities that did not feel comfortable associating with one another. Specifically, a group that was predominantly Sunni Muslim and another group that was supporting Shiite Muslim, which historically did not associate with one another. While these communities did participate in the quarterly meetings, it was primarily the administrative leadership as opposed to the beneficiaries of the projects. The CWB staff worked to engage each of these populations, as with others in similar situations, in an effort to find common ground for communication, if not collaboration, in the future.

Another challenge has been the engagement and support of LGBTQ youth, and groups made up of Asian Americans. Several attempts to outreach and engage these groups this year were largely unsuccessful. A new approach to engagement includes asking current CWB members to act as a liaison with these populations through known associates or organizations that are currently supporting these individuals.

Future efforts include the development and implementation of a communication system, with the goal of connect participating CWB communities directly to one another where they can share struggles and successes between quarterly meetings. The hope is to build a stronger and more cohesive group, and hopefully, a greater sharing of resources between participants.

Outcomes:

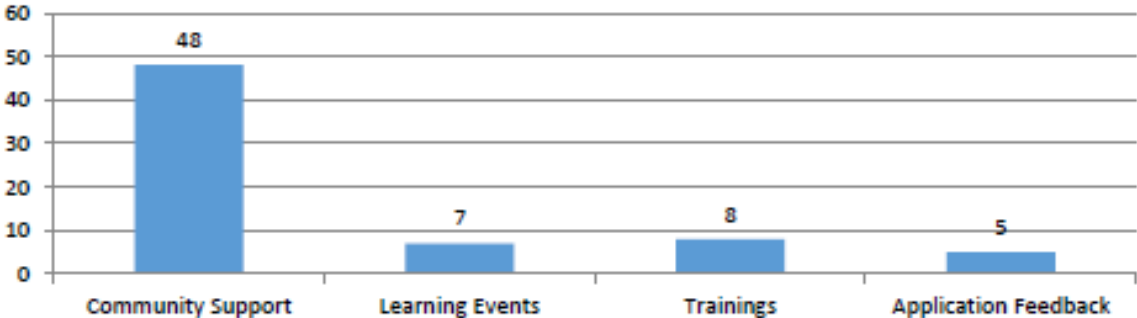
PROGRAM: Community Wellbeing Project (CWB)

The number of community grantees selected for FY 2017-18 remained the same as FY 2016-17 at 18. In addition, the estimated number of community members represented were very similar as last fiscal year with 3,320 for FY 2016-17 and 3,346 for FY 2017-18. Survey results indicate grantees reported an improvement in their ability to work together.

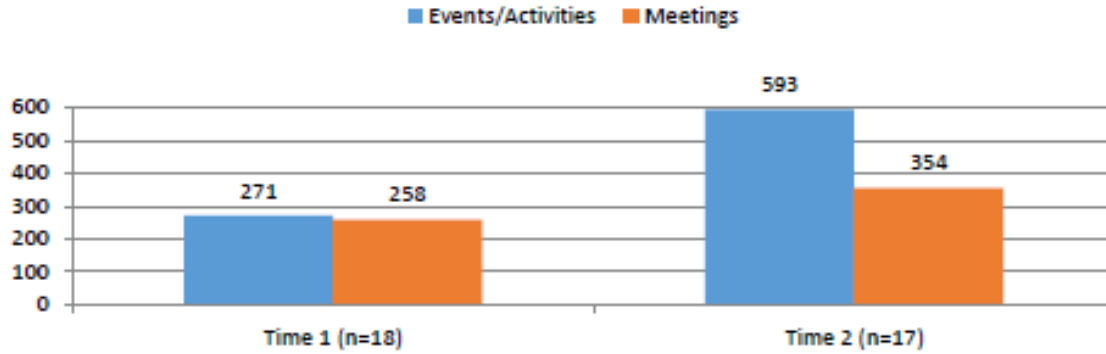
HOW MUCH DID WE DO?



Number of Events Held by Community Capacity Organizer

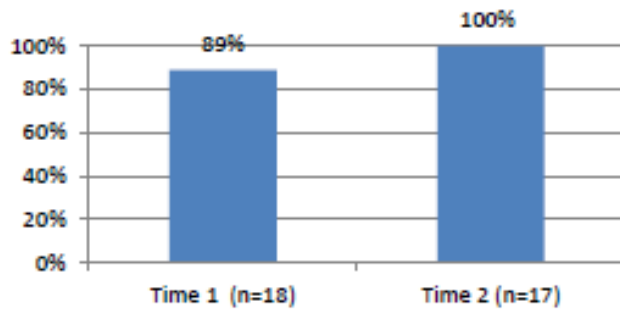


Number of Community Events/Activities and Meetings

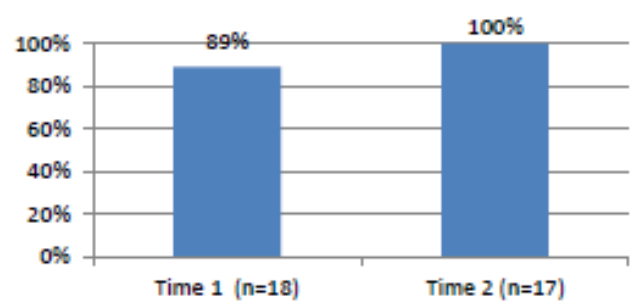


HOW WELL DID WE DO IT?

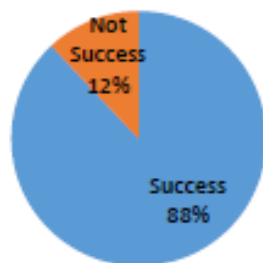
Percentage of Grantees who Report Improvement in Supporting Each Other



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



Percentage of Grantees who Report Success in Their Community's Activities



Community Mental Health Trainers

Program Description: Community Mental Health Trainers offer community trainings including Mental Health First Aid and workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Target Populations: Tri-City staff, community members, local schools and agencies who are interested in learning how to recognize the early warning signs of mental illness and appropriately intervene to provide support.

Mental Health First Aid Trainings FY 2017-18	16
Individuals Trained	213
Community Mental Health Trainings FY 2017-18	7
Individuals Trained	92

Community Mental Health Trainers began with Mental Health First Aid (MHFA), a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This evidence-based program begins with a premise that just as people can master basic first aid for physical distress without being doctors (such as the Heimlich maneuver or CPR), they can master basic mental health first aid without being clinicians. TCMHA expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, The Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Based on these multiple factors and projected reduction in PEI revenue, stakeholders terminated the Community Mental Health Trainers program effect June 30, 2018. However, although this program was retired, there are still four MHFA instructors remaining who are certified to offer trainings.

Program Updates:

Although MHFA was considered a highly successful program since its inception in 2010, over the last few years staff observed a steady decline in the number of trainings requested by the community as well as the number of trainers available to provide them. Several factors may contribute to this reduction including the 8-hour time commitment which seems to be prohibitive for most schools and organizations. In addition, unserved and underserved communities, such as the Buddhist community, Veterans, and monolingual Vietnamese community members, have not responded to invitations for this training despite intensive outreach efforts by Tri-City staff.

In the final year of this program, CMH trainers were able to offer trainings to parents and care givers of students at Claremont Unified School District. These trainings were offered in the evening at the district office for free. In addition, due to having bilingual instructors, trainings were

offered to various populations including Transitional Age Youth [TAY], Adult, Older Adults, Veterans, Educators, and other populations identified as underserved and unserved.

Challenges Experienced:

The number of trainings provided to the community decreased. Possible reasons for this decline include: Tri-City has trained close to 4,000 community members and partners in our service area; the commitment to do an 8 hr. training on their own time; and agencies/organizations had already offered the training to their staff/members.

Populations that were difficult to engage were specific minority communities such as Korean, Vietnamese, and LGBTQ. In previous years we were able to train law enforcement, but continue to struggle with engaging fire fighters or other first responders. Engagement with the faith community has also decreased compared to other years.

Another consideration was that some communities were unable to attend or participate in the community trainings being offered because the curriculum and instructors could not provide the trainings in their first language such as Korean or Vietnamese. Although community engagement included all populations in the service area, staff were only able to provide trainings in English and Spanish.

Outcomes:

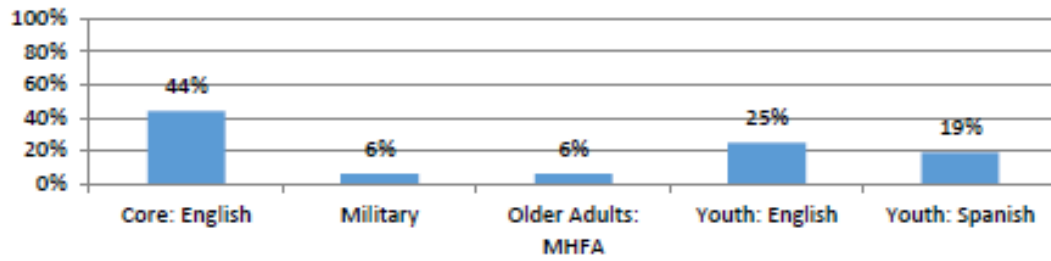
PROGRAM: Mental Health First Aid/Community Mental Health Trainings

FY 2017-18 saw a steady decrease in the number of Mental Health First Aid trainings from 30 (FY 2016-17) to 16 (FY 2017-18)

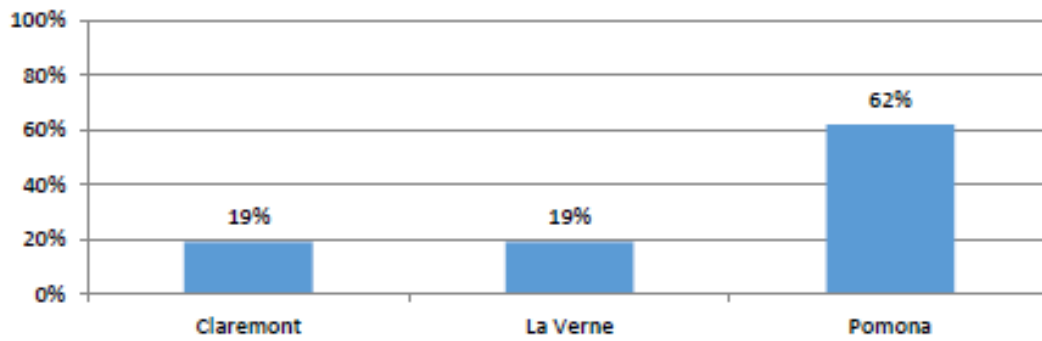
HOW MUCH DID WE DO? *Mental Health First Aid*



Mental Health First Aid Trainings by Type



City of Training

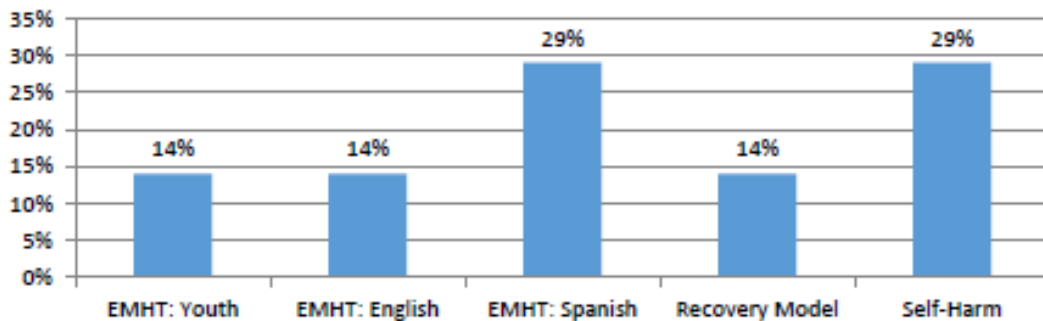


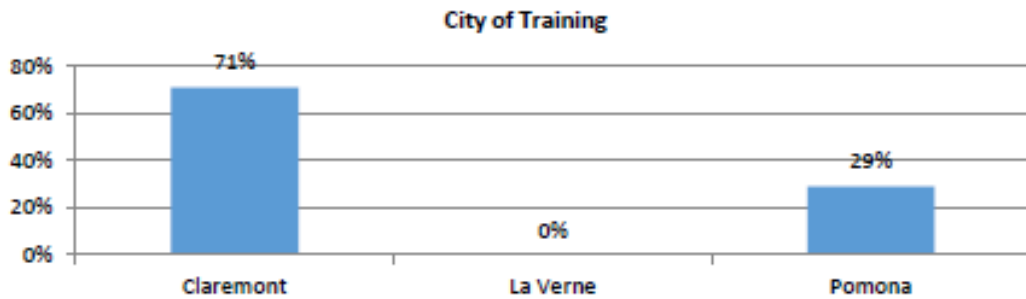
HOW MUCH DID WE DO? *Community Mental Health Training*

92
Individuals Trained

7
Community Mental Health Trainings

Community Mental Health Trainings

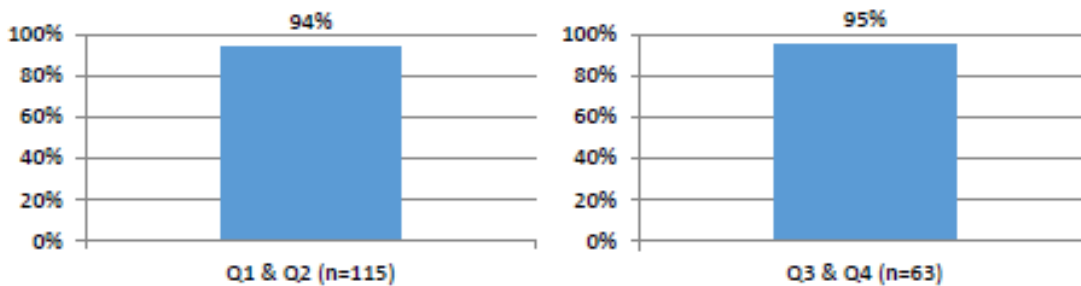




HOW WELL DID WE DO IT?

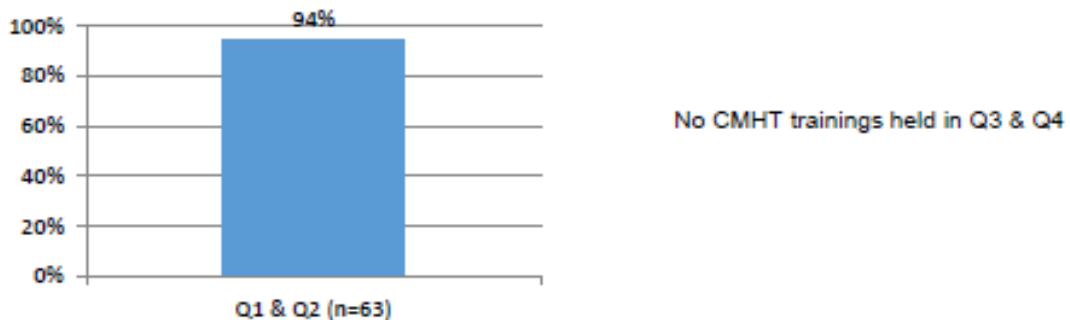
Mental Health First Aid

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



Community Mental Health Training

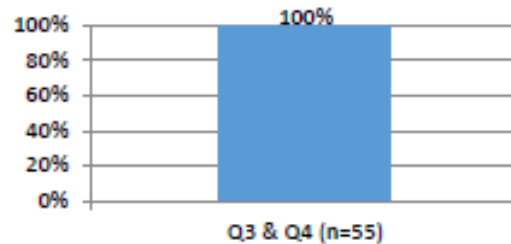
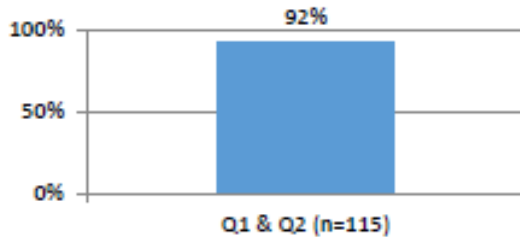
Percentage of those trained in Community Mental Health who agreed or strongly agreed that the topics covered in the training were relevant to their setting.



IS ANYONE BETTER OFF?

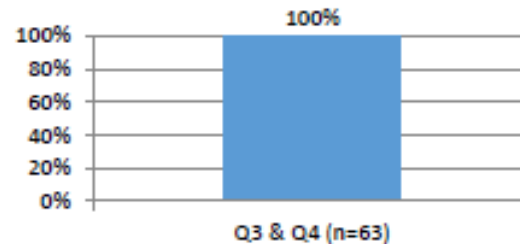
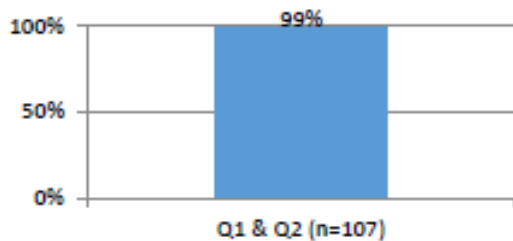
Mental Health First Aid

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



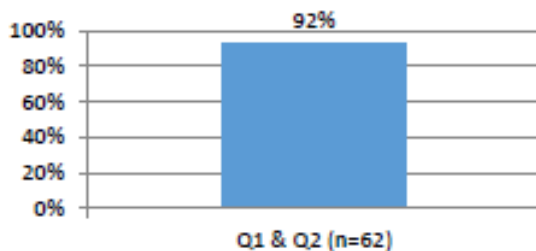
Mental Health First Aid

Percentage of those who agreed or strongly agreed that they would recommend the course to others:



Community Mental Health Training

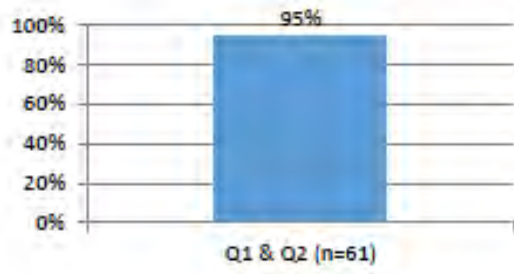
Percentage of those trained in Community Mental Health who agreed or strongly agreed that they could utilize the information/knowledge gained in their practice.



No CMHT trainings held in Q3 & Q4

Community Mental Health Training

Overall Training Rating of Good/Excellent



No CMHT trainings held in Q3 & Q4

Stigma Reduction and Suicide Prevention

Program Description: Tri-City’s stigma reduction effort is encompassed under Room4Everyone and includes a website focused on stigma reduction, along with several other components designed to empower individuals suffering with mental health challenges and awareness to the stigma related to mental illness. Suicide prevention efforts include offering the safeTALK alertness training which provides participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

Target Population: Community members, agencies and organizations located in the Tri-City region (cities of Claremont, Pomona, and La Verne).

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	0	132	44	8	25	209

Addressing the stigma that surrounds mental illness has long been a focus for Tri-City Mental Health Authority. Tri-City’s stigma reduction efforts are consolidated under the primary campaign, Room4Everyone. Room4Everyone, a community wellbeing campaign, includes a website dedicated to providing community members with resources, information, and personal stories about recovery for individuals with mental illness.

Beneath the Room4Everyone umbrella are three components, with each one providing an opportunity for community members to become involved in the fight against stigma in a way that fits for them.

1. **Courageous Minds Speakers Bureau** consists of individuals with lived experience who are leading the charge against stigma by sharing their personal stories and modeling a positive path to recovery.
2. **Creative Minds** is a community art gallery where local artists of every skill level can contribute art displayed on the walls of Tri-City’s MHSa building. Artists are recognized for their work and share how their art influenced their life.
3. **National, state and local mental health awareness campaigns**, which includes collaborative campaigns such as May is Mental Health Month, July is Minority Mental Health Month, Suicide Prevention Week, Directing Change (a suicide prevention video contest) and Green Ribbon Week, an original annual Tri-City event held during the month of March.

In addition to stigma reduction, suicide prevention remains high on the list of priorities for Tri-City. By offering a series of trainings for both staff and community members, Tri-City is able to empower the community to recognize the early signs of suicide and how to respond through trainings such as SafeTALK/SuicideTALK, and Know the Signs.

The Room4Everyone Campaign and its components, serves all ages. Specifically, the stigma reduction and Creative Minds project connects with school age children from elementary through college. Younger students celebrate and participate in Green Ribbon events, sponsored through CalMHSA's Each Mind Matters campaign. High school students and faculty participate through a film contest called Directing Change, with Claremont High School winning first place in their region with their suicide prevention film entitled, "There is Hope".

This program also serves adults and older adults community wide by hosting various anti-stigma events and providing opportunities for participation at every age level.

Program Update:

During Minority Mental Health Month, Tri-City hosted an incredible author and speaker, Andrea J. Loney. Based on her popular children's book, *BunnyBear*, Andrea spoke at several events sharing the struggles of BunnyBear, who was born a bear but feels more like a bunny on the inside. These heartwarming presentations were shared with both Tri-City staff and community members and provided a strong lesson on looking beyond our own assumptions and biases and accepting others as they are.

The Creative Minds Art Gallery continues to be a popular component of the stigma reduction program as demonstrated by an increase in the number of participants sharing their work and personal stories and the impact of art on their lives. During FY 2017-18, two showcase events were held which included 73 different artists and 110 pieces of art. This success has been a result of outreach and organic growth as participating artists share with others about the gallery and their experience.

This increase may also be due in part to several stakeholder recommendations incorporated during this past fiscal year. Adjusting the dates for the Creative Minds gallery events to better accommodate high school and university schedules proved helpful. At the same time, the Creative Minds Gallery has been able to interweave its activities in line more with national and state recognized stigma reduction events. In addition, Minority Mental Health Month has become a standard part of the recognition calendar at Tri-City and plans for next year are already underway.

Challenges Experienced:

Committing to a specific date for trainings or presentations seemed to be a challenge for some communities this past fiscal year. Various groups, who originally expressed an interest in

scheduling a training or presentation, failed to follow through when asked to provide a final date. After diligent follow-up with these communities, it was determined that prior to scheduling an event, it would be helpful to first focus on building a relationship with the group leaders so that Tri-City staff can then effectively assess the needs of the community and offer training that is appropriate for its members and better supported by the leaders.

Through this same collaborative process, Tri-City has increased their ability to engage high school students throughout the communities we serve. Through effective and strategic outreach efforts targeting local high schools, there has been a significant improvement in collaboration. As stated before, by simply changing the submission dates for the Creative Art Gallery, these revised dates now align with the school calendar. Plans for the coming year include hosting a "three district art showcase" featuring one school from each district.

The Tri-City service area is unique in that there are four major universities, each with its own culture. With each diverse campus, outreach and engagement has been challenging and Tri-City staff have been dependent on existing relationships at each campus, but not able to reach the student body as a whole. Future strategies include focusing outreach efforts on the counseling/psychological services on each campus by creating a comprehensive information package and building a strong relationship with one point person in that department. The goal is to increase the reach of the stigma reduction program across the campuses.

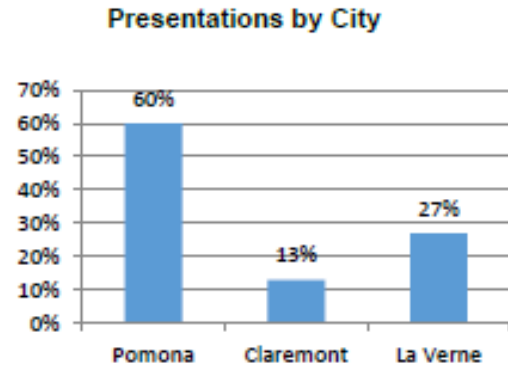
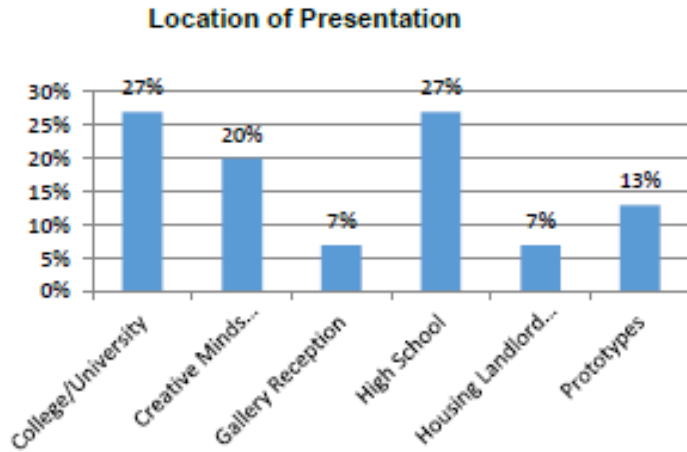
Outcomes:

PROGRAM: Stigma Reduction & Suicide Prevention

The number of presentations was constant for both FY's 2016-17 and 2017-18 with a total of 48 presentations. There were four art showcases held; however, the number of artists and pieces nearly doubled from FY 16-17 to FY 17-18: in FY 16-17 there were 40 artists compared to 73 the following year. The number of pieces increased from 53 to 110 in the last fiscal year. Attendees at stigma reduction events from both fiscal years reported that they felt motivated to participate in stigma reduction efforts and that their belief that people with mental illness can recover had increased as a result of the training.

HOW MUCH DID WE DO? *Stigma Reduction*

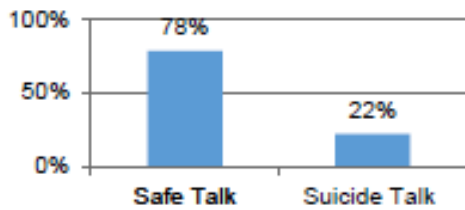




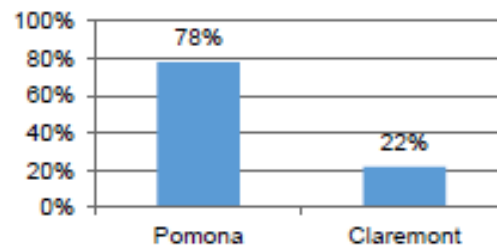
HOW MUCH DID WE DO? *Suicide Prevention*



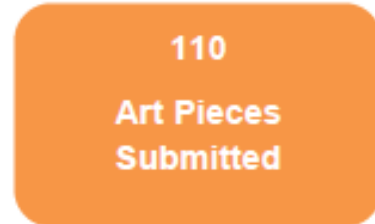
Type of Presentation



Presentations by City



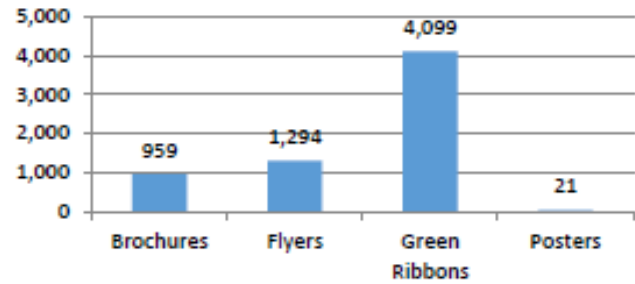
HOW MUCH DID WE DO? *Creative Minds Art Gallery*



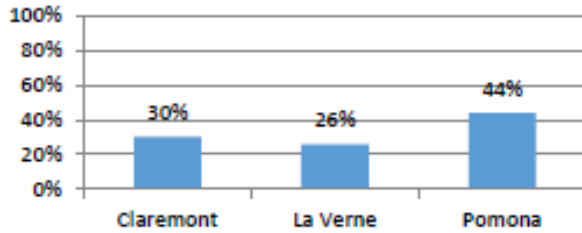
Promotional Activities

6,373
Promotional Materials

Type of Promotional Materials



City of Promotional Materials



83,736
Number of Website Hits for the "Room4Everyone" Website

60,925
Number of Unique Website Hits for the "Room4Everyone" Website

HOW WELL DID WE DO IT?

438
Attendees for Stigma Reduction

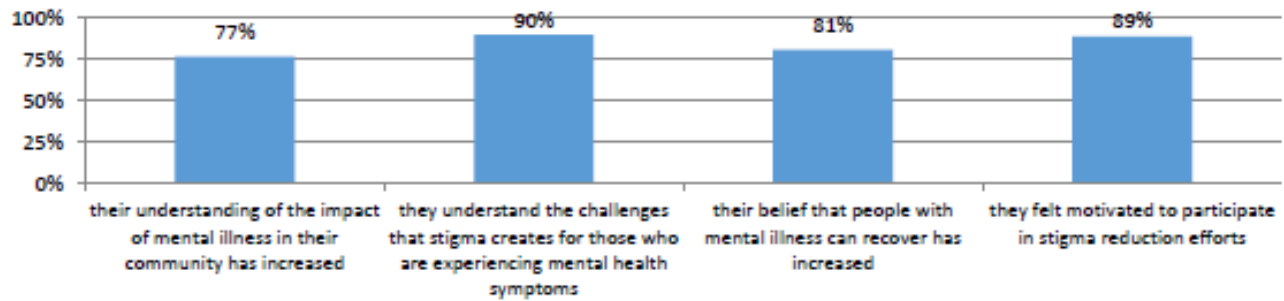
162
Attendees for Suicide Prevention

88
Attendees for Art Gallery Receptions

IS ANYONE BETTER OFF?

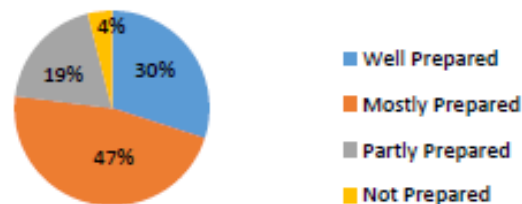
Stigma Reduction

Percentage of Stigma Reduction Attendees who reported that as a result of the trainings:



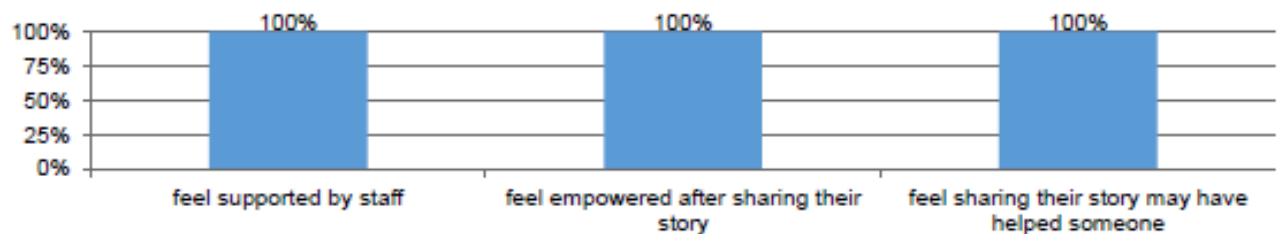
Suicide Prevention

Percentage of how prepared Safe Talk attendees feel to talk directly and openly to a person about their thoughts of suicide:



Courageous Minds

Percentage of Courageous Minds Speakers who:



Older Adult Wellbeing/Transition Age Youth Wellbeing

(Peer Mentor and Wellness Center PEI Programs)

Both the Older Adult Wellbeing and the Transition Age Youth Wellbeing programs are comprised of two projects: Peer mentoring and specialty groups/programming offered at the Wellness Center specific to TAY and older adults needs.

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

Target Population: Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over)

Age Groups	TAY 18-25	Adults 26-59	Older Adults 60+	Totals
Mentors FY 2017-18	19	7	6	32
Mentees FY 2017-18	18	40	16	74
Groups FY 2017-18	16	92	75	183
Cost Per Person	\$555	\$648	\$648	N/A

The Peer Mentor (PM) Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for formal services or are transitioning out of formal services. This program provides a safe environment for individuals to work on their life stressors while focusing on improving their mental wellbeing. By offering individual and group mentoring, the peer mentors help individuals who have identified with lived experience to continue to grow in their journey while helping others who may be going through similar circumstances.

The program addresses language barriers by offering support by mentors who are fluent in Mandarin, Cantonese, American Sign Language, Vietnamese, Korean, Hindi, Arabic, Spanish as well as English.

Program Update:

While continuing to focus on individuals with lived experience, this popular and impactful program was able to sustain 32 mentors throughout the program year. Of these 32 mentors, 19 self-identified with lived experience, which is a significant increase from the previous year with only 12 self-identified. The program also sustains support groups focusing on two important underserved populations: older adults and LGBTQ.

In addition to providing mentoring services for community members, this program supports Tri-City clinical departments. Based on the need to provide a safe and supportive space for individuals preparing to transition to a lower level of care from the Adult Outpatient department, the HOPE Transition Group was established. Peer Mentors help support the Officer of the Day (intake department) by reaching out to individuals who miss their orientation appointment and reengage these individuals back into services.

Peer Mentor Trainings

Training is an important component of the Peer Mentor program. Below is a list and description of the comprehensive courses offered through this program.

Orientation: Peer Mentors get oriented on the program and what the next 9 months will entail.

Peer Mentors learn about the services they will be providing, and upcoming trainings they will be receiving while learning about the resources within our community.

Suicide Talk: Mentors gain knowledge and awareness regarding how to identify the first steps in suicide prevention. Mentors engage in an open discussion exploring suicide prevention.

Cultural Competence: Peer mentors get trained on the diverse culture they will be working with. Peer mentors gain a better perspective on their own culture and the importance of learning about other cultures as it can impact mental health wellbeing. Mentors learn about various populations such as working with the homelessness and veterans in our community.

Mental Health First Aid: Mentors gain the basic understanding of mental health diagnosis while helping reduce mental health stigmas.

Motivational Interview: Mentors learn about the importance of the recovery process. Mentors learn about the stages of change and how resolving ambivalence is one of the primary elements with motivational interviewing.

Working with older adults: Mentors learn about working with older adults in the community. Mentors learn about what individuals may be going through around that age range and how to recognize some signs that may be missed.

Self-Care and Safety: Mentors gain knowledge on the importance of practicing positive self-care such as utilizing positive coping skills to help alleviate unwanted symptoms and to help improve their mental health wellbeing. Peer Mentors learn about various techniques, including safety, when working with mentees out in the community as well. Mentors learn about being safe in the community when they are meeting with mentees out in the community.

Adverse Childhood Experiences (ACEs): Mentors learn about how traumatic events and experiences that happened prior to 18 years of age can impact prevention efforts.

HIPAA: Peer Mentors learn about the importance of confidentiality when working with mentees. Mentors learn about mandated reporting and the process with mandated reporting when serving the community. Mentors learn about the privacy and rights of individuals as it relates to their healthcare information.

Community Resiliency Model (CRM): Mentors learn skills to reset the natural balance of the nervous system after a traumatic event or stress occurred. Mentors learn how they can incorporate these skills within their own life and when working with mentees.

Stigma Reduction: Peer Mentors learn about stigma and the impact it has had on mental health wellbeing. Mentors learn how stigma can play a powerful role on impacting a mentee's level of functioning.

Healthy Relationships: Project Sister provides training on the importance of healthy relationships, and what setting appropriate boundaries look like. Mentors also learn to identify early warning signs of unhealthy relationships.

LGBTQ: Peer Mentors learn about the LGBTQ community, individuals who may identify in the community and the impact limited resources has had on an individual's mental wellbeing.

Sexual Assault 101: Provided by Project Sister, this prevention program is designed to educate the community on the nature of sexual assaults.

Transition: Mentors learn the importance of appropriate transition and the impact it can have on an individual.

Group Activities: Mentors work on team building and healthy communication by engaging in various group activities.

Challenges Experienced:

The Peer Mentor Program continues to outreach to the homeless population, which historically has been difficult to engage. PM staff recognized that, although this population is underserved, individuals residing at the local homeless shelters are reluctant to accept one-on-one support. In response to this, the peer mentors have revised their engagement strategy to focus on *Peer Mentor Wellbeing Activities*. These activities are designed to help participants learn more about the program while gaining positive coping skills. In addition, PM's will focus on creating an on-going support group at the Armory (local homeless shelter) where topics focus on relevant issues specific to the needs of this population.

Although the participation rate from this population has been low, over the next fiscal year, PM staff will continue to work on developing new strategies addressing the needs of the homeless population and provide onsite support as needed. In addition, PM staff will continue to collaborate with Tri-City's Housing Department and Community Navigators to provide these individuals with additional resources specific to their needs.

Another challenging but critical group is older adults. The peer mentors continue to work on building effective ways to connect with this underserved group who often face obstacles to services such as lack of transportation, declining health issues and limited mobility. Future goals and strategies include creating on-site wellbeing activities that will be more accessible for older adults.

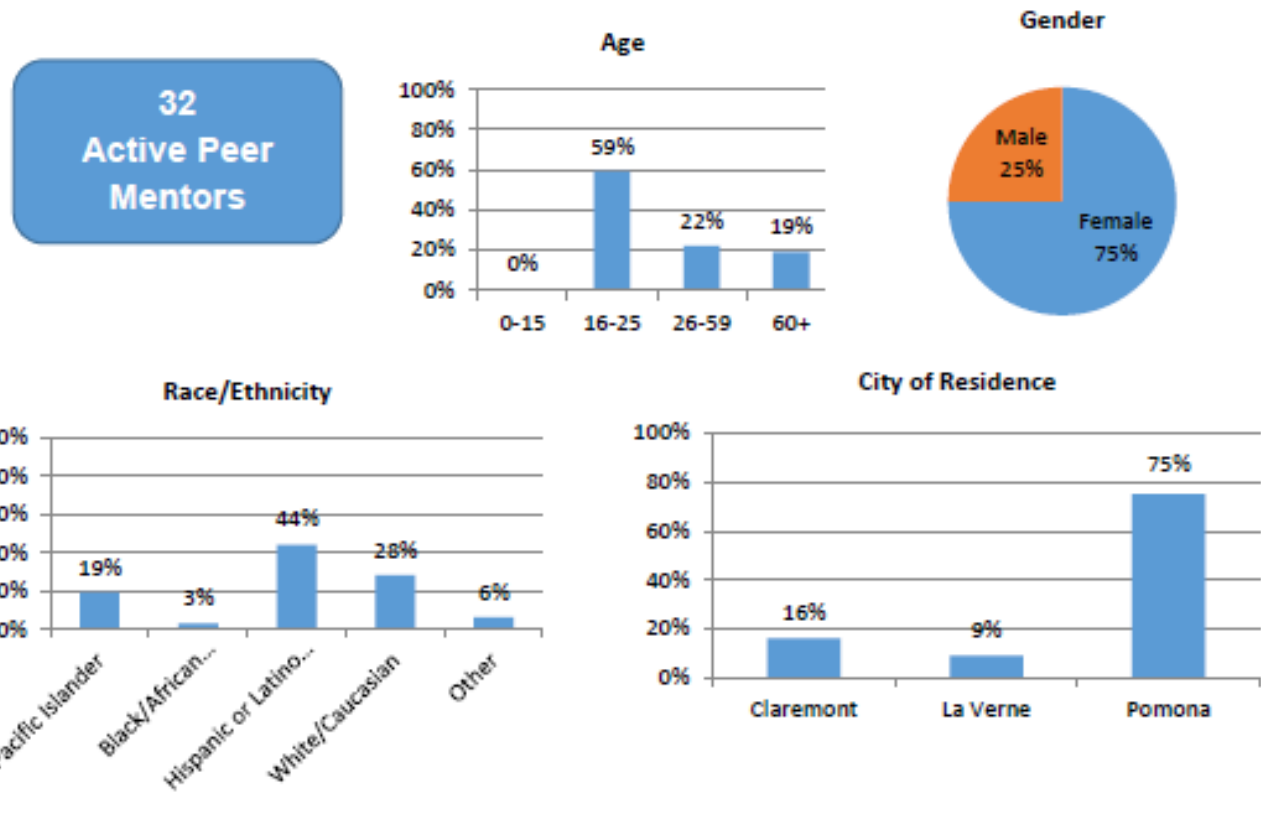
A final challenge has been to engage Korean older adults. Recently, a peer mentor that identifies as Korean American and speaks Korean fluently has begun outreach and engagement efforts to connect with local Korean older adult communities with the hope of increasing access to support services by building supportive relationships.

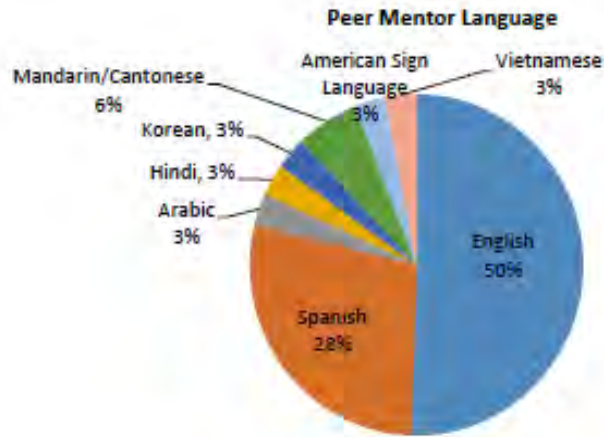
The Peer Mentor Program continues to expand in the population that they serve as reflected in a 3% increase with population served in Claremont, 1% increase in La Verne, 3% increase in Pomona. Additional increases included an increase in 148 attendees at PM groups, 6% increase in referrals that became mentees and a 7% increase in PM reporting that becoming a Peer Mentor has made a positive impact on their lives.

Outcomes:

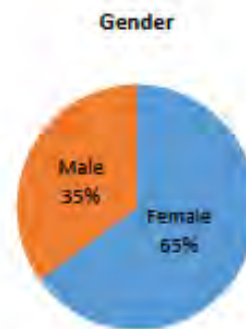
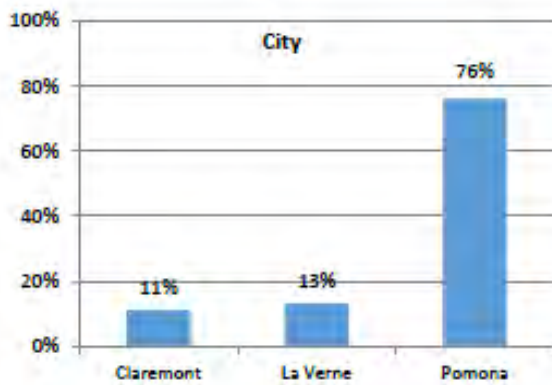
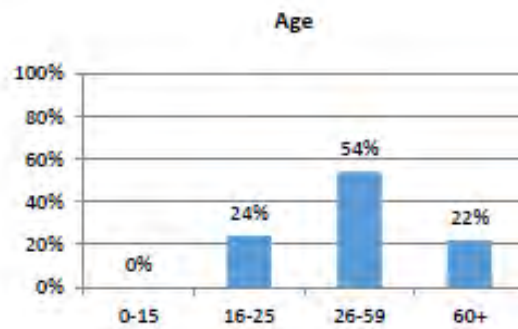
PROGRAM: Older Adult Wellbeing/Transition Age Youth Wellbeing (Peer Mentor Program)
 The number of peer mentors and peer mentees were consistent for FY 2016-17 and FY 2017-18; however, there was an increase in peer mentors who self-identify with lived experience in FY 17-18. There were 3,076 service learner hours completed by the peer mentors for FY 16-17 and 17-18 combined. Both mentors and mentees had positive ratings of their experiences for both years.

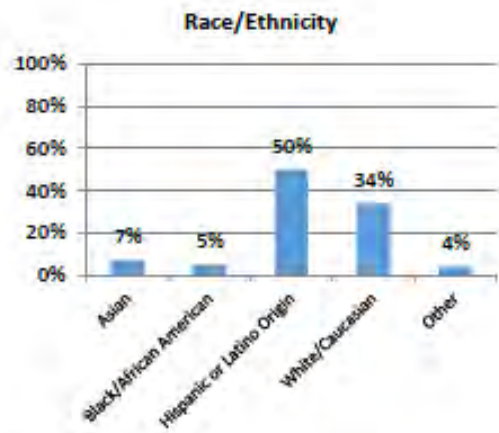
HOW MUCH DID WE DO?



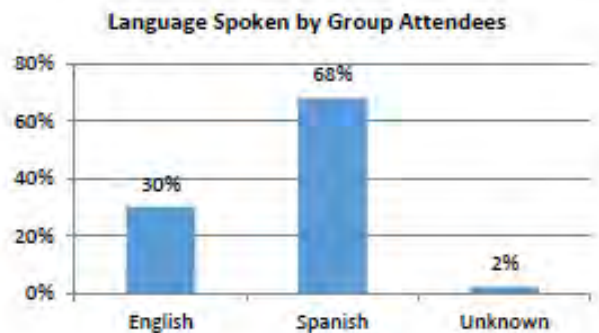
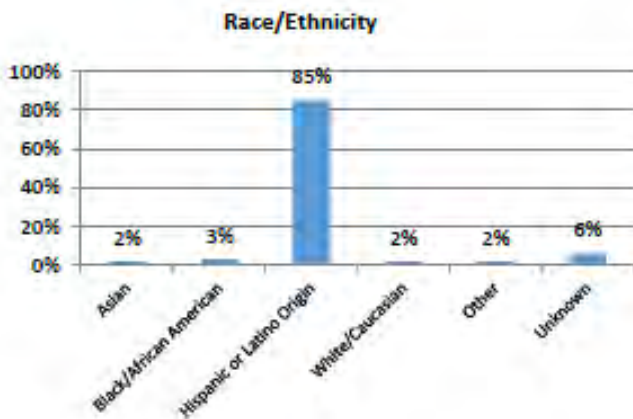
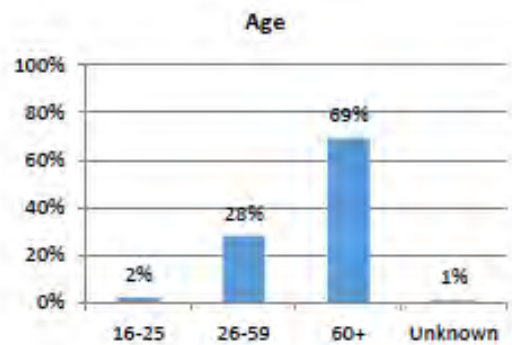
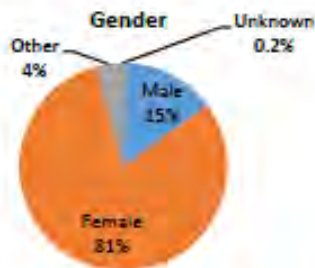


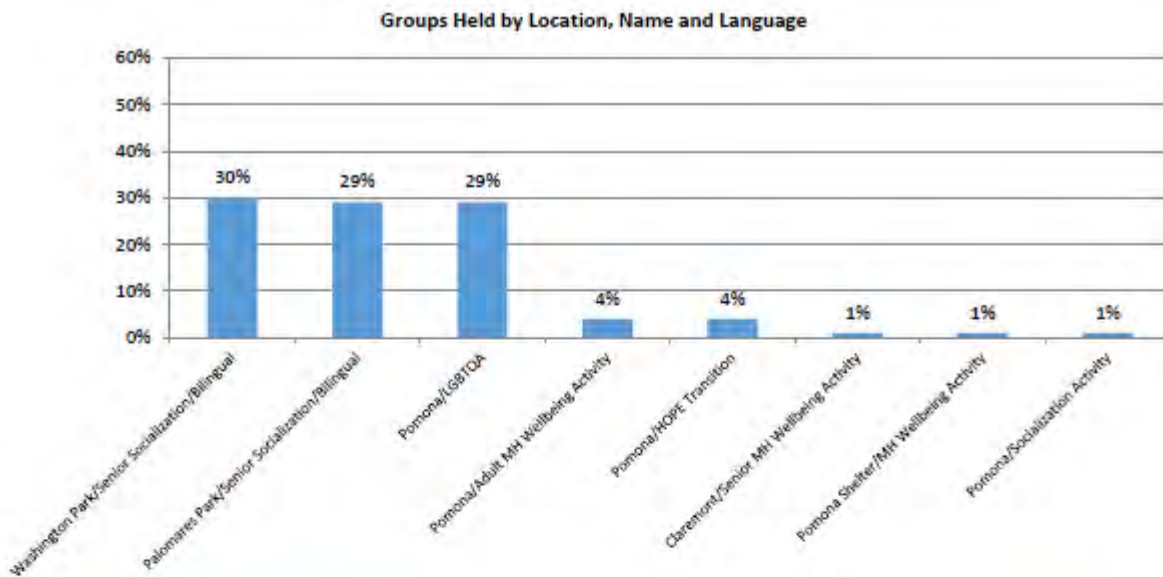
74
Mentees Served





1,285
Attendees
at Peer
Mentor
Groups





HOW WELL DID WE DO IT?

**51 out of 67 (76%) Referrals
Became Mentees**

**100% of Peer Mentees
reported feeling comfortable
with their peer mentor**

**1,356 Service Learner Hours
Completed by Peer Mentors**

**19 Peer Mentors Self-Identify
with Lived Experience**

IS ANYONE BETTER OFF?

**97% of peer mentors
reported becoming a peer
mentor has made a positive
impact in their lives**

**100% of mentees agreed
peer mentor provided
helpful support in their first
session**

Family Wellbeing Program

Program Description: Staff and volunteers build trusting relationships and provide support to family members and caregivers of people experiencing a mental illness.

Target Population: Family members and caregivers of people who struggle with mental illness from unserved and under-served communities.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	429	171	463	55	4	1,122
Cost Per Person	\$30	\$30	\$30	\$30	\$30	N/A

The Family Wellbeing Program (FWP) is located at the Wellness Center, which serves as a community hub and place of support for participants from the cities of Claremont, La Verne and Pomona. The focus is particularly on family members from unserved and under-served communities.

The Family Wellbeing program consists of a dynamic set of programming focused on addressing the needs of the family. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g. exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences.

Although not a clinical-based program, the Family Wellbeing team is able to assess an individual who is in crisis, and through collaborative efforts with Tri-City's Intensive Outreach and Engagement Team or local law enforcement, connect the individual with the appropriate level of care including the Tri-City clinic or hospital emergency room. Additional resources may be provided through the Community Navigators or Tri-City's Housing Department.

In addition to supporting family members and caregivers, the FWP oversees the social-work interns who are placed with Tri-City for clinical supervision as part of their Masters of Social Work program. From September through May, these highly trained and supportive graduate students offer an invaluable service to the school counseling program that Tri-City facilitates on Bonita Unified School District (BUSD) campuses.

Program Update:

In September of 2017, the FWB program welcomed several Masters in Social Work interns from California State Northridge, California State University Long Beach, University of Southern California and Azusa Pacific University. Although this program offers additional support for

Bonita Unified School District, during FY 2017-18, the school district requested counselors with more experience. This led to the consideration of a second year internship program, which will be explored in greater detail in the future.

In December 2017, the FWB team hosted the annual tree lighting event. This popular holiday event allowed parents, children and caregivers to take part in counting down to light the tree, viewing Charles Brown's Christmas and receiving toys.

Beginning in the spring of 2018, the FWB program began outreach efforts in anticipation of their annual summer camp programs. The Wellness Center's annual summer camp is a month long, free day camp for children from the communities of Claremont, Pomona and La Verne. Twenty campers between the ages of 7 and 12 attended and service learners from the Workforce Education and Training program also participated which provided these volunteers with valuable hands-on experiences as they consider working with children in their future careers.

Challenges Experienced:

One of the challenges experienced by the Family Wellbeing staff included the engagement of children under the age of 12. Although many events are hosted throughout the year, this younger population continues to have a lower participation rate. The FWB staff will focus outreach efforts on locations in the Tri-City area that are known to be frequented by families with a goal of engaging this younger population.

Other engagement concerns are for families located in La Verne and Claremont, two of the cities that make up Tri-City's catchment area. Although the FWB program is housed at the Wellness Center in Pomona, the focus on inclusion and engagement of families and caregivers from all three cities is critical for the program's success. Lack of transportation was also considered as a possible factor for under-participation and this will be addressed during the next fiscal year.

Another significant challenge was the notable absence of the FWB supervisor for most of FY 2017-18. However, the remaining members of the team were able to step up, fill in the gaps, and continue to run a smooth program. This commitment to teamwork and cross training has proven to be beneficial for the families and caregivers for this program.

Outcomes:

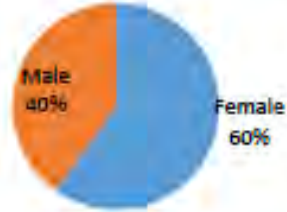
PROGRAM: Family Wellbeing Program

The Family Wellbeing groups were well attended for both FY 2016-17 and 2017-18 with a total of 9,792 attendees combined for both fiscal years. Visitors not only reported a high level of satisfaction with the Family Wellbeing program, but also reported that their relationships with others had improved. These favorable ratings were for both fiscal years.

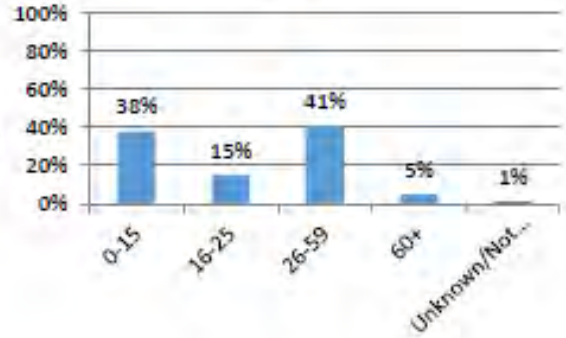
HOW MUCH DID WE DO?

**1,122
Unique
Individuals
Served**

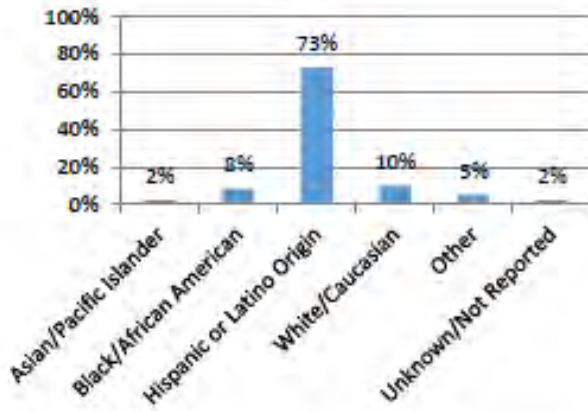
Gender



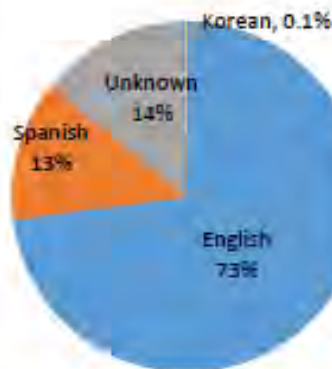
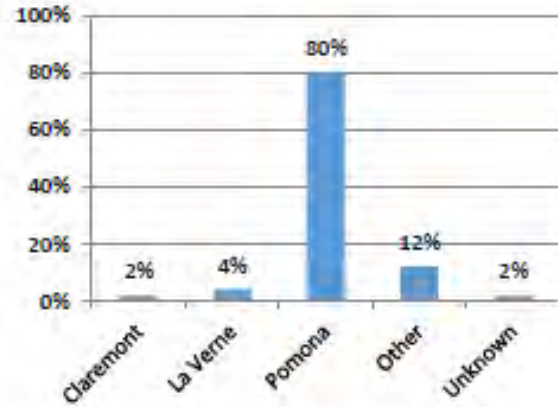
Age



Race



City



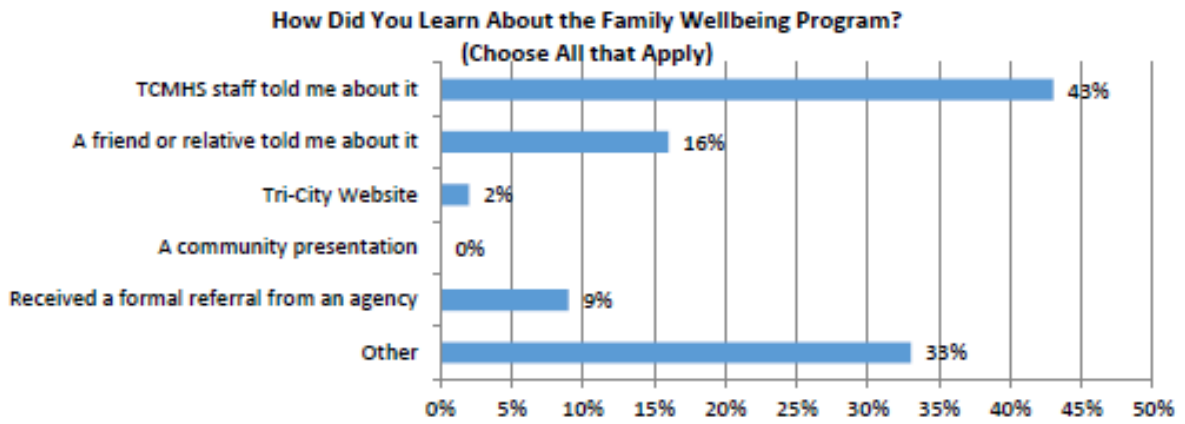
HOW WELL DID WE DO IT?

Number of Times People Visited

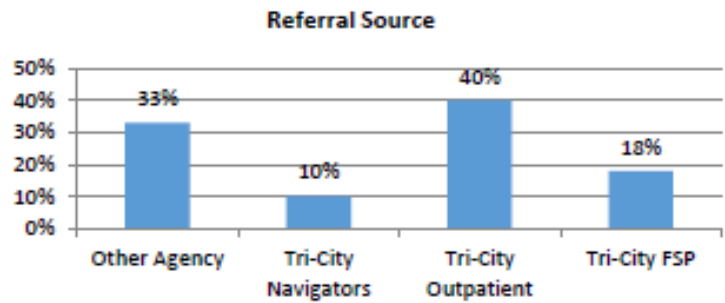
4,822
 Number of Attendees at Family
 Wellbeing Events
 (Duplicated Individuals)



Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
FWS – Arts & Crafts	21	1	16	7
FWS – Cooking Class	7	1	13	8
FWS – Creating Writing	24	3	10	5
FWS – Crisis	4	1	2	1
FWS – Grief & Loss	48	4	13	7
FWS – Kid’s Hour	10	1	4	3
FWS – LGBT	1	1	1	1
FWS – Limited to Limitless	52	1	14	7
FWS – Mommy & Me	69	1	15	5
FWS – Movie Night	49	1	45	12
FWS – Music	55	1	20	12
FWS – One-on-One	118	1	20	2
FWS – Sacred Heart	6	8	25	15
FWS – Spirituality	50	1	12	6
FWS – Teen DRA	31	1	3	2
FWS – Teen Hour	44	1	9	4
FWS – United Family	52	1	30	12
FWS – Walking Adventure	52	2	13	8
FWS – Writing to Heal	47	3	16	6

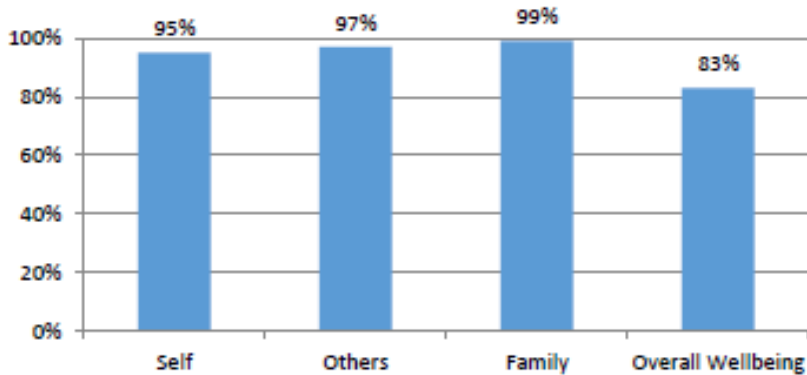


91%
Satisfied with the Family Wellbeing Program



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



NAMI: Parents and Teachers as Allies

Program Description: Parents and Teachers as Allies provides in-service trainings for school professionals and parents to help participants better understand the early warning signs of mental illnesses in children and adolescents.

Target Population: Parents and school personnel for Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) unified school districts.

Number of Trainings for FY 2017-18	13	Attendees	110
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The NAMI program, Parents & Teachers as Allies (PTAA), serves as both outreach and education program for schools throughout Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) Unified School Districts. PTAA provides an overview of emotional disorders and mental illnesses commonly encountered among children and adolescents. The purpose of PTAA is to increase awareness among teachers, staff and parents regarding the prevention and early intervention of mental disorders, to decrease stigma and increase compassion for those who show symptoms of early onset mental illness.

PTAA typically takes the form of a 90-minute presentation by individuals with both nationally standardized presentation training and lived experience with the program content. The program features an overview of:

- The latest research on brain disorders in children and adolescents.
- Signs of early onset mental illnesses in children and adolescents as seen at home and at school.
- Family reactions to mental illnesses.
- Early intervention and treatment, which lead to better educational outcomes for students.

Additionally, PTAA has proven to be an invaluable vehicle of introduction for NAMI Pomona Valley to the schools and districts served. Subsequent to PTAA presentations, NAMI Pomona Valley has been able to extend support in the form of other NAMI programs, presentations and services such as *NAMI On Campus*, *In Our Own Voice*, *Ending the Silence*, NAMI Support Groups and NAMI information tables as well as targeted education and support for underserved groups.

Program Update:

This year PTAA saw an increase in the total number of presentations of over 40%, from 9 presentations to 13 presentations. Importantly, the majority of the four additional presentations were conducted in Claremont (CUSD), as compared to zero presentations made last year.

NAMI staff worked to extend the availability of the PTAA program into Claremont and, in light of increased interest within the service area, have also begun to incorporate more information on suicide awareness.

Challenges Experienced:

Relative to the represented populations within Pomona, Claremont and La Verne according to information provided by TCMHS, NAMI had the most difficulty reaching the African-American/Black and Asian communities. Notably, the reach into the Black community dropped over 50% from 6% for FY 2016-2017 to 2% for FY 2017-2018. Similarly, the drop in the Asian community went from 6% to 4% for the same period. During the next fiscal year, NAMI will identify African-American parent groups, increase outreach to Black churches and recruit volunteers from the Black community. Similar efforts will be undertaken for the Asian community.

Program Change:

Effective January 1, 2019, NAMI National will no longer support the NAMI program, Parents and Teachers as Allies. This program has been replaced with NAMI Ending the Silence for School Staff and Ending the Silence for Families. As a result of this decision, NAMI Pomona Valley is requesting stakeholder and TC Governing Board approval to replace the current NAMI/PEI funded program, Parents and Teachers as Allies, with another NAMI program, Ending the Silence, effective July 1, 2019. The current NAMI funding/allocation of \$35,500.00 annually shall remain the same and transfer to the replacement program.

Program Features	Parents and Teachers as Allies	Ending the Silence
Cost for program	Free to schools and participants	Free to schools and participants
Target Audience	School Personnel and Parents	Students, School Personnel and Families
Number of presentations	2-Parents and School Personnel	3-Students, School Personnel and Families
Focus:	<p>Early warning signs of MI</p> <p>Create supportive learning environment</p> <p>Voice concerns in a safe environment</p> <p>Personal testimony from TAY living with MI</p>	<p>Early warning signs of MI</p> <p>Students: Provide ideas to help themselves, friends and family members</p> <p>Families: How to approach your child and how to work with school staff</p> <p>Teachers: how to approach students and work with families</p> <p>Personal testimony from TAY living with MI</p>

Outcomes:

PROGRAM: Parents and Teachers as Allies/National Alliance on Mental Illness (NAMI)

HOW MUCH DID WE DO?

13 Presentations

110 Attendees

HOW WELL DID WE DO IT?

96% Agreed or strongly agreed that *Parents and Teachers As Allies* increased their understanding of the symptoms of childhood and adolescent mental illness

IS ANYONE BETTER OFF?

95% Agreed or strongly agreed that *Parents and Teachers As Allies* will help them recognize early warning signs of mental illness in children and adolescents

Housing Stability Program

Program Description: The Housing Stability Program is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

Target Population: Individuals experiencing mental illness who are in need of support to maintain their current housing or find a more appropriate place of residence.

Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
73	7	45	62

Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. TCMHA works to prevent homelessness by going where the housing is (landlords and property management companies) and addressing the needs and concerns of housing providers, in addition to consumers. As part of this project, TCMHA developed a Good Tenant Curriculum that addresses both landlord and tenant expectations, rights and responsibilities.

Relationships and collaboration are key to the sustainability of the Housing Stability Program. This hybrid program is critical in responding to the increasing cost of rents and stigma. Most clients are on a limited income such as social security or families living on a dual minimum wage income. However, through these connections, Tri-City staff are better able to assist consumers in overcoming barriers that have kept them from accessing and maintaining stable housing. The Housing Stability Program allows landlords and mental health providers to work together to prevent and ultimately end homelessness in the lives of individuals with mental illness.

Program Update:

FY 2017-18 saw an increase in the number of new property managers/companies attending the monthly Landlord Luncheons hosted by the Housing Department. Several of these new participants were engaged through client-related issues and were impressed with the approach Tri-City uses to offer support and build alliances.

Close collaboration with Tri-City's clinical staff is also a critical component to identifying appropriate housing for clients. In order to assist the clinical staff with making appropriate

referrals to Housing, it was determined it would be most effective to discuss housing options in greater detail with the client prior to making a decision. Clients who are interested in housing are invited to attend the Supportive Options Group (a workgroup designed to assist clients with understanding viable housing options based on their needs and income) in order to be screened by Housing staff and provided a more personal approach to their specific situation.

The Supportive Options Group was expanded to add two additional Tri-City locations. By offering this group at Tri-City's Adult Clinic and Child and Family Clinic, more clients were better able to access this important housing support service in addition to information on how to increase their income and sustain their current residence or upgrade to an improved housing situation.

Clients interested in housing who attend the Supportive Options Groups and currently do not have an income are offered transportation to the Wellness Center where they are able to meeting with an employment specialist who can assist them in pursuing employment based on their abilities and experience. In addition, training programs are available to assist the clients with improving their skill set and resume.

Challenges Experienced:

Affordable housing in the Tri-City area continues to be a challenge. With the rising cost of rents, the task of finding a suitable apartment or house can be daunting. Even when employed, the current minimum wage is not enough to afford housing and additional living expenses. Even with housing vouchers, clients still have difficulty finding property owners who are willing to rent to them. Property owners with bad experiences in the past believe that tenants with mental health issues will be even more problematic.

Clients experience a multitude of issues such as bad credit, lack of funds for a deposit or first month rent, or past evictions, which can preclude them from qualifying for housing. Identifying barriers and solutions is critical. In addition, there needs to be more incentive and Rapid Rehousing Resources (housing identification, rent and move-in assistance, and case management) readily available for the consumers served.

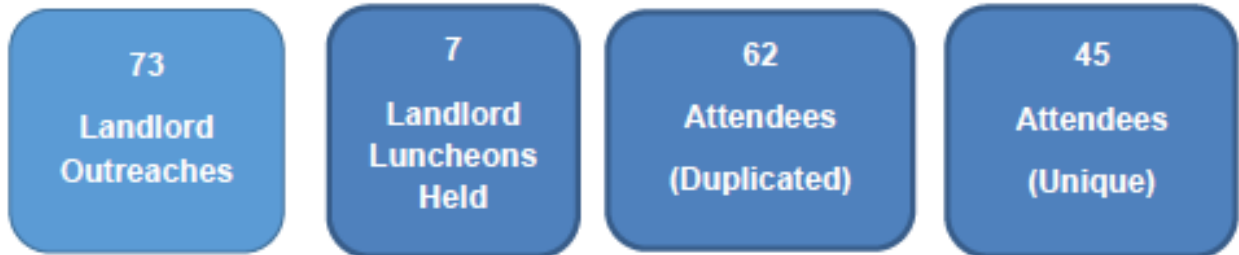
Future plans to address these issues include continuing the Landlord Luncheons, one-on-one meetings and invitations to Tri-City special events such as the screening of the documentary *"Passing Through"*, which celebrates the lives of individuals on Skid Row who found their creative voice through art. In addition, the luncheons will host a tenant/consumer panel quarterly to increase understanding and communication between tenants and property owners. Finally, by creating a "Housing Fair", similar to an employment fair, property owners are able to meet with perspective tenants and accept applications for housing in a central location, which includes sources for the Housing Incentive and Rapid Rehousing programs.

Outcomes:

PROGRAM: Housing Stability Program

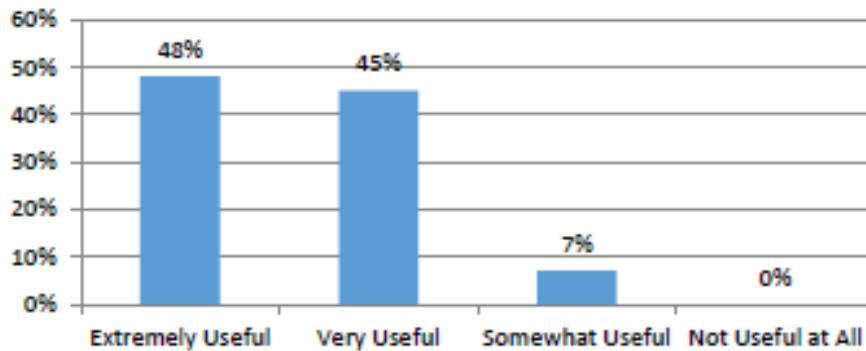
In FY 2017-18 there was an increase in connections with local landlords. The landlord luncheons were also created to discuss relevant topics on a monthly basis. This new event was well received and 93% of attendees finding the information useful.

HOW MUCH DID WE DO?



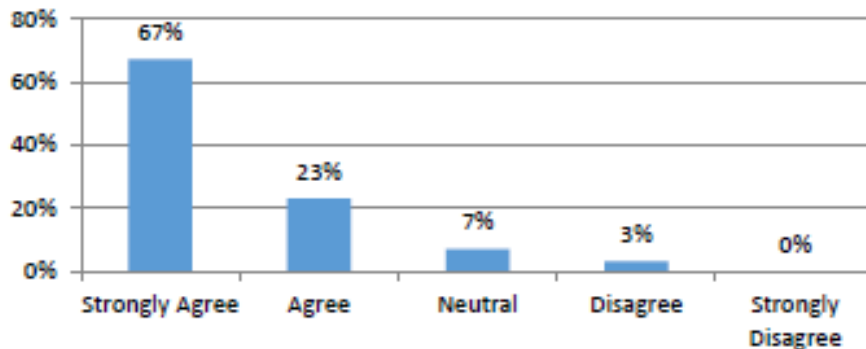
HOW WELL DID WE DO IT?

Landlord Luncheon attendees ratings of how useful the information was from the event.



IS ANYONE BETTER OFF?

Landlord Luncheon attendees level of agreement that the topics covered were relevant to their setting.



Therapeutic Community Gardening

Program Description: The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises.

Target Population: Unserved and underserved populations including adults, youth ages 16-25, families with children, older adults, and veterans.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	20	32	58	12	46	168
Cost Per Person	\$1,375	\$1,375	\$1,375	\$1,375	\$1,375	N/A

The Therapeutic Community Gardening (TCG) Program was created by stakeholders to serve Tri-City clients and community members that live, work or attend school in the Tri-City service area. Designed as a prevention and early intervention program, this program serves clients and community members of all ages, including children, their families, transition age youth (ages 16-25), adults (ages 26-59), and older adults (ages 60 and older). Participants are encouraged to join before, during or after they have graduated from clinical treatment.

TCG is unique in its ability to utilize the innate relationship humans have with nature to assist participants in acquiring skills that can move them towards wellness, help to process change or mourn a loss, and effectively applying these techniques to situations outside of the garden. TCG clinicians utilize various modalities and techniques during group therapy, including but not limited to mindfulness and horticulture therapy. TCG participants identify the Garden as a safe place to discuss thoughts, feelings and behaviors that are impacting their lives while receiving social support from group members and feedback from TCG clinicians.

Focusing on early intervention, this program provides services to people who are in the early stages of their treatment and do not yet meet medical necessity. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

Program Update:

During the past year, TCG has incorporated into the groups the "Eight Dimensions of Wellness"; a concept referenced from the Substance Abuse and Mental Health Services Administration (SAMHSA). The model explains that Wellness is comprised of eight dimensions: environmental, emotional, financial, intellectual, occupational, physical, social, and spiritual. All eight dimensions are linked in one way or another and finding a balance within all eight, can aid in experiencing

overall wellness. Participants of TCG have quickly embraced the concept and shown an improvement in awareness of themselves and their environments. They often reference the eight dimensions in group discussions and have shown progress through their increased level of insight. Furthermore, in the past year, participants began understanding wellness in its broader perspective and even inquire about macro-level subjects such as eco-friendly materials, no harm gardening techniques that respect the ecosystem (insects, bugs, birds, squirrels, etc.), health food, and mindfulness.

TCG collaborated with Pomona Valley Hospital Medical Center (PVHMC) by providing a Mindfulness session for some of their doctors in the Family Medicine Residency Program. Twelve individuals from PVHMC attended the session where TCG led the group in a tour of the garden and engaged them in a mindfulness activity beneath the tallest tree in the garden. After this successful session, PVHMC requested to continue the session quarterly with physicians in their residency program.

Veterans from the Cal Poly Pomona Veterans Resource Center (VRC) visited the garden and participated in gardening activities in honor of "Cal Poly Pomona Veteran's Day". This was a skill-based group in which veterans learned gardening techniques and provided them with a sense of accomplishment while giving back to their community. The participants reported enjoying their time in the garden, and verbalized their desire to return the following year.

In the last fiscal year, the TCG team developed two new groups that have been successfully implemented. The first is Mindfulness through Gardening group, which brings gardening, nature, and mindfulness indoors. A second group, Gardening 101, was developed organically based on participants' suggestions that they would benefit from additional time to attend TCG and focus on gardening, caring for the plants and learning more about how to support their own garden.

Challenges Experienced:

Over the past fiscal year, TCG has made it a priority to contact local colleges and city governments for outreach opportunities. The program has maintained a strong relationship with Cal Poly Pomona, particularly the Veteran Resource Center whom TCG collaborates with often. La Verne is receptive to TCG outreach, both at the University of La Verne as well as their reoccurring Youth and Family Action Committee meeting at City Hall. TCG would like to increase its overall contact and outreach opportunities with Claremont, as they have met barriers when attempting to reach the Claremont Colleges and Claremont City Hall.

The TAY population can be difficult to engage and participation in the TAY group has diminished. Due to being in a unique developmental stage, this difficulty may stem from these individuals prioritizing other areas of their life, preferring socialization online or having a need to separate themselves from others to achieve autonomy. During the next fiscal year, TCG plans to remedy this disparity by increasing phone contact follow-ups with participants who miss a session, increasing contact with staff in clinical and rehabilitation departments that have TAY clients and

tailoring certain TCG events to appeal to a younger audience by adjusting themes, venues or times of events.

Finally, TCG has hosted groups targeted to serve specific populations. In consultations with clinical staff from Tri-City's Child and Family Services department (CFS), it was determined that there was a need for a pre-teen, girls group to help address transitional challenges during this developmental stage, and to teach and exercise self-awareness in the most natural of environments that is the garden. After a nine-month period, low attendance dictated that TCG discontinue the group. Reported challenges of attendance includes transportation, obtaining consent from legal guardians with busy schedules, and low motivation levels from the participants.

Outcomes:

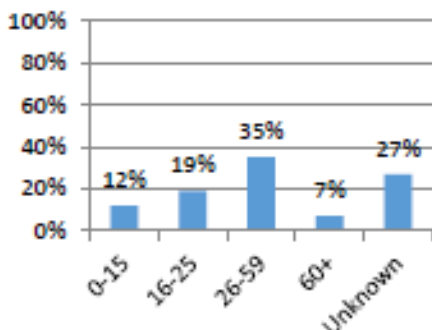
PROGRAM: Therapeutic Community Gardening (TCG)

There was an increase in garden participants from FY 16-17 (106 people) to FY 17-18 (168 people) which may be a result of the increase in staff and outreach efforts. For both years, participants reported that they enjoyed participating in the groups.

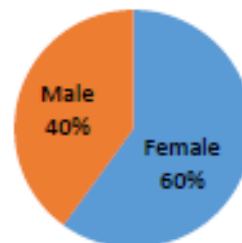
HOW MUCH DID WE DO?

168
Individuals
Served

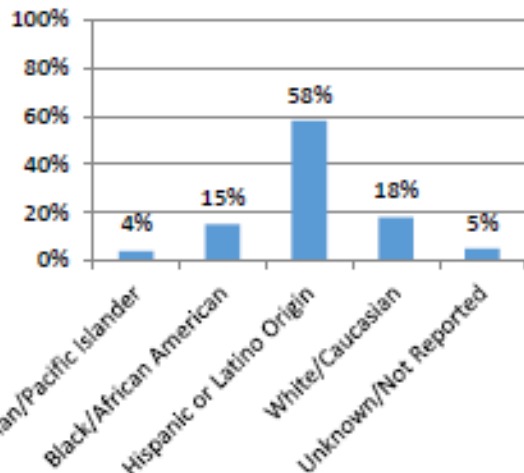
Age



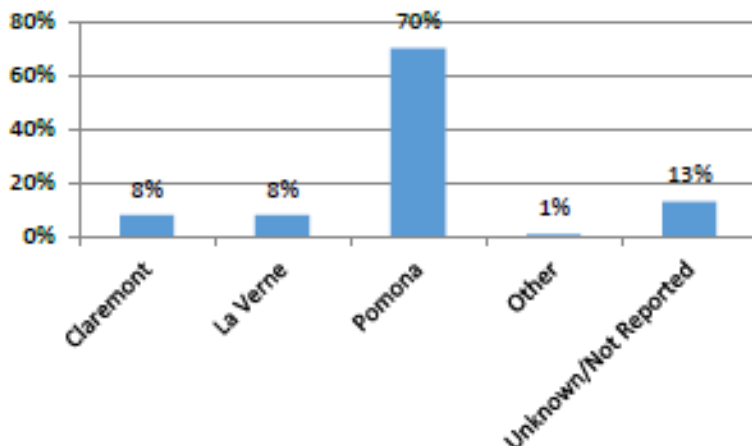
Gender



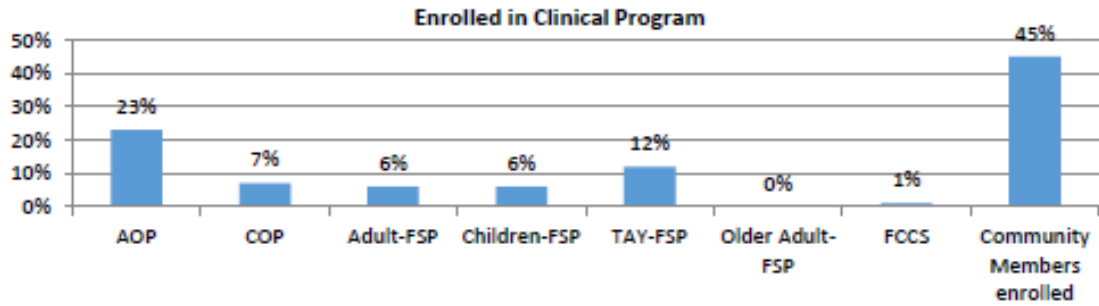
Race



City



HOW WELL DID WE DO IT?

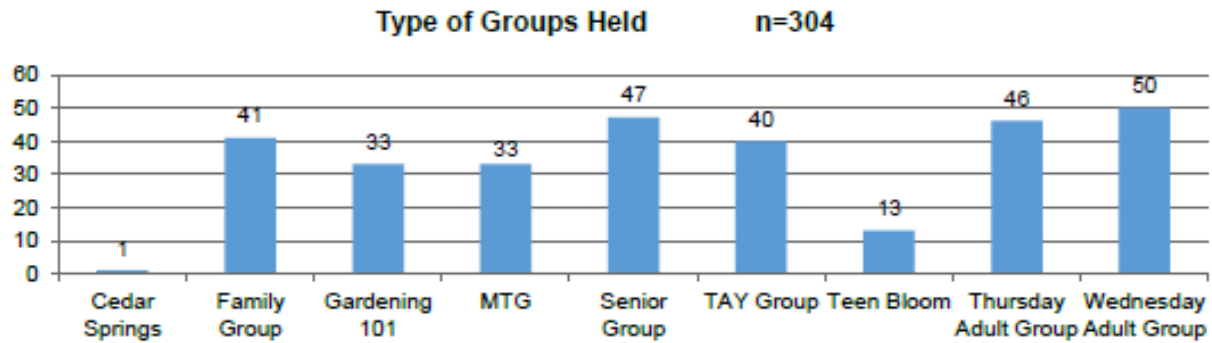


Number of Groups Held Out of Scheduled Groups

304 out of 334

Number of Duplicated Individuals Attended Groups

1,223

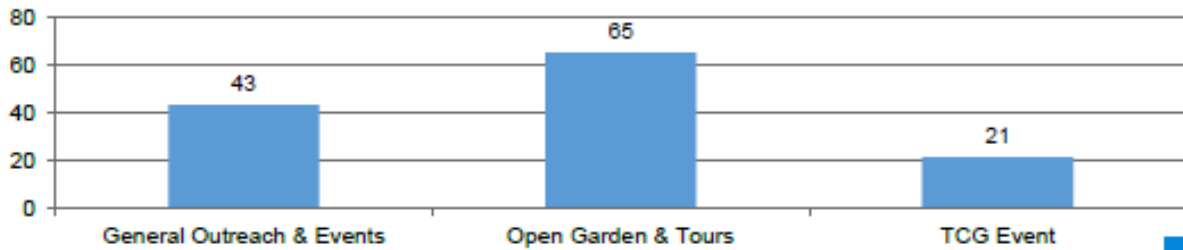


Number of Outreach Event

129

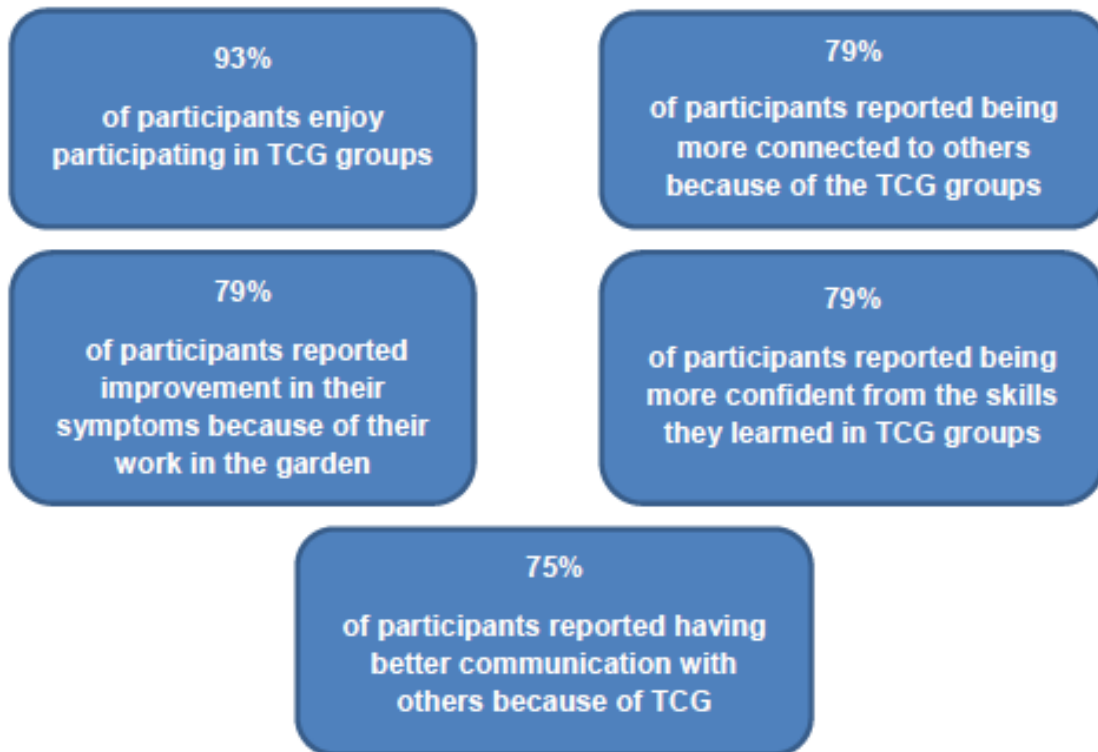
Number of Individuals Outreached

1,257



IS ANYONE BETTER OFF?

TCG Group Survey Results



- "Provides calmness to my days"
- "Learning from other people about wellness"
- "Staff was very helpful and friendly"
- "I feel more improvements in my life because of TCG"
- "I feel more motivation, and more socializing"
- "Helped me overcome my social anxiety"
- "I feel more confident"
- "Helps me reduce anxiety"
- "Informative and helpful"
- "Learning more skills"
- "It's a place of comfort from the harsh realities of life"
- "I love it"
- "I have made friends"
- "It has helped me figure out the root of the cause"

**FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/1/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing Program	44,117	44,117				
2. Older Adult Wellbeing (Peer Mentor)	44,589	44,589				
3. Transition Age Youth Wellbeing (Peer Mentor)	44,363	44,363				
PEI Programs - Early Intervention						
4. Family Wellbeing	44,117	44,117				
5. Older Adult Wellbeing (Peer Mentor)	44,589	44,589				
6. Transition Age Youth Wellbeing (Peer Mentor)	44,363	44,363				
7. Therapeutic Community Gardening	341,406	341,406				
8. Early Psychosis	163,343	163,343				
PEI Programs - Other						
9. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention)	441,667	441,667				
10. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
11. Housing Stability Program	152,423	152,423				
PEI Administration	627,944	627,944				
PEI Assigned Funds	23,939	23,939				
Total PEI Program Estimated Expenditures	2,028,421	2,052,360	0	0	0	0

**Prevention and Early Intervention
Programs
FY 2020-21**

COMMUNITY WELLBEING PROGRAM

Status of Program: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified <input type="checkbox"/> Discontinued
Target Population: <input checked="" type="checkbox"/> 0-15 <input checked="" type="checkbox"/> 16-25 <input type="checkbox"/> 26-59 <input type="checkbox"/> 60+ Other:
Type of Program: <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Prevention and Early Intervention

Program Description: The program provides small grants up to \$10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.

Target Population: Local communities (defined as a group of individuals who rely on each other for support and can act together) who are interested in building their own capacity to strengthen the wellbeing of their members.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Number Served FY 2018-19	2,606	2,444	687	338

The Community Wellbeing (CWB) program typically supports unserved and underserved populations in 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. In addition, the CWB program partners with and supports various non-profits, community organizations, and grass roots projects in the Tri-City area.

To qualify for a Community Wellbeing Grant, community groups located within the three cities go through a rigorous application process and interview. The amount funded is determined through the selection process and each applicant must have a fiscal sponsor or be a 501c3.

The specific goals of each community are addressed in the CWB application and clarified through one-on-one interviews. Some "universal" goals that are consistent through the majority of grantees include:

- Improved relationships between members of the community
- Increased capacity to meet the goals of the community
- Improved wellbeing - typically in the form of reduced stress, and overcoming challenges that the community faces

Program Update:

Communities participating in the Community Wellbeing (CWB) grant program reported and significant improvement in the wellbeing and cohesion both within communities and between communities. Nine communities were selected in FY 2018-19 to receive a grant, representing 2,087 members directly and benefiting over 8,000 indirectly as a result of the activities generated through these grants.

In FY 2018-19, the focus for this program was on children and TAY ages 0-25. By narrowing the focus, participants were able to support this highly vulnerable population. One example of this support included children participating in an after-school program who were able to improve their skills in writing and presenting. Administrators of the program report that the children developed the ability to develop and share a story while developing a greater appreciation for the people who had a positive impact in their lives.

Challenges Experienced:

Managing these community projects can be stressful for the community leaders. Although sustainability is a requirement for applying for these grants, in some cases, the communities may become dependent on the grant funding and not able to identify additional resources to continue their efforts. There is sometimes push-back from established community leaders when feedback is offered by Tri-City staff.

In order to address these issues, the Community Capacity Organizer for TCMHS has identified several options that are designed to reduce the stress and also offer support with sustainability. These options include incorporating more wellness themes in the leadership gatherings, improve communication by offering more frequent tele-conferencing to share challenges and successes. Offer meetings in a webinar forum for convenience and create an email chair for community leaders to support one another.

When considering the concern of funding and sustainability, TC staff are working with community leadership to increase their capacity to meet the needs of their members. By going back to the "original vision of the community" members are able to find value that can be obtain through low-cost/no-cost methods.

One additional challenge identified is that due to the current structure of this program, the Community Capacity Organizer (Tri-City staff) has limited interaction with community members beyond the leadership team. In order to mitigate the issues and provide a more hands-on support, the CCO has adjusted their role by increasing the presence of Tri-City staff at community sponsored events and reducing the role of "advisor" and assuming more of a supportive role thereby empowering the community leadership to look beyond the length of the grant and to the future of the project.

PROGRAM: Community Wellbeing Project (CWB)

HOW MUCH DID WE DO?

9

Community Grantees Chosen

2,087

Community Members Represented in the 9 Grantees

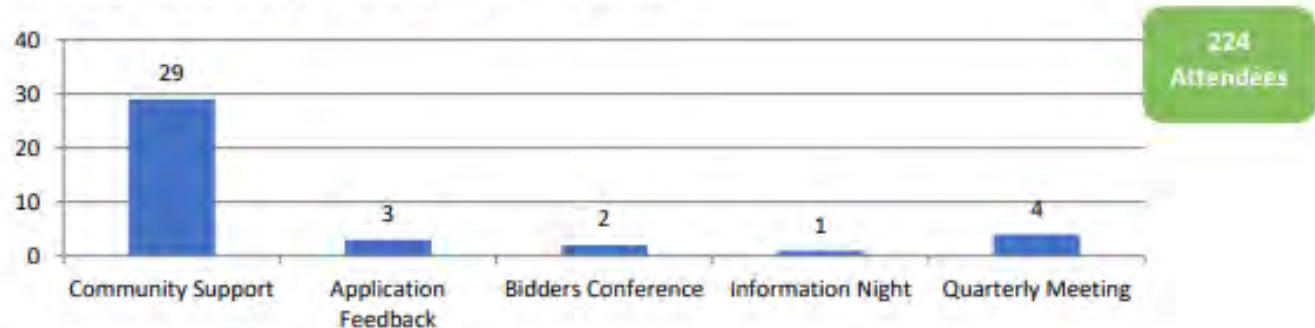
45 community grantees chosen from FY 16 to FY 18 to help communities improve the wellbeing of their members.

8,017

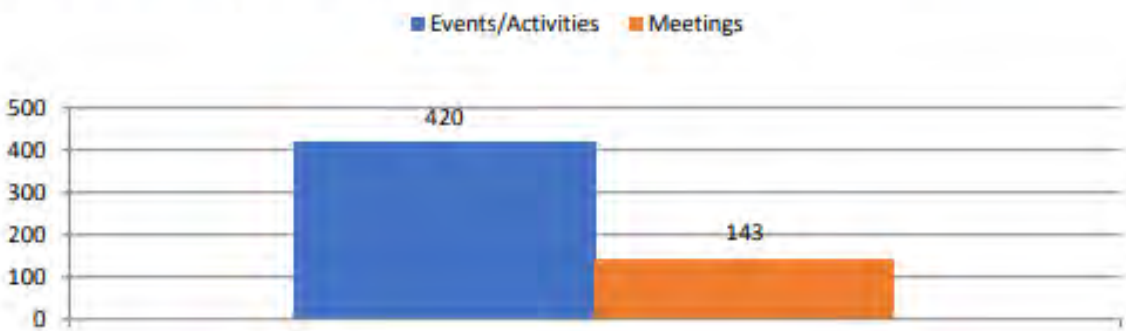
Number of People who Benefited from Grantee Activities

8,753 people represented in the 45 grantee communities

Number of Events Held by Community Capacity Organizer

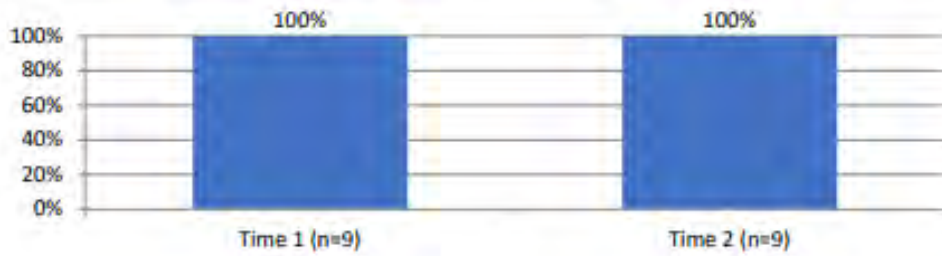


Number of Community Events/Activities and Meetings



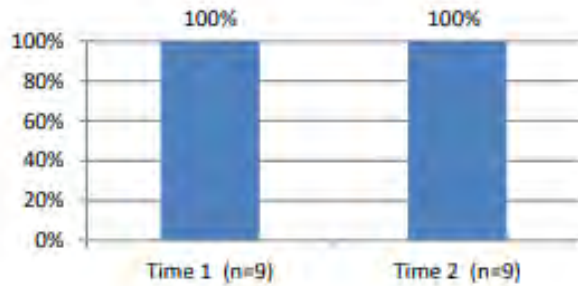
HOW WELL DID WE DO IT?

Percentage of Grantees who Report How Successful their Community's Activities were:

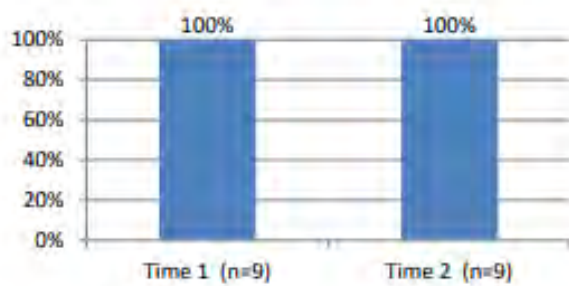


IS ANYONE BETTER OFF?

Percentage of Grantees who Report Improvement in Supporting Each Other

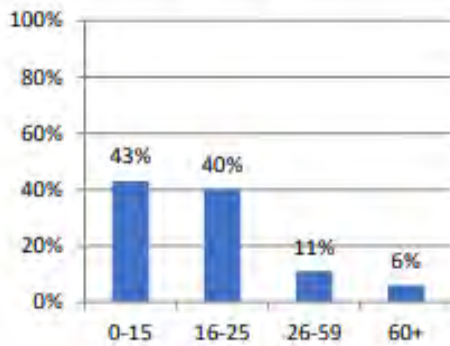


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together

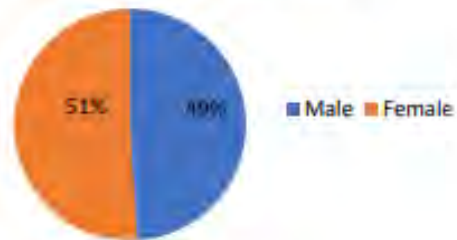


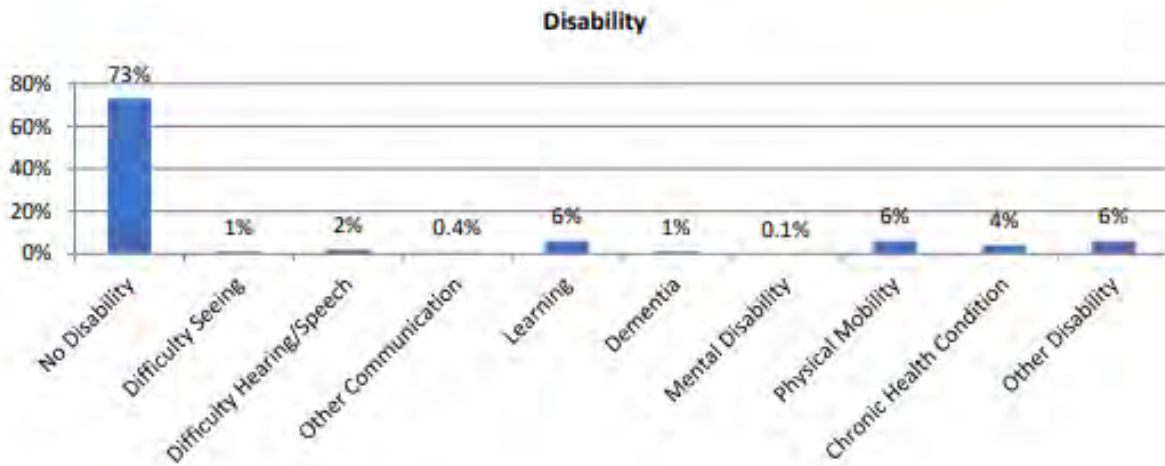
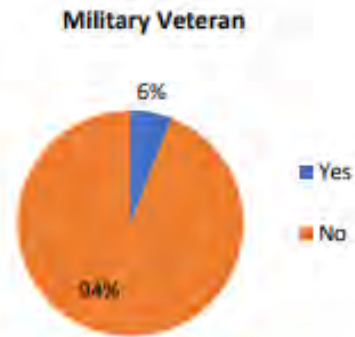
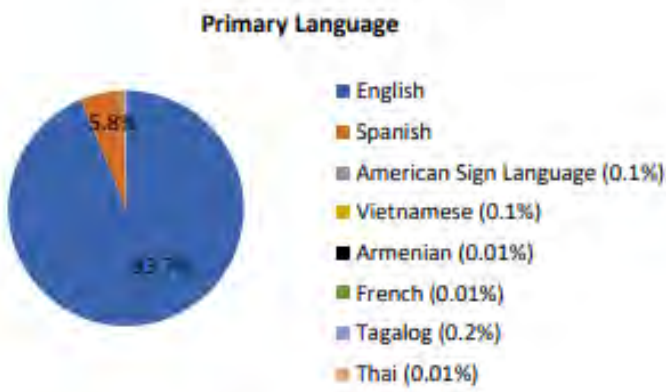
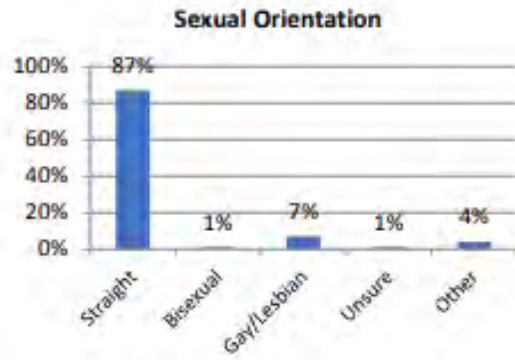
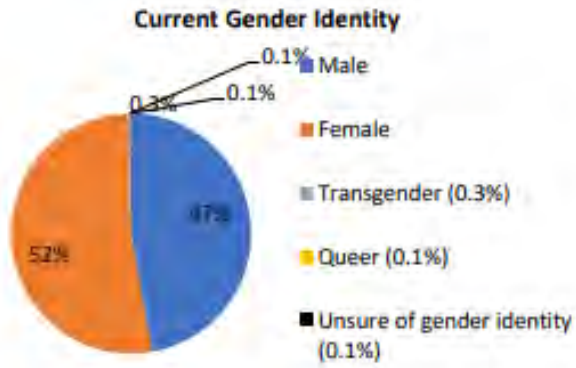
PEI Demographics

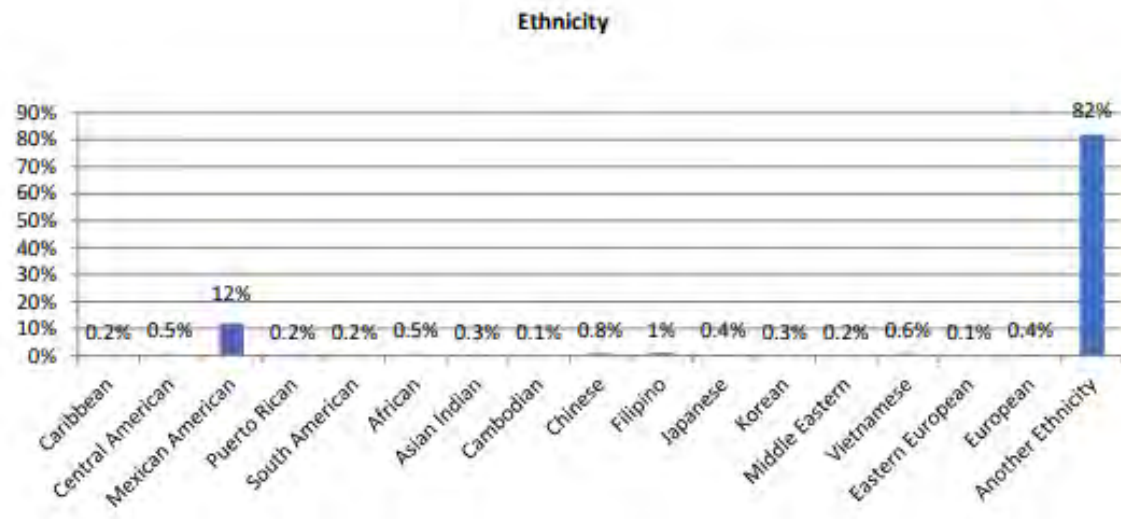
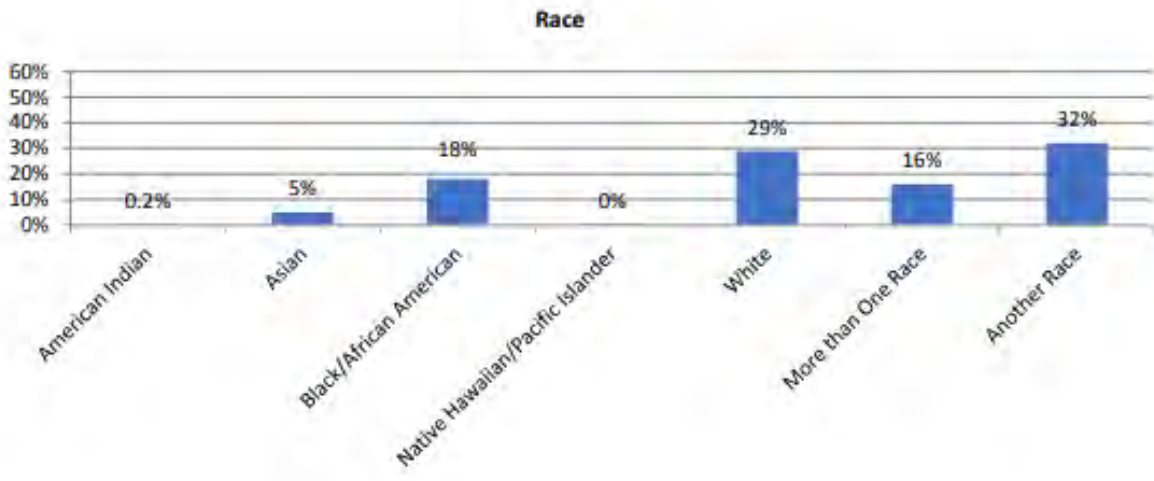
Age Group



Assigned Gender at Birth







Number of Potential Responders: 2,087

Setting in which responders were engaged: Community, schools, health Centers, workplace, and outdoors.

Type of Responders Engaged: TAYs, teachers, LGBTQ, families, religious leaders, and those with lived experience.

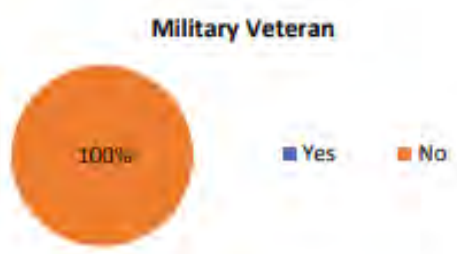
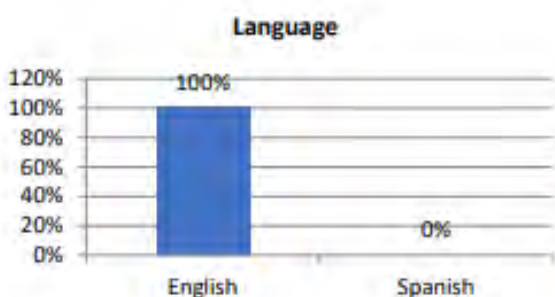
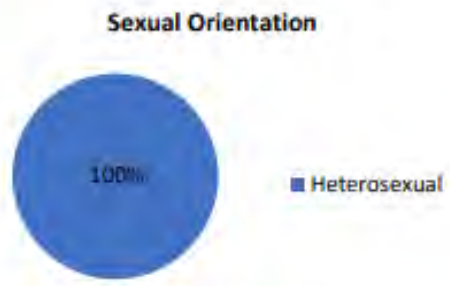
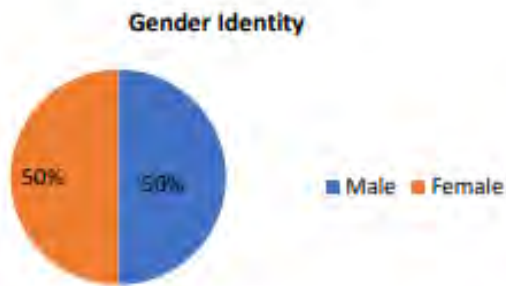
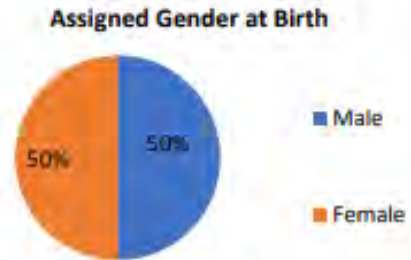
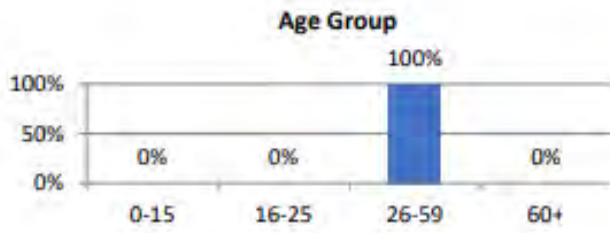
Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

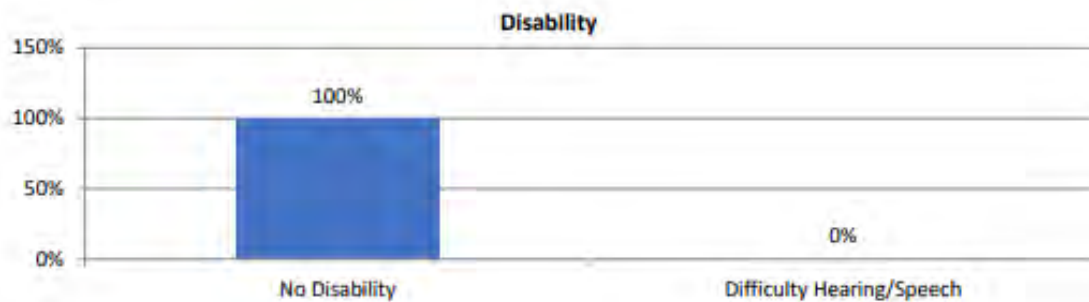
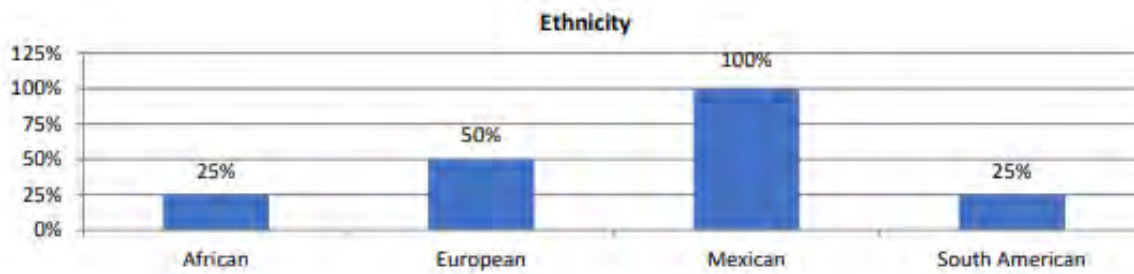
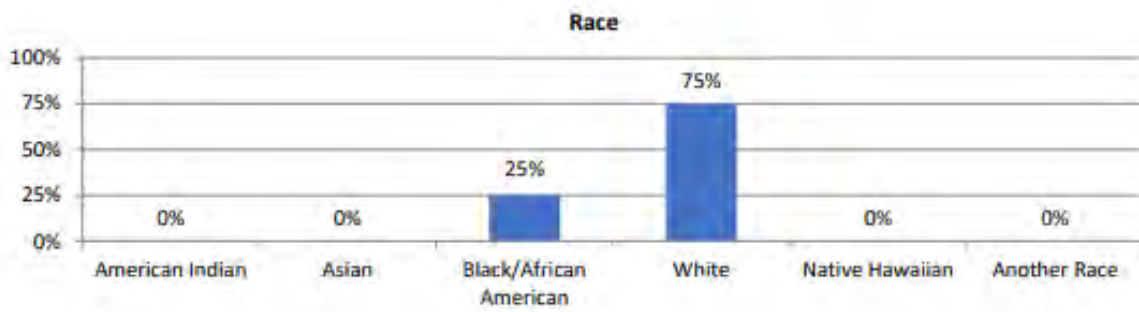
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

There were four referrals to Community Wellbeing.

PEI Demographics based on referrals (n=4)







COMMUNITY MENTAL HEALTH TRAININGS

Status of Program: ___ New <input checked="" type="checkbox"/> Continuing ___ Modified ___ Discontinued
Target Population: ___ 0-15 <input checked="" type="checkbox"/> 16-25 <input checked="" type="checkbox"/> 26-59 <input checked="" type="checkbox"/> 60+ Other:
Type of Program: <input checked="" type="checkbox"/> Prevention ___ Early Intervention ___ Prevention and Early Intervention

Program Description: Community Mental Health Trainers offer community trainings including Mental Health First Aid and workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Target Populations: Tri-City staff, community members, local schools and agencies who are interested in learning how to recognize the early warning signs of mental illness and appropriately intervene to provide support.

Community Mental Health Trainings FY 2018-19	21
Individuals Trained	330

Community Mental Health Trainers began with Mental Health First Aid (MHFA), a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This evidence-based program begins with a premise that just as people can master basic first aid for physical distress without being doctors (such as the Heimlich maneuver or CPR), they can master basic mental health first aid without being clinicians. TCMHA expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, The Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Program Updates:

In FY 2018-19, Tri-City expanded its training programs with the addition of a new Trauma Training: Adverse Childhood Experiences [ACEs]. This training focuses on childhood experiences and how trauma can impact an individual's physical and mental health over their lifespan. This training is offered to Tri-City staff and community member/partners in Pomona, La Verne, and Claremont. In addition, Claremont Unified School District has offered seven trainings on Trauma Informed Care for their staff, interns and parents.

Tri-City staff provided a multi-module training to staff and volunteers from a local shelter called Hope for Home. Hope for Home is located in Pomona and staff are faced with many challenges on a daily basis while serving this complex population. This training was created by the request of the shelter's manager to increase the skills of their staff and better serve their participants.

Five Mental Health First Aid trainings were completed by both Pomona and La Verne Police Departments. Coordinating training dates has long been a challenge with law enforcement due to competing priorities. However, this training is considered an important addition to law enforcement and additional trainings are expected to take place as time and scheduling allows.

Mental Health First Aid is also offered for staff and service learners (volunteers). After participating in one of our Mental Health First Aid training, a service learner realized that they had been struggling their mental health but did not know what it was, how to explain it, or how to go about getting support for it. Service learner connected with the peer mentor program and started receiving one-on-one support as well as participates in support groups at the Wellness Center. This individual has come a long way since receiving support and has shared that they've notice a change in their mental health and wellness.

Challenges Experienced:

Although Mental Health First Aid, one of the primary trainings, was considered a highly successful program since its inception in 2010, over the past few years staff observed a steady decline in the number of trainings requested by the community as well as the number of trainers available to provide them. In response, at the end of FY 17-18, Tri-City eliminated the two Community Mental Health Trainer Positions where two full time staff provided all the trainings, marketing, outreach, and administrative duties for the position.

Since then, Tri-City has continued to provide trainings conducted by existing staff, even adding new trainings, but currently do not have a designated position/staff person to preform them. To assist in delivering these trainings, Tri-City has trained a number of staff as instructors in the various curriculums, but due to schedules and other job duties staff have limited time.

Many communities like to utilize these free trainings but have limited time to participate in an 8-hour or multi-day training for their staff or volunteers. Tri-City staff have diligently tried to accommodate participants, including modifying some trainings to meet their specific schedules.

Offering these trainings in a language other than English continues to be a challenge. Only two of these trainings are offered in Spanish. Staff will continue to research other trainings that can be offered in various languages and can be accessed through multiple sources such as online, webinar, or other virtual format.

PROGRAM: Community Mental Health Trainings

HOW MUCH DID WE DO?

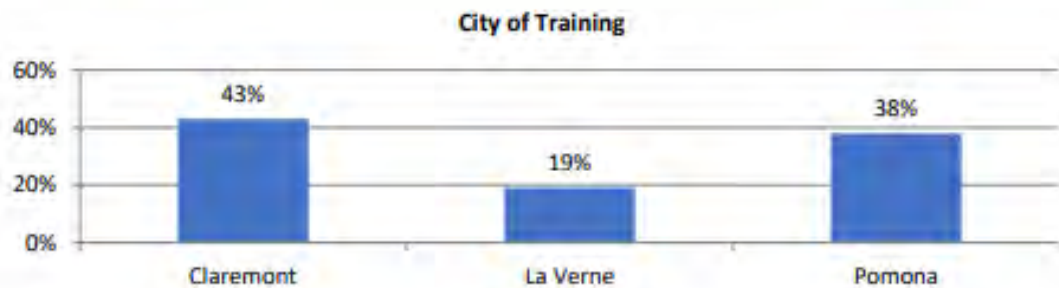
330
Individuals
Trained

21
Community Mental
Health Trainings

1,236 attendees at trainings
from FY 18 to FY 19



3 new trainings implemented for the community for FY 18-19: ACES, MHFA for Law Enforcements, and Trauma/De-escalation training



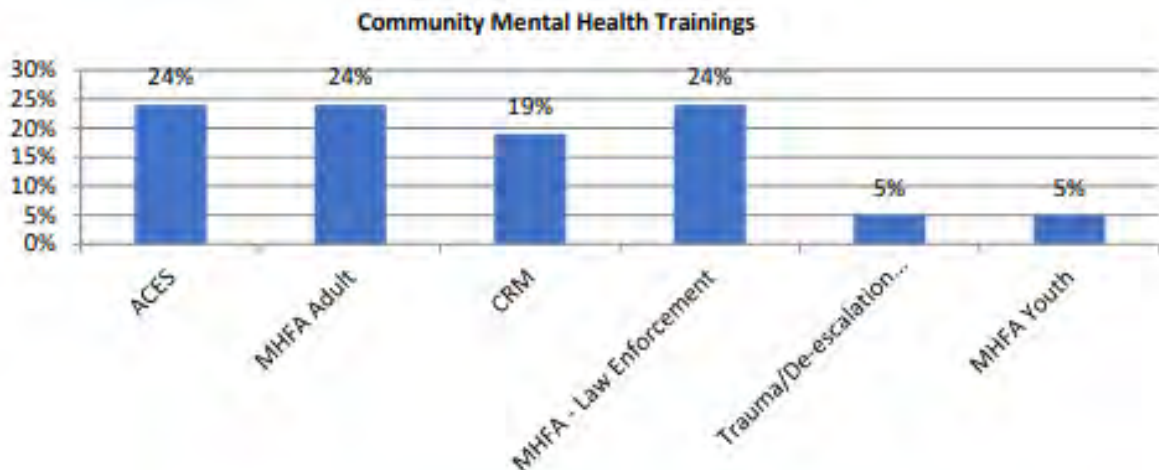
PROGRAM: Community Mental Health Trainings

HOW MUCH DID WE DO?

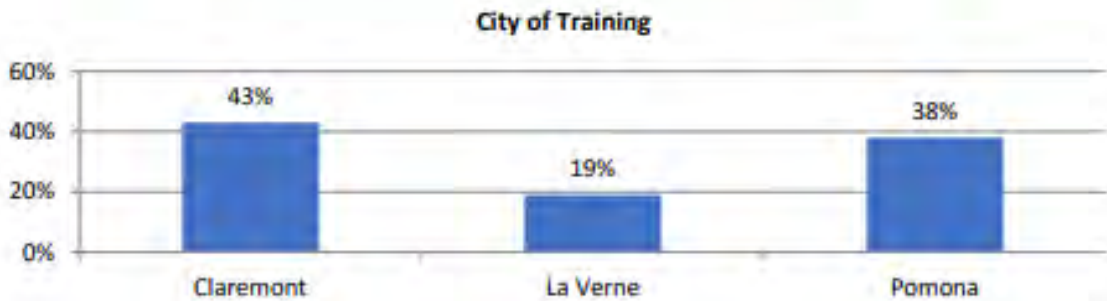
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Trained

21
Community Mental
Health Trainings

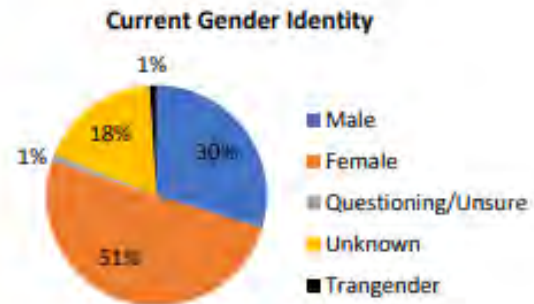
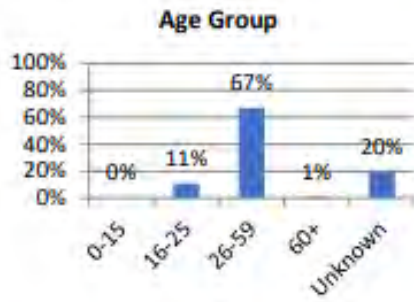
1,236 attendees at trainings
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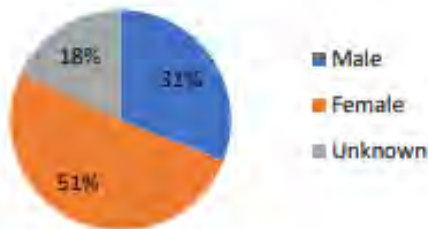
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training



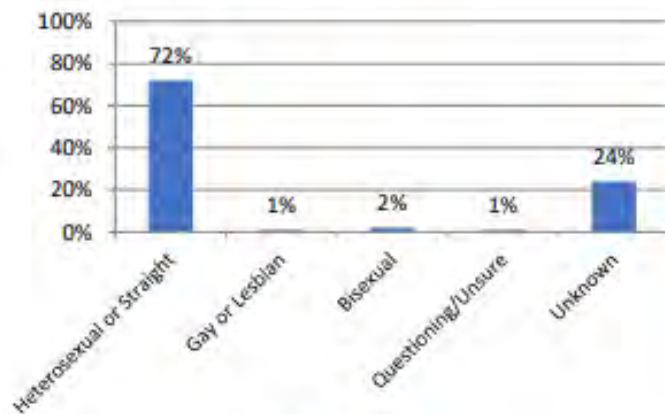
PEI Demographics



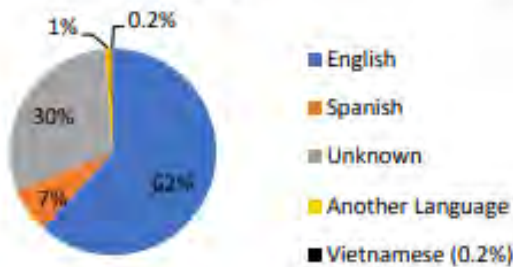
Assigned Gender at Birth



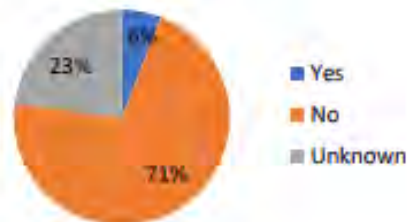
Sexual Orientation



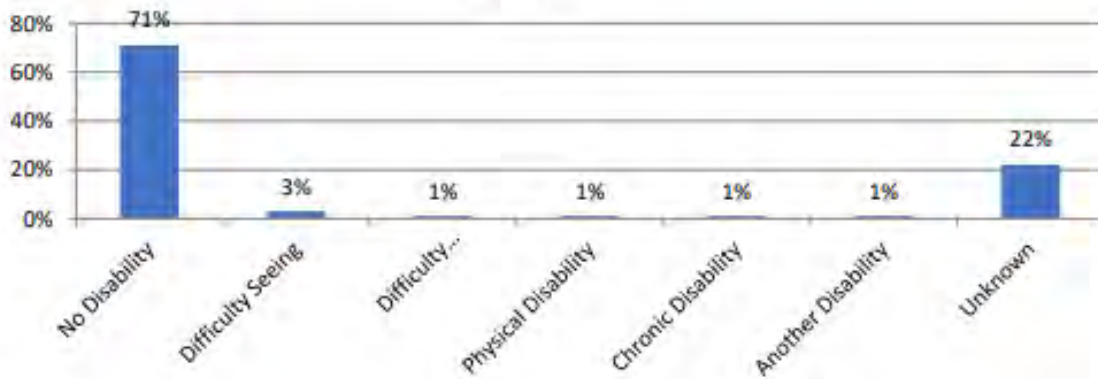
Primary Language

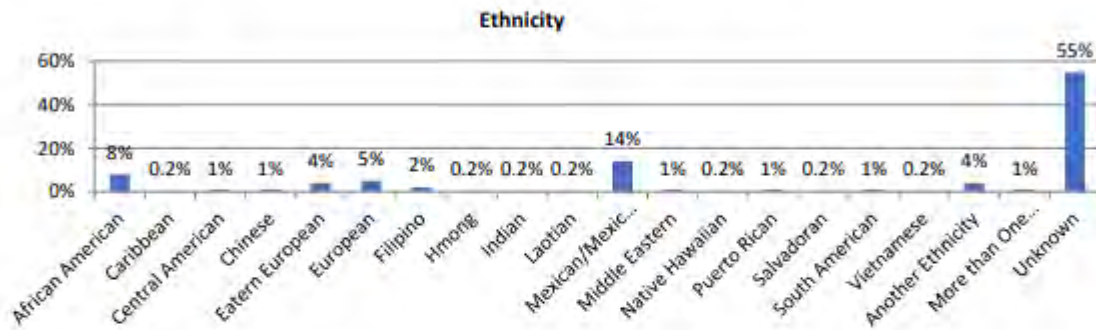
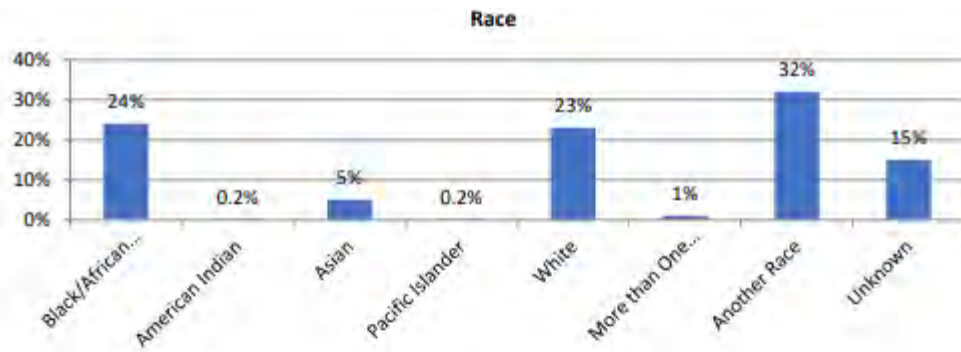


Military Veteran



Disability

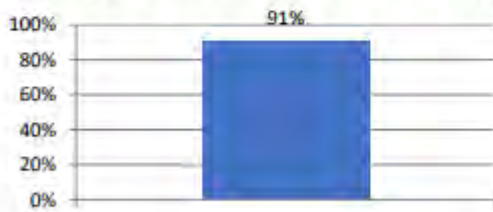




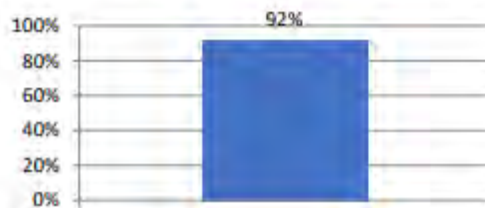
HOW WELL DID WE DO IT?

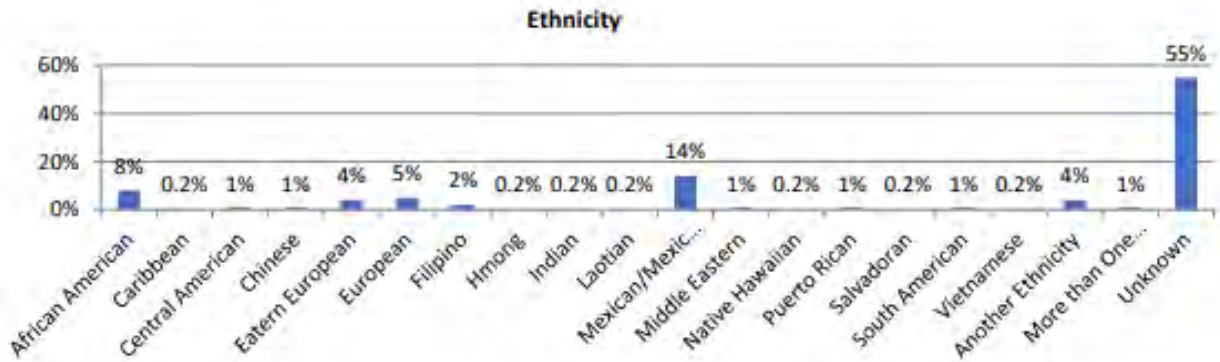
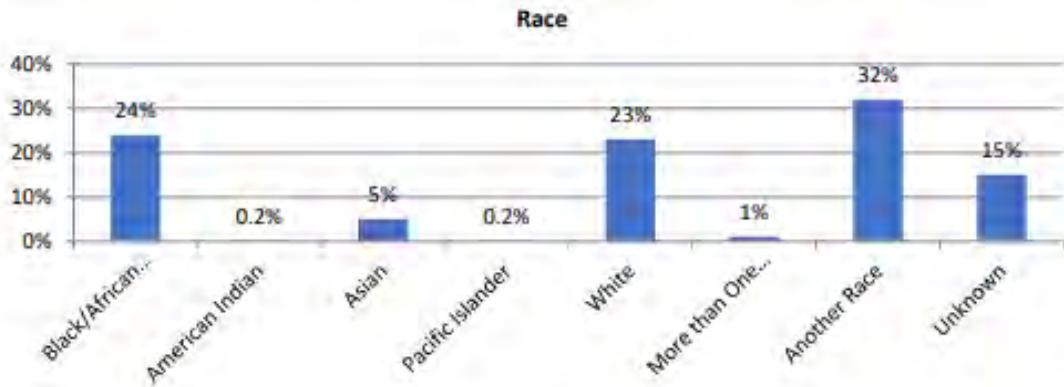
Throughout the last three years, training ratings have been consistent of 90% or higher.

Percentage of participants who report the training was relevant to their day to day activities:



Percentage of participants who rated the training session as good or excellent:

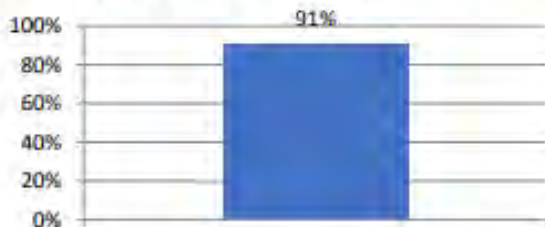




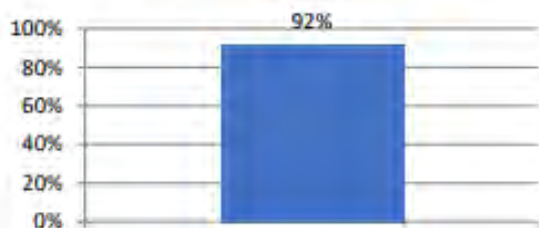
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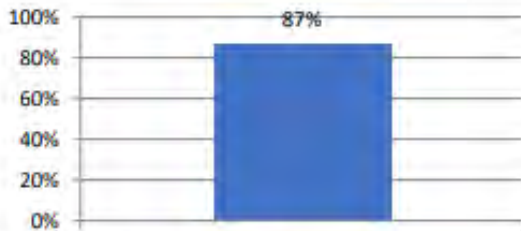


IS ANYONE BETTER OFF?

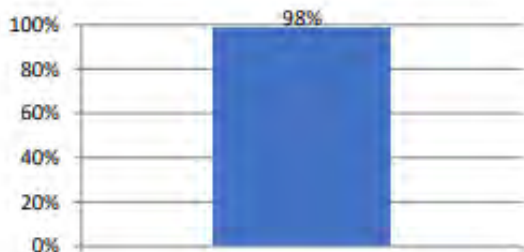
Percentage of participants who report feeling confident in using or applying the skills learned in the training:



Percentage of participants who report feeling more confident reaching out to someone who may be dealing with a mental health challenge or crisis:



Percentage of participants who would recommend training to others:



Number of Potential Responders: 330

Setting in which responders were engaged: Community, schools, and colleges.

Type of Responders Engaged: TAYs, Adults, Seniors, landlords, and students.

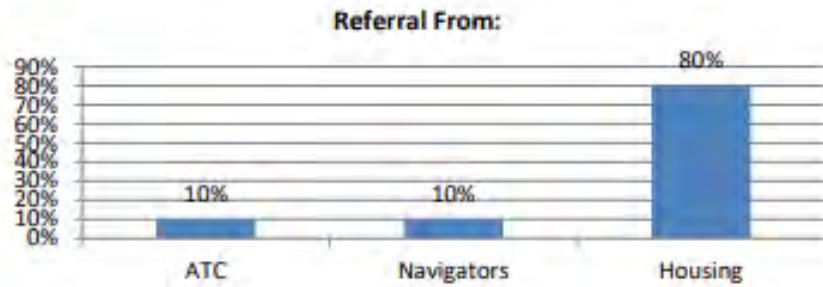
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

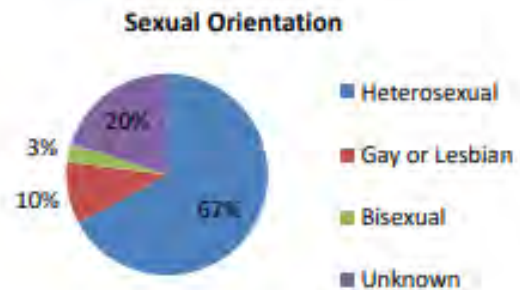
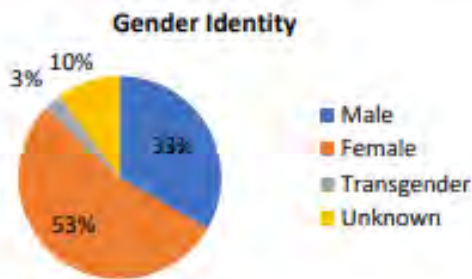
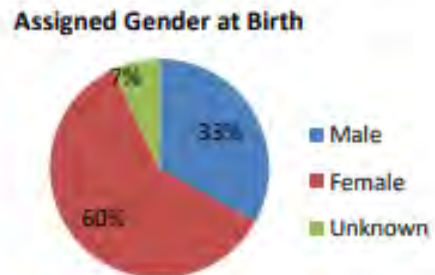
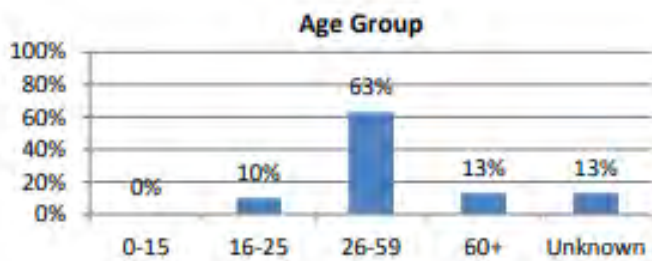
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

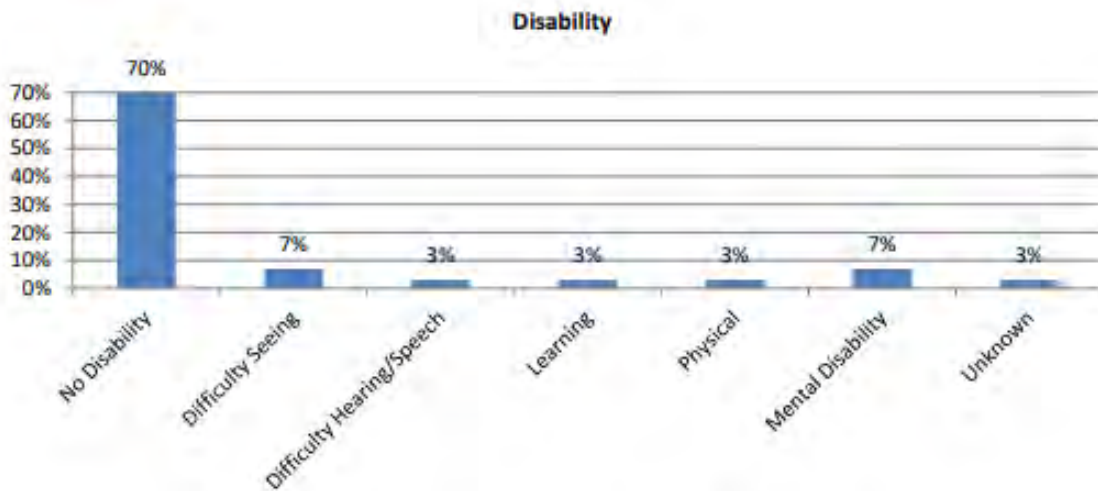
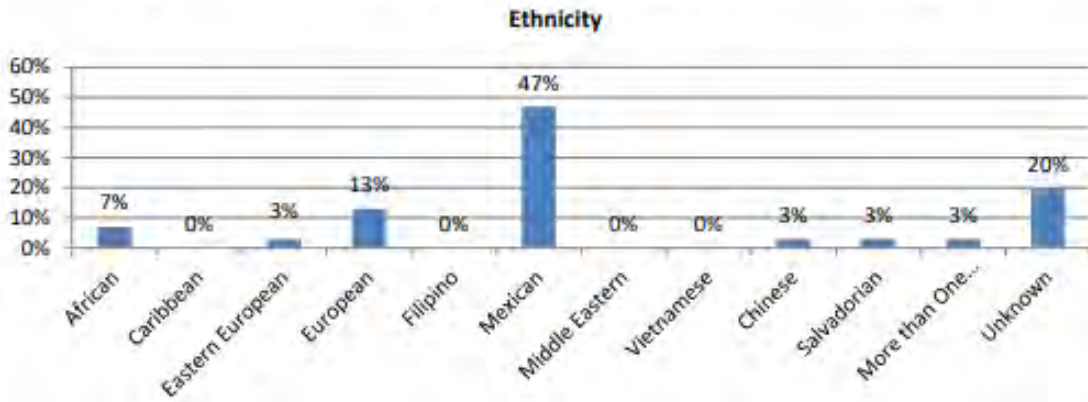
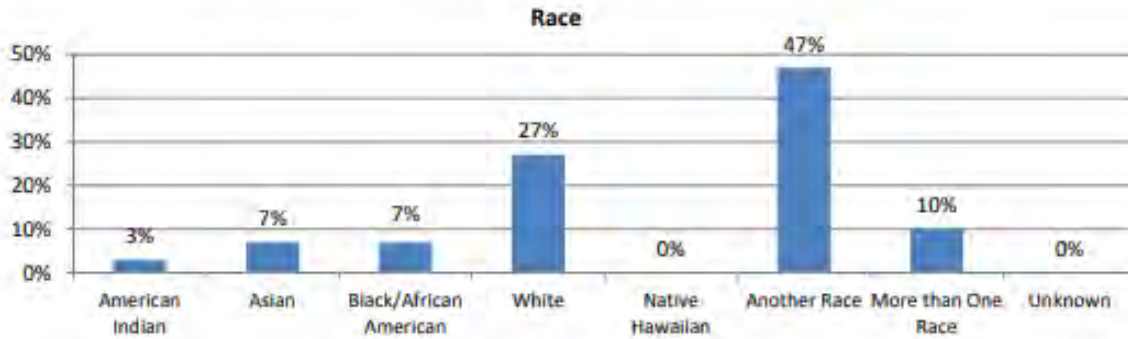
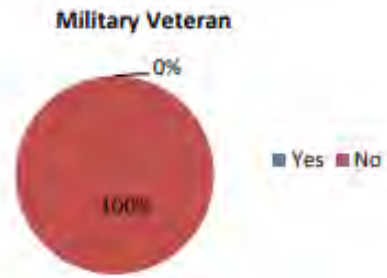
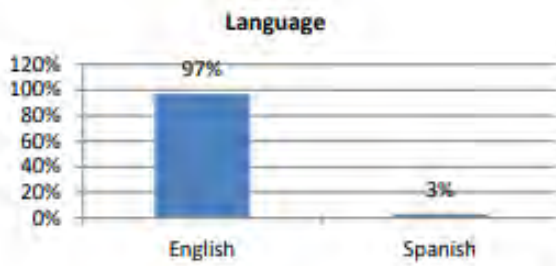
Timely Access to Services for Underserved Populations Strategy:

30
Referrals coming into
Community Mental
Health Trainings



PEI Demographics based on referrals (n=76)







STIGMA REDUCTION AND SUICIDE PREVENTION

Status of Program: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified <input type="checkbox"/> Discontinued
Target Population: <input checked="" type="checkbox"/> 0-15 <input checked="" type="checkbox"/> 16-25 <input checked="" type="checkbox"/> 26-59 <input checked="" type="checkbox"/> 60+ Other:
Type of Program: <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Prevention and Early Intervention

Program Description: Tri-City’s stigma reduction effort is encompassed under Room4Everyone and includes a website focused on stigma reduction, along with several other components designed to empower individuals suffering with mental health challenges and awareness to the stigma related to mental illness. Suicide prevention efforts include offering the safeTALK alertness training which provides participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

Target Population: Community members, agencies and organizations located in the Tri-City region (cities of Claremont, Pomona, and La Verne).

Number Served FY 2018-19	668
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Addressing the stigma that surrounds mental illness has long been a focus for Tri-City Mental Health Authority. Tri-City’s stigma reduction efforts are consolidated under the primary campaign, Room4Everyone. Room4Everyone, a community wellbeing campaign, includes a website dedicated to providing community members with resources, information, and personal stories about recovery for individuals with mental illness.

Beneath the Room4Everyone umbrella are three components, with each one providing an opportunity for community members to become involved in the fight against stigma in a way that fits for them.

1. **Courageous Minds Speakers Bureau** consists of individuals with lived experience who are leading the charge against stigma by sharing their personal stories and modeling a positive path to recovery.
2. **Creative Minds** is a community art gallery where local artists of every skill level can contribute art displayed on the walls of Tri-City’s MHSa building. Artists are recognized for their work and share how their art influenced their life.

3. **National, state and local mental health awareness campaigns**, which includes collaborative campaigns such as May is Mental Health Month, July is Minority Mental Health Month, Suicide Prevention Week, Directing Change (a suicide prevention video contest) and Green Ribbon Week, an original annual Tri-City event held during the month of March.

In addition to stigma reduction, suicide prevention remains high on the list of priorities for Tri-City. By offering a series of trainings for both staff and community members, Tri-City is able to empower the community to recognize the early signs of suicide and how to respond through trainings such as SafeTALK/SuicideTALK, and Know the Signs.

The Room4Everyone Campaign and its components, serves all ages. Specifically, the stigma reduction and Creative Minds project connects with school age children from elementary through college. Younger students celebrate and participate in Green Ribbon events, sponsored through CalMHSA's Each Mind Matters campaign. High school students and faculty participate through a film contest called Directing Change, with Claremont High School winning first place in their region with their suicide prevention film entitled, "There is Hope".

This program also serves adults and older adults community wide by hosting various anti-stigma events and providing opportunities for participation at every age level.

Program Update:

In FY 2018-19, Tri-City's Stigma Reduction Program promoted the annual Directing Change statewide program & film contest. This year 31 films were submitted from schools and organizations located within the tri city area. Over 125 youth, students, and young adults participated in the creation and submission of these films.

Of the 35 films, 5 were selected for state award recognition and 6 more received honorable mention.

- Claremont High School
- Marshall Middle School (Pomona)
- Mountain View Elementary School (Claremont)
- School of Arts and Enterprise (Pomona)
- Tri-City Mental Health Services

Changes were made over the past year to expand the role of the Courageous Minds speakers. Opportunities for community involvement were researched and presented to the group which allowed them to expand their contributions beyond simply telling their story. Members were able to self-select which projects they wanted to participate with more than half of the members utilize skills that went beyond their current role with sharing their stories.

Other volunteers, also known as service learners, were invited to support MHSA programs in a more intentional way. By serving with a strategy for learning, service learners not only enhanced the program but seemed to enrich their own experience as well.

In January two groups of speakers signed up to work together. Each group took on a different project that helped them to develop skills including planning, prioritizing, socialization, leadership, communication, marketing, outreach and problem solving. One of the projects was to plan and facilitate a lunch & learn presentation for staff and the other was to plan and facilitate a workshop on story telling at a peer conference in Los Angeles. With the guidance of program staff both groups were very successful.

Challenges Experienced:

Suicide Prevention

Getting community groups to host or attend trainings has been a challenge. Within stigma reduction the topic of suicide itself is particularly stigmatized. SafeTALK continues to be provided in only English and French and with only one staff and no community members trained to provide the trainings. Solutions to increase the number of trainings that are provided in the community next year are adding a courageous minds speaker to sharing as often as possible as a way to increase promotion and interest. Also looking into a new opportunity for a suicide prevention program that is no cost and will allow us to potentially put together a T4T. This program hosts all of the materials online and is available in Spanish and other languages.

Courageous Minds

It has been a challenge to keep the number of speakers 'FULL'. Two new cohorts of speakers each year are trained. At present there are not enough referrals made to increase to three cohorts a year. The plan to increase retention and referrals is to create more opportunities for involvement that exceed speaking opportunities. These opportunities will include promoting the speakers bureau at events, planning and hosting more social events, as well as the speakers planning and facilitating more events like workshops and presentations. Getting speakers stories recorded as part of the final session of the training workshops will not only serve as providing website content but it will serve as an appropriate option for an audience should a specific speaker not be available.

Creative Minds

Each showcase hosts up to 45 artists. It is a challenge for participants to turn in their art by the due date; it is also a challenge to get it picked up. When the artists do not pick their art up, it poses a challenge with office space and storage. The proposed solution is to have a signed agreement with the participant indicating when the art work must be picked up.

Statewide Projects through CalMHSA:

In addition to local stigma reduction efforts, Counties are able to join together in a collaborative effort at a statewide. Through this valuable resource, Tri-City has been able to leverage PEI funds to expand their stigma reduction efforts and multiply outreach materials and promotional opportunities. Below is a list of these outreach opportunities including a brief description and how Tri-City has incorporated these options.

Know the Signs is the statewide suicide prevention campaign funded through CalMHSA. It is primarily web based with the website being www.suicideispreventable.org. Tri-City receives campaign material as well as a suicide prevention month toolkit to use and share during the month of September. These materials are posted in visible spaces around Tri-City locations where Suicide Prevention messaging and the National Suicide Prevention Lifeline number can be accessible. We are able to provide these same materials including buttons, pens and wallet cards with the signs on them to our communities at no cost to them. These materials are available in English and Spanish. The Suicide Prevention Month toolkit is also available electronically. The link to the electronic version is posted on the Room4Everyone website and shared with staff as well as community partners.

Each Mind Matters is the statewide stigma reduction campaign funded through CalMHSA. We receive 1000 ribbons per year at no cost. We purchase approximately an additional 3000 ribbons per year to distribute throughout the communities. A large majority of these ribbons are distributed during Green Ribbon Week in March

and again in May is Mental Health Month. We also receive new materials as they are developed by EMM. During May for Mental Health Month a Toolkit is sent out. Based on the utilization and engagement we have with our communities we have been given up to 5 toolkits. We are able to share these toolkits with our community partners and use the materials in them to post throughout Tri-City locations.

Directing Change is a statewide youth film competition that deals with stigma reduction and suicide prevention messaging. Each year we have more and more students involved from our communities representing classes, campuses and youth serving organizations. The youth from the Tri-City communities submit award winning videos and are recognized at the award ceremony held in Downtown Los Angeles during May Mental Health Month.

PROGRAM: Stigma Reduction & Suicide Prevention

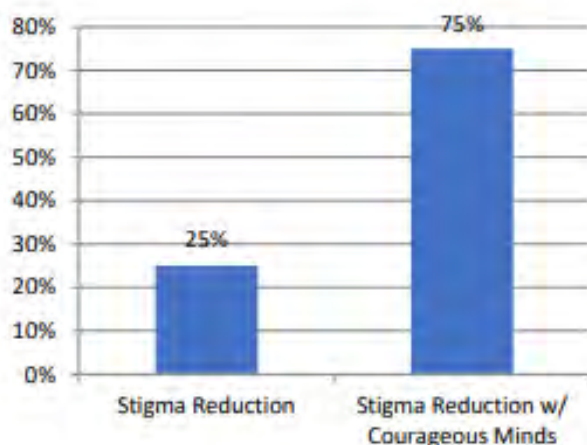
HOW MUCH DID WE DO? Stigma Reduction



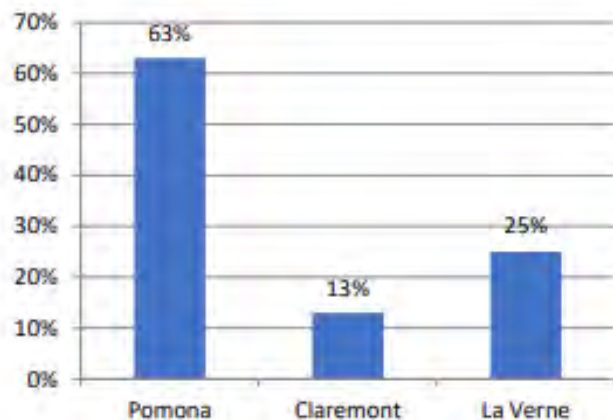
There were 55 stigma reduction presentations from FY 16 to FY 18.
 • 50% increase from FY 16 to FY 18

The number of Courageous Minds speakers remained constant from FY 16 to FY 18

Type of Presentation



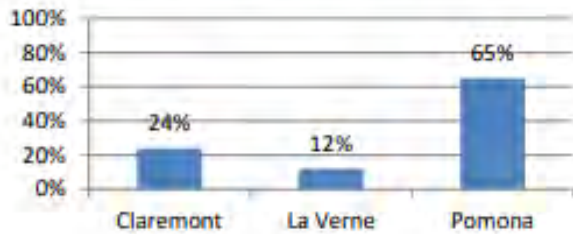
Presentations by City



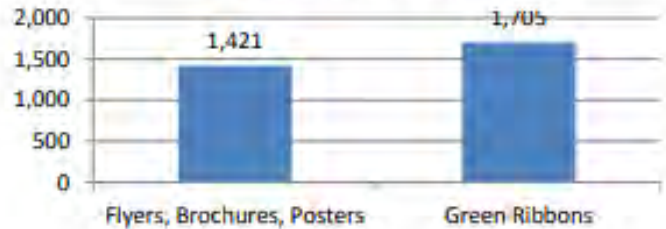
Promotional Activities

3,126
Promotional Materials

City of Promotional Materials

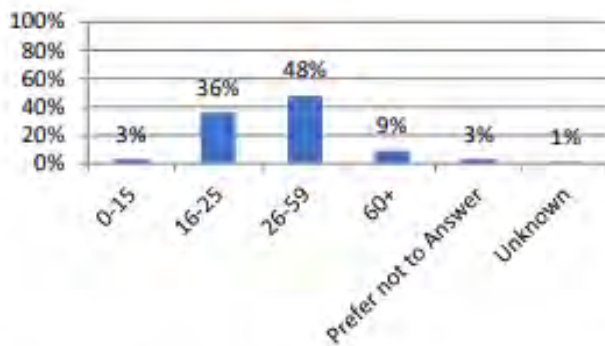


Type of Promotional Materials

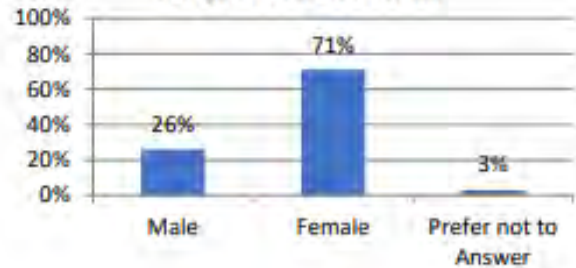


Demographics based on Participants who Completed Stigma Reduction surveys (n=319)

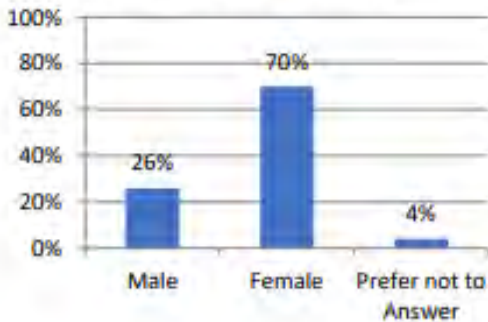
Age Group



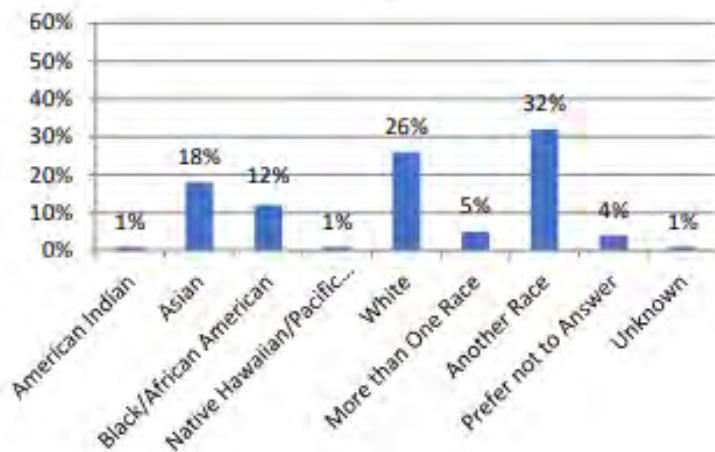
Assigned Gender at Birth

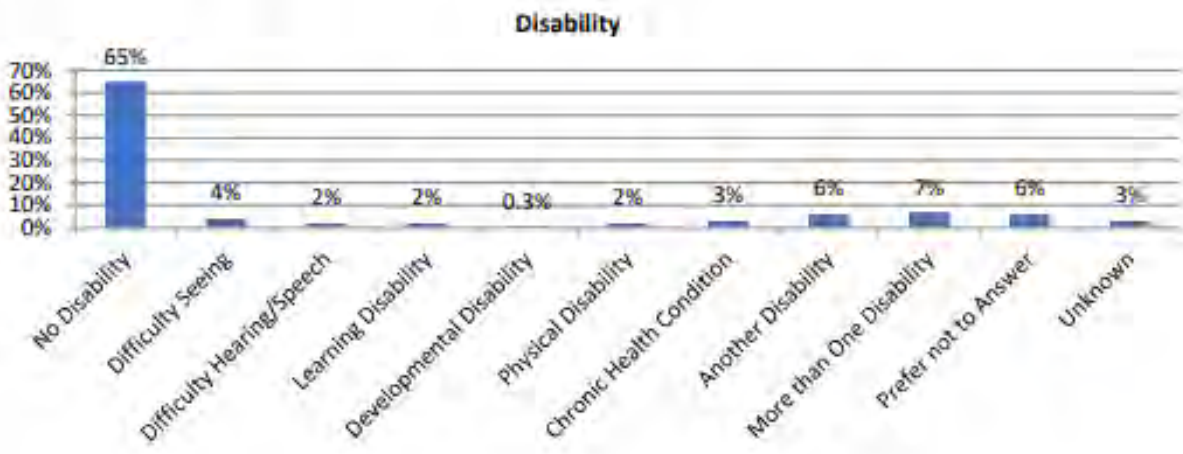
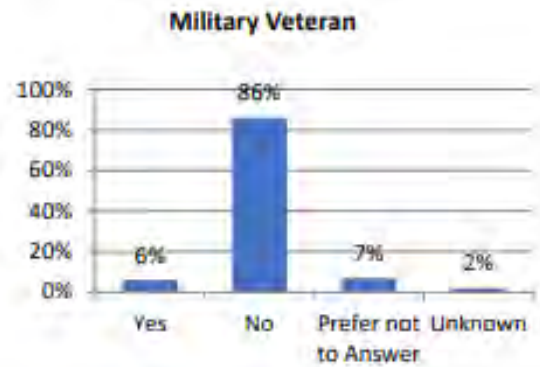
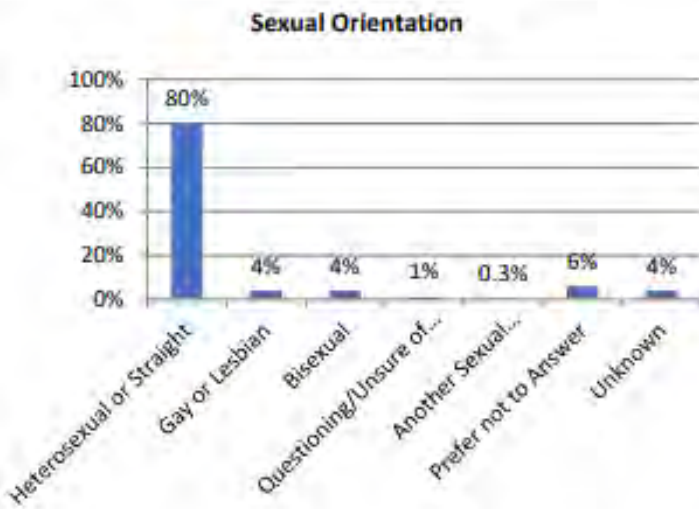
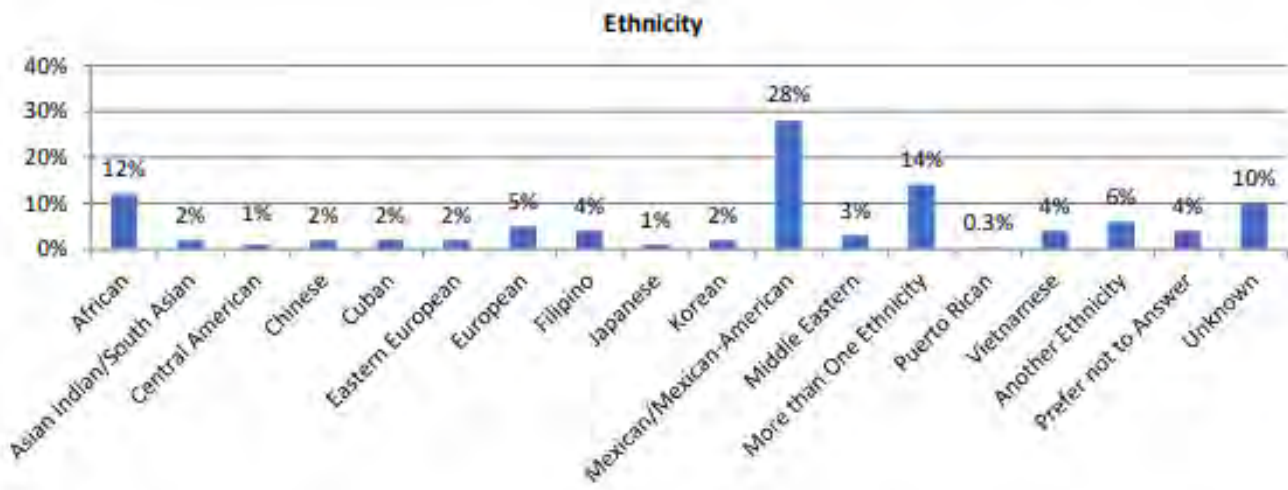


Current Gender Identity

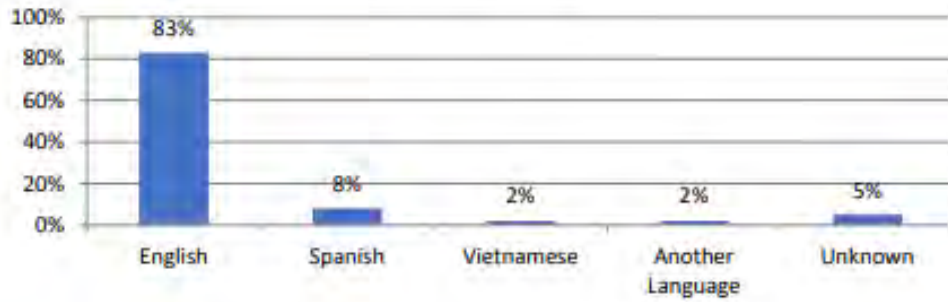


Race





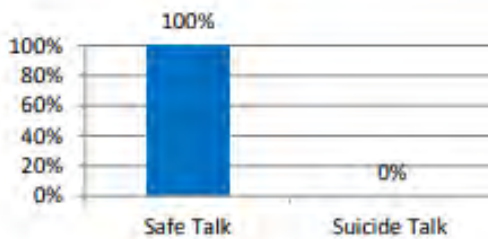
Primary Language



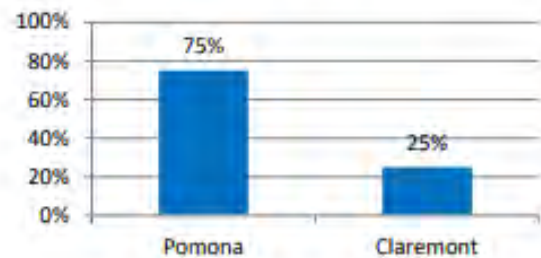
HOW MUCH DID WE DO? Suicide Prevention



Type of Presentation



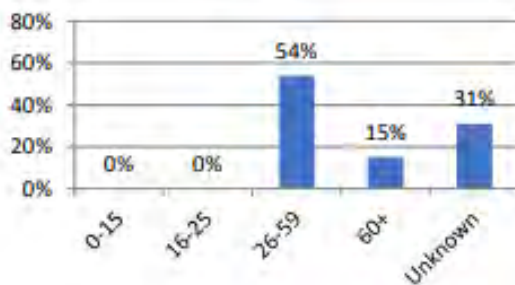
Presentations by City



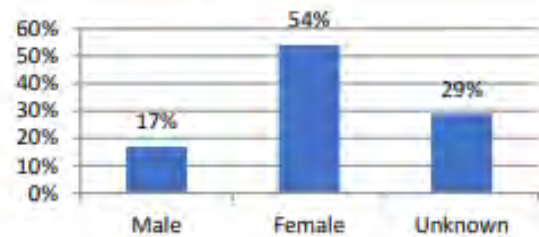
Demographics based on Participants who Completed Safe Talk surveys (n=52)

Older version survey was used for first six months of FY Safe Talk presentations

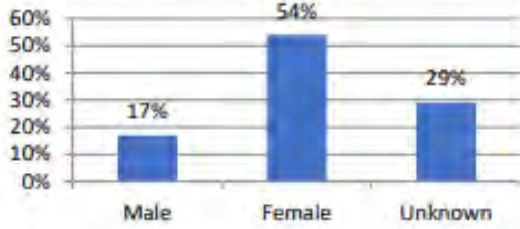
Age Groups



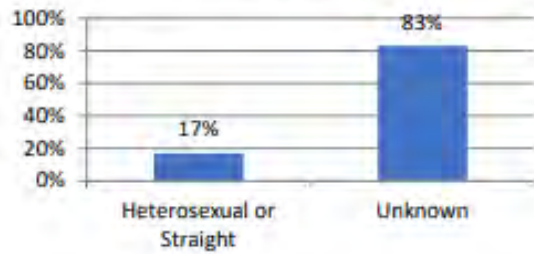
Gender at Birth



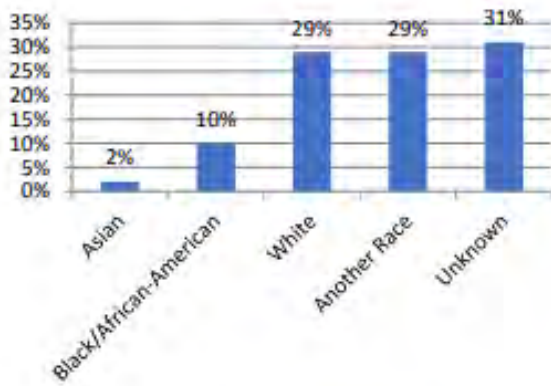
Gender Identity



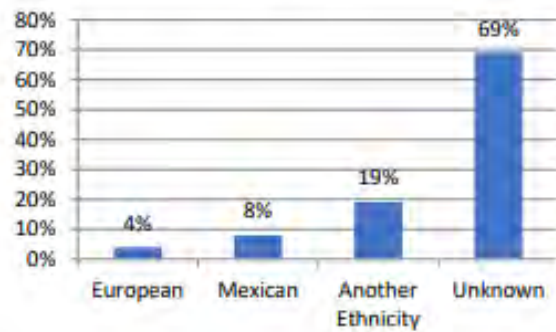
Sexual Orientation



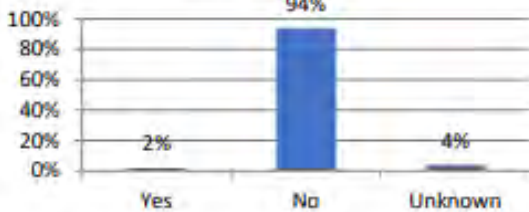
Race



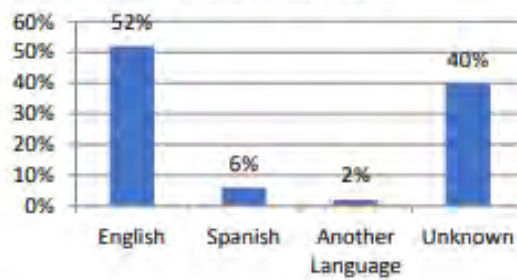
Ethnicity



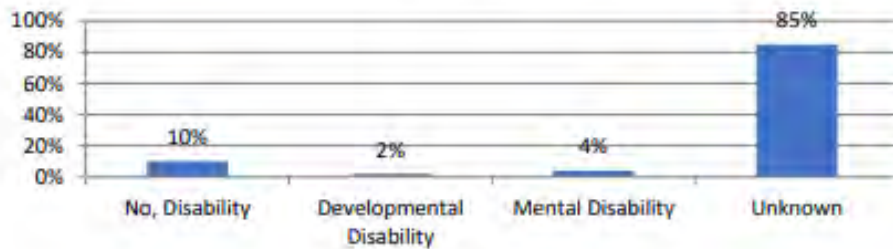
Military Veteran



Primary Language



Disability



HOW MUCH DID WE DO? Creative Minds

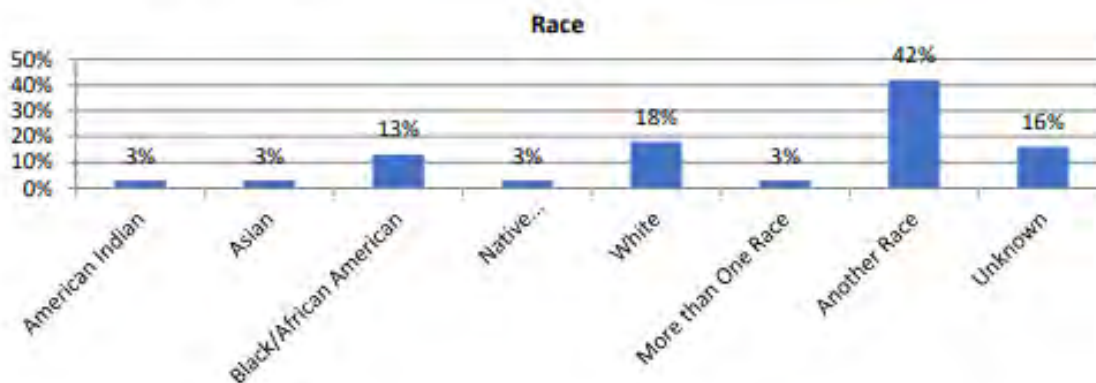
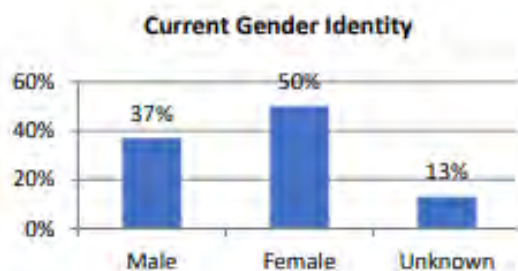
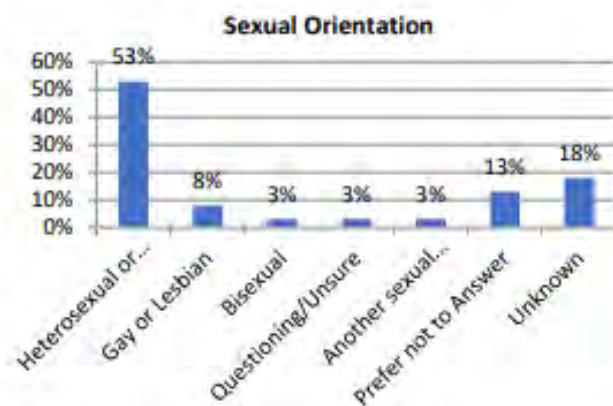
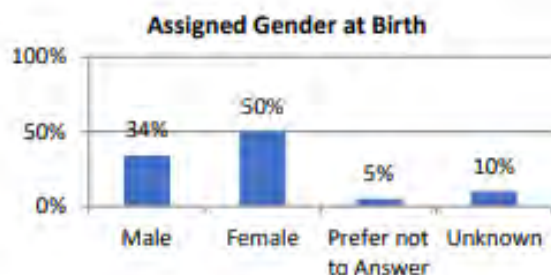
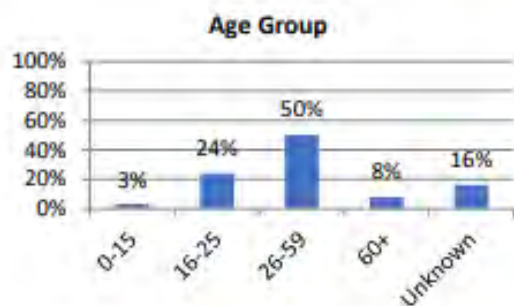
6
Art Events Held

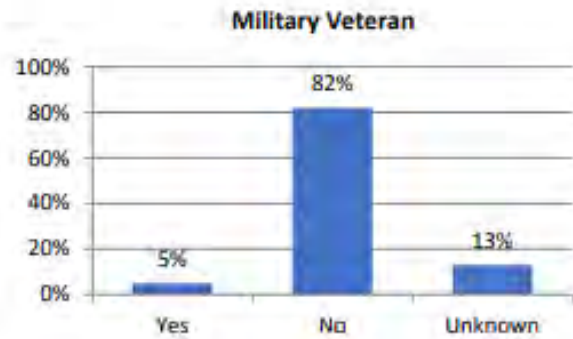
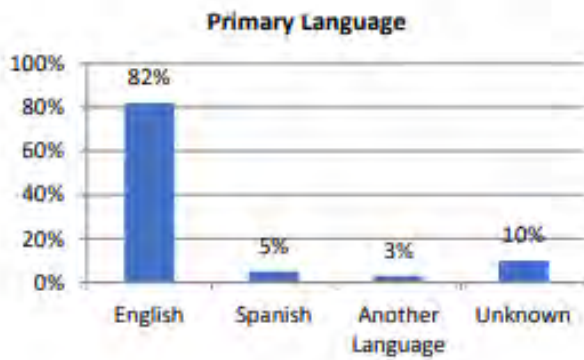
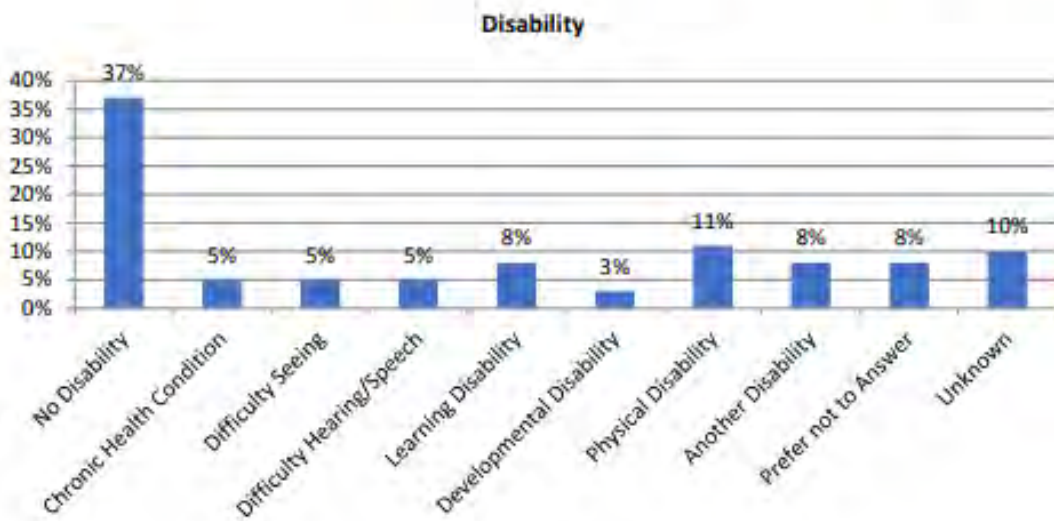
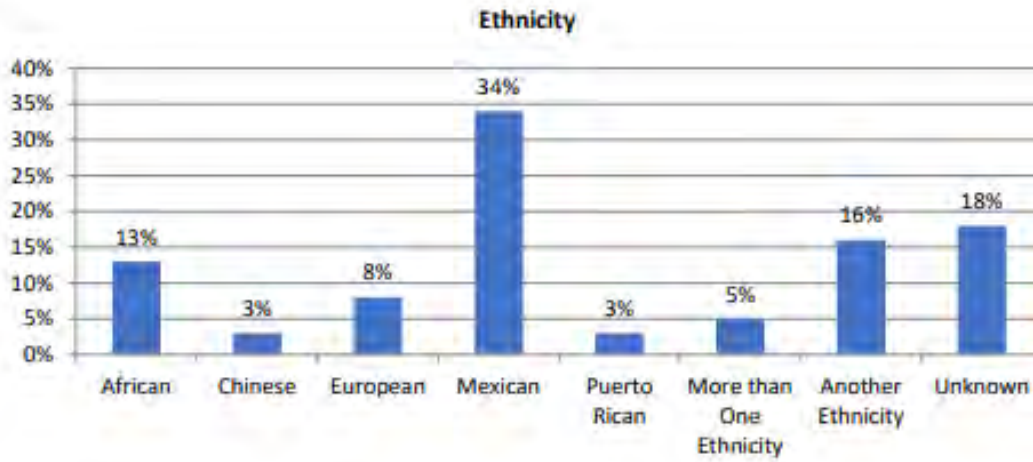
152 Participated in
Workshop & Gallery

113
Art Pieces Submitted

265 artists participated in workshops and/or galleries from FY 16 to FY 18
 + 289% increase from FY 16 to FY 18

Demographics based on Participants who Completed Workshop surveys



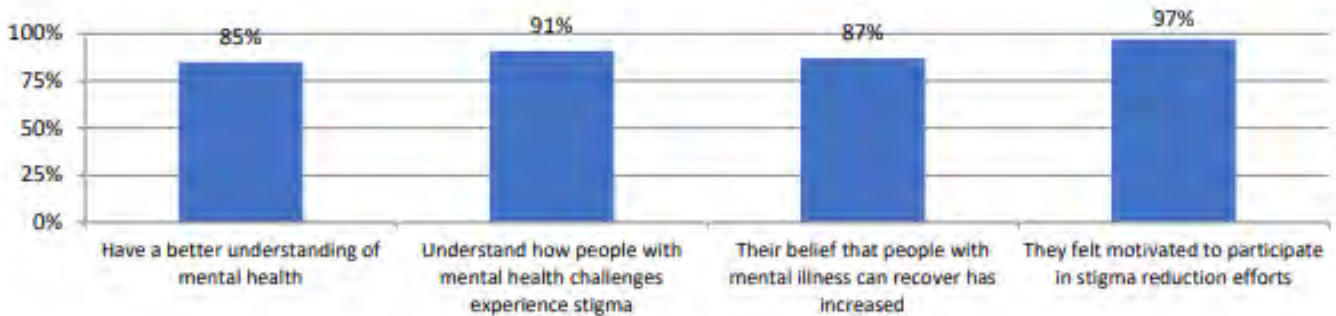


HOW WELL DID WE DO IT?



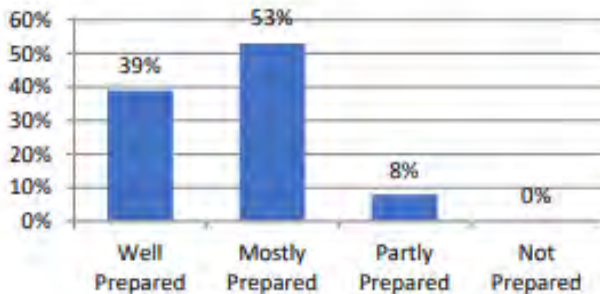
IS ANYONE BETTER OFF? Stigma Reduction

Percentage of Stigma Reduction Attendees who reported that as a result of the trainings:

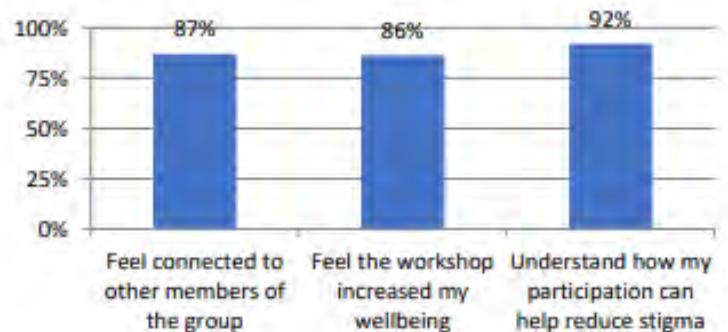


Suicide Prevention

Percentage of how prepared Safe Talk attendees feel to talk directly and openly to a person about their thoughts of suicide:



Percentage Workshop Participants who:



Number of Potential Responders: 371

Setting in which responders were engaged: Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.

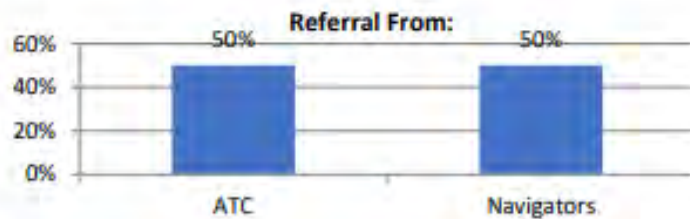
Type of Responders Engaged: TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

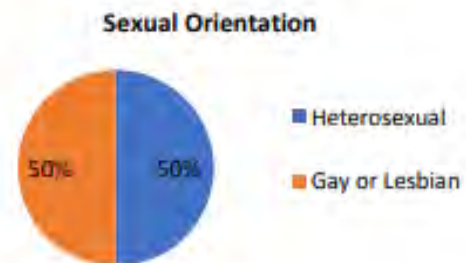
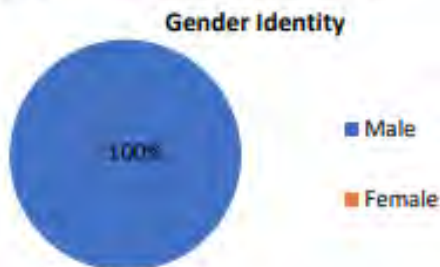
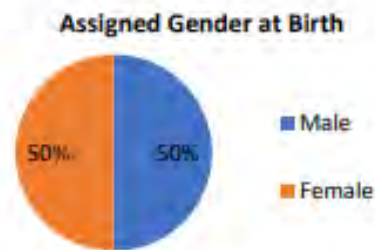
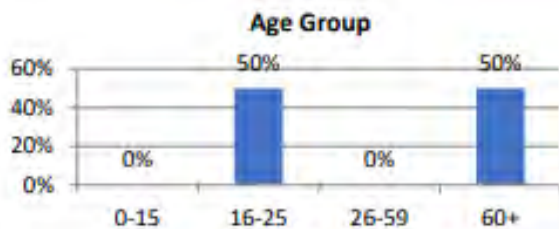
Timely Access to Services for Underserved Populations Strategy:

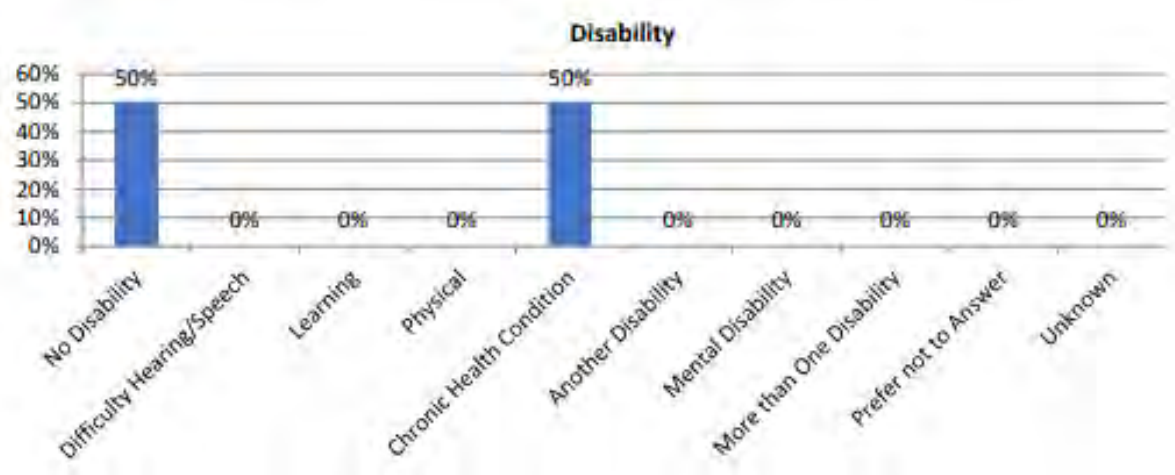
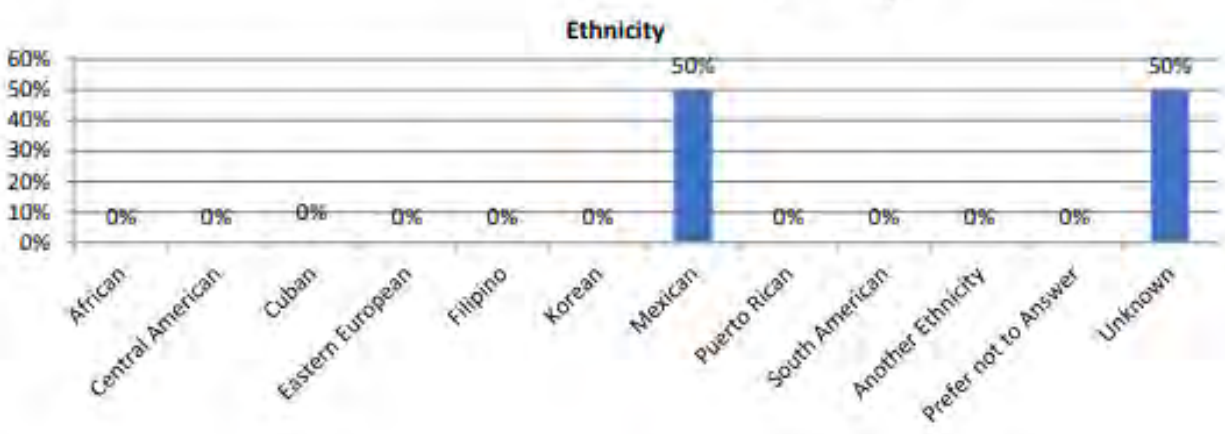
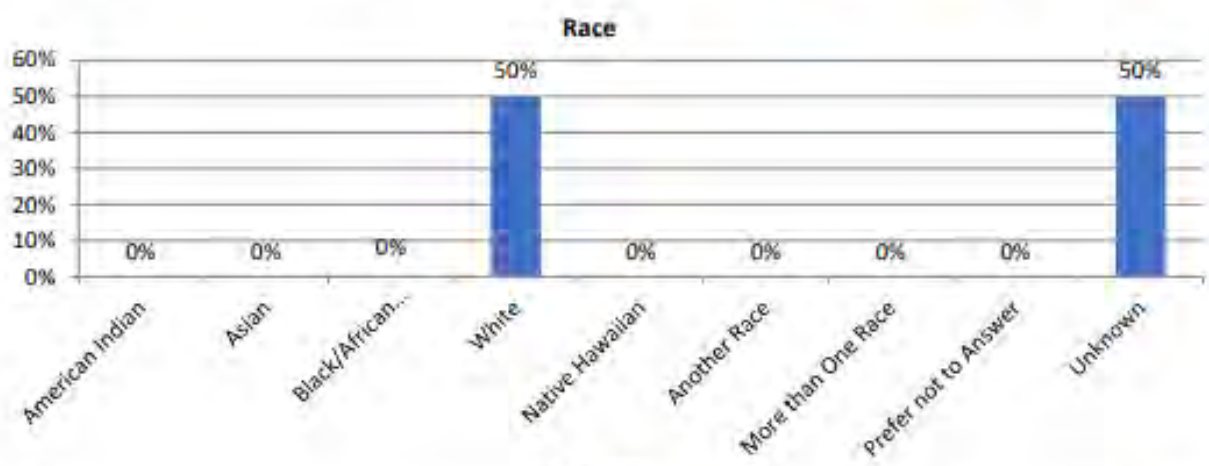
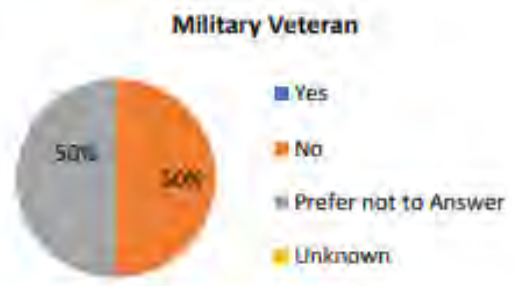
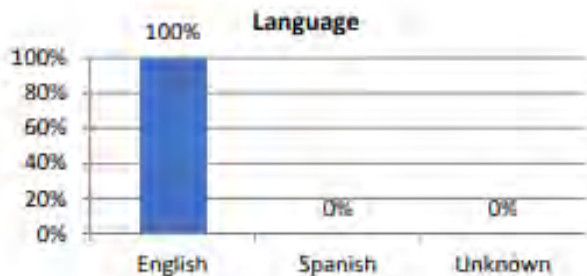
2
Referrals coming into
SR/SP Program



0 out of 2 Referrals
Participated in SR/SP Program

PEI Demographics based on Referrals (n=2)





OLDER ADULT AND TRANSITION AGE YOUTH WELLBEING

Both the Older Adult Wellbeing and the Transition Age Youth Wellbeing programs are comprised of two projects: Peer mentoring and specialty groups/programming offered at the Wellness Center specific to TAY and older adults needs.



PEER MENTOR AND WELLNESS CENTER PEI PROGRAMS

Status of Program: ___ New ___X_ Continuing ___ Modified ___ Discontinued
Target Population: ___ 0-15 ___X_ 16-25 ___X_ 26-59 ___X_ 60+ Other:
Type of Program: ___ Prevention ___ Early Intervention ___X_ Prevention and Early Intervention

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

Target Population: Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over)

Peer Mentors/Mentees				
Age Groups	TAY 18-25	Adults 26-59	Older Adults 60+	Unknown
Mentors FY 2018-19	19	7	6	0
Mentees FY 2018-19	17	45	23	0
Groups FY 2018-19	6	76	6	3
Cost Per Person	\$839	\$417	\$417	0

Wellness Center (PEI TAY and Older Adults)

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	95	147	57	110	10
Cost Per Person	\$472	\$472	\$472	\$472	\$472

The Peer Mentor (PM) Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for formal services or are transitioning out of formal services. This program provides a safe environment for individuals to work on their life stressors while focusing on improving their mental wellbeing. By offering individual and group mentoring, the peer mentors help individuals who have identified with lived experience to continue to grow in their journey while helping others who may be going through similar circumstances.

The program addresses language barriers by offering support by mentors who are fluent in Mandarin, Cantonese, American Sign Language, Vietnamese, Korean, Hindi, Arabic, Spanish as well as English.

Program Update

Peer Mentor Program: Transitional Age Youth and Older Adults

Expanding the role of the Peer Mentors has been a goal for this program. During FY 2018-19 five Peer Leads were identified who will now play an important role in the selection of topics to be discussed in weekly meetings as well as providing support for new mentors.

Collaboration between Peer Mentors and Tri-City's outpatient services was also an important component for this past fiscal year. A Life Skills group, focusing on mental wellbeing, was created for the Adult Outpatient Department and Full Service Partnerships, facilitated by two mentors who identify with lived experience.

Language is often times identified as a barrier to services. With this in mind, the Peer Mentoring program has worked diligently to recruit individuals who have multilingual skills. This group has seen a 6% increase in mentors who identify as bilingual English/Spanish speaking. Other languages utilized during this fiscal year include Cantonese and Vietnamese. With the addition of these languages, the peer mentors were able to provide culturally appropriate services to an older adult Cantonese speaker who previously had limited support.

Special presentations focused on underserved populations were facilitated by Peer Mentors. These critical communities include LGBTQ, Transgender, and Veterans. This has been accomplished in part because 3% of the peer mentors identify as transgender male and can make a connection through their own personal experience.

In addition to providing one-on-one support, mentors are trained to facilitate groups based on the needs of the community. *Proud to Be Me*, a support group for LGBTQ participants, provides a safe and supportive environment for individuals struggling with their identity. One participant who identifies as a Trans woman, disclosed having a limited support system due to coming out. Through this support group, she was able to socialize and connect with others and increase her own self-awareness, it was through this group that she learned to regain her voice, advocate for herself and reconnect with her family.

Wellness Center Programs: Transition Age Youth and Older Adults

Notable highlights for the Wellness Center includes the increase engagement of older adults from the city of Claremont. The program supervisor for this group is a member of the Claremont Committee on Aging and facilitated a month-long support group at a local senior center. Older adult support services at the Wellness Center includes groups that focus on the needs and experiences of this fragile population. During the holidays, the senior programming facilitated a support group entitled "Beating the Holidays Blues" at a local senior center.

Challenges Experienced:

One of the important accomplishments for the Peer Mentor program was the expansion of peer mentors who identify with lived experience. Of the 32 active peer mentors, 19 individuals identify with lived experience. Although this milestone has many benefits for both the mentor and mentee, it can also present challenges. One challenge that was recognized this FY is that multiple mentors experience life changing experiences or events that occurred during the program year that impacted the group. There was a large number of mentors experiencing a transition in their life resulting in an increase in their own mental health concerns, including the unexpected passing of one of the mentors. In response to this need, staff will be increasing their trainings on positive self-care, grief and loss and other life transitions.

Older adults continue to be a priority population for the Peer Mentor program and one of continuing concern. Retaining older adults (ages 60 and over) as mentors can be difficult as they continue to age and encounter barriers such as driving restrictions due to poor eye sight and other physical health complications including limited mobility.

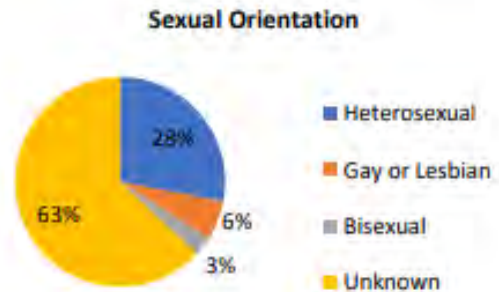
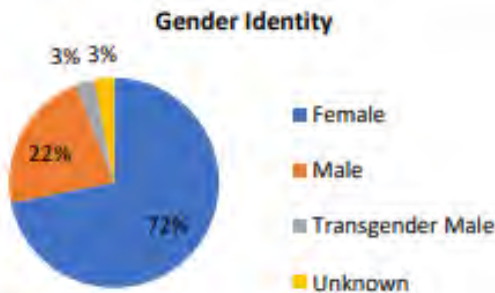
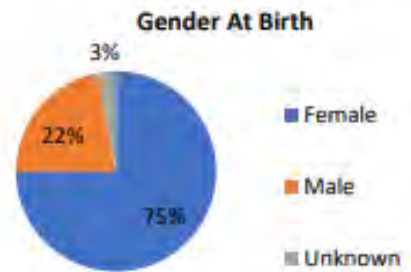
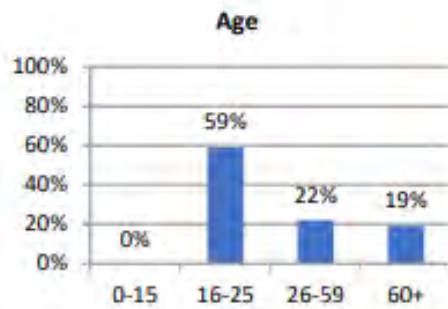
In addition, providing effective support to the homeless population has been problematic due to the lack of consistent contact. Most mentees who are homeless lack a physical address or working phone.

Challenges for the Wellness Center (WC) location for programming includes engaging Transition Age Youth (TAY). Although the WC has a dedicated TAY space and activities targeting this important population, attendance continues to be low. However, efforts to engage continue and new strategies are planned for increasing attendance this next fiscal year. These efforts include promoting the benefits of continuing education and employment along with the support needed to sustain these goals.

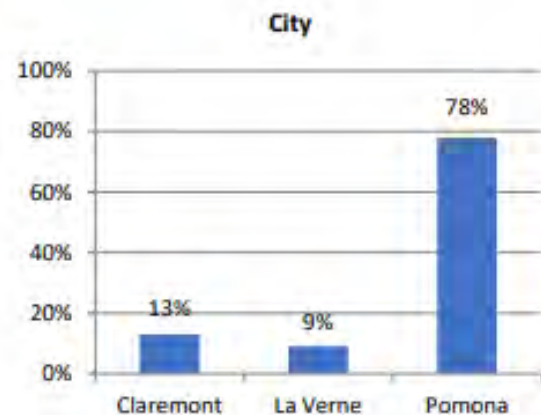
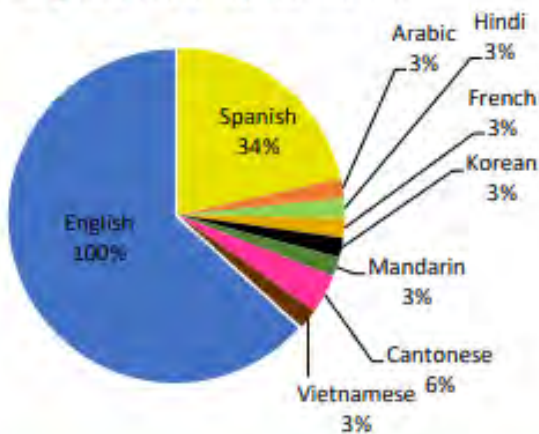
PROGRAM: Peer Mentor

HOW MUCH DID WE DO?

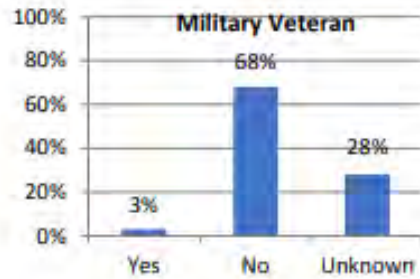
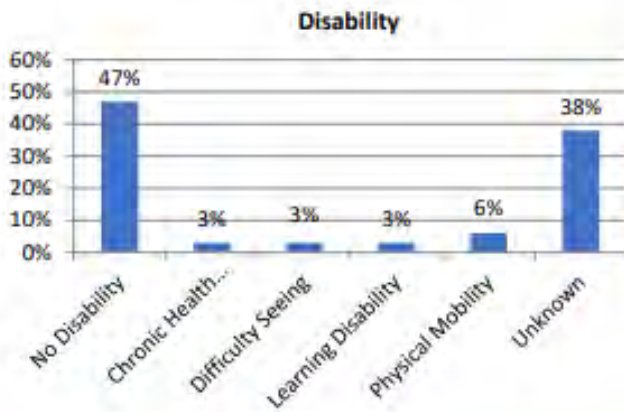
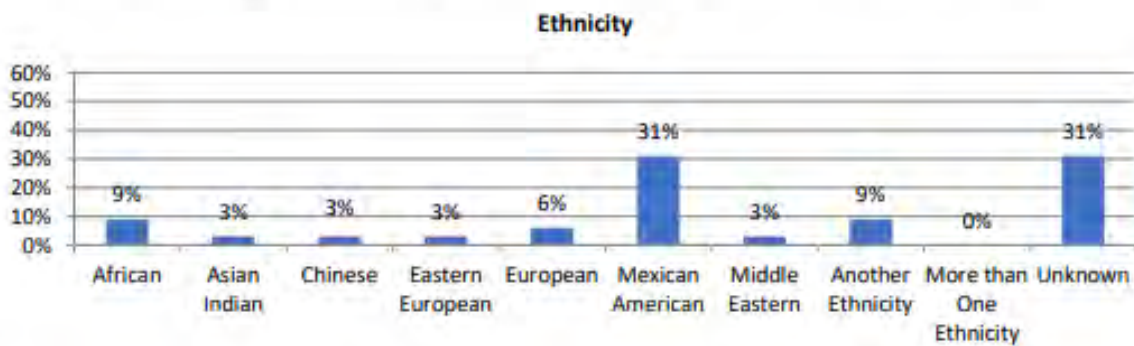
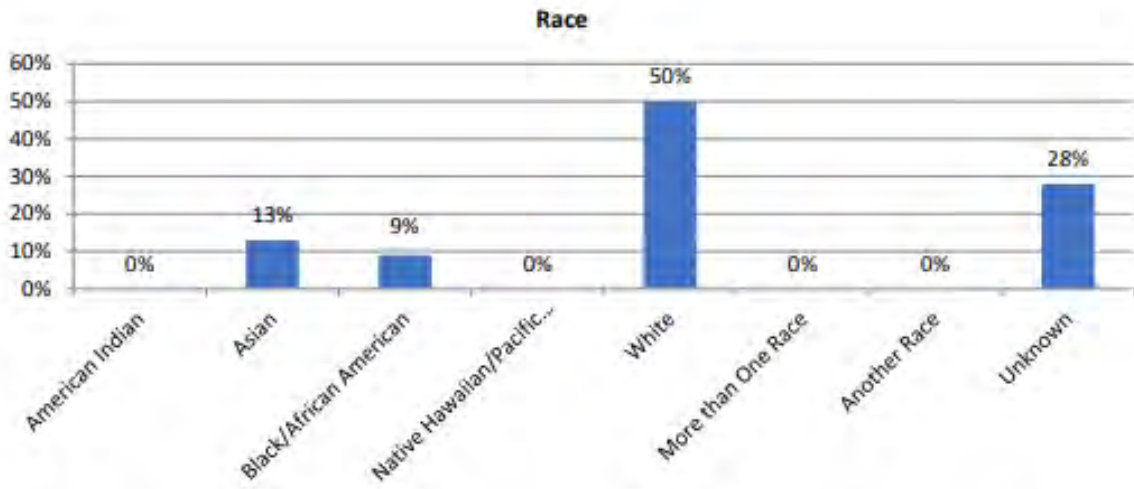
32
Active Peer
Mentors



Languages Spoken by Peer Mentors



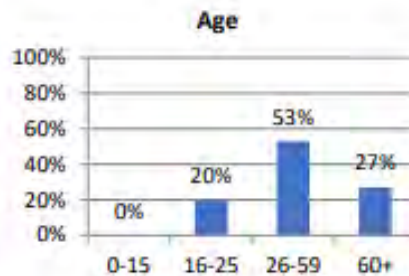
The number of languages provided by mentors increased from eight languages in FY 16 to ten languages in FY 18



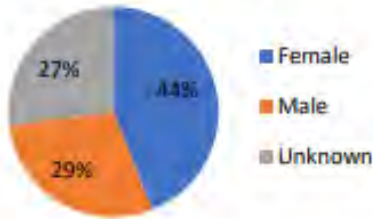
85
Mentees
Served

Peer mentors provided support for 164 unique mentees during the last three fiscal years (FY 16-18).

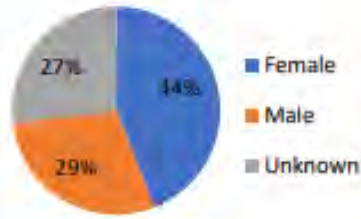
- 15% increase from FY 16 to FY 18



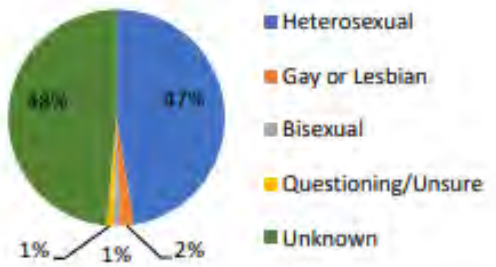
Gender Identity



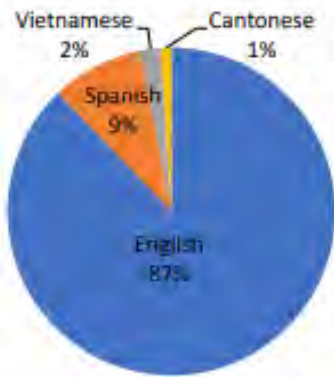
Gender At Birth



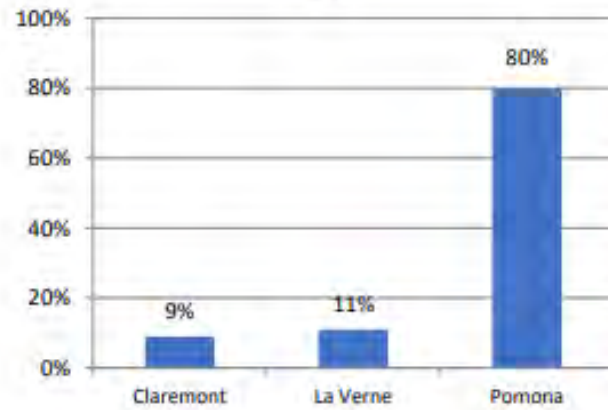
Sexual Orientation



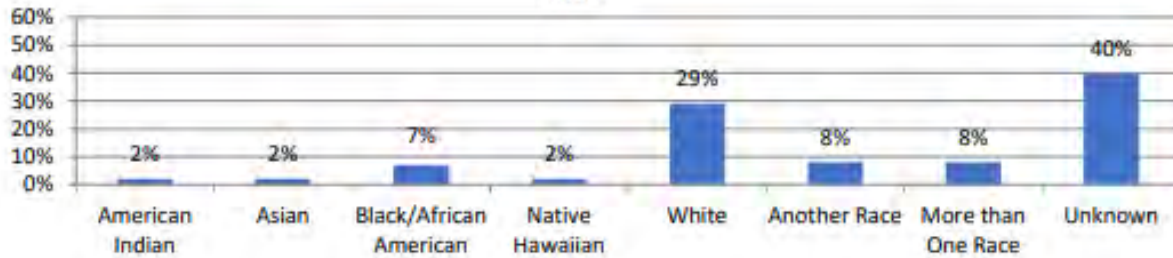
Primary Language



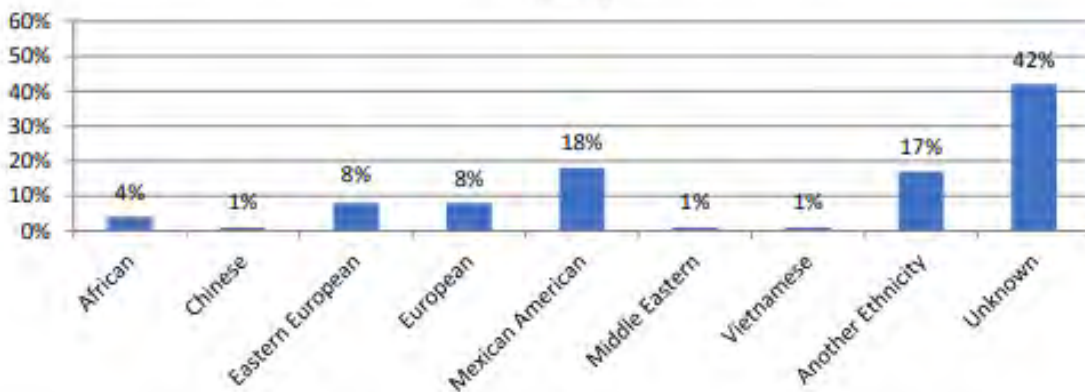
City

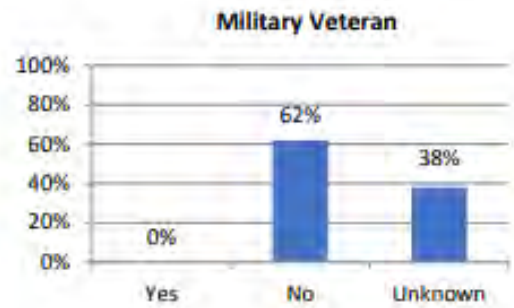
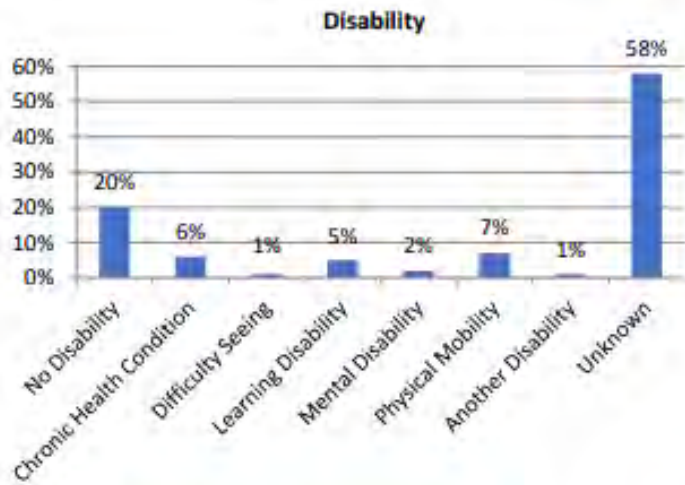


Race



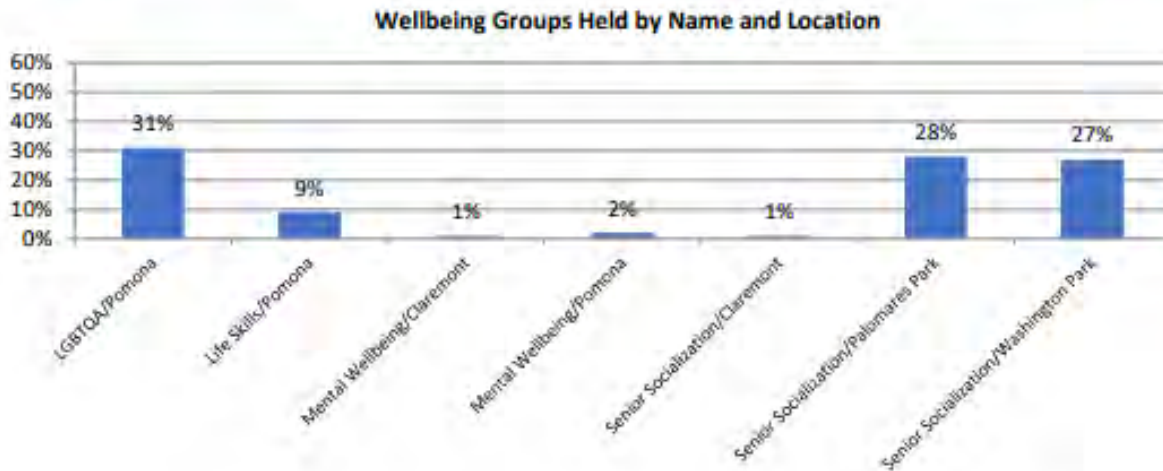
Ethnicity



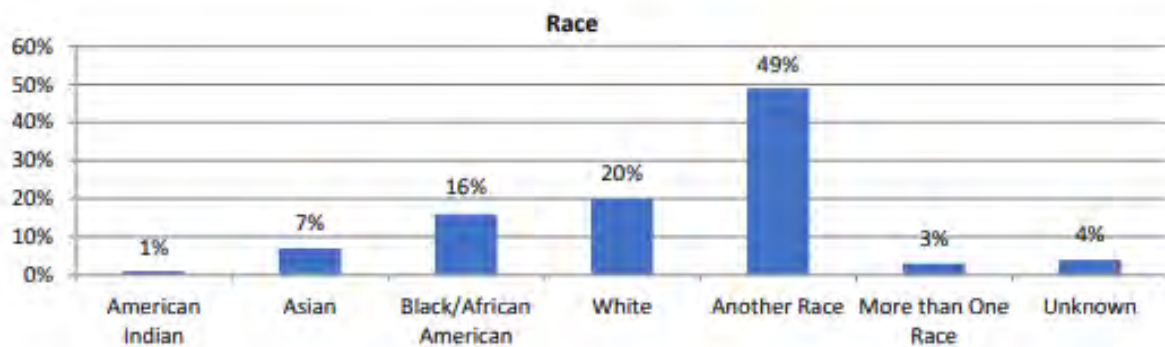
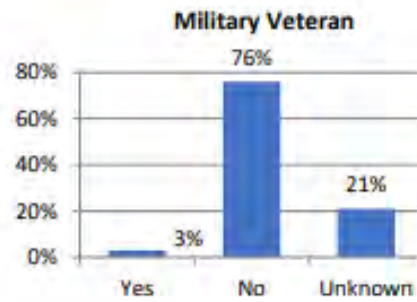
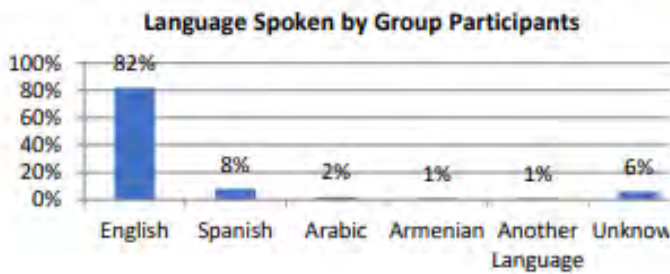
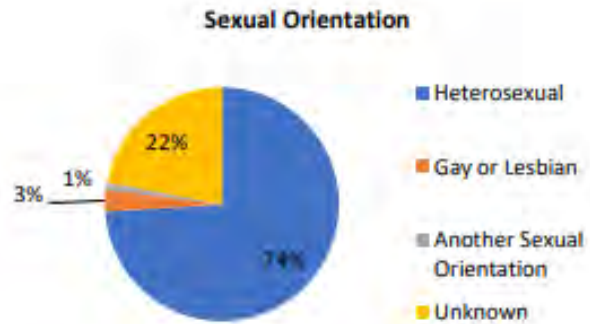
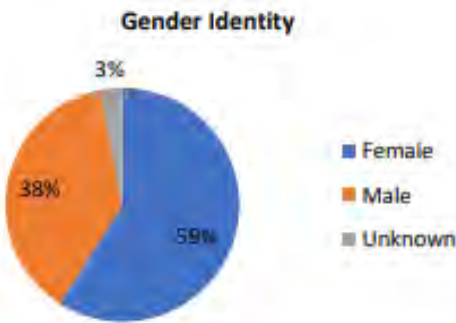
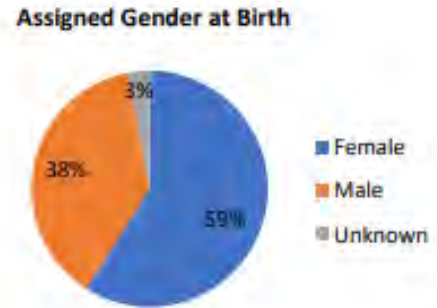
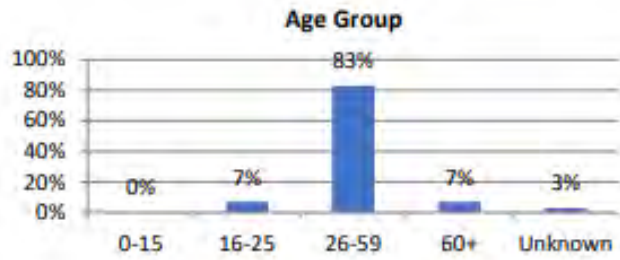


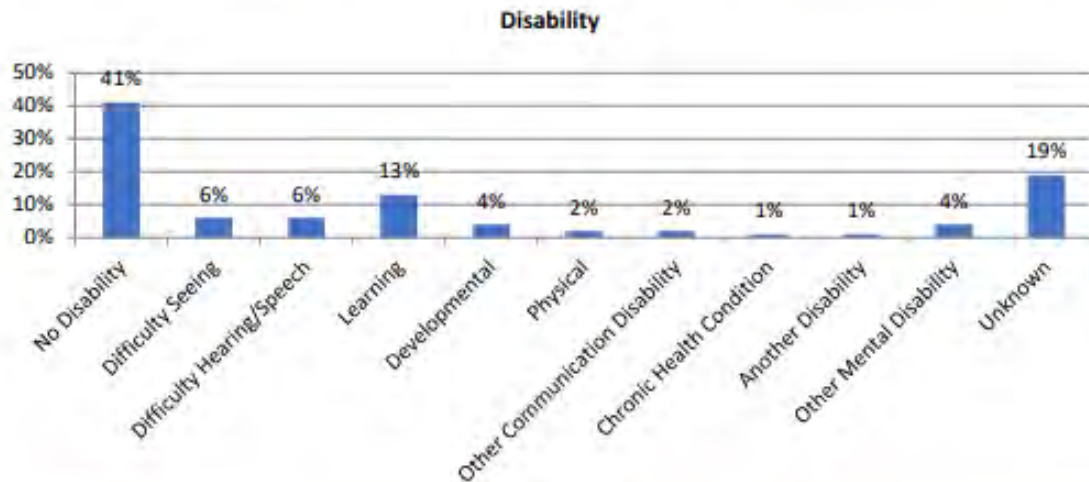
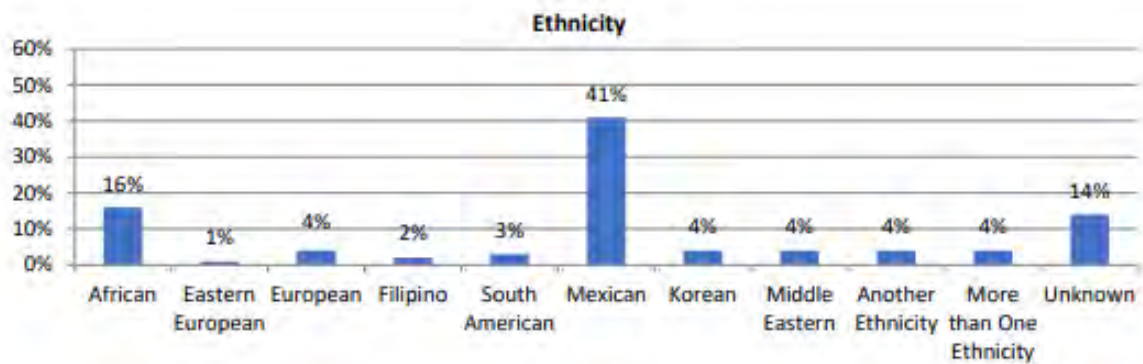
235
Unique Participants at
Peer Mentor Wellbeing
Groups

1,238
Duplicated Participants
at Peer Mentor
Wellbeing Groups



PEI Demographics based on Group Participants who Completed Group Mentor Surveys (n=91)





HOW WELL DID WE DO IT?

**57 out of 77 (74%)
Referrals Became Mentees**

**100%
Peer Mentees reported feeling
comfortable with their
Peer Mentor**

**1,867
Service Learner Hours Completed
by Peer Mentors**

**19
Peer Mentors Self-Identify with
Lived Experience**

There were over 4,900 service-learner hours by mentors in providing L&I support and linkages to individuals from FY 16 to FY 18.

92%
Enjoy participating in
Peer Mentor groups

IS ANYONE BETTER OFF?

100%
Peer Mentors reported becoming a
Peer Mentor has made a positive
impact in their lives

100%
Mentees agreed Peer Mentor
provided helpful support in their
first session

87%
Feel more confident from the skills
learned in Peer Mentor groups

Number of Potential Responders: 352

Setting in which responders were engaged: Community

Type of Responders Engaged: TAYs, Adults, Seniors, and those with lived experience.

Underserved Population: African American, Asian/Pacific Islander, Latino

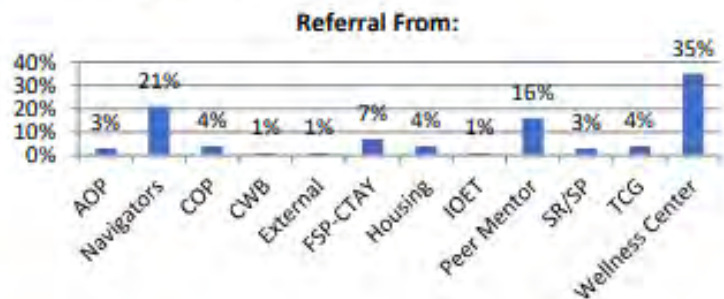
Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

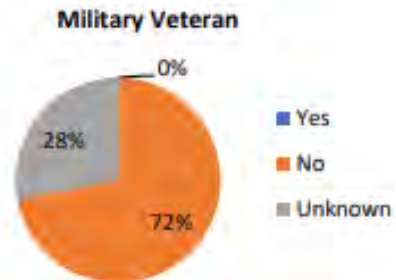
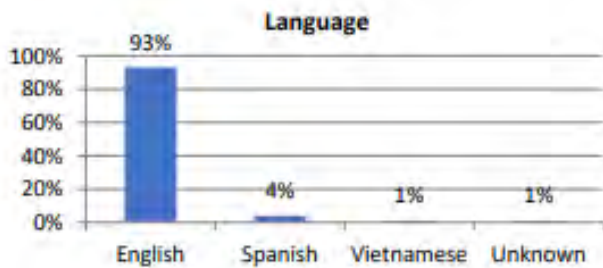
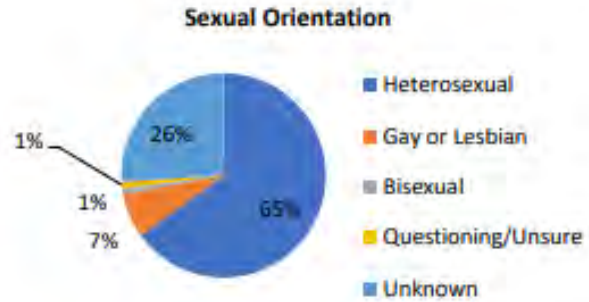
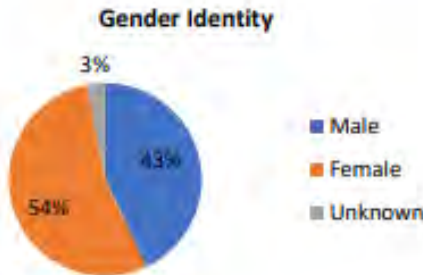
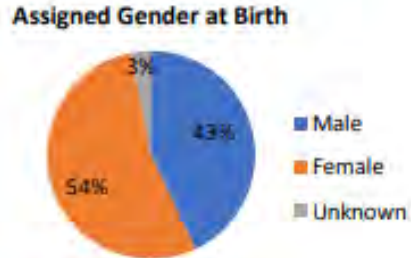
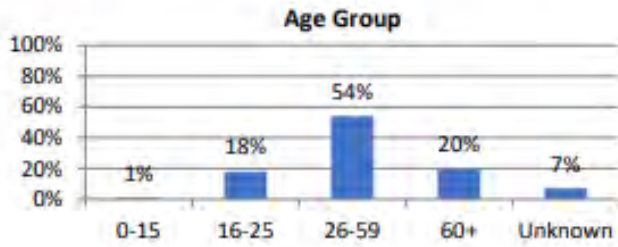
76
Referrals coming into
Peer Mentor Program



**46 out of 76 Referrals
Participated in Peer Mentor
Program**

**3 Days
Average Time between
Referral and Participation in
Peer Mentor Program**

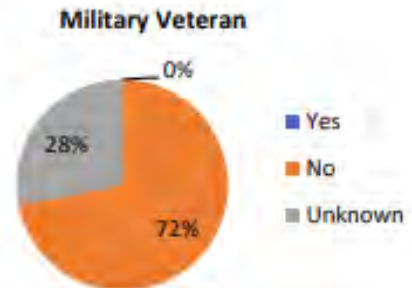
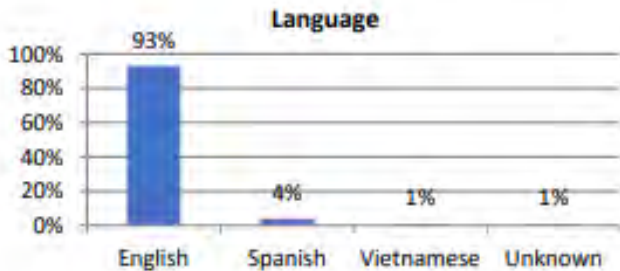
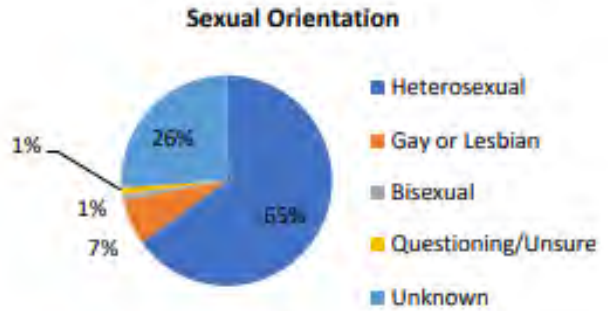
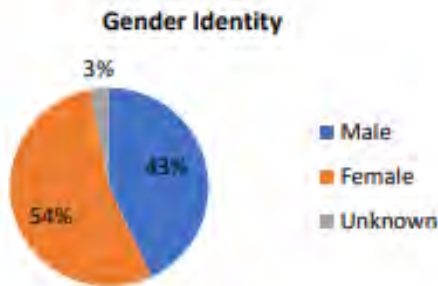
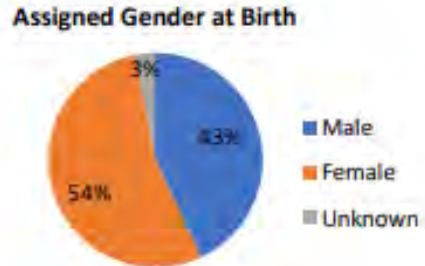
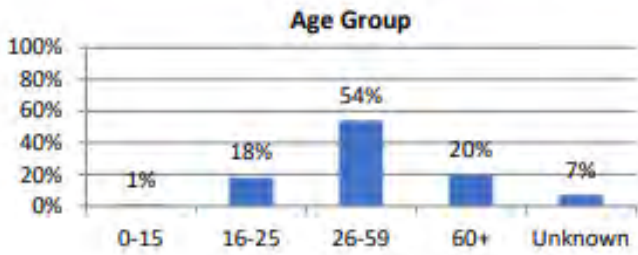
PEI Demographics based on Referrals (n=76)

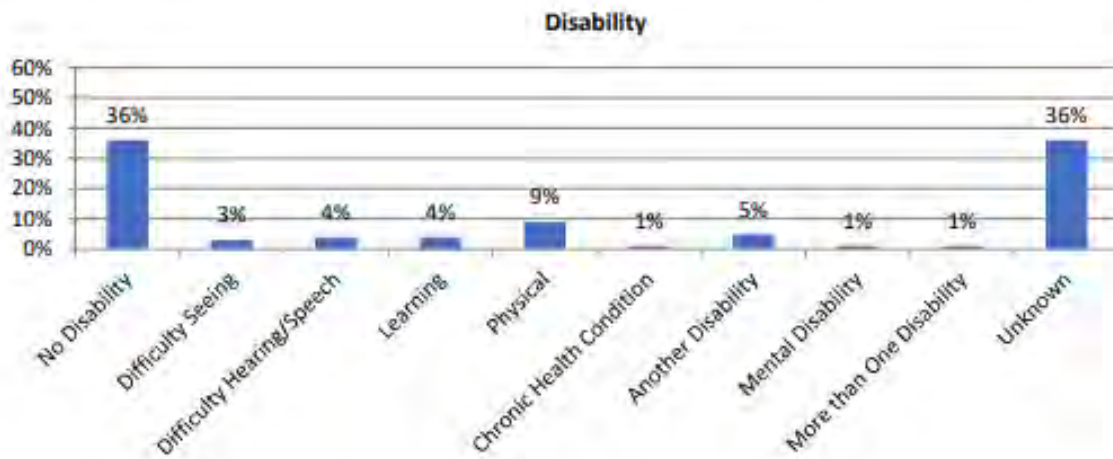
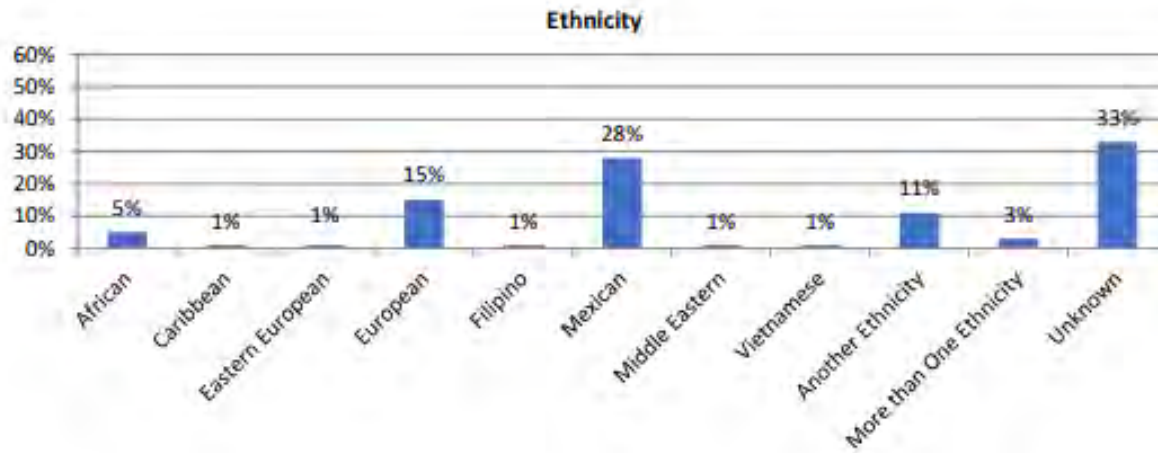
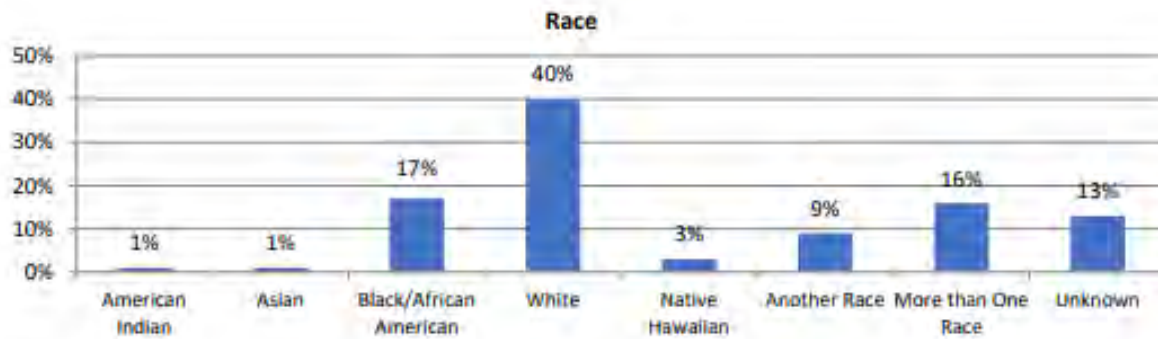


**46 out of 76 Referrals
Participated in Peer Mentor
Program**

**3 Days
Average Time between
Referral and Participation in
Peer Mentor Program**

PEI Demographics based on Referrals (n=76)





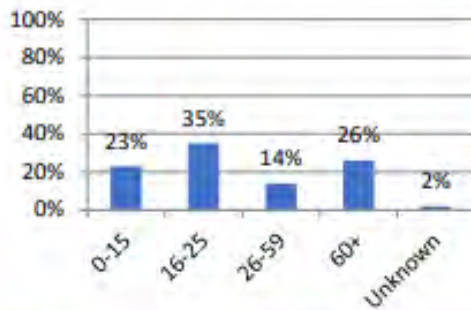
PROGRAM: Wellness Center - PEI

HOW MUCH DID WE DO?

419
Unique
Individuals Served

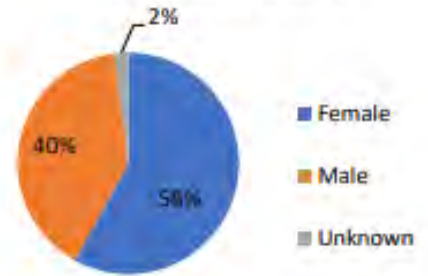
Individuals served has remained constant from FY 16 to FY 18

Age Group

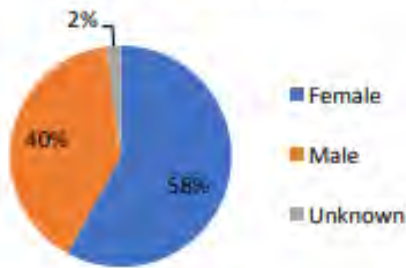


17+ individuals 60 years or older were served from FY 16 to FY 18
 • 12% increase from FY 16 to FY 18

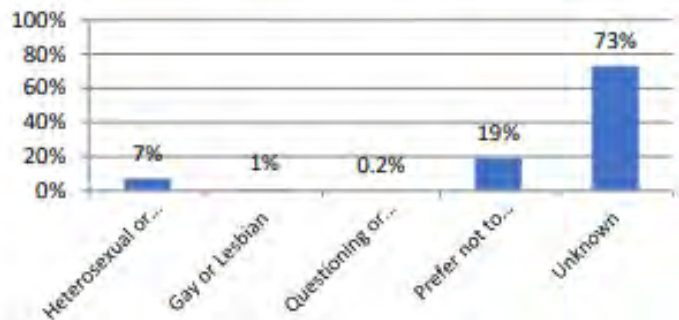
Current Gender Identity



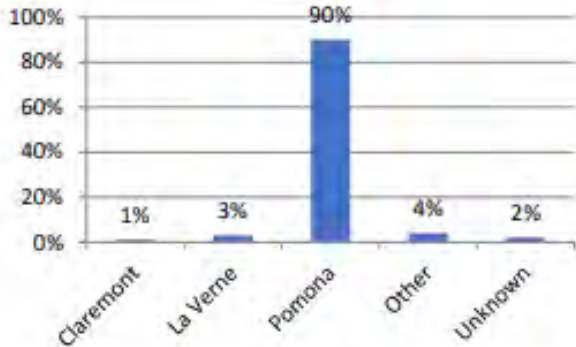
Assigned Gender at Birth



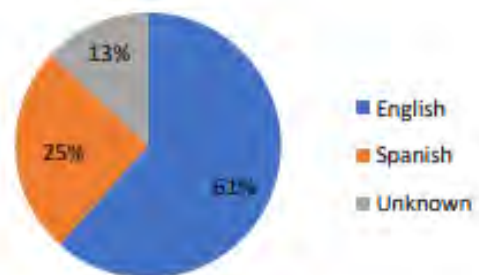
Sexual Orientation



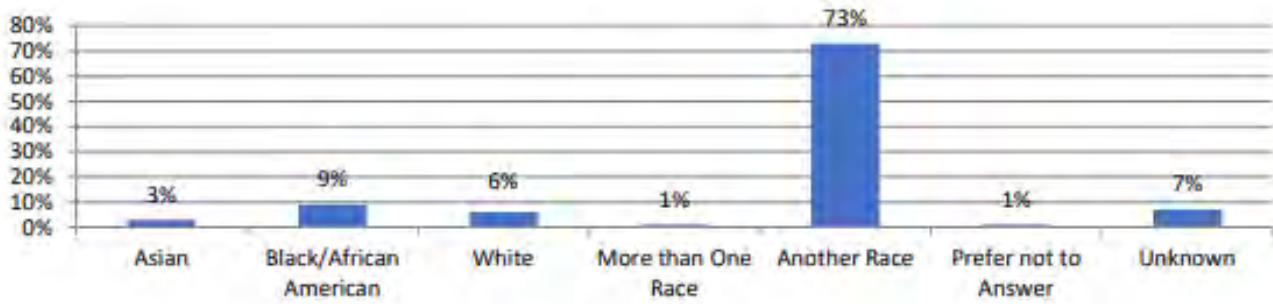
City



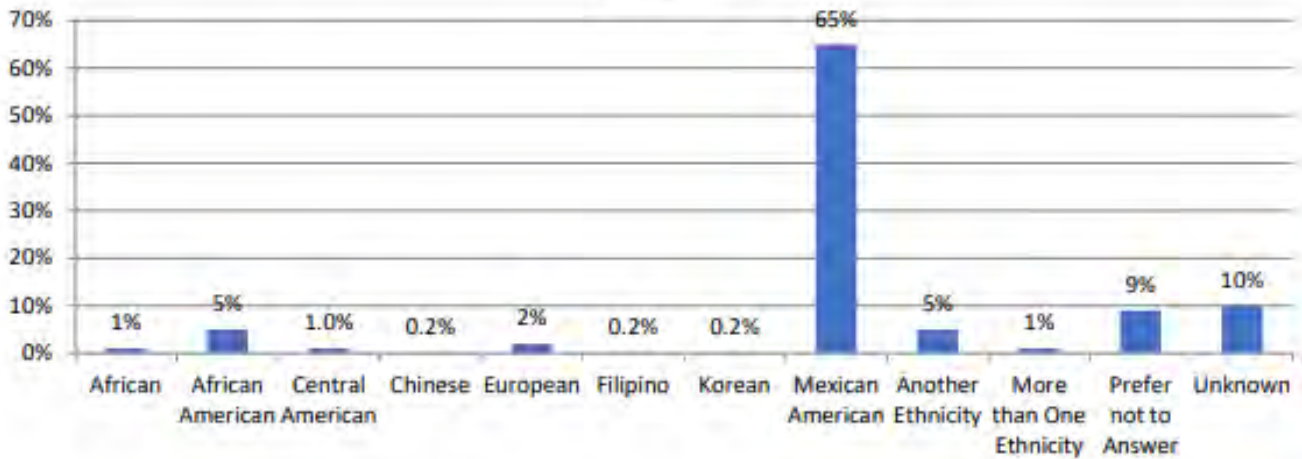
Primary Language



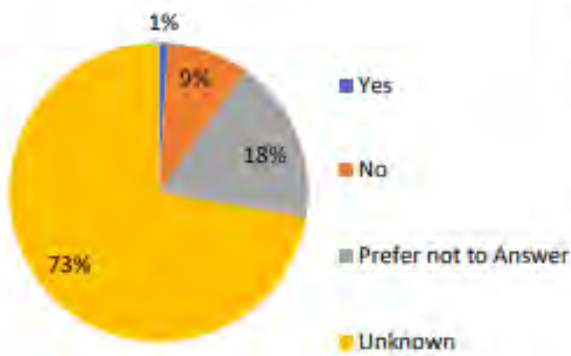
Race



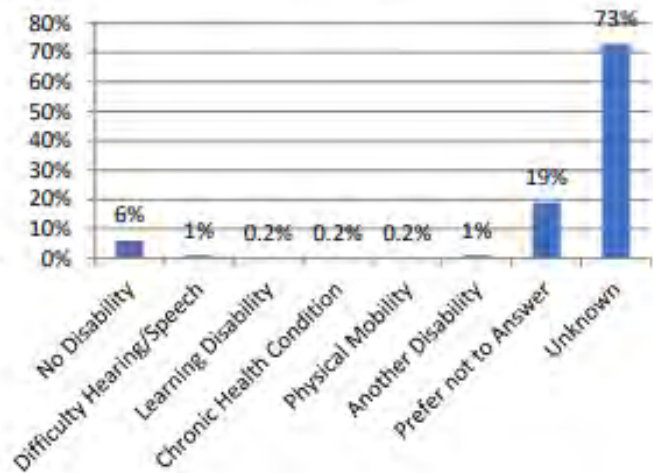
Ethnicity



Military Veteran



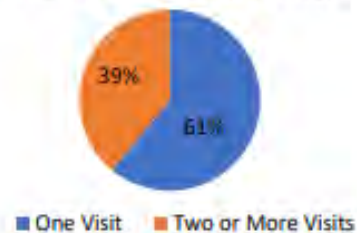
Disability



HOW WELL DID WE DO IT?

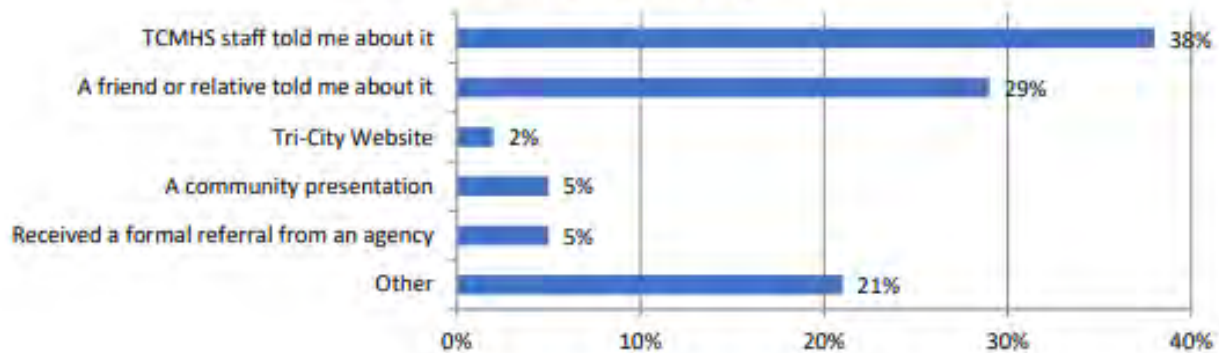
2,154
**Number of Attendees at Wellness
 Center Events**
(Duplicated Individuals)

Number of Times People Visited



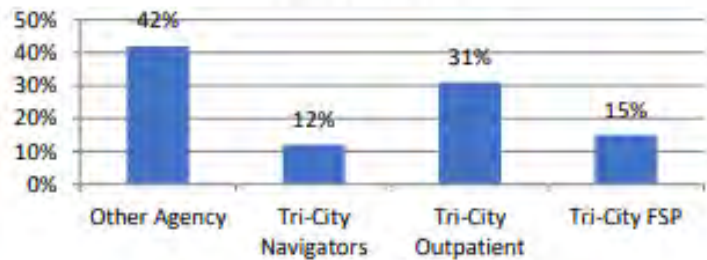
Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Group – Senior Socialization	53	2	12	6
Group (Español) – Comadres y Compadres	61	1	35	8
TAY – Cooking Class	12	3	9	5
TAY – Creative Writing	1	1	1	1
TAY – Dance Music	1	1	1	1
TAY – Friendship Circle	8	1	5	3
TAY – Gaming Circle	12	1	5	2
TAY – Karaoke	14	1	5	3
TAY – Literacy Alliance	11	1	4	2
TAY – Money Management	29	1	5	2
TAY – Outing	7	2	7	4
TAY – PC Lab	211	1	5	2
TAY – Phone Call	31	1	37	5
TAY – Positive Painting	13	1	6	3
TAY – PPL	12	1	5	3
TAY- Pride	25	1	5	2
TAY – Sacred Heart	6	6	16	12
TAY – Socialization	44	1	4	1
TAY – TAY Leadership	2	1	3	2
TAY – TCB	37	1	6	2
TAY – Volunteer	17	1	2	1
TAY – Walking Group	44	1	6	3
TAY – YCES	2	1	1	1

**How Did You Learn About the Wellness Center Programs?
(Choose All that Apply)**



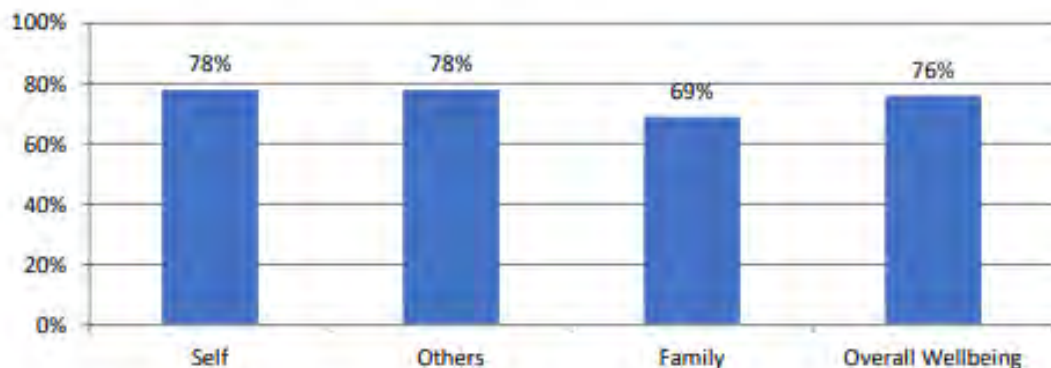
86%
Satisfied with the Wellness Center Programs

Referral Source



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs:



Number of Potential Responders: 419

Setting in which responders were engaged: Community, Wellness Center

Type of Responders Engaged: TAYs, Adults, and Seniors

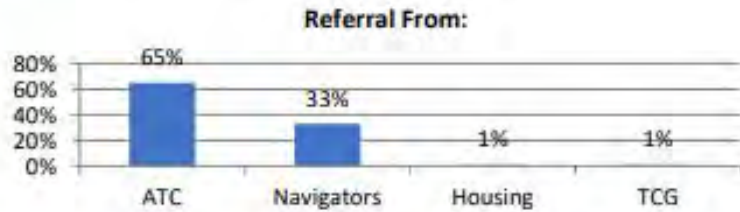
Underserved Population: African American, Asian/Pacific Islander, Latino
 Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency’s PEI programs.

Timely Access to Services for Underserved Populations Strategy:

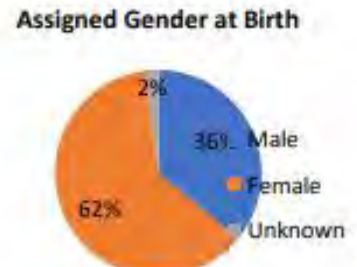
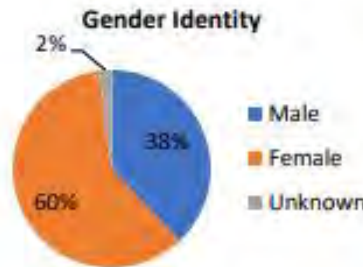
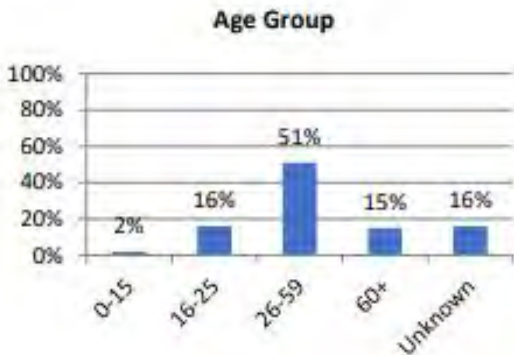
87
 Referrals coming into
 Wellness Center

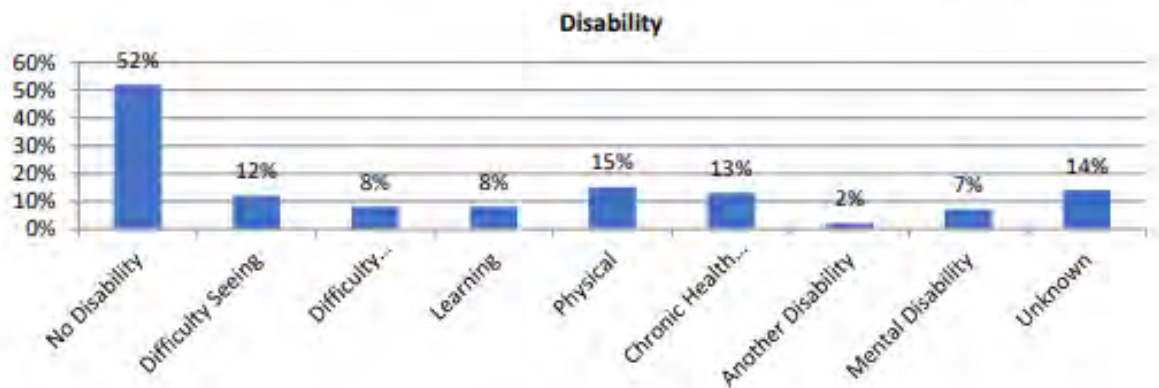
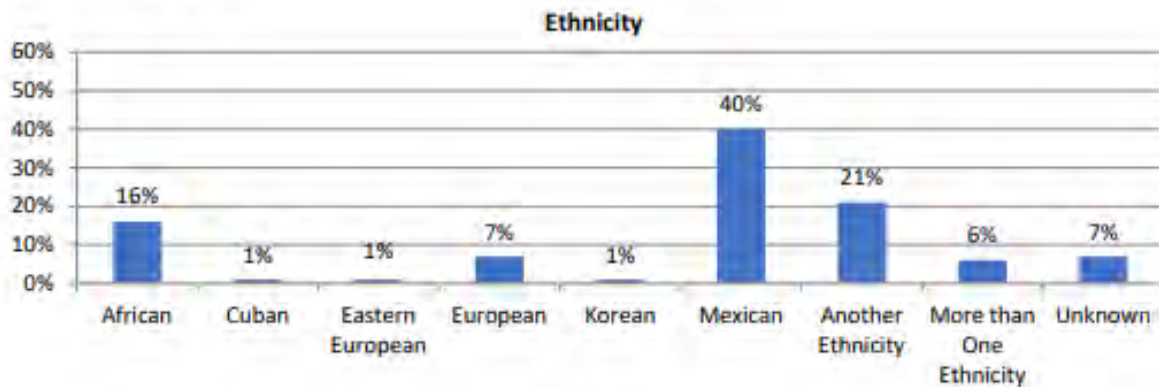
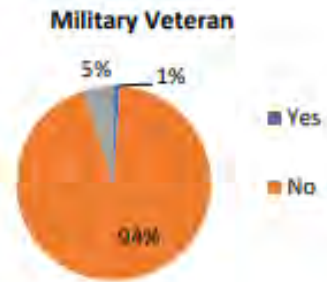
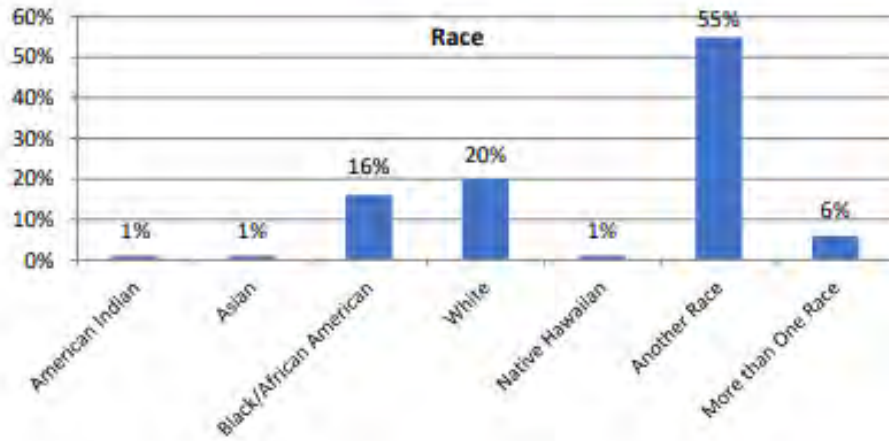
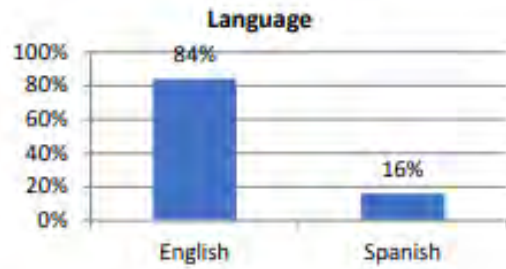
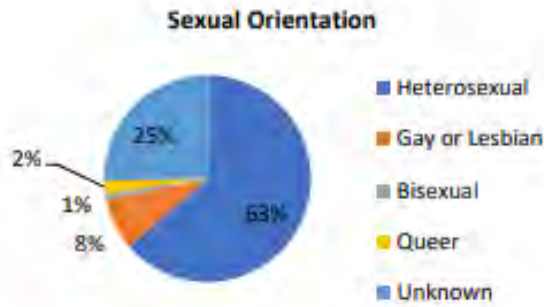


7 out of 87 Referrals
 Participated in Wellness
 Center

4 Days
 Average Time between
 Referral and Participation in
 Wellness Center

PEI Demographics based on Referrals (n=87)







FAMILY WELLBEING PROGRAM

Status of Program: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified <input type="checkbox"/> Discontinued
Target Population: <input checked="" type="checkbox"/> 0-15 <input checked="" type="checkbox"/> 16-25 <input checked="" type="checkbox"/> 26-59 <input type="checkbox"/> 60+ Other:
Type of Program: <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Prevention and Early Intervention

Program Description: Staff and volunteers build trusting relationships and provide support to family members and caregivers of people experiencing a mental illness.

Target Population: Family members and caregivers of people who struggle with mental illness from unserved and under-served communities.

Age Groups	Children 0-15	TAY 6-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	424	173	527	69	37
Cost Per Person	\$52	\$52	\$52	\$52	\$52

The Family Wellbeing Program (FWP) is located at the Wellness Center, which serves as a community hub and place of support for participants from the cities of Claremont, La Verne and Pomona. The focus is particularly on family members from unserved and under-served communities.

The Family Wellbeing program consists of a dynamic set of programming focused on addressing the needs of the family. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g. exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences.

Although not a clinical-based program, the Family Wellbeing team is able to assess an individual who is in crisis, and through collaborative efforts with Tri-City’s Intensive Outreach and Engagement Team or local law enforcement,

connect the individual with the appropriate level of care including the Tri-City clinic or hospital emergency room. Additional resources may be provided through the Community Navigators or Tri-City's Housing Department.

In addition to supporting family members and caregivers, the FWP oversees the social- work interns who are placed with Tri-City for clinical supervision as part of their Masters of Social Work program. From September through May, these highly trained and supportive graduate students offer an invaluable service to the school counseling program that Tri-City facilitates on Bonita Unified School District (BUSD) campuses.

Program Update:

During the fiscal year 2018-19, the FWB program implemented new services, hired new staff, and enhanced already existing programs. Two new support groups, Creative Writing Kids and Teen Anger Management, targeting ages 7-15 were implemented in response to community input. Creative Writing Kids Group was created in partnership with Project Return. The Teen Anger Management group was created based on feedback from community members who expressed difficulty in locating anger management groups for youth ages 13-15 years old.

Existing groups were enhanced by creating new opportunities within the groups to expand the skills of current and previous participants. An example of this includes the annual Summer Camp program where a past participant applied to become a camp leader. However, the age of this applicant prohibited them from attending camp-too old- but not able to be a volunteer-too young. In response to this, staff created a new programming under the Summer Camp umbrella- Summer Camp Leader. As a Summer Camp Leader, the participant was able to learn new skills, and build leadership experience preparing her to enter Tri-City's Service Learner Program.

Tri-City's annual Summer Camp was at full capacity with 20 campers attending from the cities of Pomona, Claremont and La Verne with a significant number of these campers being new to the Wellness Center and Tri-City. The FWB staff applied two new components to the Summer Camp program; 1) Implementation of Summer Camp Leaders (previous campers that exceed the age limit of 12, and who want to begin building leadership or volunteer experience); 2) Welcoming Tri-City Masters in Social Work Interns to extend their internship to include assisting with planning and execution of summer camp. Both components were highly successful and contributed to the positive growth of this program.

The Family Wellbeing program strives to assist participants and continue to support them throughout their lifespan. An example of this success includes the story of a past participant who attended the Kids Hour Support Group for children ages 7 to 12 and consistently attending until the age of 13. Enjoying the support of fellow groups members, the participant then transitioned into the Teen Hour Support Group, where she thrived and was able to have a safe space to share her struggles and successes. The participant continued to expand their participation by becoming a Summer Camp leader where she stated that these experiences not only helped her to come out of her comfort zone, but helped her with high school credits and guiding her future as a social worker.

Challenges Experienced:

A challenge that we have encountered is outreaching to specific populations, transportation issues, and filling open staff positions. When outreaching to children, families, and Spanish speaking populations we are finding that both transportation and stigma are an issue. In the future we look forward to making new community connections, and possibly facilitating support groups at locations where said populations gather in an effort to both combat stigma as well as transportation issues.

We are also looking forward to creating a support group for children ages 7 to 12, as we are finding that the community has been inquiring about serving the school-aged child population.

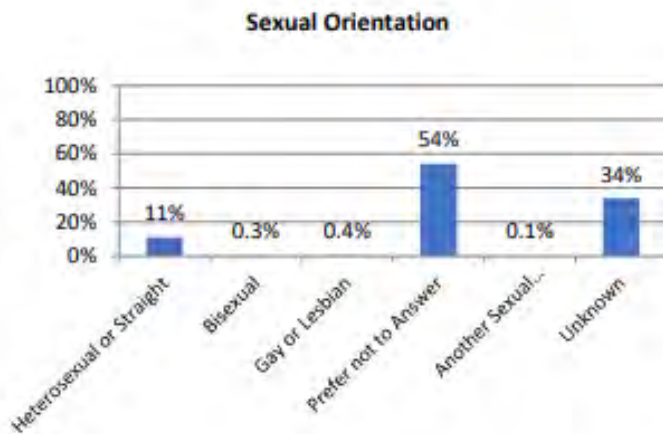
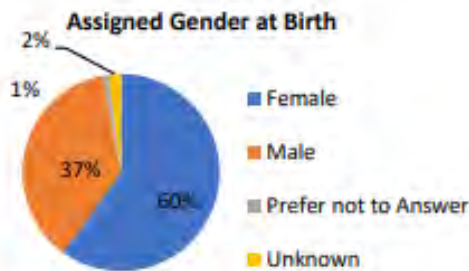
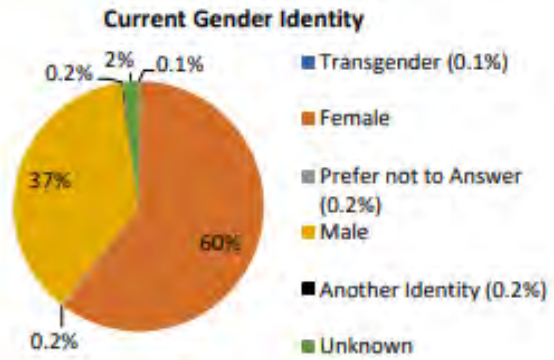
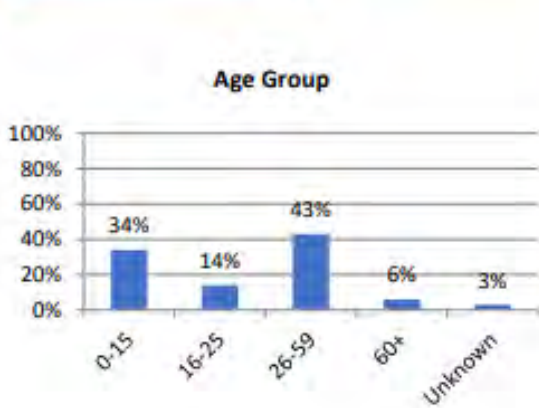
This past fiscal year we have filled a new MHSA Program Coordinator position for the program, two Mental Health Specialist positions, and a Wellness Advocate position. A challenge has been to get staff trained and acclimated to Family Wellbeing programming and services; a solution to address this issue is that once positions are filled, experience in support groups, summer camp, and engaging with families will assist staff in being familiarized with support services. Another solution might include having new staff attend trainings specific to Family Wellbeing in the hopes that staff will feel equipped to provide services.

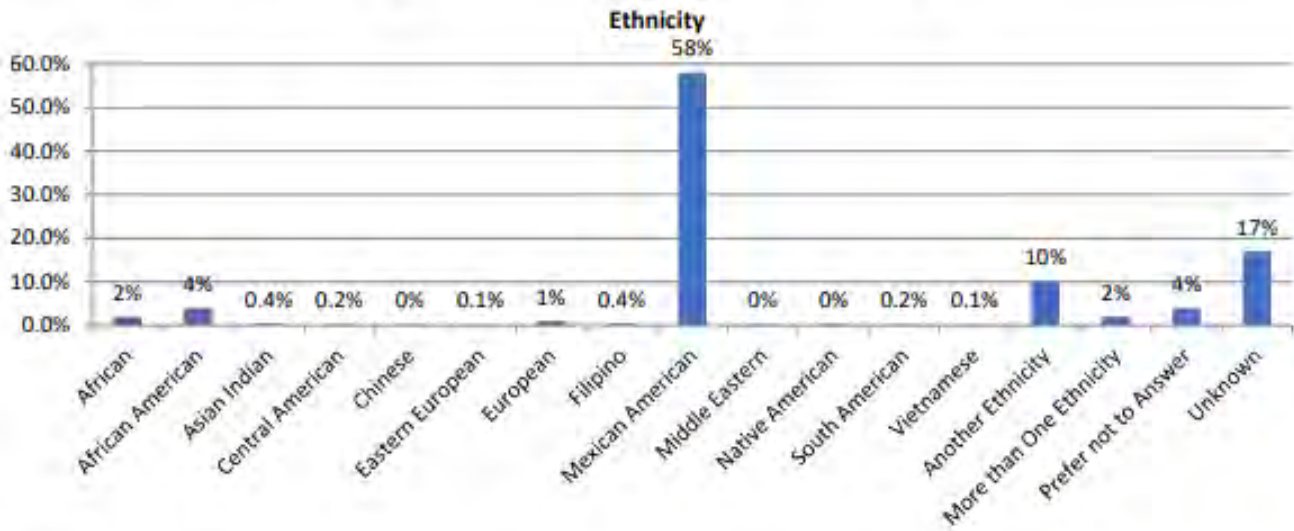
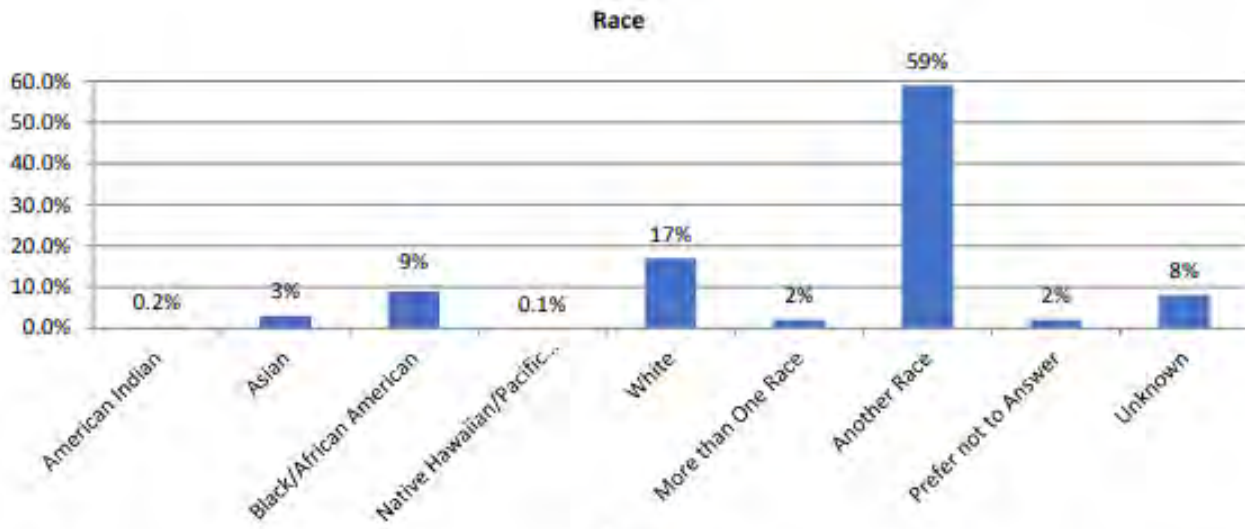
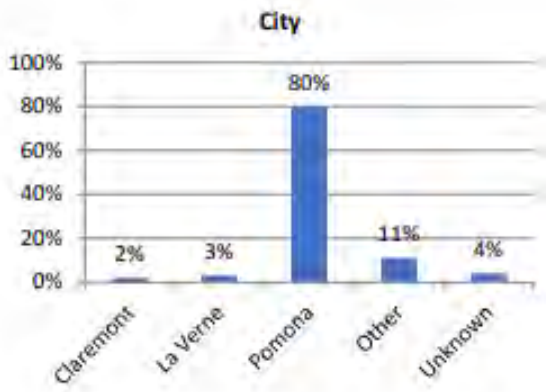
PROGRAM: Family Wellbeing

HOW MUCH DID WE DO?

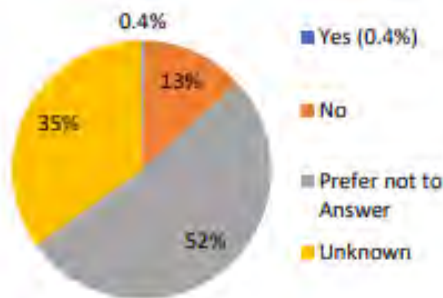
1,230
Unique Individuals
Served

Served 2,932 unique individuals from FY 16 to FY 18
 * 20% increase from FY 16 to FY 18

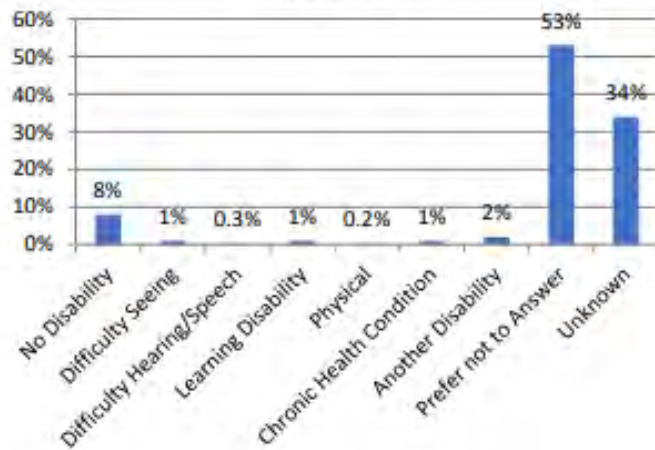




Military Veteran



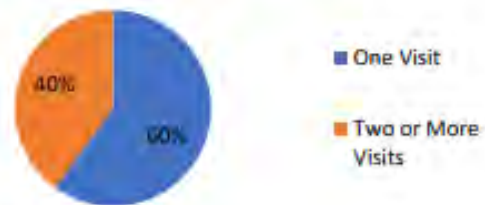
Disability



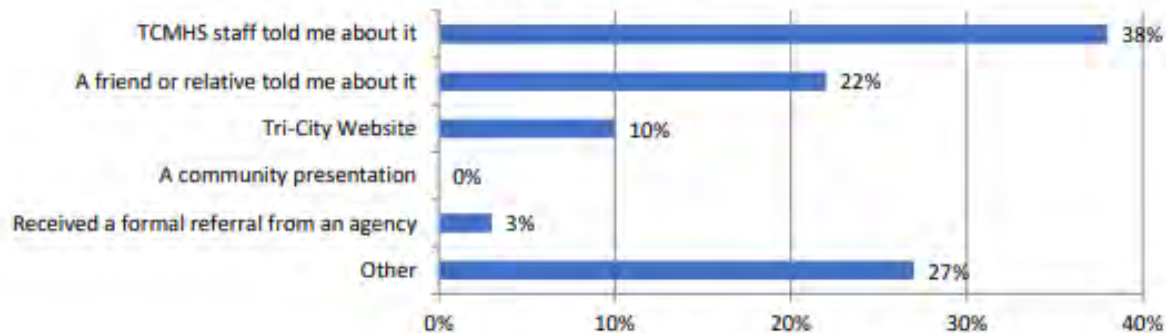
HOW WELL DID WE DO IT?

5,541
Number of Attendees at Family Wellbeing Events
(Duplicated Individuals)

Number of Times People Visited



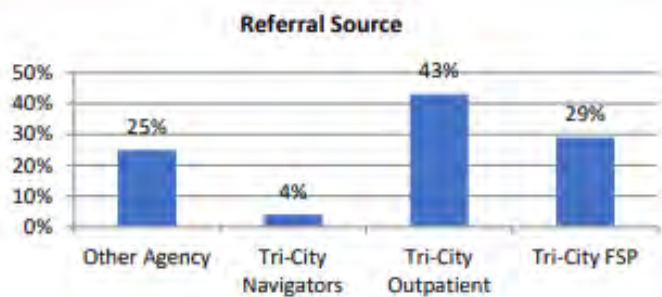
How Did You Learn About the Family Wellbeing Program? (Choose All that Apply)



Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
FWS – Arts & Crafts	27	1	11	5
FWS – Cooking Class	6	1	15	8
FWS – Creating Writing	26	1	11	5
FWS – Crisis	8	1	4	2
FWS – Grief & Loss	46	1	12	5
FWS – Phone Call	90	1	11	2
FWS – Limited to Limitless	50	1	11	6
FWS – Mommy & Me	38	1	17	7
FWS – Movie Night	51	1	33	10
FWS – Music	58	1	15	9
FWS – One-on-One	112	1	11	2
FWS – Sacred Heart	8	1	30	12
FWS – Spirituality	51	2	11	6
FWS – Teen Hour	46	1	9	3
FWS – United Family	58	1	34	18
FWS – Walking Adventure	51	1	14	7
FWS – Writing to Heal	51	1	12	5
FWS – Attendance Letter	49	1	5	2
FWS – Brief Check In	134	1	9	3
FWS – Bore no More	1	1	1	1
FWS – Kid’s Hour	1	1	1	1
FWS – Summer Camp	16	1	31	17
FWS – Teen DRA	5	1	5	2

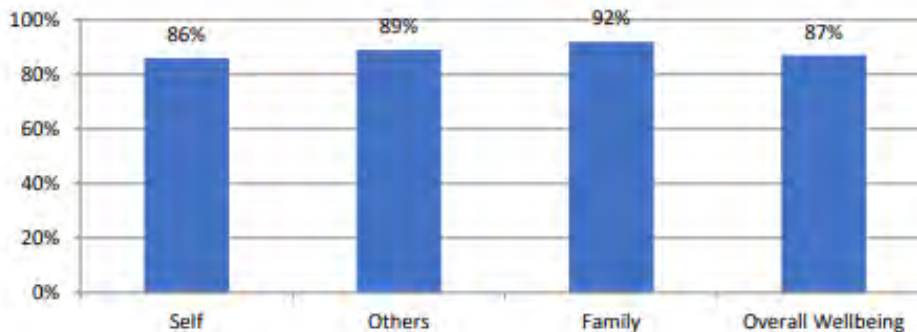
The number of family wellbeing groups has remained constant from FY 16 to FY 18

92%
Satisfied with the Family Wellbeing Program



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



Number of Potential Responders: 1,230

Setting in which responders were engaged: Community

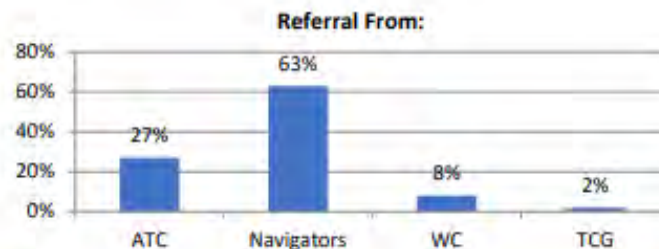
Type of Responders Engaged: Parents and children

Underserved Population: African American, Asian/Pacific Islander, Latino
Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

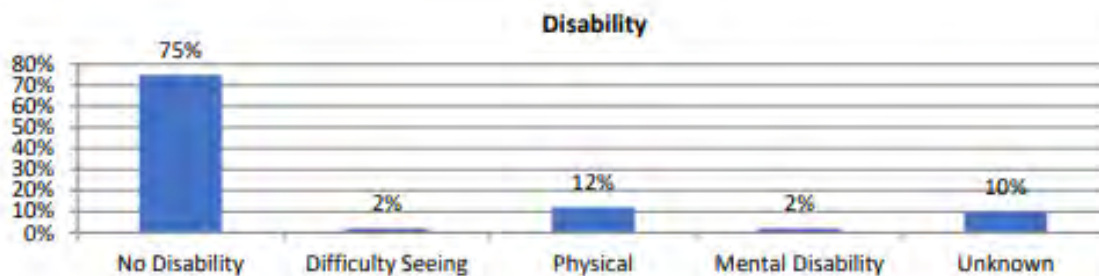
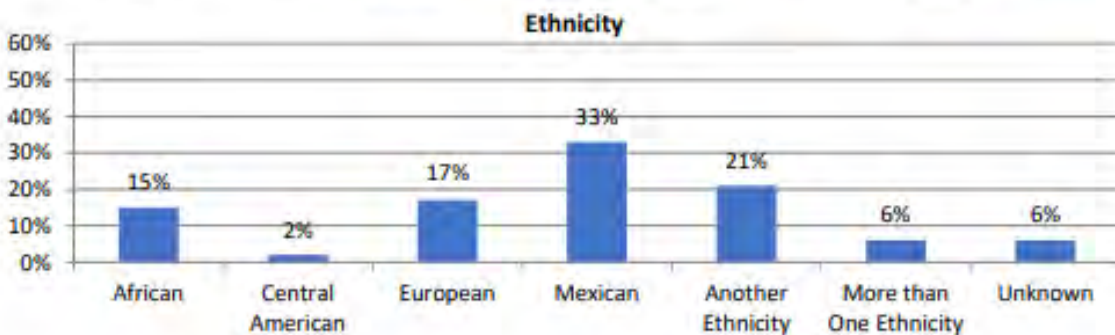
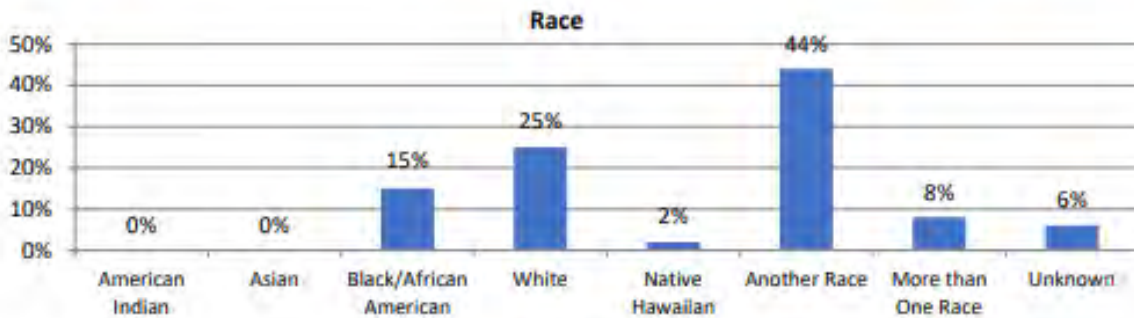
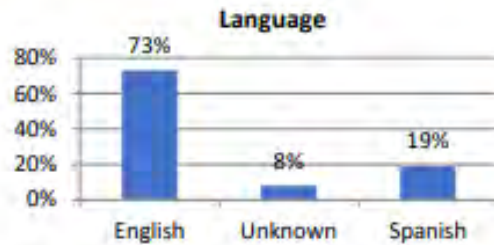
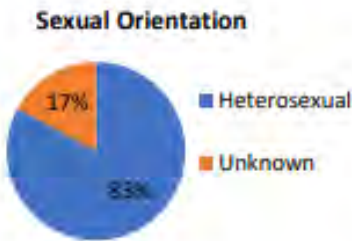
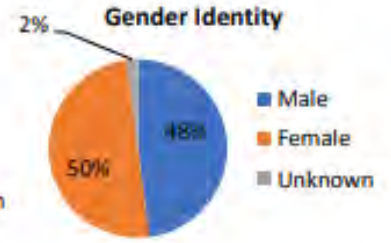
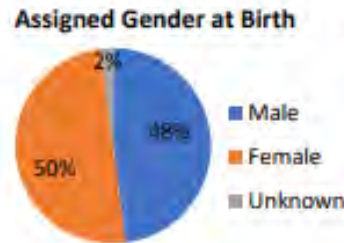
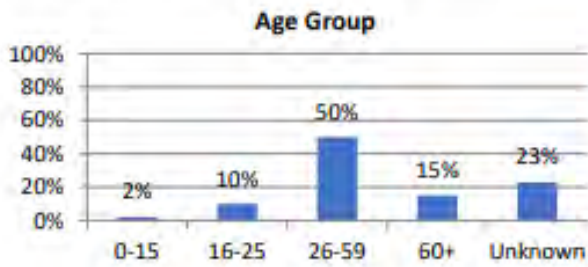
52
Referrals coming into
Family Wellbeing



11 out of 53 Referrals
Participated in Family
Wellbeing Program

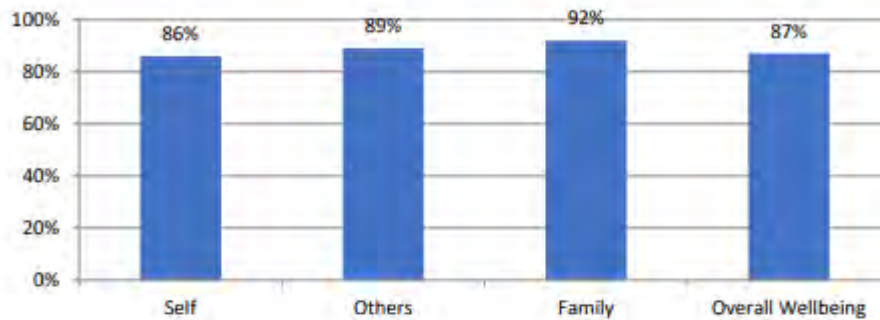
11 Days
Average Time between Referral and
Participation in Family Wellbeing Program

PEI Demographics Based on Referrals (n=52)



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



Number of Potential Responders: 1,230

Setting in which responders were engaged: Community

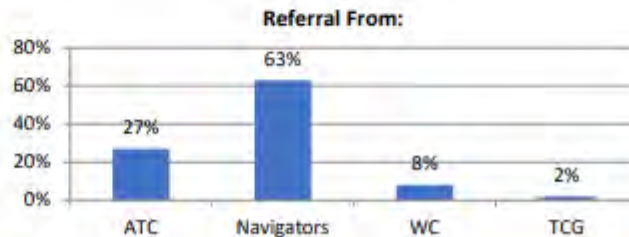
Type of Responders Engaged: Parents and children

Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

52
Referrals coming into
Family Wellbeing



11 out of 53 Referrals
Participated in Family
Wellbeing Program

11 Days
Average Time between Referral and
Participation in Family Wellbeing Program



NAMI: PARENTS AND TEACHERS AS ALLIES

Status of Program: <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Modified <input checked="" type="checkbox"/> Discontinued
Target Population: <input checked="" type="checkbox"/> 0-15 <input checked="" type="checkbox"/> 16-25 <input checked="" type="checkbox"/> 26-59 <input type="checkbox"/> 60+ Other:
Type of Program: <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Prevention and Early Intervention

Program Description: Parents and Teachers as Allies provides in-service trainings for school professionals and parents to help participants better understand the early warning signs of mental illnesses in children and adolescents.

Target Population: Parents and school personnel for Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) unified school districts.

Number of Trainings for FY 2018-19	8	Attendees	94
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The NAMI program, Parents & Teachers as Allies (PTAA), serves as both outreach and education program for schools throughout Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) Unified School Districts. PTAA provides an overview of emotional disorders and mental illnesses commonly encountered among children and adolescents. The purpose of PTAA is to increase awareness among teachers, staff and parents regarding the prevention and early intervention of mental disorders, to decrease stigma and increase compassion for those who show symptoms of early onset mental illness.

PTAA typically takes the form of a 90-minute presentation by individuals with both nationally standardized presentation training and lived experience with the program content. The program features an overview of:

- The latest research on brain disorders in children and adolescents.
- Signs of early onset mental illnesses in children and adolescents as seen at home and at school.
- Family reactions to mental illnesses.
- Early intervention and treatment, which lead to better educational outcomes for students.

Additionally, PTAA has proven to be an invaluable vehicle of introduction for NAMI Pomona Valley to the schools and districts served. Subsequent to PTAA presentations, NAMI Pomona Valley has been able to extend support in the form of other NAMI programs, presentations and services such as *NAMI On Campus*, *In Our Own Voice*, *Ending the Silence*, NAMI Support Groups and NAMI information tables as well as targeted education and support for underserved groups.

Program Update:

In FY 2018-2019, there was a notable increase in request for presentations, particularly those involving components of suicide awareness. These requests support the need for this critical training which is a primary component in the replacement project NAMI Ending the Silence which began on July 1, 2019.

In the fall of 2018, NAMI, a national organization, made the decision to replace PTAA (Parents and Teachers as Allies) with a program called ETS (Ending the Silence). The significance of this change, in addition to the name, included enhancement of presentation of graphics and video portrayals, along with the addition of components of that specifically address suicide awareness and prevention.

NAMI enjoyed significant collaborative efforts from the Pomona Valley Unified School District and, to a lesser extent, from the Claremont Unified School District. This collaboration takes the form of disseminating information about NAMI programs to parents and teachers in conjunction with other materials. At the same time, they receive long with materials that are disseminated in the normal course of the districts parental education efforts. Additionally, the districts are consistently willing to provide space as well as publicity

After a presentation to Parents in the Tri-City area, a group of parents the parents were motivated to move forward with plans to form their own advocacy group in order to focus on mental health awareness and training for students, teachers, and parents within their own school district.

Challenges Experienced:

The biggest challenges this year was meeting the increased demand for presentations and informational participation. The request for presentations outpaced the staff resources.

In preparation for Ending the Silence, NAMI will increase their efforts to develop additional resources in the form of staff and volunteers to meet the increase demand for presentations.

Program Change:

Effective July 1, 2019, the Parents and Teachers as Allies program was replaced with NAMI Ending the Silence for School Staff and Ending the Silence for Families. The current NAMI funding/allocation of \$35,500.00 annually shall remain the same and transfer to the replacement program.

Program Features	Parents and Teachers as Allies	Ending the Silence
Cost for program	Free to schools and participants	Free to schools and participants
Target Audience	School Personnel and Parents	Students, School Personnel and Families
Number of presentations	2-Parents and School Personnel	3-Students, School Personnel and Families

Focus:	<p>Early warning signs of MI</p> <p>Create supportive learning environment</p> <p>Voice concerns in a safe environment</p> <p>Personal testimony from TAY living with MI</p>	<p>Early warning signs of MI</p> <p>Students: Provide ideas to help themselves, friends and family members</p> <p>Families: How to approach your child and how to work with school staff</p> <p>Teachers: how to approach students and work with families</p> <p>Personal testimony from TAY living with MI</p>
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HOW MUCH DID WE DO? Parents and Teachers as Allies

8
Presentations

94
Attendees

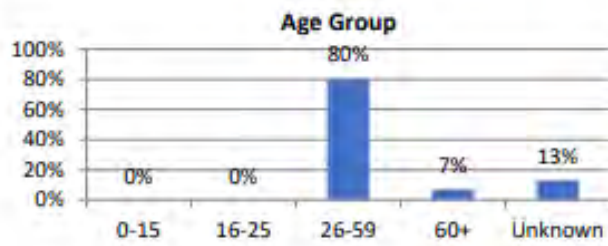
HOW WELL DID WE DO IT?

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

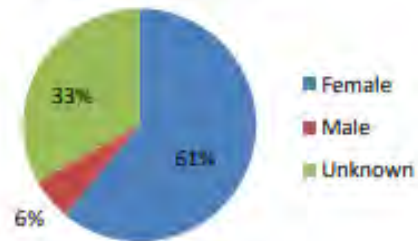
IS ANYONE BETTER OFF?

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

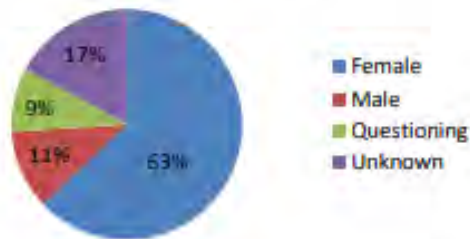
Demographics



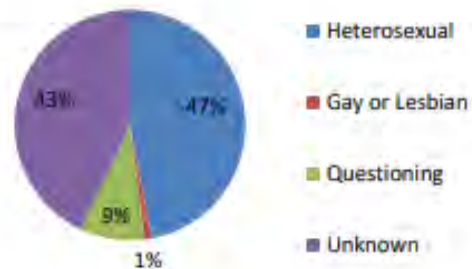
Assigned Gender at Birth



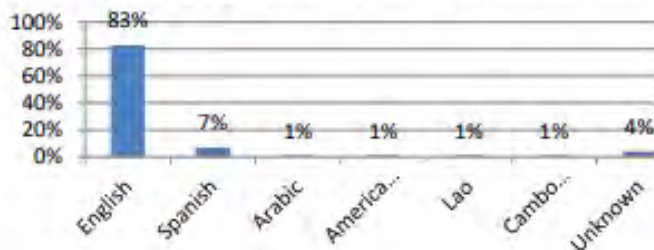
Gender Identity



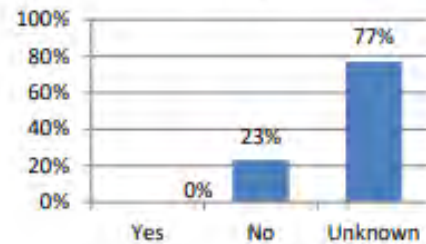
Sexual Orientation



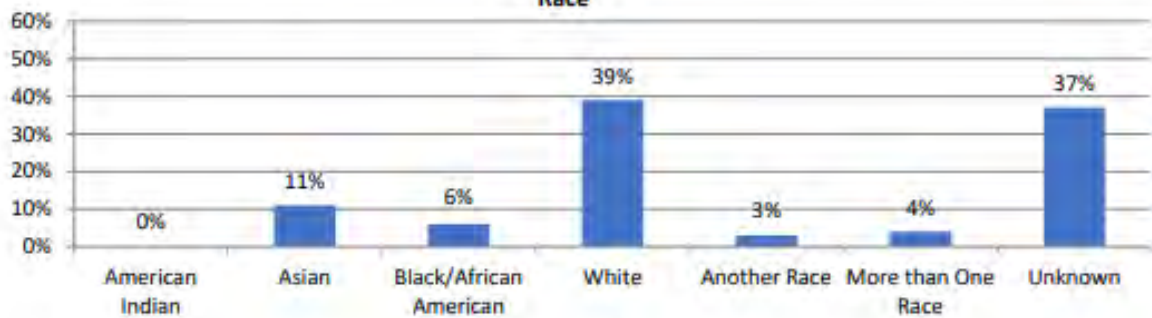
Language Spoken by Group Participants

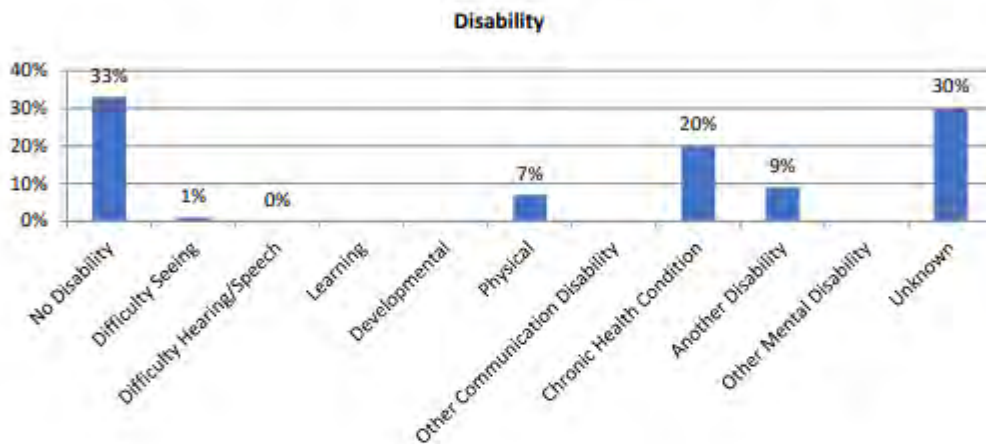
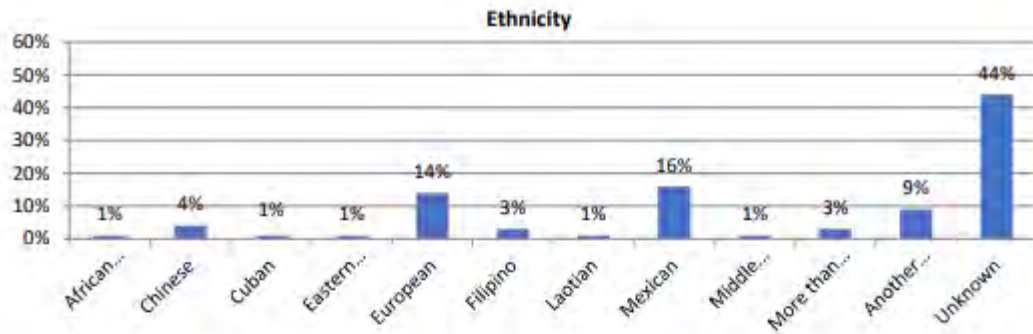


Military Veteran



Race





Number of Potential Responders: 94

Setting in which responders were engaged: Schools

Type of Responders Engaged: Parents and Teachers

Underserved Population: African American, Asian/Pacific Islander, Latino

Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

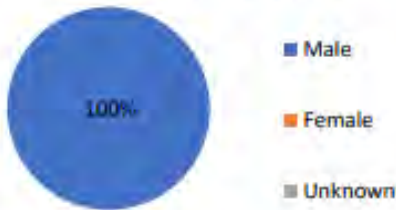
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

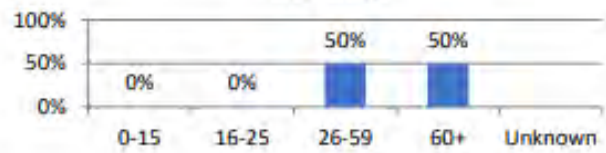
There were two referrals to NAMI.

PEI Demographics based on Referrals (n=2)

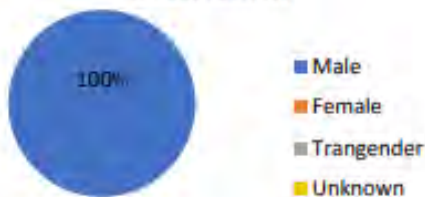
Assigned Gender at Birth



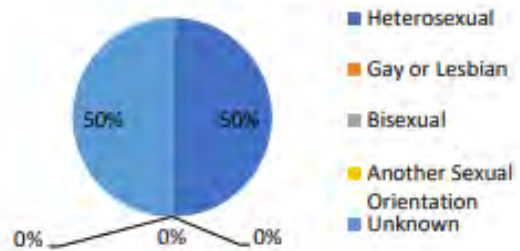
Age Group



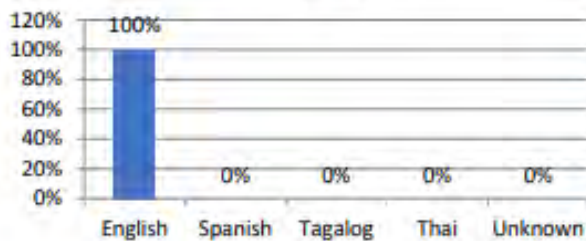
Gender Identity



Sexual Orientation

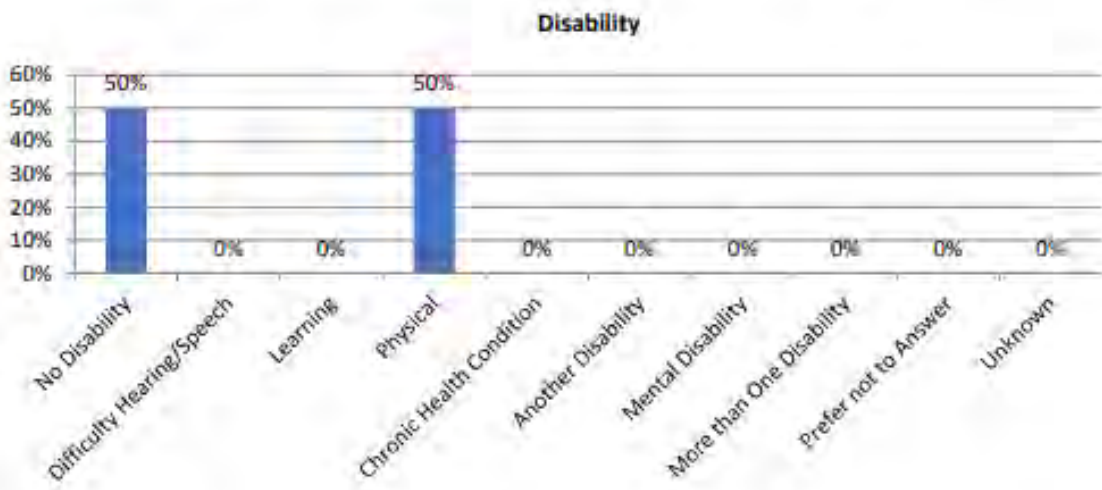
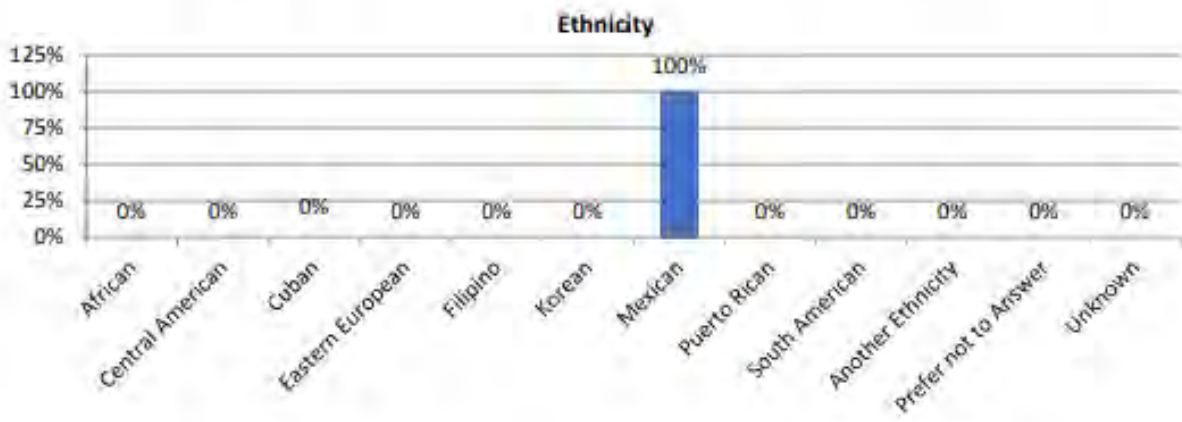
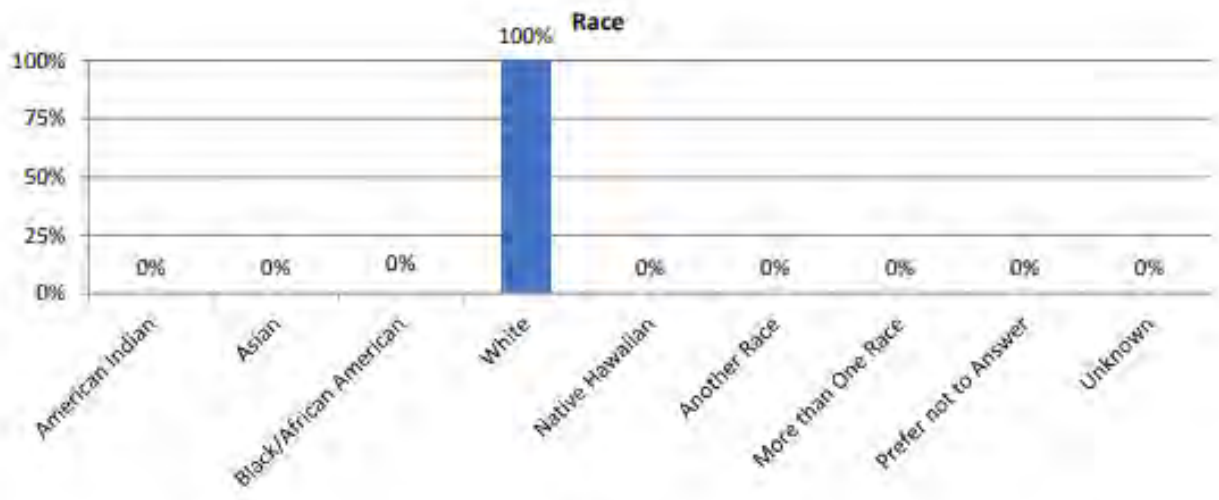


Language



Military Veteran







HOUSING STABILITY PROGRAM

Status of Program:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	<input type="checkbox"/> Discontinued
Target Population:	<input type="checkbox"/> 0-15	<input checked="" type="checkbox"/> 16-25	<input checked="" type="checkbox"/> 26-59	<input checked="" type="checkbox"/> 60+ Other:
Type of Program:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Prevention and Early Intervention	

Program Description: Stable housing is a necessary foundation to be able to create wellbeing and support a person’s mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The Housing Stability Program is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

Target Population: Individuals experiencing mental illness who need support to maintain their current housing or find a more appropriate place of residence.

Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
32	14	123	240

Stable housing is a necessary foundation to be able to create wellbeing and support a person’s mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. TCMHA works to prevent homelessness by going where the housing is (landlords and property management companies) and addressing the

needs and concerns of housing providers, in addition to consumers. As part of this project, TCMH developed a Good Tenant Curriculum that addresses both landlord and tenant expectations, rights and responsibilities.

Relationships and collaboration are key to the sustainability of the Housing Stability Program. This hybrid program is critical in responding to the increasing cost of rents and stigma. Most clients are on a limited income such as social security or families living on a dual minimum wage income. However, through these connections, Tri-City staff are better able to assist consumers in overcoming barriers that have kept them from accessing and maintaining stable housing. The Housing Stability Program allows landlords and mental health providers to work together to prevent and ultimately end homelessness in the lives of individuals with mental illness.

Program Update:

The Housing Stability Program gained interest from various resources, such as Inland Fair Housing, to be able to present their services in our monthly Landlord Luncheons. These additional connections help increase the reach throughout the three cities.

Mental Health First Aid Trainings were held targeting landlords, property managers, and property owners in the three cities with forty individuals in attendance.

The Good Tenant Curriculum became a regular group at the Wellness Center, as well as at Parkside Family Apartments, Holt Family Apartments, and Cedar Springs Apartments. The goal is to continue to provide education on understanding one's rights and responsibilities in order to maintain successful tenancies. During this fiscal year, twelve individuals finished all nine weeks of the course.

Challenges Experienced:

Landlords that are not open to housing individuals with vouchers due to negative past experiences.

Members of the community express questions regarding what housing is available and have misinformation about what Tri-City is able to provide.

Due to Pomona Housing Authority starting their own Homeless Incentive Program where there are monetary perks and securities to landlords that rent to individuals with vouchers, we are able to promote this program among those that have presented reservations.

Landlord Liaison will be identifying that Housing would be able to assist with requests when it comes to attempting to mediate with tenants whether or not they are in services at Tri-City. The Landlord Liaison would look to connect with IOET to begin engagement with those individuals and determine what additional resources they can be connected to.

Housing will be adding a Support Group at the Wellness Center where members of the community can come to get answers to questions they have regarding housing, or resource information about where they can obtain the support they need.

PROGRAM: Housing Stability Program

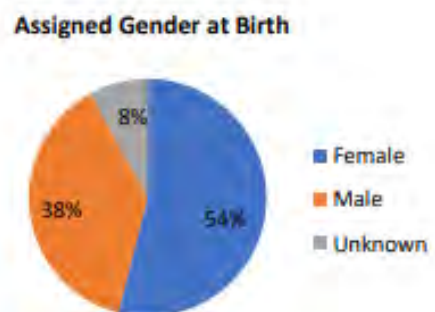
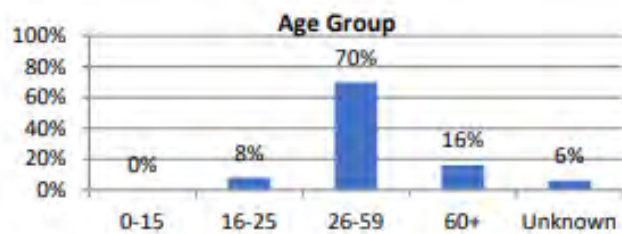
HOW MUCH DID WE DO?



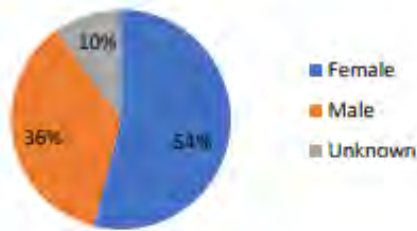
Strong efforts were made in strengthening relationships during FY 18-19
+ 32 new landlords contacts were made in the 3 cities



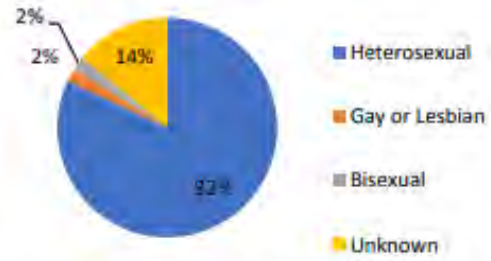
Strong efforts were made to during FY 18-19
+ 124 unique attendees at landlord luncheons during FY 18-19



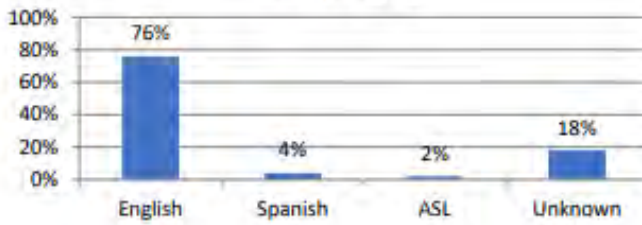
Gender Identity



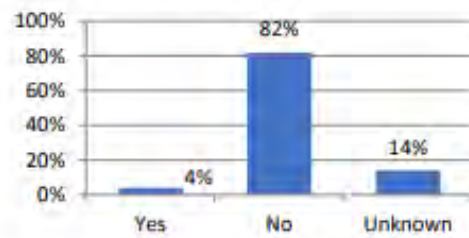
Sexual Orientation



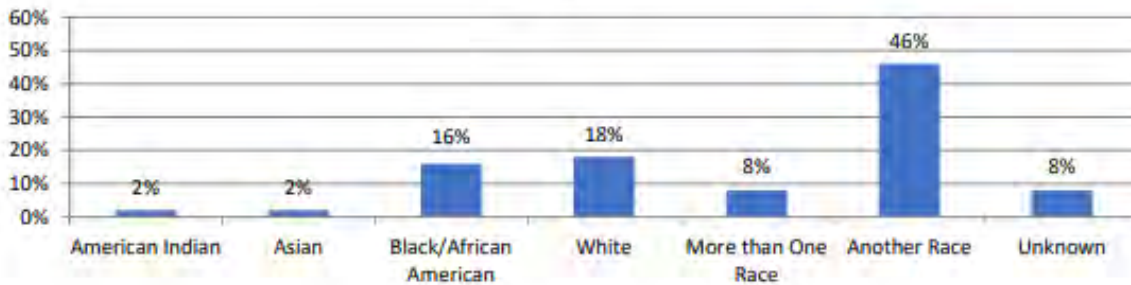
Primary Language



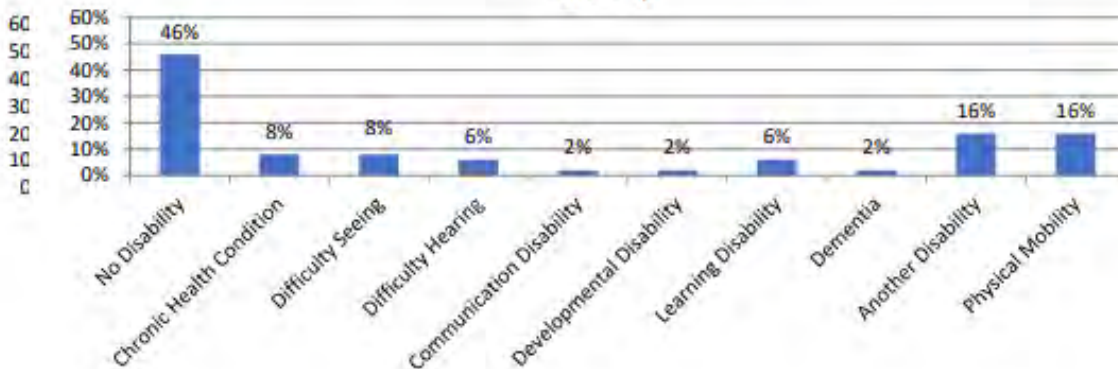
Military Veteran



Race

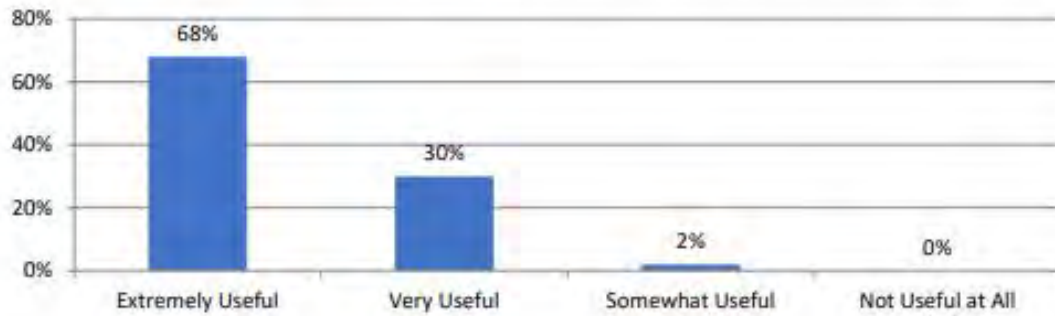


Disability



HOW WELL DID WE DO IT?

Landlord Luncheon attendees ratings of how useful the information was from the event:



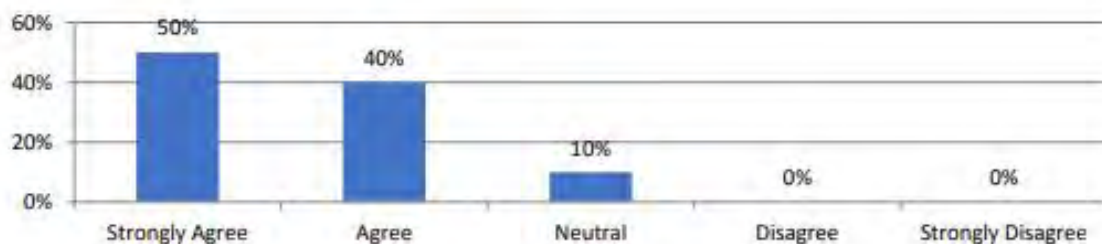
98%
Good Tenant Curriculum participants reported the presenter was engaging and approachable

91%
Good Tenant Curriculum participants would recommend this curriculum to others

Throughout the last three years, the training ratings have been higher than 90% satisfactory

IS ANYONE BETTER OFF?

Landlord Luncheon attendees level of agreement that the topics covered were relevant to their setting:



Number of Potential Responders: 189

Setting in which responders were engaged: Community

Type of Responders Engaged: Landlords, and community members

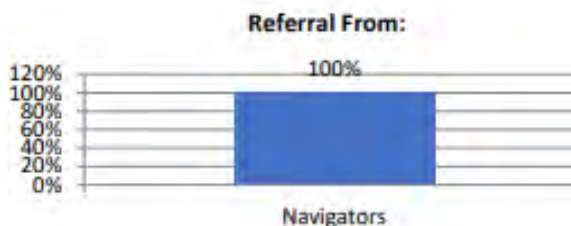
Underserved Population: African American, Asian/Pacific Islander, Latino
Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

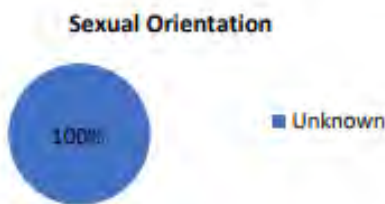
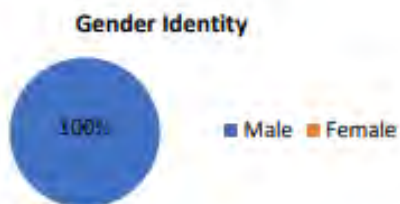
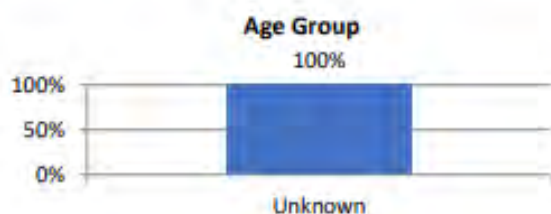
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

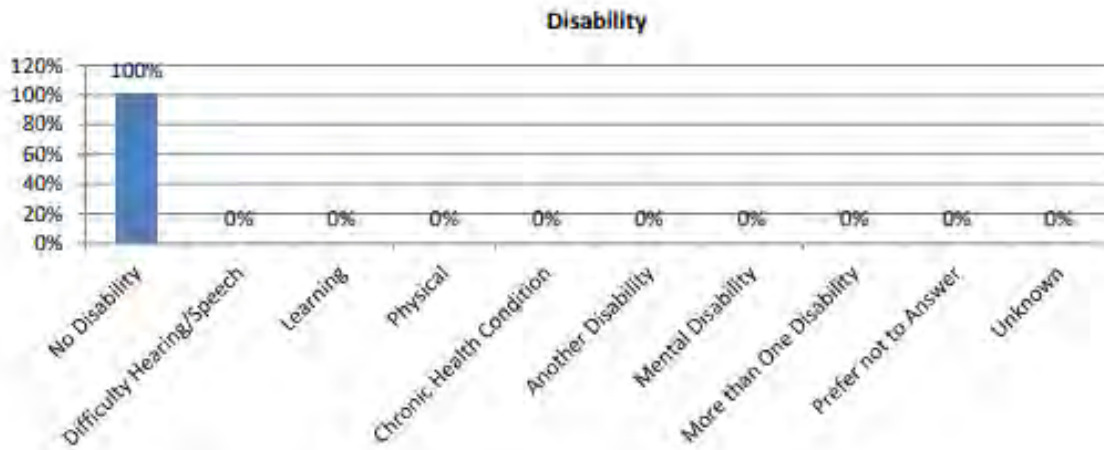
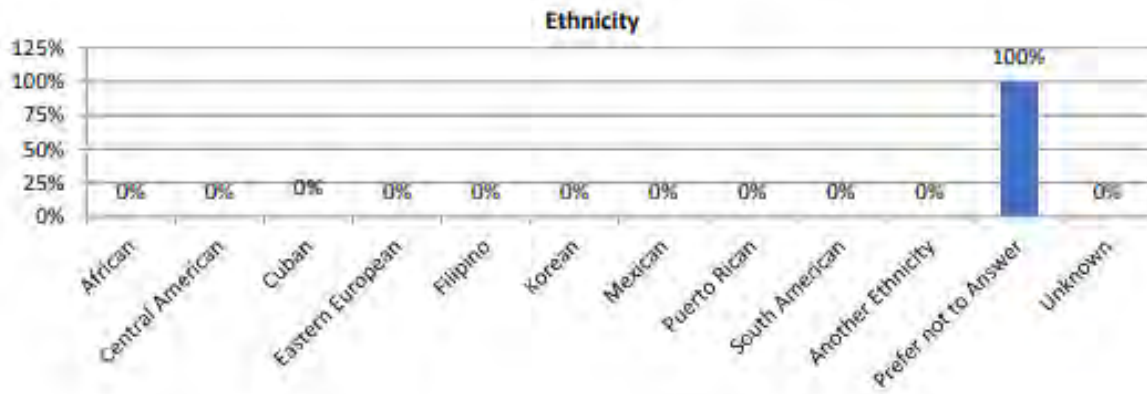
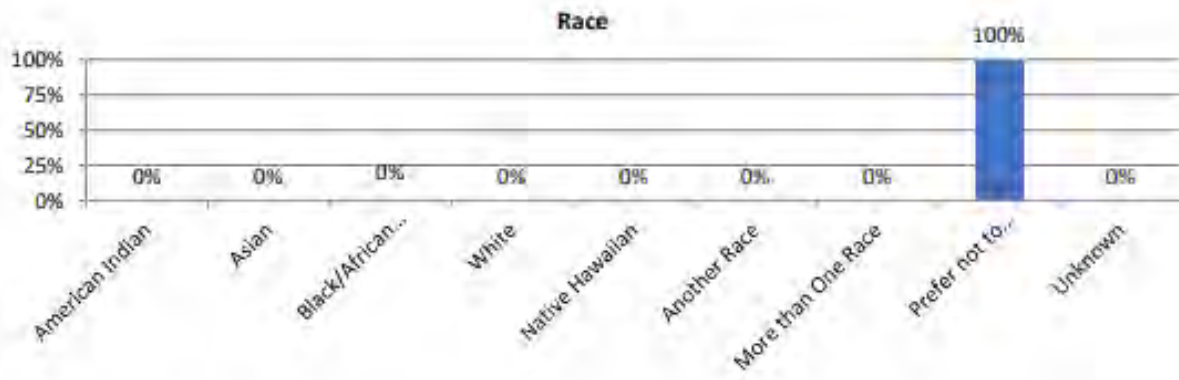
Timely Access to Services for Underserved Populations Strategy:

There was one referral to Housing Stability



PEI Demographics based on Referrals (n=1)







THERAPEUTIC COMMUNITY GARDENING

Status of Program: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified <input type="checkbox"/> Discontinued
Target Population: <input checked="" type="checkbox"/> 0-15 <input checked="" type="checkbox"/> 16-25 <input checked="" type="checkbox"/> 26-59 <input checked="" type="checkbox"/> 60+ Other:
Type of Program: <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Prevention and Early Intervention

Program Description: The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises.

Target Population: Unserved and underserved populations including adults, youth ages 16-25, families with children, older adults, and veterans.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	20	27	67	19	31
Cost Per Person	\$1,934	\$1,934	\$1,934	\$1,934	\$1,934

The Therapeutic Community Gardening (TCG) Program was created by stakeholders to serve Tri-City clients and community members that live, work or attend school in the Tri-City service area. Designed as a prevention and early intervention program, this program serves clients and community members of all ages, including children, their families, transition age youth (ages 16-25), adults (ages 26-59), and older adults (ages 60 and older). Participants are encouraged to join before, during or after they have graduated from clinical treatment.

TCG is unique in its ability to utilize the innate relationship humans have with nature to assist participants in acquiring skills that can move them towards wellness, help to process change or mourn a loss, and effectively applying these techniques to situations outside of the garden. TCG clinicians utilize various modalities and techniques during group therapy, including but not limited to mindfulness and horticulture therapy. TCG

participants identify the Garden as a safe place to discuss thoughts, feelings and behaviors that are impacting their lives while receiving social support from group members and feedback from TCG clinicians.

Focusing on early intervention, this program provides services to people who are in the early stages of their treatment and do not yet meet medical necessity. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

Program Updates:

Maintaining and Strengthening our Relationship with the Cal Poly Veteran Resource Center: TCG staff partnered with student veterans from the Cal Poly Pomona Resource Center (VRC) to prepare the garden for fall planting. A total of 18 student veterans and VRC staff experienced mindfulness, wellness and goal accomplishment by assisting with some beautification tasks in the garden space.

TCG staff took part in the 2nd annual Veteran Agriculture Day where clinicians engaged with 23 student veterans, faculty and community members and participated on the panel to address questions veterans had about services and resources available to them in the community.

Culture and Diversity through Food: TCG continued to host monthly events throughout 2018 where different cultures were highlighted through food and stories from staff. Clinicians facilitated a mindfulness exercise with the use of themes revolving around the garden and the different types of cultural groups.

Pomona Valley Hospital Medical Center (PVHMC): Residents Mindfulness Group: The Family Medicine Residency Program and 16 residents from PVHMC returned to TCG for a wellness session. The goal of the session was to decrease stress in individuals by enhancing the participant's awareness of the present through grounding techniques and mindfulness.

TCG Hosts a workshop at the 2nd Annual Transition Age Youth Conference: TCG staff presented at the 2019 TAY Conference on the areas of focus were physical, mental, and social wellbeing. TCG promotes all three pillars.

Green Teens: TCG staff began a group for 12-15-year-old children and pre-teens.

English Speaking Older Adult Group: TCG implemented the first older adult group for English speakers and it continues to be a successful group with excellent retention.

Mindfulness through Gardening at Holt Family Apartments: TCG began an indoor group that utilizes horticultural therapy, metaphor therapy, mindfulness, cognitive behavioral therapy and several other modalities in order to meet the client where they are and support them in reaching their personal goals.

Challenges Experienced:

Mindfulness through Gardening at Holt Family Apartments: TCG began a group at Holt Family Apartments in October, 2018. The lack of tenant participation in the group has been an ongoing barrier since the formulation of this group. At this time, TCG is being solution focused in regards to increasing group participation as well as participant retention in groups over time.

Cedar Springs: The Cedar Springs group is held the 1st Tuesday of every month from 3:00pm-4:00pm. This group is led by the community farmer to assist and coach residents to take care of the garden independently. Historically, the attendance for this group has been low. It appears that maintaining a consistent participant base at both of our housing locations has proven difficult.

Parking lot expansion: Parking lot construction commenced on April 8th, 2019. Although TCG has known for some time that this plan was in place, the recent news confirming the changes has impacted TCG groups. One of the more practical changes was that TCG groups were run indoors for the length of the construction. Of course, as with any major change, this time was and is difficult for some of our group participants.

Reduction in staff: The latter part of the fiscal year brought staff departures and reduced the size of the TCG department to one TCG clinician. Losing half of the clinical support as well as the knowledge of the farmer has been challenging. The garden space is difficult to maintain without a farmer and in order to prioritize quality client care, at times the garden does not get the attention it requires.

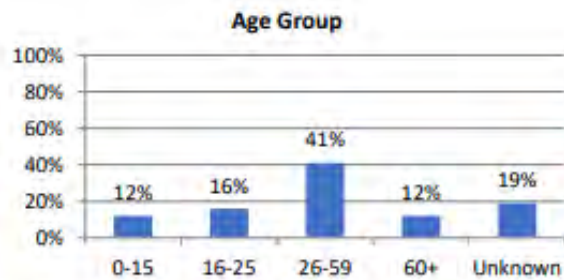
PROGRAM: Therapeutic Community Gardening (TCG)

HOW MUCH DID WE DO?

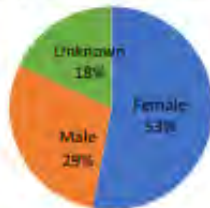
164
Individuals Served

There were 328 unique individuals served, from FY 16 to FY 18

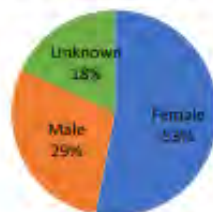
- 58% increase from FY 16 to FY 18



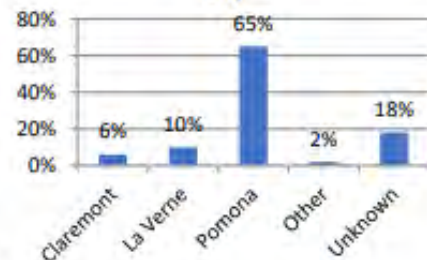
Assigned Gender at Birth



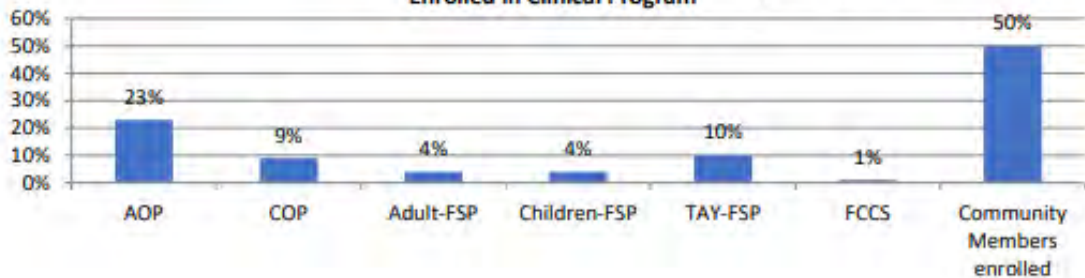
Current Gender Identity

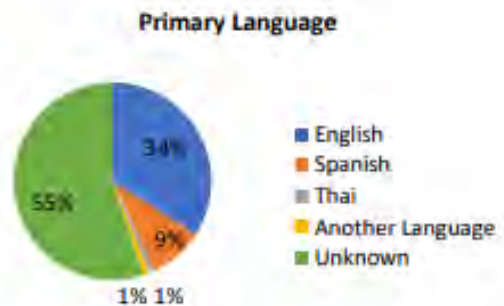
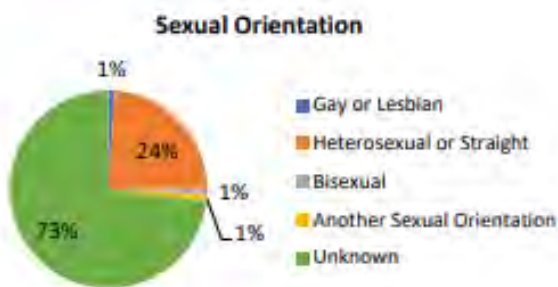
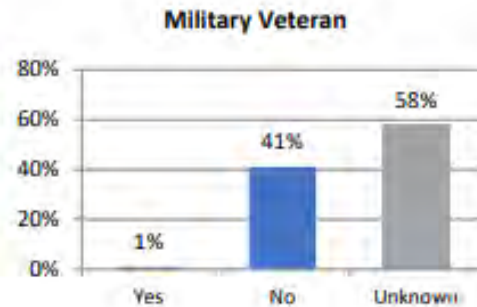
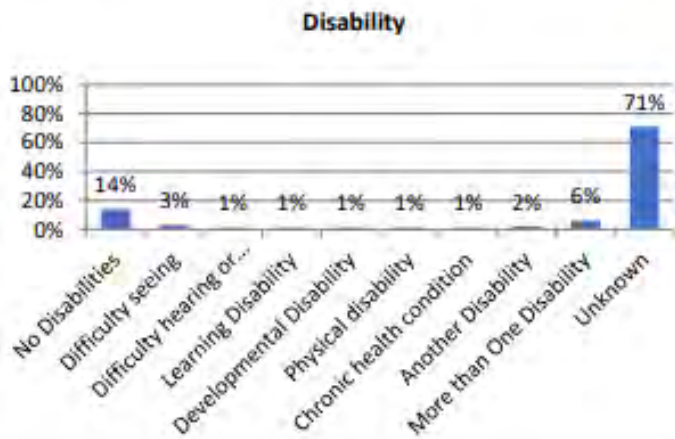
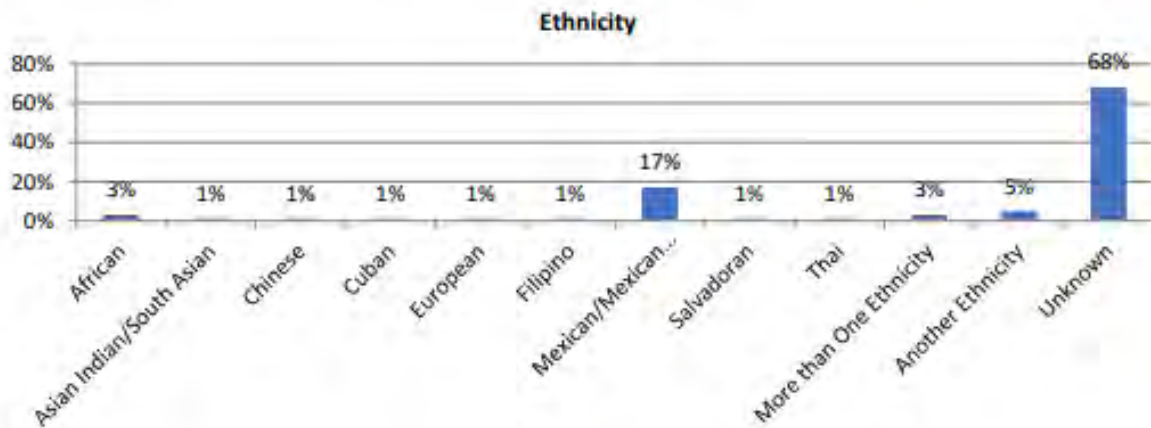
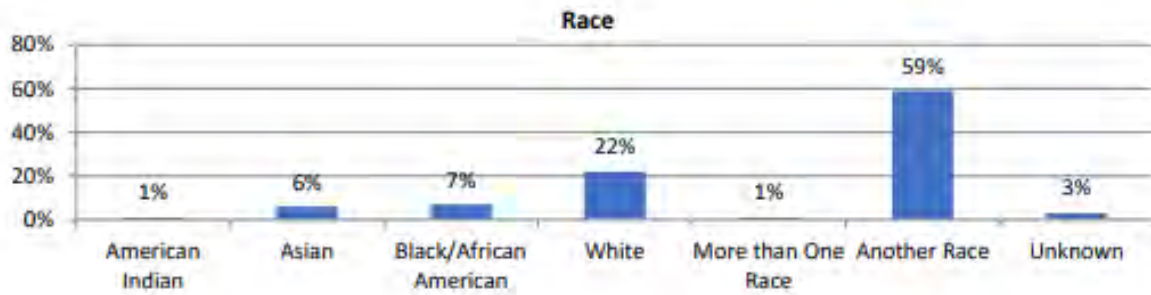


City



Enrolled in Clinical Program





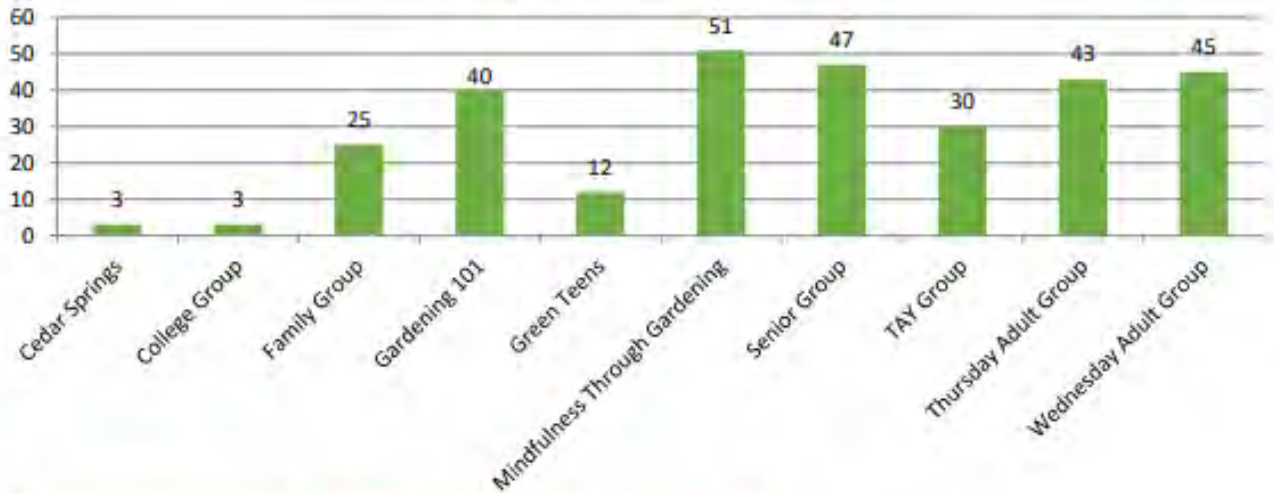
HOW WELL DID WE DO IT?

**299 out of 410
Number of Groups
Held Out of
Scheduled Groups**

There were 714 groups held from FY 16 to FY 18
+ 189% increase from FY 16 to FY 18

**1,027
Number of Duplicated
Individuals Attended
Groups**

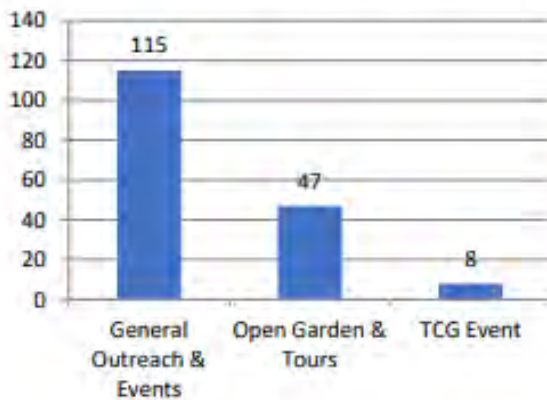
Type of Groups Held n=299



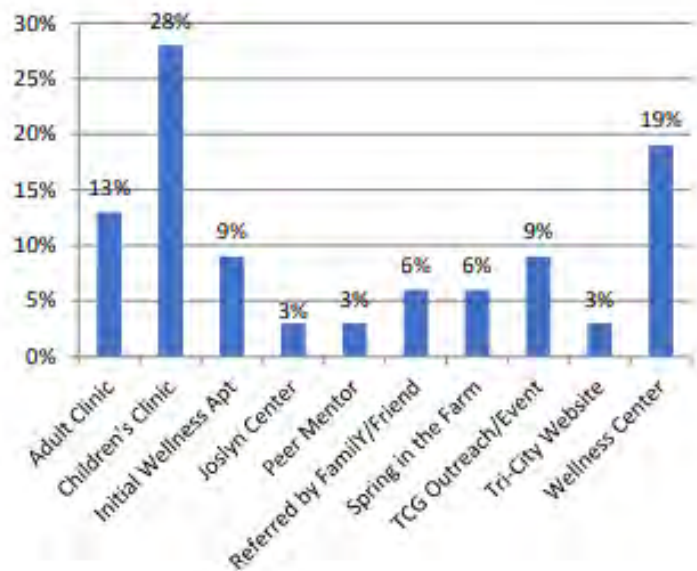
**170
Outreach
Events**

**1,430
Individuals
Outreached**

Type of Outreach



Referral Source



IS ANYONE BETTER OFF?

100%
TCG participants enjoy participating TCG groups

94%
TCG participants feel more connected to others (peers, family, etc.) because of TCG groups

88%
TCG participants feel their symptoms have improved because of their work at the garden

88%
TCG participants feel more confident from the skills learned in TCG

69%
TCG participants have better communication with others because of TCG

TCG Participant Feedback

"It takes my pain away and it helps me care more"

"Garden group always makes me feel better, emotionally, physically, and mentally" "It helped me with my life, it's good to have"

"It helps calm me"

"Improved coping skills"

"It's therapeutic, calming and at the same time you get fruits & veggies off the work you put in"

"I have learned more about fruits and veggies"

"It helps calm me"

"I look forward to coming back each time! I feel good about gardening"

"TCG makes me happy to come every week because you can talk about your feelings"

"I enjoy the activities"

"Made me more confident, relaxed and more open to others"

"Yes, made me closer to my family, they make me happy"

"I feel that I have learned something about myself, my family and my daughters"

"I really enjoy coming; it helps me stay grounded"

Number of Potential Responders: 164

Setting in which responders were engaged: Community, schools, health Centers, workplace, and outdoors.

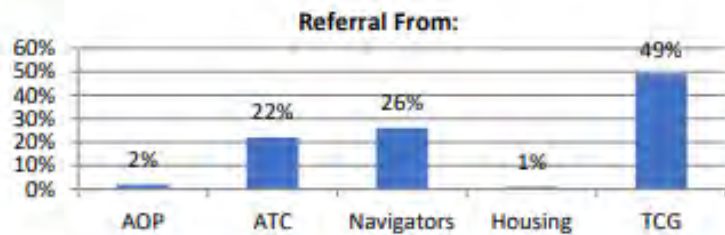
Type of Responders Engaged: TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

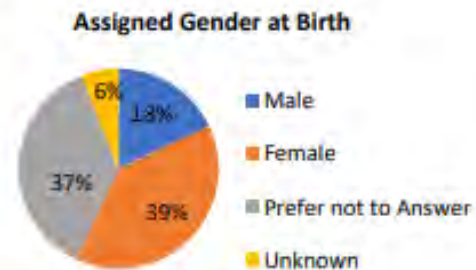
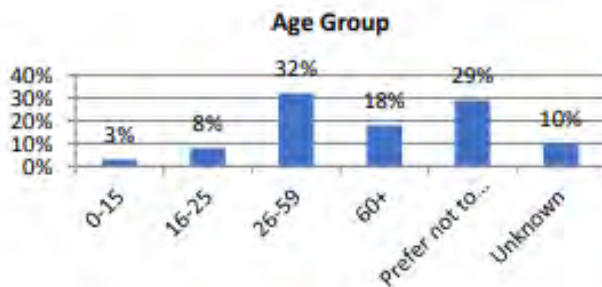
166
Referrals coming into
TCG Program



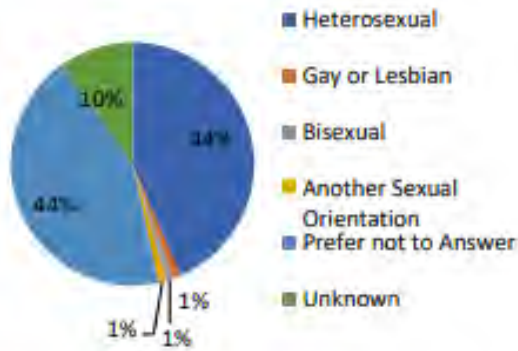
13 out of 166 Referrals
Participated in TCG Program

17 Days
Average Time between Referral and
Participation in TCG Program

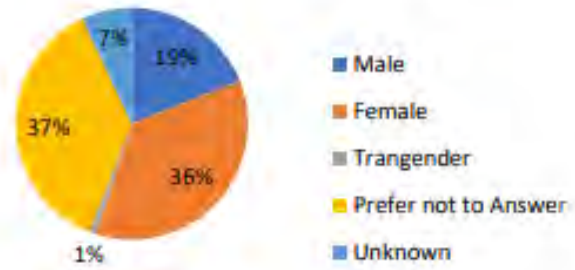
PEI Demographics based on Referrals (n=166)



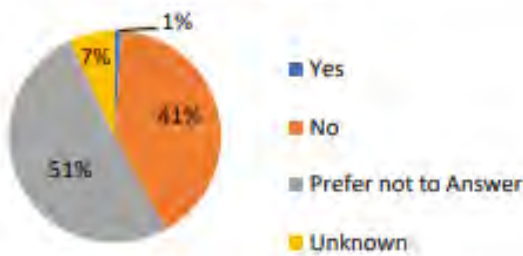
Sexual Orientation



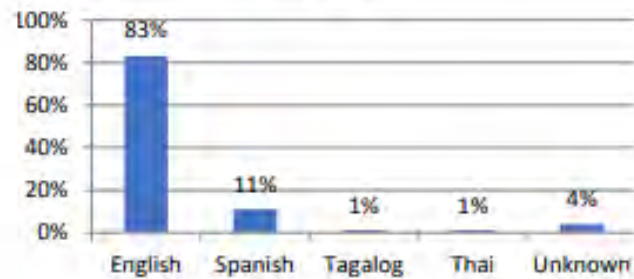
Gender Identity



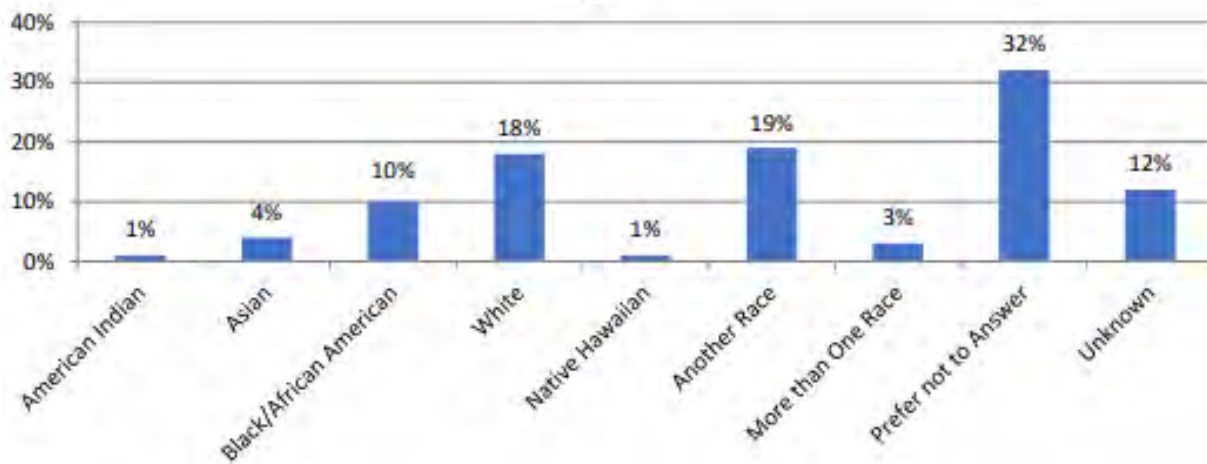
Military Veteran

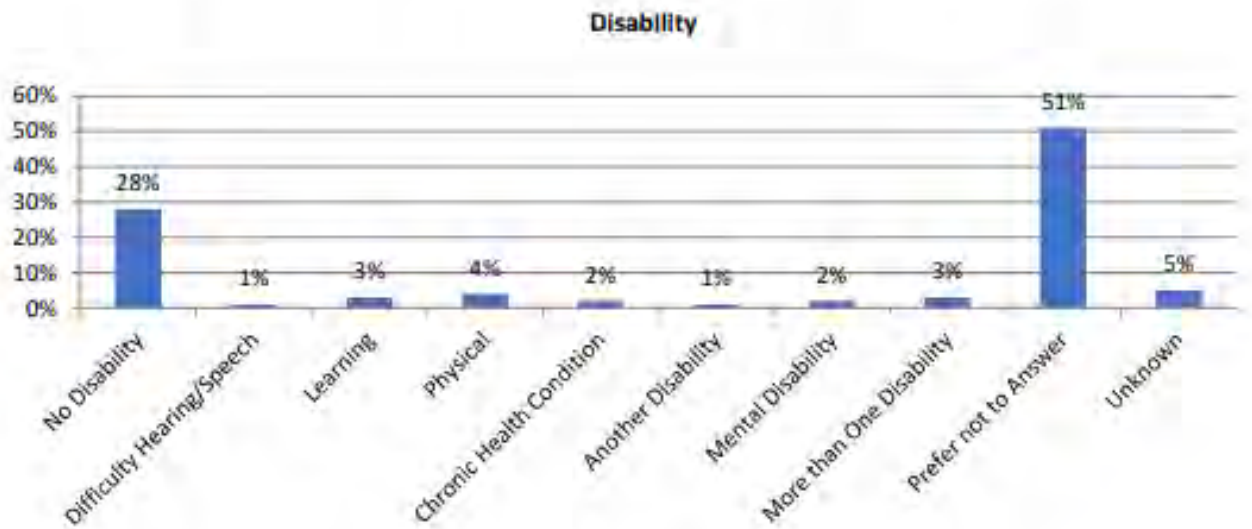
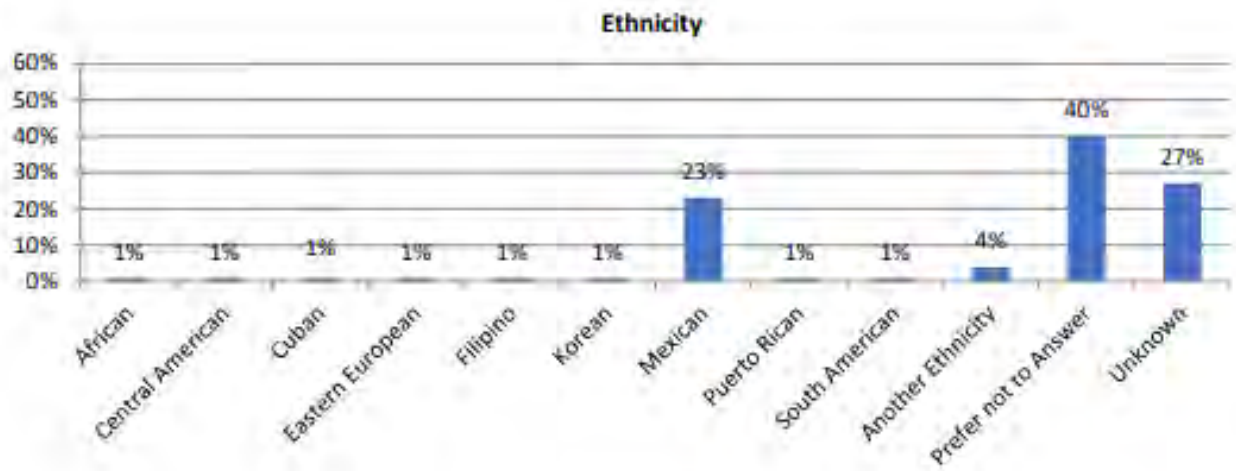


Language



Race







EARLY PSYCHOSIS PROGRAM

Status of Program: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified <input type="checkbox"/> Discontinued
Target Population: <input type="checkbox"/> 0-15 <input checked="" type="checkbox"/> 16-25 <input type="checkbox"/> 26-59 <input type="checkbox"/> 60+ Other:
Type of Program: <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Prevention and Early Intervention

With the passing of Proposition 63, California counties have been strongly encouraged to prioritize the development of an early psychosis program to meet the needs of the younger individuals they serve. According to the National Alliance on Mental Illness (NAMI), 75% of all mental illness begins before the age of 24. In 2018, stakeholders approved funding for the development of an early psychosis program to address the identification and diagnosis of individuals ages 16 to 25, who are suffering from psychosis and are not currently enrolled in mental health services.

This two-year program utilized one-time PEI dollars in the amount of \$240,000 to hire a master’s level clinical therapist or psychologist to research, review and develop a robust early psychosis program which will focus on improving the identification and access to mental health services for individual suffering with psychosis thereby reducing the duration of untreated psychosis.

Program Updates:

After an exhaustive review of literature and program related to the identification and treatment of early psychosis, Tri-City staff identified the PIER (Prevention, Intervention, Enforcement and Reentry) model as the most comprehensive and effective to meet the needs of Tri-City clients and community members. The model targets adolescents and young adults between the ages of 12 and 25 and focuses on treating the earliest symptoms of mental illness. This evidence-based treatment used three key components- community outreach, assessment and treatment to reduce symptoms, improved function and decrease relapse. See appendix for complete PIER project proposal.

Challenges Experienced:

Engaging with community partners to provide free trainings on this early psychosis program was found to be a challenge in FY 2018-19. As this project continues to develop, Tri-City staff will focus on hosting early psychosis trainings with the goal of informing community partners of this opportunity and hopefully increasing interest in attendance.

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	90,504	90,504				
2. Older Adult Wellbeing (Peer Mentor)	75,353	75,353				
3. Transition-Age Youth Wellbeing (Peer Mentor)	70,914	70,914				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	494,874	494,874				
5. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
6. Housing Stability Program	196,546	196,546				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	75,353	75,353				
12. Transition-Age Youth Wellbeing (Peer Mentor)	70,914	70,914				
13. Therapeutic Community Gardening	316,515	316,515				
14. Early Psychosis	157,180	157,180				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	591,881	591,881				
PEI Assigned Funds	42,000	42,000				
Total PEI Program Estimated Expenditures	2,217,534	2,217,534	0	0	0	0

Projections for FY 2021-22

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	91,862	91,862				
2. Older Adult Wellbeing (Peer Mentor)	76,483	76,483				
3. Transition-Age Youth Wellbeing (Peer Mentor)	71,978	71,978				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	502,297	502,297				
5. NAMI Community Capacity Building Program (Ending the Silence)	36,033	36,033				
6. Housing Stability Program	199,494	199,494				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	76,483	76,483				
12. Transition-Age Youth Wellbeing (Peer Mentor)	71,978	71,978				
13. Therapeutic Community Gardening	321,263	321,263				
14. Early Psychosis	159,538	159,538				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	600,759	600,759				
PEI Assigned Funds	42,000	42,000				
Total PEI Program Estimated Expenditures	2,250,167	2,250,167	0	0	0	0