



TRI-CITY MENTAL HEALTH

Celebrating 60 Years of Service
1960-2020

MENTAL HEALTH SERVICES ACT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FY 2020-21 - FY 2022-23



WELLNESS • RECOVERY • RESILIENT

EXECUTIVE SUMMARY

Since 1960, Tri-City Mental Health Authority has served as the mental health provider for the Tri-City area. Through a Joint Powers Authority, TCMHA serves in a “county” capacity for the purposes of delivering quality mental health services for the cities of Claremont, La Verne, and Pomona with a combined population which exceeds 220,000.

In FY 2018-19, TCMHA served approximately 2,296 unduplicated clients who were enrolled in formal services. TCMHA currently has 202 full-time and 25 part-time employees and an annual operating budget of 24.5 million dollars.

MHSA Plans and Funding Components

Passed by California voters in November 2004, Proposition 63, also known as the Mental Health Services Act (MHSA), created a dedicated 1% increase in income taxes on personal income over \$1 million to be used for community mental health services. To access these funds, local mental health systems like Tri-City Mental Health Authority are required to engage a broad range of stakeholders and prepare five substantive plans:

Community Services and Supports (CSS)

This plan provides funding to support direct services for individuals with severe mental illness.

Community Services and Supports (CSS) receives 76% of the total MHSA funding allocation with a minimum of 51% going to Full Service Partnership (FSP). Full Service Partnerships (FSPs) are for people who experience severe mental illness and at risk of homelessness or other devastating consequences. In FY 2018-19, 581 individuals were served through the FSP programs. During FYs 2016-17 through 2018-19, 1,070 unique individuals were served. This number indicates a 17% increase over the past three years. In addition, the total number of Child and TAY clients served through FSP increased by 28% during this same time period.

In FY 2018-19, 125 **Supplemental Crisis Service** calls were received and triaged for support. During FYs 2016-17 through 2018-19, 289 crisis calls were received. This number indicates a 131% increase over the past three years. In addition, the total number of individuals served through the **Intensive Outreach and Engagement program** was 674. During FYs 2016-17 through 2018-19, 1,358 crisis calls were received. This number indicates a 72% increase over the past three years.

The **Field Capable Clinical Services for Older Adults** program served 34 unique individuals in FY 2018-19 and noted a 55% increase over FYs 2016-17 through 2018-19.

For the **Community Navigator** program, the number served for FY 2018-19 at 2,082 which has remained steady over FYs 2016-17 through 2018-19 with no significant change.

The **Wellness Center** served 2,264 unique individuals in FY 2018-19 which also remains constant with no significant change during FYs 2016-17 through 2018-19.

Permanent Supportive Housing continued with 64 units in FY 2018-19. Additional services included 14 individuals assisted with eviction prevention, 63 individuals were assisted with obtaining housing and 75 individuals were assisted with maintain their housing. During FY 2018-19, the Annual Update for FY 2018-19 was amended to allow the transfer of \$1,600,000 within CSS to Housing for future housing projects.

Prevention and Early Intervention (PEI)

This plan provides funding to help recognize the early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination.

Nineteen percent of MHSA funding received by Counties is allotted for the **Prevention and Early Intervention** plan. At least 51% of the amount received for PEI must be used to serve individuals who are 25 years old or younger.

The **Community Wellbeing** program awarded 9 wellbeing grants in FY 2018-19 representing 2,087 community members. Over the past three years (FYs 2016-17 through 2018-19), 45 wellbeing grants have been awarded representing over 8,753 individuals through this process.

During FY 2018-19, Tri-City conducted 21 **Community Mental Health Trainings** with 330 participants. Also during this period, 3 new trainings were implemented including Adverse Childhood Experiences, Mental Health First Aid for Law Enforcement and Trauma /De-escalation training.

Tri-City's **Peer Mentor program** (TAY and Older Adult Wellbeing) continues to maintain 32 active peer mentors. The number of languages spoken have increase over the past three years to 10. The number of mentees served in FY 2018-19 was 85 with a total increase of 15% over FYs 2016-17 through 2018-19.

The **Stigma Reduction/Suicide Prevention** programs continue to support the community. Fourteen Courageous Minds Speakers share their personal stories during 24 community presentations. Although the number of speakers remained constant over the past three years, the number of presentations increase by 50%.

The **Family Wellbeing** program served 1,230 individuals in FY 2018-19. A total of 2,932 individuals were served over FYs 2016-17 through 2018-19 indicating a 20% increase during this time period.

In FY 2018-19, the **Therapeutic Community Gardening** program served 164 individuals. During FYs 2016-17 through 2018-19, 328 individuals were served representing a 58% increase over this same time period.

The **Housing Stability Program** continued its outreach efforts as staff focused on strengthening relationships with Landlords. Thirty-two new landlord contacts were made with 124 attending the landlord luncheons held in FY 2018-19.

The **Parents and Teachers as Allies (PTAA)** program completed their final presentations in FY 2018-19. Beginning July 1, 2019, **Ending the Silence (ETS)** will replace PTAA under the same terms as PTAA.

Year-one of the **Early Psychosis Program** development phase concludes with the completion of the extensive literature review leading to the preliminary identification of an effective model to be

implemented through this program. The review period will continue for one more year and include outreach to schools and other community members to create an awareness and ability to recognize the early warning signs of psychosis in individuals between the ages of 12 and 25.

Innovation (INN)

The Innovation Plan provides funding for short-term projects - one to five years - that explore novel efforts to strengthen aspects of the mental health system. Five percent of MHSAs funding received by Counties is allotted for Innovation programming.

The Tech Suite Project, renamed Help@Hand, focuses on increasing access to mental health care by providing a non-traditional system, the use of applications on tablets and smartphones, for individuals who may be reluctant to access services through a more formal clinical setting. As with most Innovation projects, the first year of this five-year project, was spent building the project's infrastructure: hiring staff and support personnel; developing implementation strategies; determining the role and responsibilities of CalMHSAs as well as the individual counties.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) program focuses on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan.

The WET plan was funded with one-time dollars for a 10-year period. However, Counties are able to transfer unspent funds from their CSS plan to WET with stakeholder approval. During FY 2018-19, the Annual Update for FY 2018-19 was amended to allow the transfer of \$600,000 from CSS to WET to sustain this plan, staff, and trainings until June 30, 2022.

Capital Facilities and Technological Needs (CFTN)

During FY 2018-19, the Annual Update for FY 2018-19 was amended to allow the transfer of \$700,000 from CSS to CFTN to expand facility space and technology capabilities. No additional funding or projects were received or completed in FY 2018-19.

Community Planning and Stakeholder Process

For the past 60 years, Tri-City has served the three diverse communities of Claremont, Pomona, and La Verne, through close and dedicated collaboration resulting in a comprehensive system of care that ensures access and enhances mental and emotional wellbeing.

Stakeholder involvement is a critical component to the decade-long success of the MHSa process for Tri-City and we continue to value and empower these participants throughout the community planning process. Our stakeholders consist of a combination of “seasoned veterans” who have been with us since 2008 and know the history and the trends of our MHSa process, as well as new stakeholders, who bring a fresh perspective to the community planning process. We hold two identical stakeholder meetings-one in the morning and one in the evening- to accommodate participant’s schedules. Spanish interpreters are available for each meeting.

In addition, Tri-City presents an annual community planning survey 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. Workgroups are embedded throughout the three cities for participant convenience and to encourage attendance.

Tri-City’s Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23 is posted for a 30-day public review and comment period from May 8, 2020 to June 9, 2020.

