

Mental Health Services Act (MHSA)
**Three-Year Program
and Expenditure Plan**
FY 2023-24 – 2025-26



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MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director

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Program Lead

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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 Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26, attached hereto, was adopted by the Tri-City Governing Board on April 19, 2023.

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 MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26 and Expenditure Plan are true and correct.

Rimmi Hundal, Executive Director

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



Signature

04/26/2023

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: RIMMI HUNDAL Telephone Number: (909) 623-6131 E-mail: rhundal@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 Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26 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.

<u>Rimmi Hundal, Executive Director</u>		<u>04/26/2023</u>
Local Mental Health Director/Designee County: TRI-CITY MENTAL HEALTH AUTHORITY	Signature	Date


I hereby certify that for the fiscal year ended June 30, 2022, 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 11/4/2022 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, 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.

<u>Diana Acosta, Chief Financial Officer</u>		<u>04/26/2023</u>
County Auditor Controller / City Financial Officer	Signature	Date

Executive Summary

Community Planning Process

The community planning process began in the fall of 2022 and continued throughout the fiscal year utilizing a virtual platform. Community members were invited to attend multiple stakeholder meetings, MHSA workgroups and the MHSA 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.



MHSA Event	Dates
Community Planning Process Survey	Fall 2022
Community Forums	12/6/2022 12/8/2022 3/1/2023 3/2/2023
Innovation Workgroups	7/13/2022 8/17/2022 9/7/2022 11/28/2022 2/23/2023
30-Day Posting of MHSA Three-Year Program and Expenditure Plan FY 2023-24 -2025-26	3/10/2023 – 4/11/2023
MHSA Public Hearing	4/11/2023
Tri-City Governing Board Approval and Adoption	4/19/2023

MHSA Plan Highlights & Actions Since Previous Annual Update

Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2021-22
Full-Service Partnerships	485
Full-Service Partnerships Projection for FY 2022-23	500
Community Navigators	1,007
Wellness Center	910
Supplemental Crisis Services	143
Field Capable Clinical Services for Older Adults	29
Permanent Supportive Housing	239

Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2021-22
Community Wellbeing	10,554
Community Mental Health Trainings	1,340
Stigma Reduction and Suicide Prevention	354
Older Adult and Transition Age Youth Wellbeing	58
Wellness Center PEI /TAY and Older Adults	1,538
Family Wellbeing	418
NAMI: Community Capacity Building/Ending the Silence	23
Housing Stability Program	23
Therapeutic Community Gardening	86
Early Psychosis Program	43

Introduction to Tri-City Mental Health Authority

On June 21, 1960, Tri-City Mental Health Authority (referred to as Tri-City or TCMHA throughout this document) was formed and established through a Joint Powers Authority Agreement (JPA) 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 214,721 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Population by City

TOTAL POPULATION BY CITY				
	La Verne	Claremont	Pomona	Tri-City Area
Total population	30,680	35,703	148,338	214,721

Source: U.S. Census data from 2021 ACS 1-Year Estimates

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

Table 2: Total Population by Age Group

TOTAL POPULATION BY AGE GROUP					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age group:					
0-14	5,257	4,747	30,539	40,543	18.50%
15-24	4,166	7,185	26,189	37,540	17.14%
25-59	13,574	14,593	68,562	96,729	44.15%
60+	9,349	9,085	25,834	44,268	20.21%
Totals	32,346	36,610	151,124	219,080	100.00%

Source: U.S. Census data from 2020 ACS 5-Year Estimates

Table 3: Total Population by Race/Ethnicity

TOTAL POPULATION BY RACE/ETHNICITY					
Ethnicity:	La Verne	Claremont	Pomona	Tri-City Area	% by 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 ACS 5-Year Estimates

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 Authority since 2008. Passed in 2004, the MHSA is funded through a tax imposed on Californians 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

Plan Component	Focus	Year 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 TCMHA 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.

Stakeholder perspectives include individuals who receive services; consumers with serious mental illness and/or serious emotional disturbance; family members; community providers, leaders of community groups in unserved and underserved communities, persons recovering from severe mental illness, seniors, adults and families with children with serious mental illness; representatives

from the tree cities of Claremont, La Verne and Pomona; veterans; representatives from the local school districts, colleges and universities; primary health care providers; law enforcement representatives, mental health, physical health, and drug/alcohol treatment providers; faith-based community representatives; representatives from the LGBTQ community; representatives from LACDMH and other county agencies as well as others.

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 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 Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26:

MHSa Event	Dates	Purpose
MHSa Community Forum	12/6/2022 12/8/2022	Orientation to MHSa and introduction to current programs, evaluations, and budgets. Amendment to MHSa Annual Update FY 2022-23 addition of the Access to Care (ATC) services to the Community Services and Supports Plan and the addition of the School-Based Services (SBS) program to the Prevention and Early Intervention Plan with funding provided under the Mental Health Services Act.
30-Day Posting for Amendment to MHSa Annual Update FY 2021-22	12/9/2022 through 1/10/2023	Opportunity for stakeholders to provide comments regarding this document.
Mental Health Commission Approval	1/10/2023	Required by MHSa
Tri-City Governing Board Approval	1/18/2023	Required by MHSa
Innovation Workgroups	7/13/2022 8/17/2022 9/7/2022 11/28/2022 2/23/2023	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.
Community Forum	3/1/2023 3/2/2023	Community members came together for the mid-year stakeholder meeting.
30-Day Posting for MHSa Three-Year Program and Expenditure Plan FY 2023-24-2025-26	3/10/2023 through 4/11/2023	The MHSa Three-Year Program and Expenditure Plan FY 2023-24-2025-26 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	4/11/2023	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 Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26. The Mental Health Commission endorsed both plans for submission to Tri-City's Governing Board for approval and adoption.
Tri-City Governing Board Approval	4/19/2023	Tri-City's Governing Board met to approve and adopt the MHSa Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26.

MHSA Community Planning Survey

Beginning in September 2021, stakeholders and community partners were invited to complete Tri-City's MHSA Community 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 Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the individuals, families and communities in the Tri-City service area.

This survey is available in both English and Spanish and was 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 councils and community grant recipients.

Proposals Approved During the Community Planning Process

On October 6 and 8, 2022, stakeholders came together to review and provide feedback on:

Amendment to MHSA Annual Update FY 2022-23

Tri-City Mental Health Authority was seeking the approval for the addition of two new programs to the MHSA CSS Plan and PEI Plan.

Access to Care (ATC) is a clinical adjunct service that acts as a gateway to the intake process for Tri-City's outpatient clinics. Individuals interested in Tri-City services can access care either by calling, walk-in or via referral. A mental health professional assesses the individual seeking services and recommends the most appropriate level of care and services. This service is currently funded through 1991 Realignment Revenue and Medi-Cal reimbursement from the Federal and State governments.

The second program, School-Based Services (SBS), provides services to students directly on local school campuses during school hours. Tri-City provides services to students attending schools whose districts are within its jurisdiction including Bonita Unified School District, Claremont Unified School District and Pomona Unified School District. The School-Based Services Program is currently funded 100% from Realignment Funds.

Tri-City requested to add both programs to MHSA programming thereby funding them 100% from funds received through the Mental Health Services Act.

Following the presentation, attendees asked several clarifying questions before voting on this proposal. A high majority of stakeholder voted in favor of this proposal and the results are below:

Program Name	MHSA Plan Addition	Stakeholder Approval %
Access to Care Program	Community Services and Supports (CSS) Plan	83%
School Based Services Program	Prevention and Early Intervention (PEI) Plan	86%

This plan amendment was posted for a 30-day public comment period beginning December 9, 2022, through January 10, 2023 on Tri-City's website as well as all social media sites including Facebook, Instagram, and Twitter. In addition, this amendment was distributed to numerous locations including city halls, libraries, and community centers. All written and verbal comments received during this comment period will be reviewed by Tri-City staff and included in the final document.

This plan was presented to the Tri-City Mental Health Commission on January 10, 2023, with a request for endorsement to the Tri-City Governing Board. The Governing Board approved and adopted this amendment on January 18, 2023.

The addition of the ATC team will result in total CSS expenditures to increase by approximately \$755,000 annually. The addition of the SBS team will result in total PEI expenditures to increase by approximately \$817,000 annually. This amendment is retroactive to July 1, 2022.

Transfer of Funds from Community Services and Supports Plan to Workforce Education and Training and Capital Facilities and Technological Needs

Request for transfer of funds in the amount of \$2,500,000 from Community Services and Supports (CSS) to be allocated as follows:

Capital Facilities and Technological Needs (CFTN)	\$2,000,000
Workforce Education and Training (WET)	\$500,000
Total Transfer of Funds	\$2,500,000

Summary

The Community Service and Supports (CSS) plan, which receives the largest portion of MHSA funding at 76%, provides intensive treatment and transition services for people who experience serious and persistent mental illness or severe emotional disturbances or who are at risk of SMI/SED. In addition, the California Code of Regulations § 3420.10 allows for the transfer of excess funds from the CSS account to Prudent Reserve, Capital Facilities and Technological Needs (CFTN) account and Workforce Education and Training (WET) account.

This ability to reallocate funds is critical to the sustainability of the CFTN Plan and WET Plan components since each received only a one-time allocation at the time of approval.

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

Therefore, the \$ 2,000,000 in CSS funding from this proposal will be allocated to CFTN to 1) strengthen the infrastructure of Tri-City, 2) purchase new building(s) to create needed office space for staff and 3) reduce the risk of reversion of CSS funds.

WET also received a one-time allocation at the time of approval focuses on strengthening and supporting existing staff and caregivers through trainings while also concentrating on attracting new staff and volunteers to ensure future mental health personnel.

Therefore, the \$500,000 in CSS funding from this proposal will be used to continue Tri-City's Loan Repayment Program for staff as well as fund ongoing trainings for staff.

In preparation for this request, the Director of MHSAs and Ethnic Services convened a virtual Community Forum on March 1 and March 2, 2023. Two identical meetings were held, one in the morning and one in the evening, with the same content to accommodate community members who may be working or attending school. The purpose of these meetings was to invite stakeholders to review and provide input regarding the allocation of a surplus of MHSAs funds currently held under the CSS plan. The presentation for this meeting included a brief introduction of the Mental Health Services Act (MHSAs) as well as a review of each of the proposed MHSAs plans under consideration to receive these funds. The plans include Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training (WET).

This request is hereby incorporated in this MHSAs Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26.

Amendment to Prevention and Early Intervention Plan: NAMI Ending the Silence and NAMI 101

Since 2011, Tri-City has partnered with NAMI Pomona Valley, now known as NAMI Greater Los Angeles County (GLAC) under Tri-City's MHSAs PEI Plan to provide presentations and support through two programs named, Ending the Silence and NAMI 101, which were approved, under the PEI Plan as part of the MHSAs Annual Expenditure for the purpose of increasing awareness among teachers, staff, parents and students regarding the prevention and early intervention of mental disorders, and to decrease stigma and increase compassion for those who may be showing symptoms of early onset mental illness in the Tri-City school districts-Pomona Unified School District, Bonita Unified School District, and Claremont Unified School District, including the private schools.

A total of \$35,500 per year was made available to fund the various training meetings and stipends. The stipends are specifically for teachers or employees of the schools noted above. Considering that funding could be a barrier for attendance by school representatives, these stipends are intended to facilitate and encourage these school representatives to attend the trainings and provide reimbursement to either the school district or the employee for their participation. However, over the years NAMI has continued to struggle to expend these funds which has resulted in the funds being carried over from year to year. In addition, the onset of the COVID-19 pandemic and closures of schools greatly impacted the ability for NAMI to offer presentations in person.

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and students. However, the continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings, NAMI has continued to struggle to expend their allotted funds resulting in \$55,000 in unused dollars.

The following chart reflects the changes in expenditures over time:

Fiscal Year	Percentage of Allocation Expended	Notes
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID-19
FY 2021-22	15%	COVID-19

Therefore, NAMI Greater Los Angeles County (GLAC) and Tri-City Mental Health Authority have agreed to amend this program’s funding structure to expand the time to expend the \$35,500 from annual to over a three-year period. The goal for this adjustment is to allow NAMI to have a longer period of time to expend the funds while providing Tri-City the option to reallocate funds to other PEI programs.

In preparation for this request, the Director of MHSA and Ethnic Services convened a virtual Community Forum on March 1 and March 2, 2023. Two identical meetings were held, one in the morning and one in the evening, with the same content to accommodate community members who may be working or attending school. The purpose of these meetings was to invite stakeholders to review and provide input regarding the proposed change to the NAMI Community Capacity Program/Ending the Silence and NAMI 1010/ and reallocation of these funds. This request is hereby incorporated in this MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26.

30-Day Public Comment Period and Public Hearing

The MHSA Three-Year Program and Expenditure Plan FY 2023-24 - 2025-26 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2021-22. An electronic draft of this Annual Update was posted on Tri-City’s website and social media on March 10, 2023 for a 30-day public comment period ending April 11, 2023. 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 11, 2023, 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 Three-Year Program and Expenditure Plan FY 2023-24 - 2025-26. Participant feedback to staff was reviewed and incorporated into this plan. The Mental Health Commission unanimously endorsed the plan for submission to Tri-City’s Governing Board for approval and adoption.

All public comments are included in the appendix of this document. No substantive changes were made to this plan following the public comment period.



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 2021-22 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

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	77	141	217	50	485
Projected Number to be Served FY 2022-23	81	148	218	53	500
Cost Per Person	\$13,979	\$14,234	\$14,753	\$11,894	N/A

Program Update

The Adult Full-Service Partnership (FSP) program provides field-based services for the community as well as telehealth services. These services were majorly impacted by staffing shortages during fiscal year 2021-22 as well as the continuing limitations posed by COVID-19. However, the FSP team were able to improve staffing and expand their workforce to include four new mental health specialist, two therapists, a clinical supervisor, and a clinical programs manager. In addition, the clinical teams implemented more group work as part of their service delivery such as the Resiliency Group for adults.

The FSP staff continue to provide crisis interventions, housing referrals, psychiatric mental status schedule, assistance with linkage and supportive services for transportation and financial and medical

health. These teams offer collaboration with client and treatment team on shared decision-making goals to achieve mental health stability. FSP staff are committed to a client's success in their wellness and recovery.

In addition, staff were able to increase family involvement in treatment for Child and TAY FSP clients such as school advocating and becoming more available for sessions. Staff continued to provide a hybrid approach by combining telehealth and in person appointments.

Challenges and Solutions

For the Child and Transition Age Youth (TAY) FSP programs, staff noticed an increase in more complex cases including crisis with suicidal ideation and co-occurring disorders. For clients in crisis needing hospitalization there was limited psychiatric hospital beds and clients were often sent to La County USC or UCLA Harbor for emergency beds. This was difficult for families with limited transportation resources. In addition, there was little to no available ambulances to transport clients to hospital. This FSP team also experiences a significant turnover in staff and difficulty with recruitment.

In response to the workforce shortage, Tri-City prioritized recruitment for Adult FSP staff by incorporating financial incentives including sign-on bonuses and a new salary schedule designed to encourage a robust hiring process. In addition, staff were offered flexible schedules including 9-80 and 4-10 schedules.

Future efforts for FSP staff include conducting community outreach in partnership with other Tri-City departments to support clients enrolled in FSP as well as collateral supports. FSP teams will accompany clients to major appointments to ensure linkages including primary care appointments as well as provide transition of care for medical concerns.

Cultural Competence

The FSP staff consists of a diverse team that includes staff who are bilingual in English and Spanish as well as a balance of male and female providers. Furthermore, the language line is available for staff when an additional language is required. Tri-City staff include a diverse group of individuals across age range and life experiences, including military staff.

In addition, literature and materials regarding the clinic are provided in threshold languages (Spanish, Vietnamese, and English). Finally, all staff ensures that clients are addressed by their preferred pronouns and names to affirm client's gender identity. The client's documentation reflects client preference in pronoun as well.

Community Partners

- **Housing department:** collaborate to support clients in obtaining and maintaining stable housing.
- **Intensive Outreach and Engagement:** collaborate to support transition into clinical services.

- **Co-occurring Substance Treatment:** partner to address clients substance use.
- **Clinical Wellness Advocates:** partner to engage clients in treatment.
- **Medication Support Services:** collaborate to promote client recovery.
- **Community Navigators:** partner to link client to community resources.
- **Hope 4 Homes:** collaborate to support clients in obtaining and maintaining stable housing.
- **Volunteers of America:** collaborate to support clients in obtaining and maintaining stable housing.
- **Union Station:** collaborate to support clients in obtaining and maintaining stable housing.
- **The Los Angeles Homeless Services Authority (LAHSA):** collaborate to support clients in obtaining and maintaining stable housing.
- **East Valley:** partner to address physical health concerns.
- **Park Tree:** partner to address physical health concerns.
- **American Recovery Center:** partner to address clients substance use.
- **Prototypes:** partner to address clients substance use.
- **Local school districts** (Pomona Unified School District, Claremont Unified School District and Bonita Unified School District)
- **Youth Coordinated Entry System**
- **Department of Child and Family Services**

Success Story

Adult FSP

An older adult client enrolled in the FSP program was at risk of being evicted from their apartment due to behavioral issues. The client worked for a brief period with their treatment team to connect to alternative housing resources and substance abuse treatment. However, the client later withdrew from the team and decreased their engagement in treatment. Later the client was the victim of a crime and hospitalized. The client was released but was in a lot of physical pain. Over the course of the next year, the client was able to maintain their apartment and began to recover physically. The client then began to increase their engagement with the FSP team and able to meet weekly as well as participate in recovery groups. The treatment team was able to respond to the client and better able to manage their symptoms and improve their current circumstances. The FSP treatment team supported this client who never gave up despite the challenges that they faced, and they used this as an opportunity to change their life learning to make healthy and more responsible choices.

Child and TAY FSP

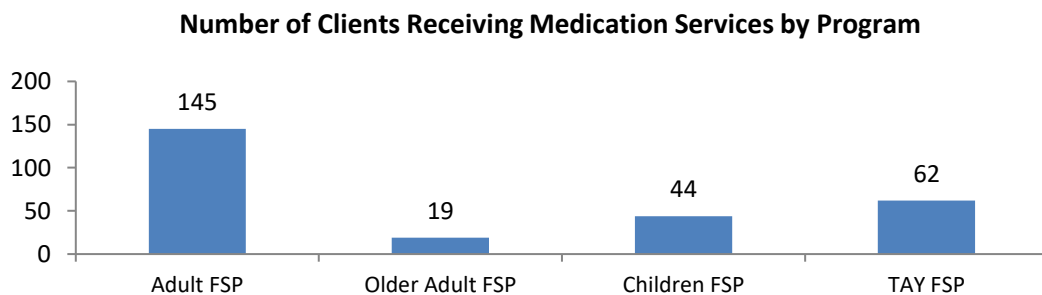
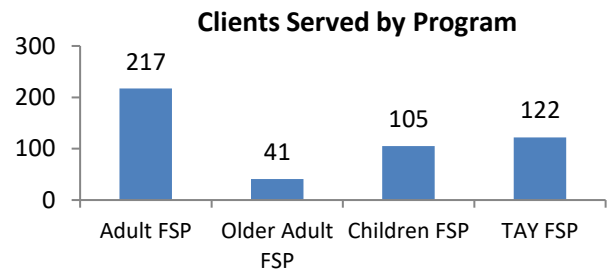
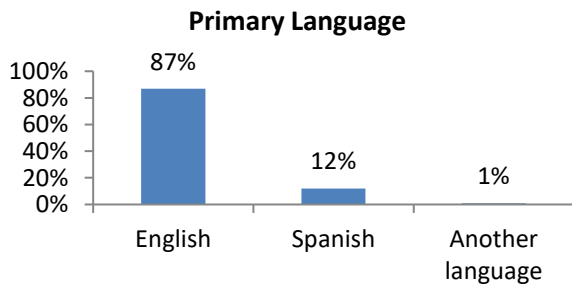
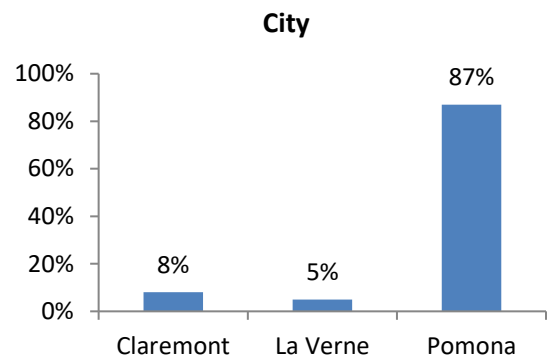
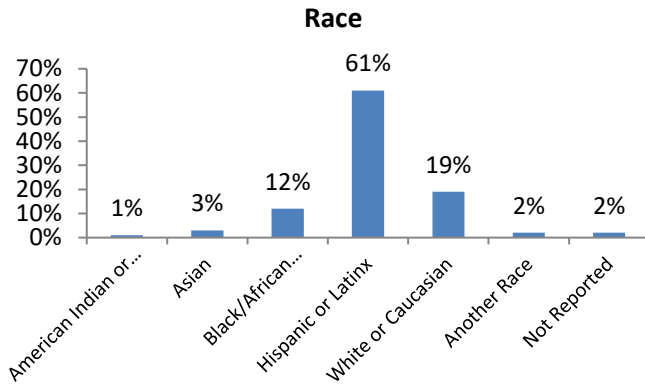
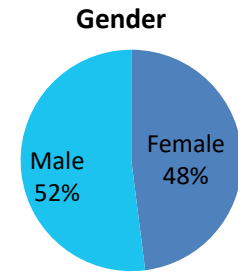
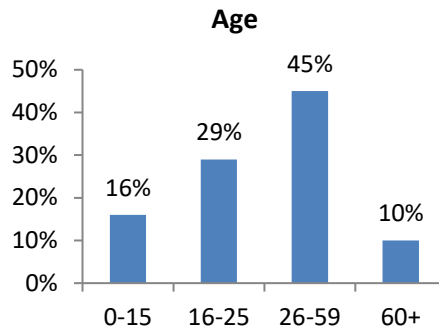
Client is a TAY male who enrolled in FSP services due to a history of ongoing legal issues that led to symptoms of depression including aggression, isolation, and suicidal ideation. The client gradually disconnected from any close relationships impacting family dynamics by causing physical fights with siblings, limited access to healthy ways of coping, poor interactions with others in the community and poor school attendance including multiple suspensions, and substance use.

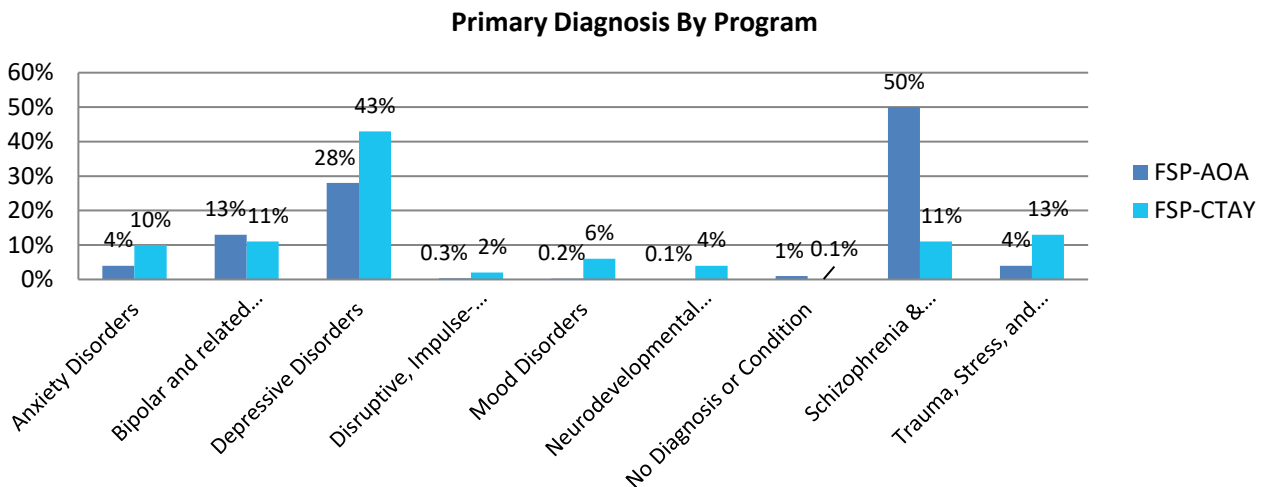
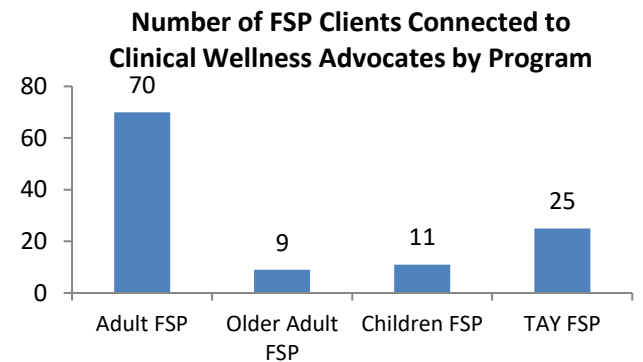
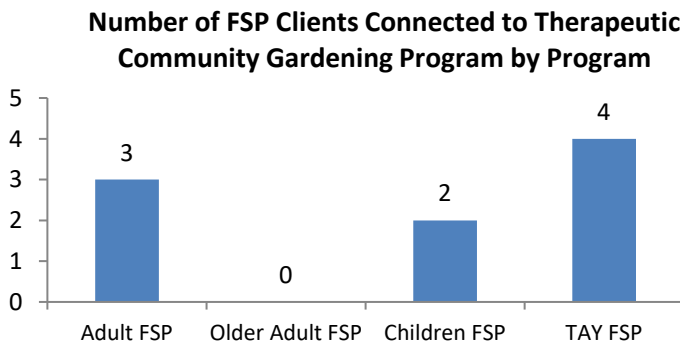
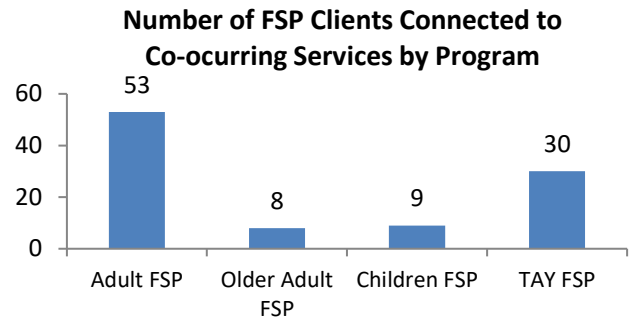
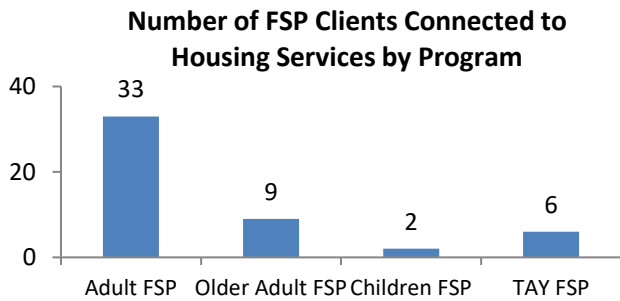
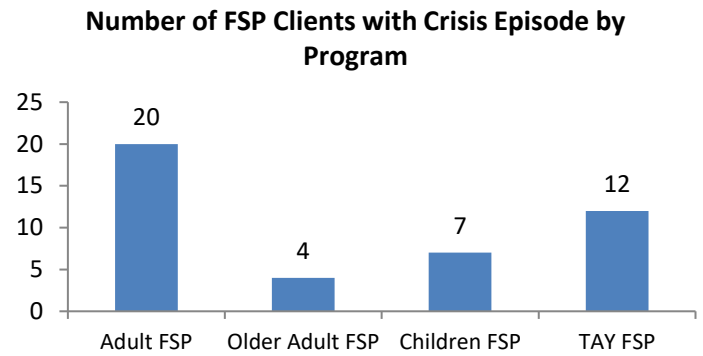
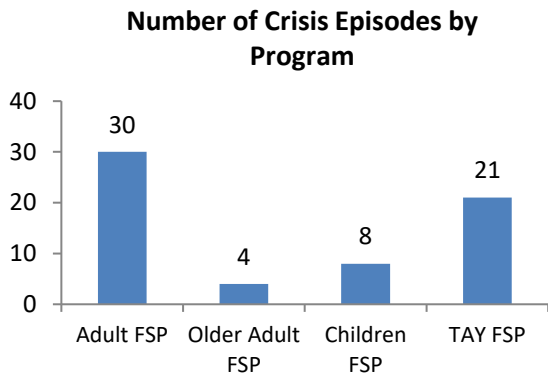
The client is currently entering his last phase of treatment and will be graduating from FSP services within the next couple of months. This client has made significant gains and is currently living at home, participating in family events and family relationships have improved. The client is attending school on a regular basis and his grades have improved significantly. In addition, he is enthusiastic about his first semester in college and currently seeking employment. Finally, this client has experienced a significant change in attitude towards his community and is calm and polite when engaging with others.

Program Summary

How Much Did We Do?

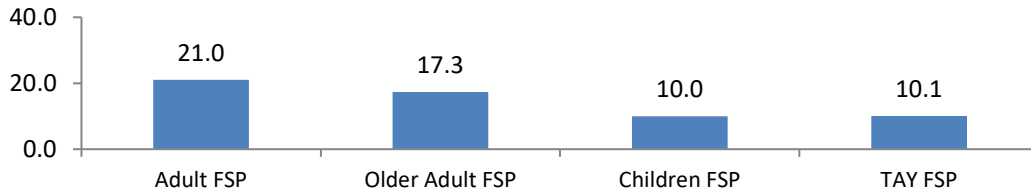
485
Individuals Served





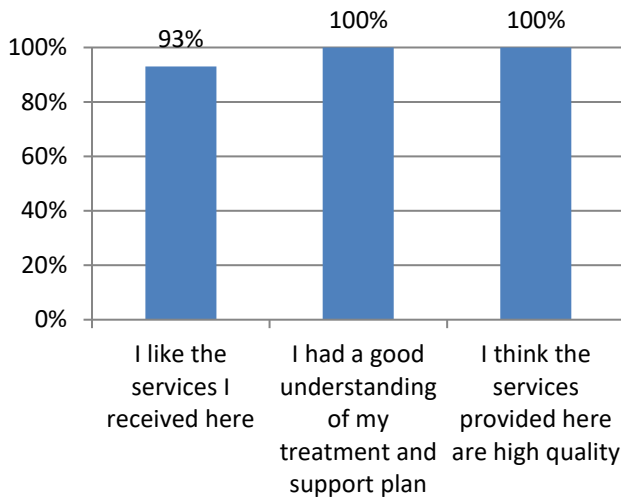
How Well Did We Do It?

Average Length of Time Clients Enrolled (in Months) by FSP Program



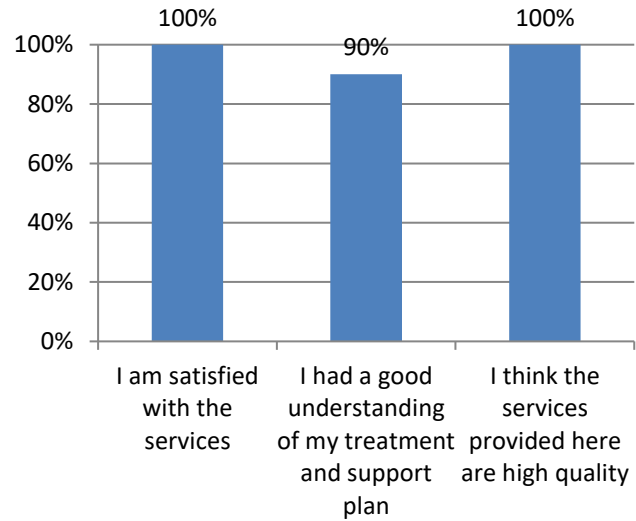
FSP Adult and Older Adult

Percent of clients (Strongly Agree/Agree) to the following statements



FSP CTAY

Percent of clients and parents (Strongly Agree/Agree) to the following statements

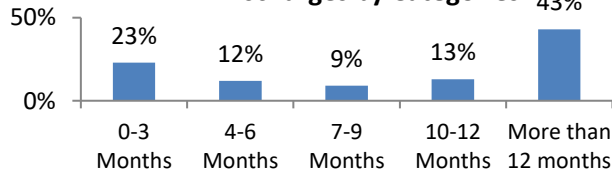


Is Anyone Better Off?

FSP Adult and Older Adult

150 Discharges during FY 21-22

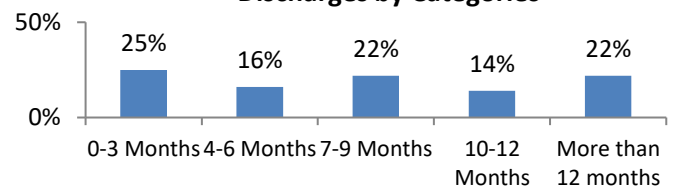
Discharges by Categories



FSP CTAY

134 Discharges during FY 21-22

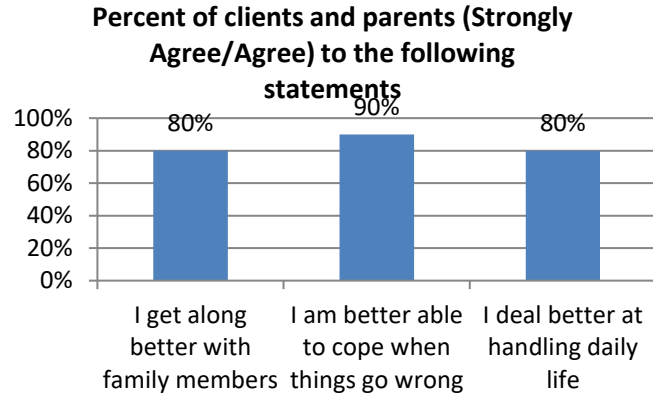
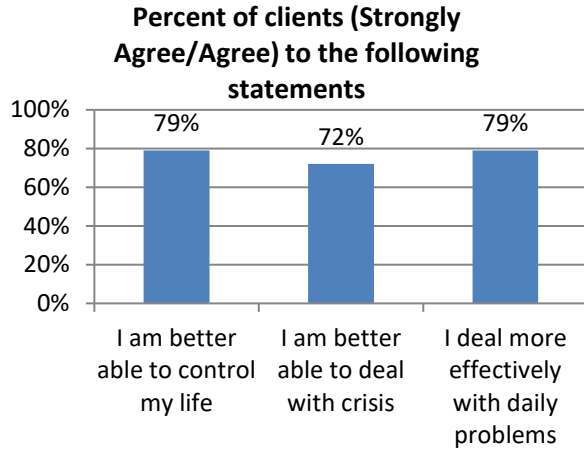
Discharges by Categories



As a direct result of the services I received:

FSP Adult and Older Adult

FSP CTAY



OMA Outcomes for FSP CTAY (n=78)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	9% (n=7)	9% (n=7)	Yes
Hospitalizations	54% (n=42)	47% (n=37)	Yes
Homelessness	3% (n=2)	3% (n=2)	No
Expulsions/Suspensions from School	9% (n=7)	0% (n=0)	Yes

OMA Outcomes for FSP Adult/Older Adult (n=46)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	33% (n=15)	7% (n=3)	Yes
Hospitalizations	61% (n=28)	26% (n=12)	Yes
Homelessness	59% (n=27)	59% (n=27)	No

Community Navigators

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	46	61	289	48	563	1,007
Cost Per Person	\$310**	\$310**	\$310**	\$310**	\$310**	\$310**

**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.

Program Update

The Community Navigator program continues to focus on providing resources including housing individuals in need. Outreach for the first part of fiscal year 2021-22 continued to be a challenge because some agencies and organizations remained having limited business hours due to the rise in COVID numbers especially during the winter months. There continued to be a high number of individuals and families that experienced homelessness and resources for emergency shelter, especially for families, are very limited in the service area. The Navigators currently have five beds reserved at the Hope for Home Service Center in partnership with a cohort consisting of the cities of Pomona, Claremont, and La Verne.

Challenges and Solutions

Limited staffing impacted the Community Navigator team. Going from seven to four Navigators made it difficult to be consistent with outreach, especially since staff were still providing some case management to the families in the motels and the participants in the cohort beds at the Hope for Home Service Center. This resulted in the numbers of participants served to decrease.

Another challenge is finding psychiatrists that accept Medi-Cal health plans. This impacts individuals who are looking for strictly medication support. In response to this the Community Navigators have been able to help clients connect with their insurance provider or make a referral to The Behavioral Health Urgent Center in the City of Industry, if clients need emergency medication while they wait for an appointment with a psychiatrist.

The Community Navigator program is currently working closely with the City of Pomona to see if additional funding can be provided that will be used for motel vouchers, and homeless prevention funds. This will help with the lack of housing for families and individuals experiencing homelessness or who are at risk of becoming homeless. By placing families and individuals in motels, it will allow the program more time to identify other options for longer term crisis housing, transitional housing, or permanent housing.

Cultural Competence

The Community Navigators are bilingual and able to speak English, Spanish and Vietnamese. This is helpful since there is a high population of Spanish speaking individuals in Pomona. When out in the community, Navigators are able to engage with families and individuals who only speak Spanish and the Navigator who speaks Vietnamese is also able to reach out to the Vietnamese community. Some of the Community Navigator staff also has lived experience or were raised in the city of Pomona, so they are able to better connect with some of the clients that they serve. Program materials and flyers are available in both English and Spanish.

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. Some of those resources include sliding scale mental health services, support groups, faith-based support, or counseling. Navigators meet their clients where they are depending on their needs.

Finally, regarding reaching out to older adults, the Navigator program works closely with 3 different senior centers in the community. Community Navigators are stationed at these centers during the senior lunch programs to assist with any resources or specific age-related support services.

Community Partners

- **Hope for Home Service Center** - The Community Navigators have 6 beds reserved 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.

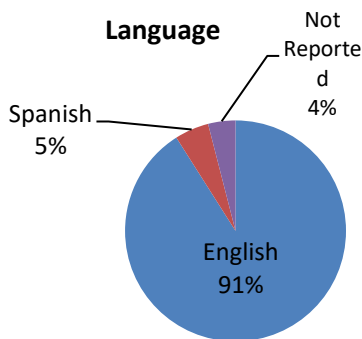
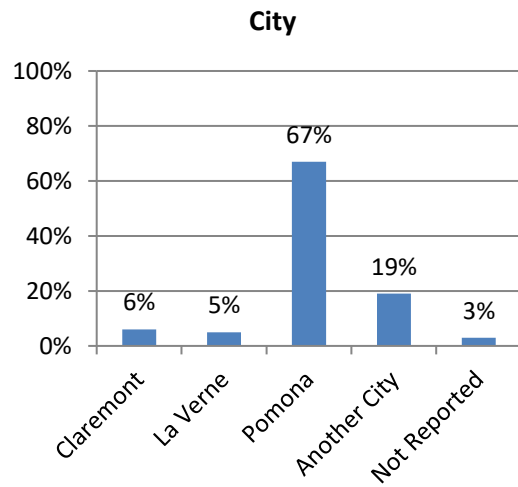
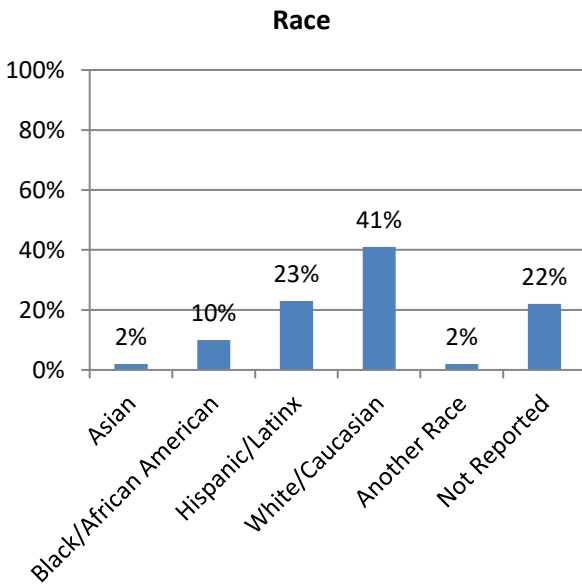
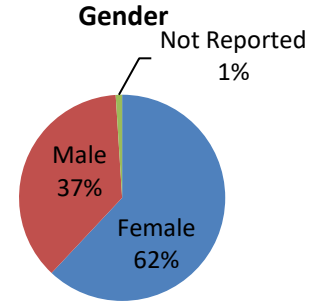
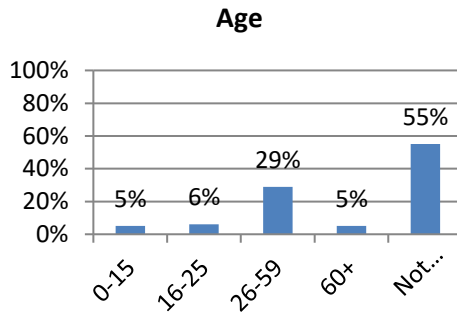
Success Story

Often it “takes a village” or a strong collaboration between multiple support services in order to successfully meet the needs of a family in crisis. One such example is a family of eight who were experiencing homelessness in the city of Pomona. This family was referred to a Community Navigator who was able to utilize several sources to assist the family with housing. The family was placed in a local motel through the Measure H Cohort Motel Voucher Program. While in the program, the family qualified for an Emergency Housing Voucher through the City of Pomona. However, due to the size of the family, it became difficult to find housing which required 4 bedrooms. Yet through the collaborative efforts of the Community Navigator, the City of Pomona, and Volunteers of America, the family was successfully housed in a 4-bedroom home. This family had experienced homelessness for many years and were so grateful to finally have a home. In addition, the family was provided with clothing and food resources, and a voucher for a birth certificate and ID since it was needed when processing the paperwork for the housing voucher.

Program Summary

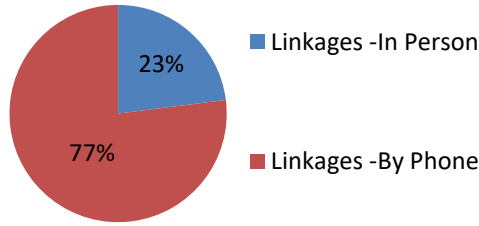
How Much Did We Do?

**1,007
Individuals
Served**



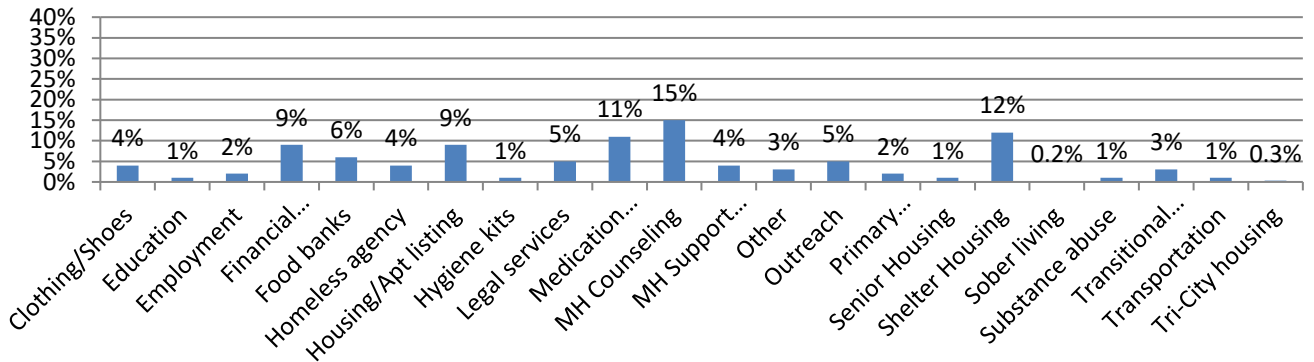
**291
Homeless Individuals**

Linkages by Type

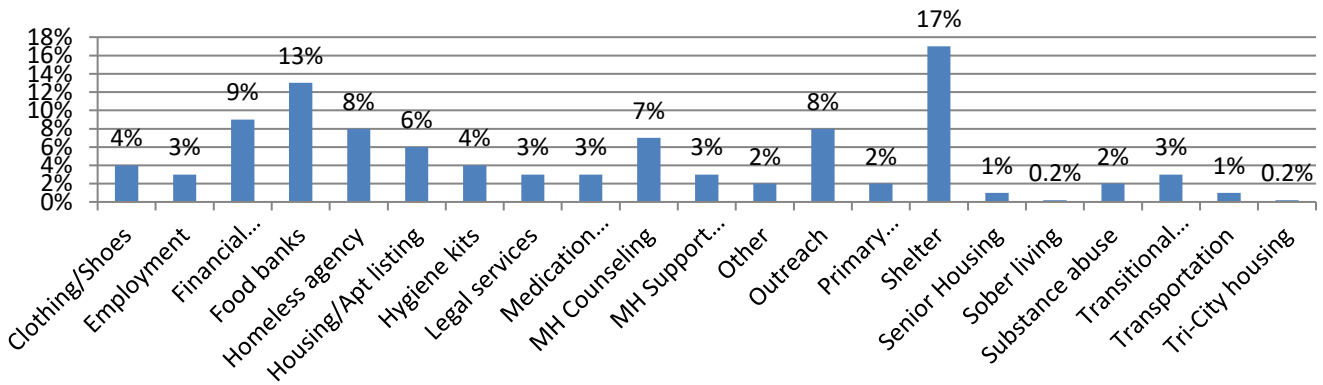


2,028
Linkages made by Community Navigators

All Linkages by Type



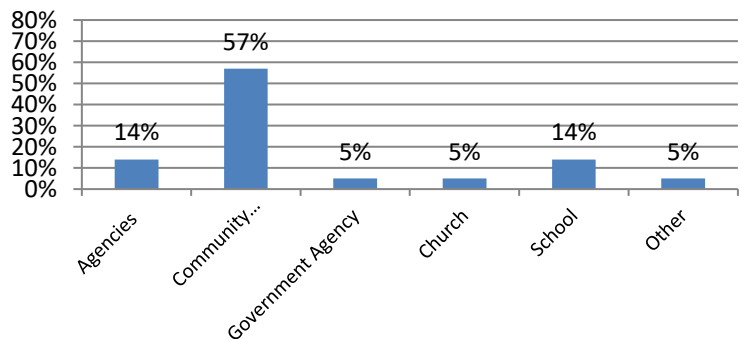
In-Person Linkages by Type



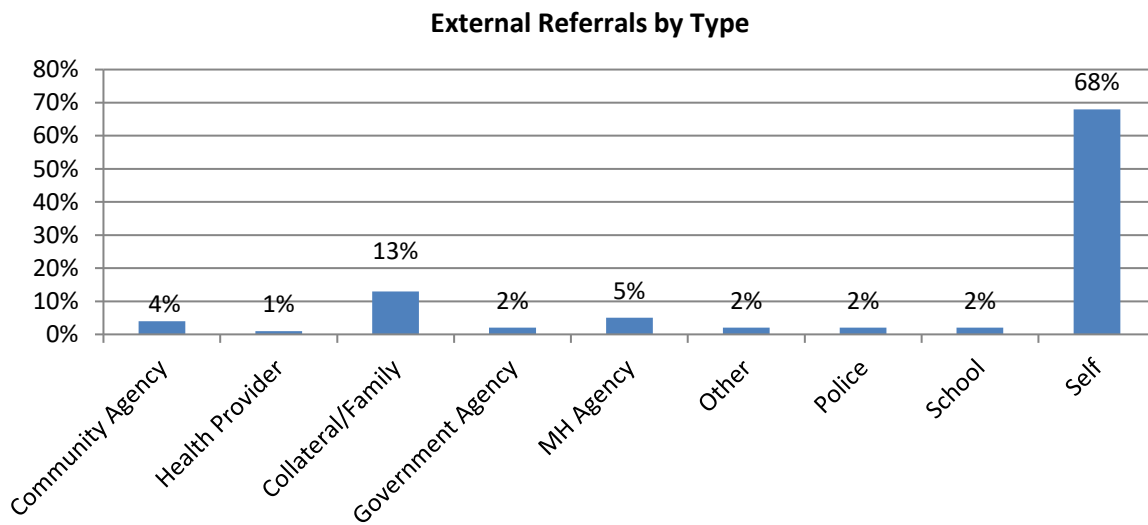
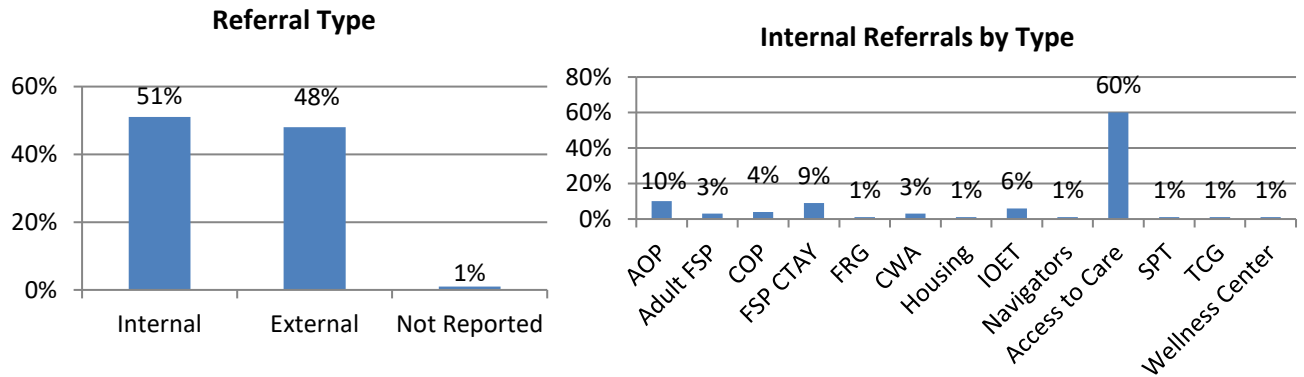
21
Locations Outreached by Navigators

221
Total Community Members engaged by Navigators through Outreach

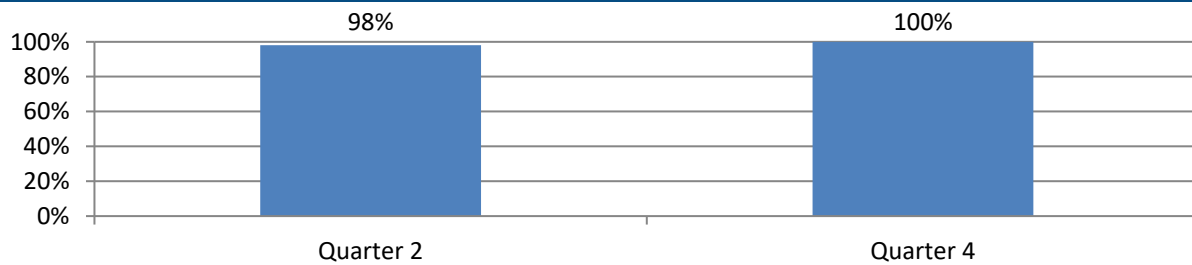
Locations by Type



How Well Did We Do It?

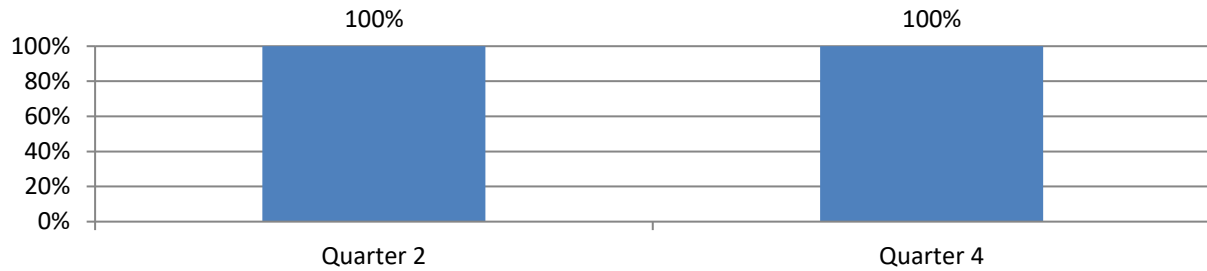


Percentage of Participants Reporting Satisfaction with Services Provided



Is Anyone Better Off?

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



How did you benefit from talking with a navigator?

The top three benefits were:

1. Mental Health Counseling/Treatment Assistance 34% of respondents
2. Housing Assistance 30% of respondents
3. Food/Clothing Assistance 16% of respondents

Wellness Center

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	18	175	566	86	65	910
Cost Per Person	\$587**	\$587**	\$587**	\$587**	\$587**	\$587**

**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.

Program Update

During FY 2021-22, the Wellness Center continued to serve the community through 40 support groups hosted over a virtual platform. The Center also provided the community with presentations on COVID and vaccines. Towards the end of the year, the Center began the process of reopening to allow for in-person attendance. This included allowing community partners to host their meetings onsite. Finally, eight hiring events were held to support the employment needs of the community in partnership with various local employers.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. Many participants have complained about the numerous constant attempts from the Center for the myriad of groups. Consequently, participants frequently ask when the Center will re-open for in-person services. Over the course of the year, there were attempts to start in-person groups, but agency policy and or LA County mandates prevented any of those events to continue ongoing.

The Center followed all guidelines and protocols to minimize unnecessary exposure and/or risk to our participants. Over the last half of the year, the Center hosted in-person events adhering to the Cal OSHA max room occupancy guidelines. A handful of groups has been taking place in-person since then.

Cultural Competence

As the need arises, the Center responds in real time and implements specific groups to target LGBTQ, Spanish monolingual and TAY communities. Services are free and open to the community. Linguistic services are offered to meet the various languages of stakeholders and offer support for all age groups. Free services are provided that seek to eliminate stigma through psychoeducation and evidence-based practices. Spaces are created where individuals experience safety and feel heard.

Materials are printed and provided in the dominant local languages. Staff attempt to engage with hard-to-reach populations through a peer approach. Those that have lived experience to each one reach one. Both staff and participants look forward to the day when all restrictions and limitations are removed allowing for a stronger connection when serving the needs of the community.

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

For the past three years, "Judy" (not her real name) participated in employment/vocational services at the Wellness Center. She was referred from Tri City's Adult outpatient. Judy discussed her interest in obtaining a fulltime job. She shared in confidence how she was homeless in the Pomona area but sought a job where she could eventually rent her own apartment. Judy did not want to let her housing instability deter her from reaching her employment goals. Judy received resume assistance, current job leads and was invited to various hiring events. Judy reported that she had a seasonal job with the Post Office several years prior, and she felt that if given the opportunity she could be successful. Judy began the long process of applying for a Mail Handler Position in the City of Los Angeles.

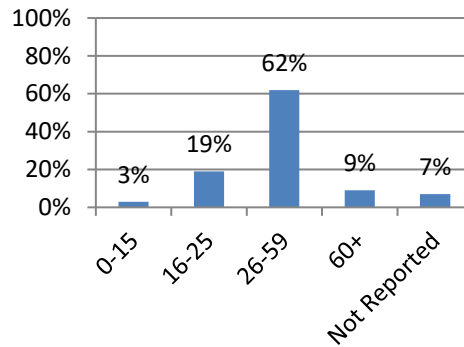
The Center assisted with the process due to Judy's limited computer skills and access to a computer. Judy completed her application with USPS and was invited to take two online examinations. A date was scheduled for her to take her exams at the center. A laptop was provided to Judy to access the links to take the exams. Once the exams were completed Judy was provided with a score. She was very proud of the fact that she had scored well above what was needed to qualify for the Mail Handler position. Judy waited eagerly for the next steps in the hiring process. Within a few weeks Judy received an email with a contingent offered of employment with the USPS. Judy was very excited about this opportunity with the United States Postal Service. She reported that she could not have completed the application without the support and encouragement of the Employment team at the Wellness Center. Judy reported that she is very excited about receiving her start date so she can begin her new life as a Mail Handler for the United States Postal Service.

Program Summary

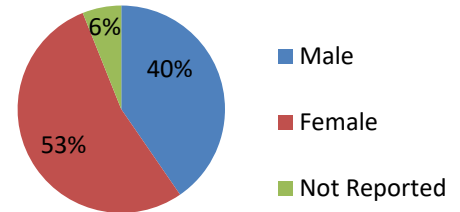
How Much Did We Do?

910
Individuals
attending
Wellness Center

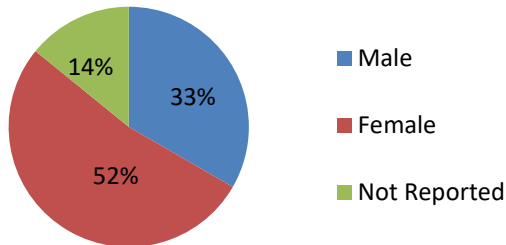
Age Group



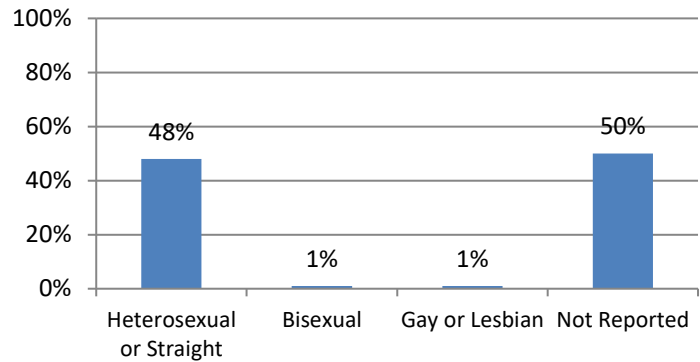
Current Gender Identity



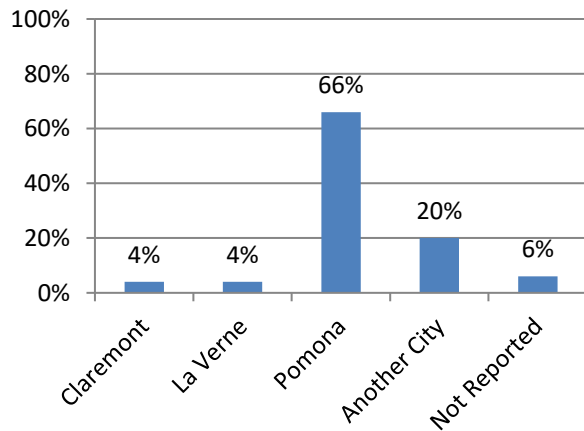
Assigned Gender at Birth



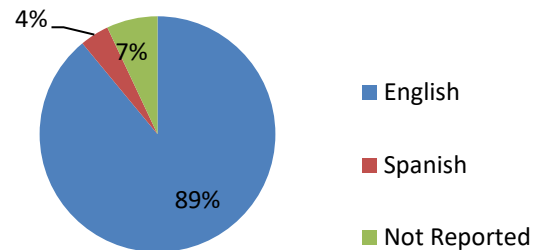
Sexual Orientation

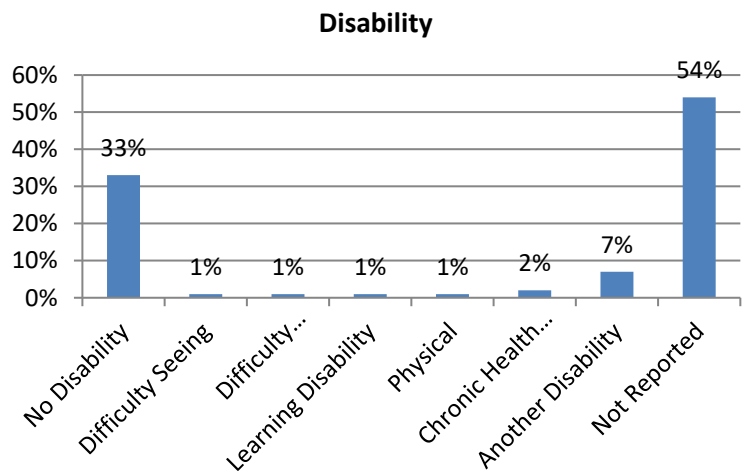
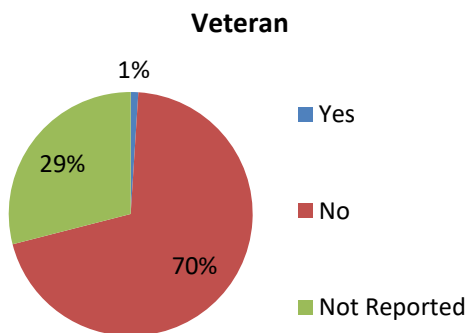
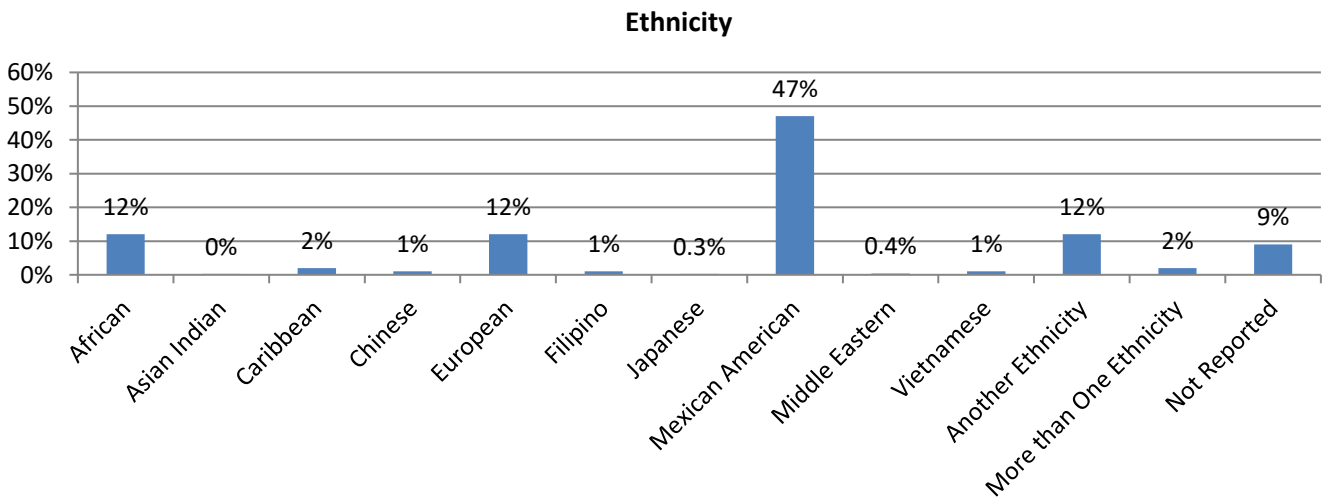
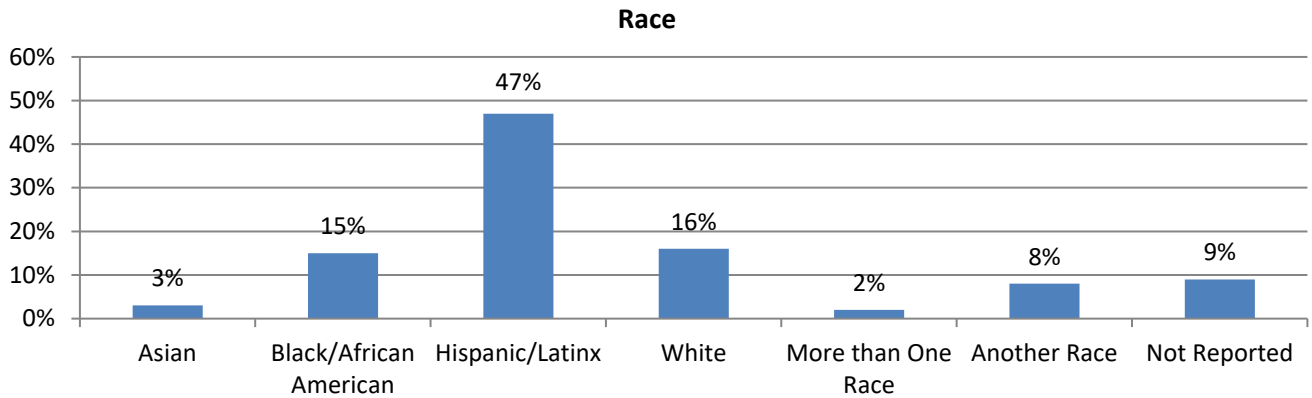


City



Language

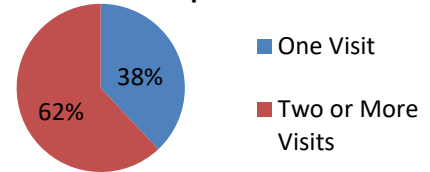




How Well Did We Do It?

16,515
Number of Wellness Center CSS
Events
(Duplicated Individuals)

Number of Times People Visited



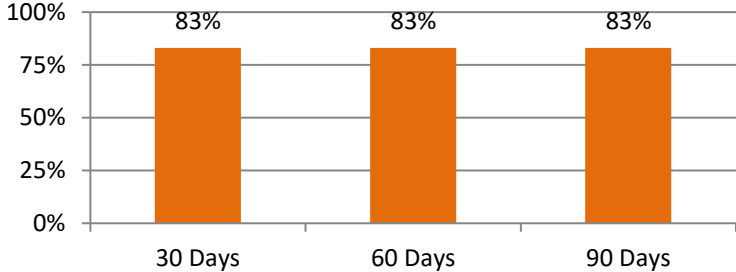
Group Name	Number of Groups Held	Average Number of Attendees at a Group
Group – Anger Management	63	10
Group – Anxiety Relief	62	5
Group – Dual Recovery Anonymous	53	5
Group – Freedom Through Reality	58	6
Group – Lose the Blues	52	3
Group – Men’s Depression	54	3
Group – Socialization	50	5
Group – Strong Women	60	4
Group – Women’s Self-Esteem	49	5
Group Español – Comadres y Compadres	56	2
Group Español – Sobrellevando La Ansiedad	57	3
Group Español – Socialization	55	3
Vocational – Employment Workshop	44	2
Vocational – GED Prep	5	1

Contacts by Type	Number of Times Contact was made
Attendance Letter	184
CCEF Grant	187
Brief Check-in	14
Other	303
PC Lab	331
Tour	21
Phone Call/Email – Wellness Calls	11,063
Wellness Center-CSS Events	19
Vocational – Job Search	921
Vocational – Resume/Interview	119
Vocational – Work Maintenance	17
Vocational – Hiring Event	148

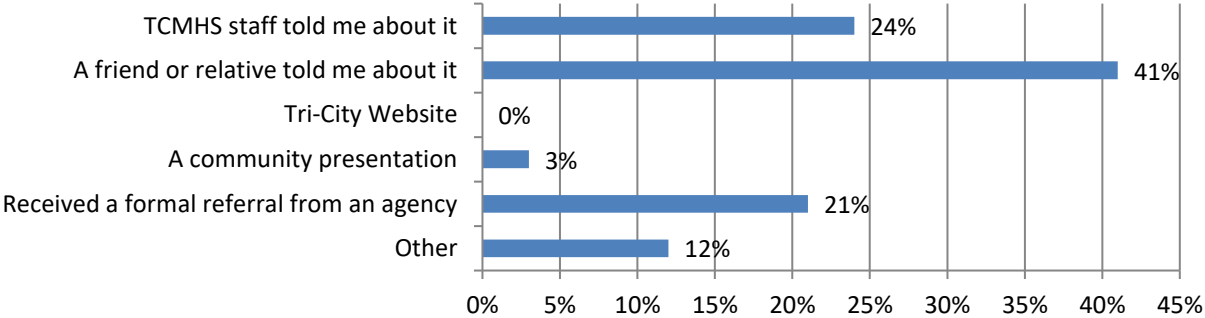
35
Individuals Secured
Employment

91%
Satisfied with the help
they get at Wellness
Center Programs

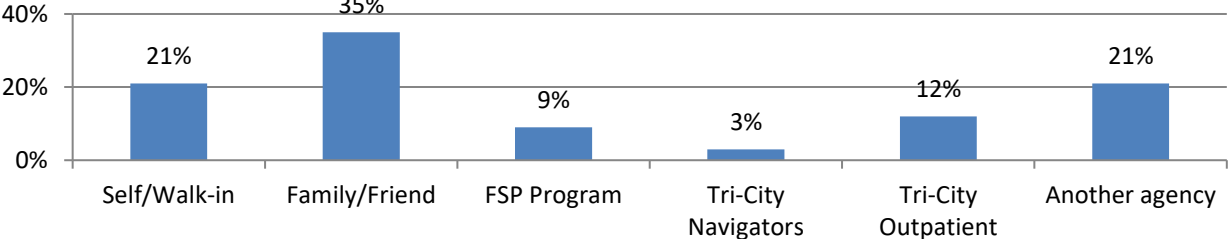
**Percent of Individuals who Maintain
Employment at
30 Days • 60 Days • 90 Days**



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

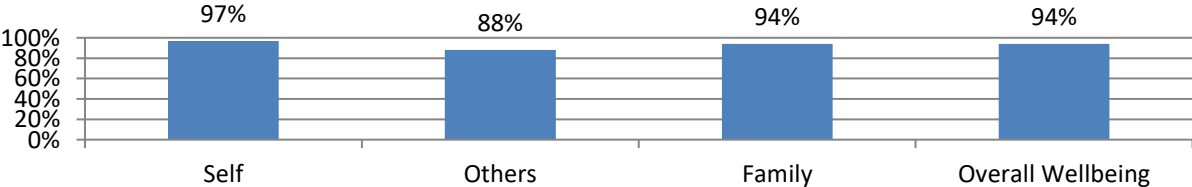


Who referred you to the Wellness Center



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 & Intensive Outreach and Engagement Team

New Program – First date of service _____

Continued from prior year plan or update

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 TCMHA 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
Supp Crisis Number Served FY 2021-22	0	8	48	12	75	143
Cost Per Person	\$791**	\$791**	\$636**	\$636**	N/A	N/A
IOET Number Served FY 2021-22	49	84	480	106	170	889
Cost Per Person	\$791**	\$791**	\$636**	\$636**	N/A	N/A

**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.

Program Update

The IOE team was specifically designed to reach underserved populations. The IOE team utilizes field-based team who outreach to known hot spots within our communities. This includes, but is not limited to, homeless encampments, parks, abandoned buildings, freeway underpasses, Hope 4 Home Service Center and home visits. Staff offer a whole person system of care, in which they address all aspects of the individual's needs. Each person encountered has a unique set of needs and staff strive to break down all barriers by meeting people where they are. Staff work towards removing barriers by taking an individualized approach by utilizing our multidisciplinary team.

In FY 2021-22, the IOE team continued to be one of the primary points of contact for community members in the Tri-City area. In the wake of the COVID pandemic, the IOE team partnered with the LA County Department of Health Services and completed 10 vaccination clinics and administered over 200+ COVID vaccinations to the community at large as well as staff members.

Challenges and Solutions

As the impact of the pandemic began to diminish, staff were challenged with meeting a new segment of the population that may not have been available for outreach, mental health services, or medications because of the restrictions in the county due to the pandemic.

When assisting individuals with identified barriers/challenges, staff work within systems of care to navigate said barriers/challenges so that individuals can receive individualized whole person system of care based on stated needs.

Cultural Competence

The IOET has multiple staff members that are bi-lingual. All IOET brochures are in both English and Spanish, and when needed, the IOET/PACT utilizes the agency's Language Line to connect individuals to multiple systems of care, and to ensure that there are no disruptions/delays to accessing systems of care. English as a second language is not a barrier to someone from receiving help.

The IOE team undertakes a non-judgmental approach to working with all communities and incorporates literature regarding resources and referrals geared towards providing information on how to access both formal and informal services thru a number of different avenues (traditional office, phone, or other electronic media) to allow for the individual to choose an entry point that is most comfortable and conducive to their individual needs. The IOE team has an individual team member that is part of the agency's Cultural Competence Committee, and she regularly disseminates and incorporates approaches, trauma and stigma-based awareness, and new support groups that are specifically designed to meet the needs of the LGBTQ community.

Partnering with Claremont Police Department to help efficiently respond to social-emotional/mental health needs of Claremont residents and/or visitors by using trained mental health professionals to take the lead on non-violent, non-criminal calls to law enforcement for assistance, including in response to addressing persons who do not have a permanent residence.

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

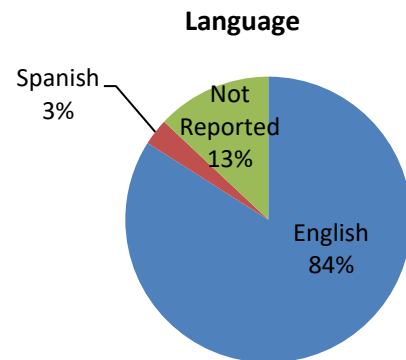
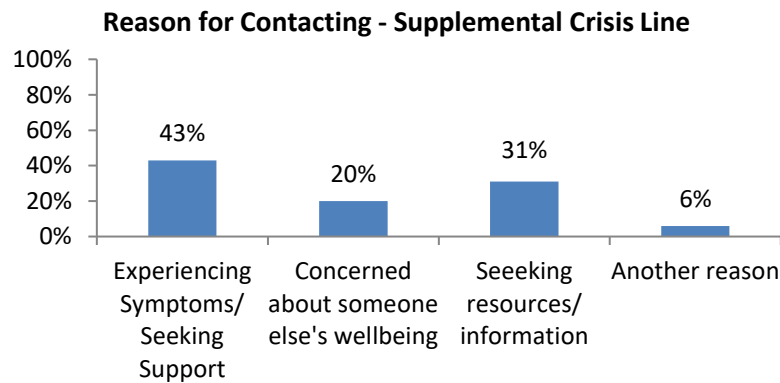
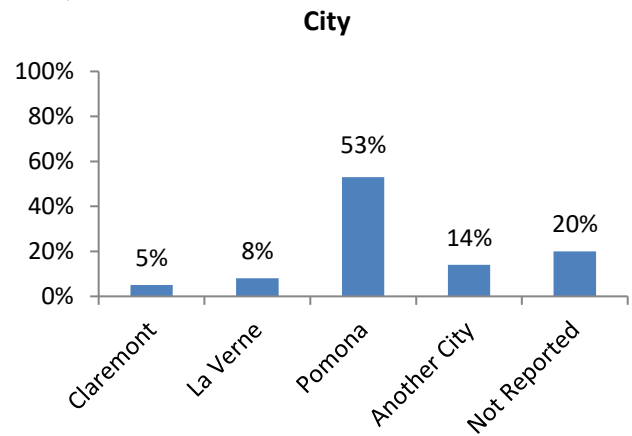
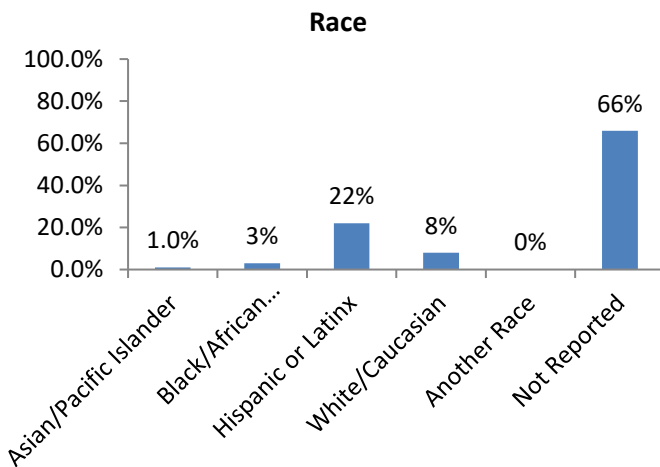
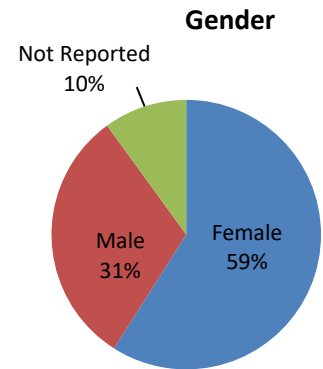
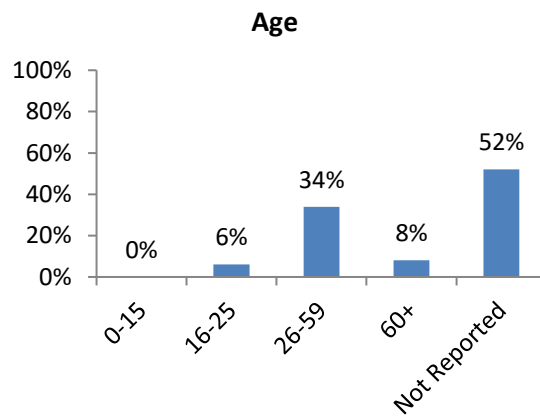
One of the many successful collaborations for the IOE team is the distribution of the 241 COVID vaccinations which were given to the community at large and Tri-City staff in conjunction with LA County Department of Health Services. These vaccinations were provided free of cost and without pre-registration required.

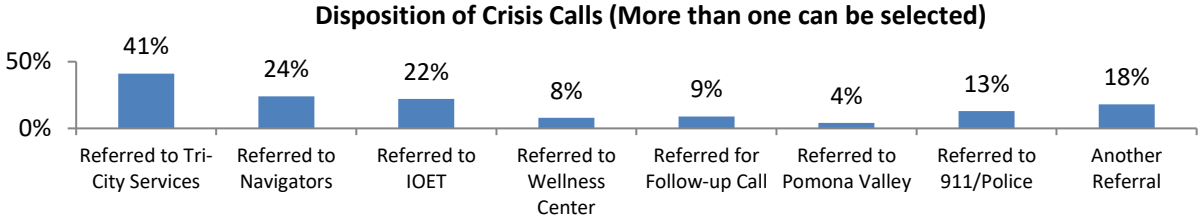
Program Summary

How Much Did We Do?

Supplemental Crisis Calls

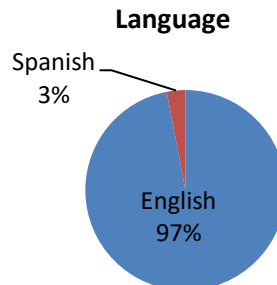
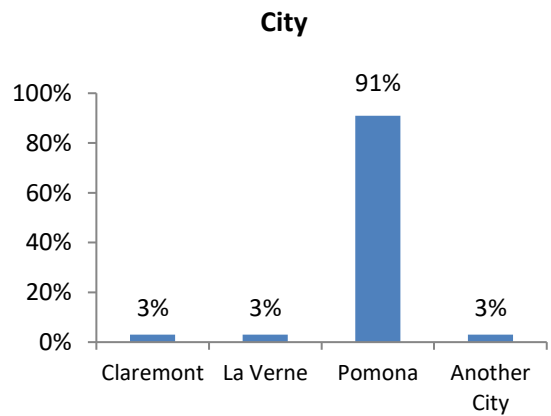
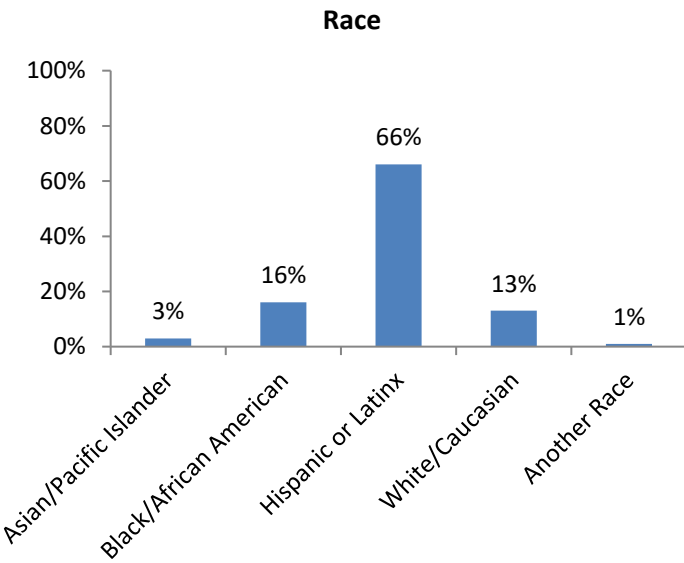
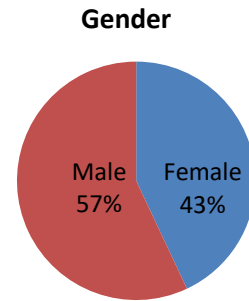
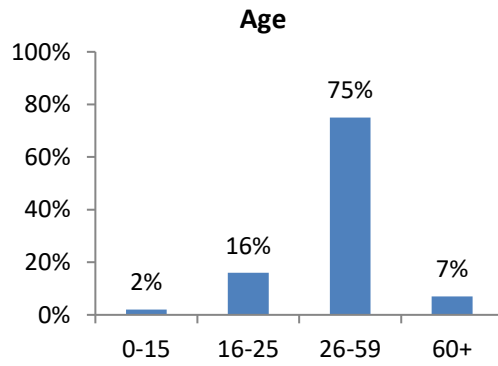
143
Supplemental
Crisis Calls





Supplemental Crisis Walk-Ins

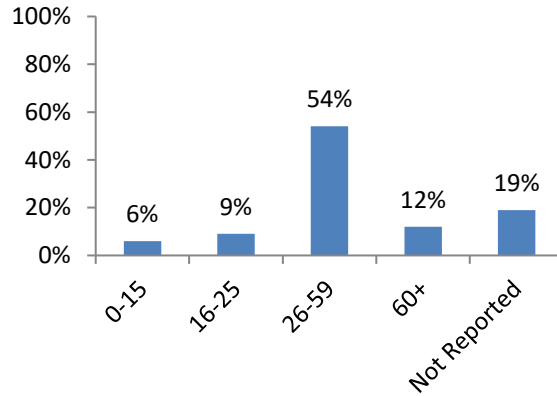
67
Crisis
Walk-ins



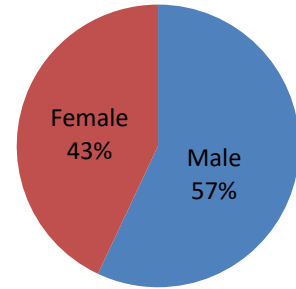
Intensive Outreach and Engagement

**889
Individuals
Outreached**

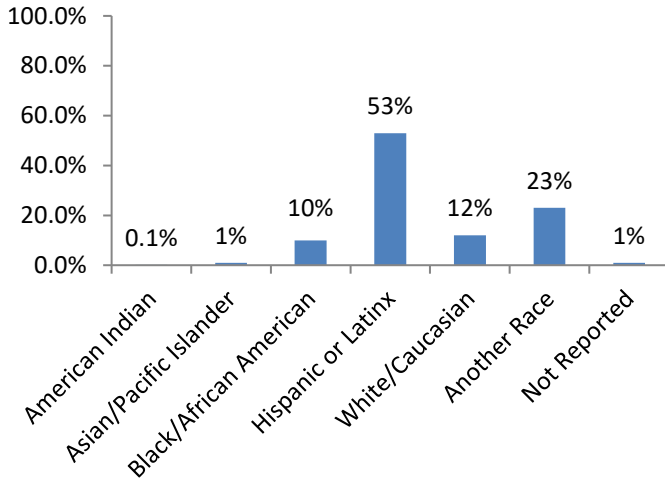
Age



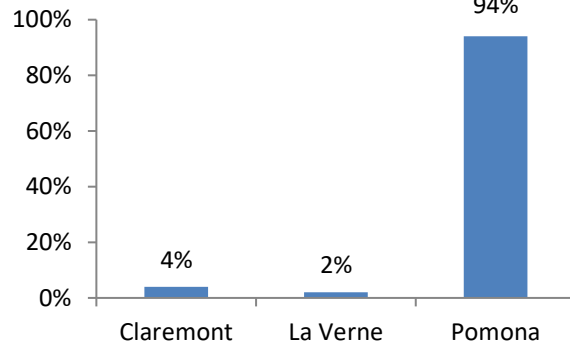
Gender



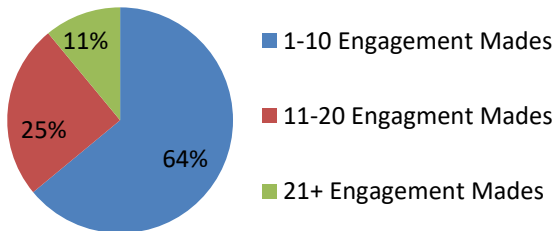
Race



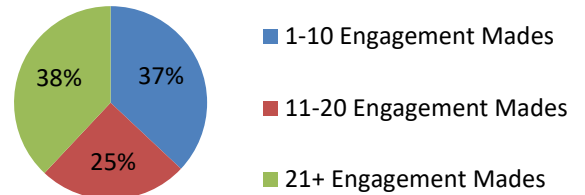
City



Percent of Engagement Attempts Made by IOET for Closed Individuals

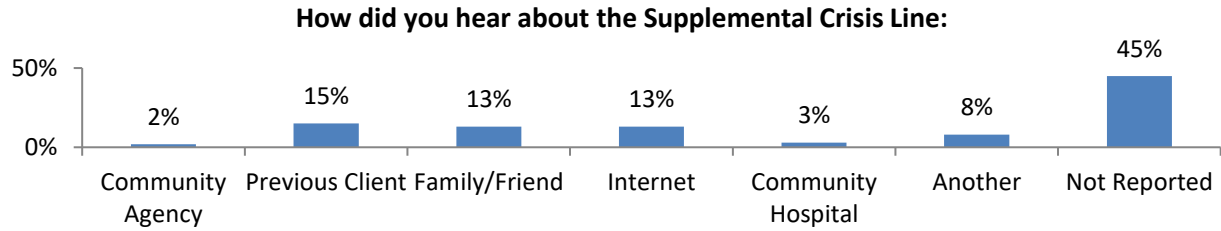


Percent of Engagement Attempts Made by IOET for Individuals currently being Engaged:

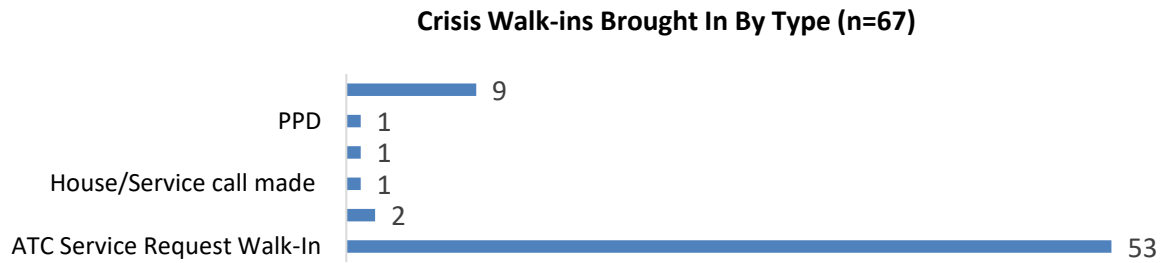


How Well Did We Do It?

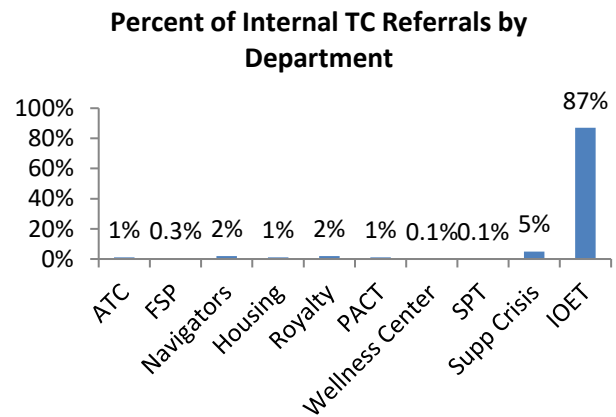
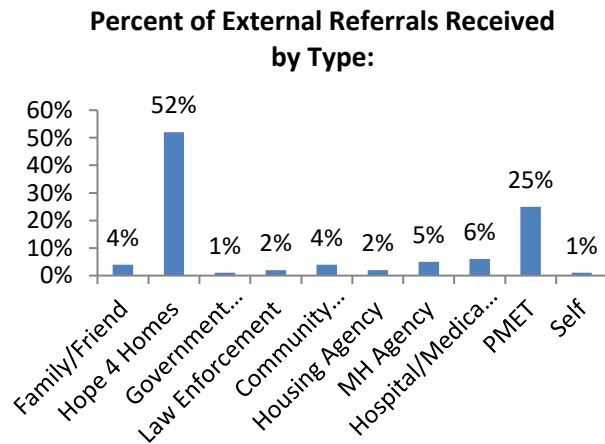
Supplemental Crisis Calls



Supplemental Crisis Walk-Ins



Intensive Outreach and Engagement

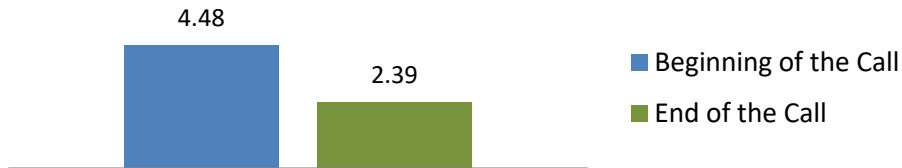


Is Anyone Better Off?

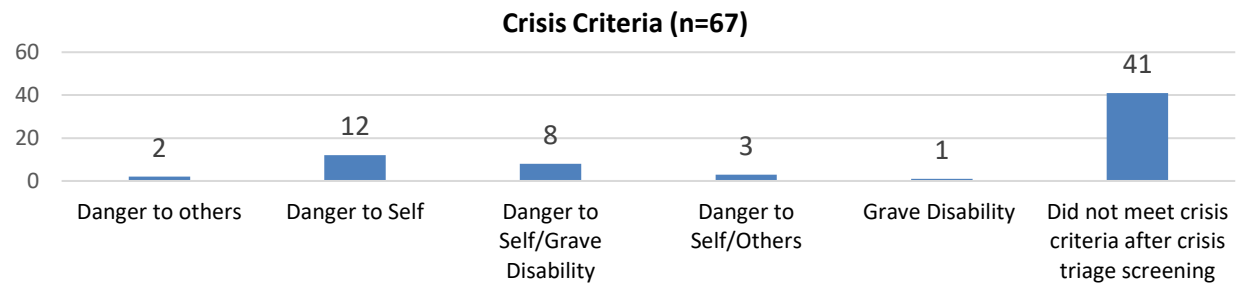
Supplemental Crisis Calls

Level of Distress for Crisis Callers

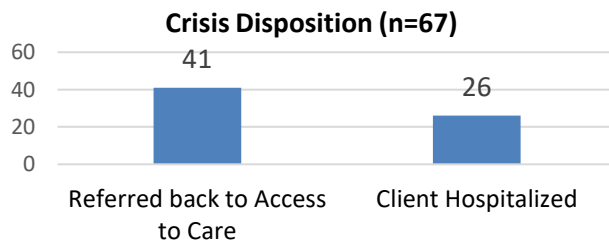
Callers rated their level of distress at the beginning of the phone call and at the end on a 1 to 10 scale where 1 = mild and 10 = severe (higher rating means greater level of distress).



Supplemental Crisis Walk-Ins



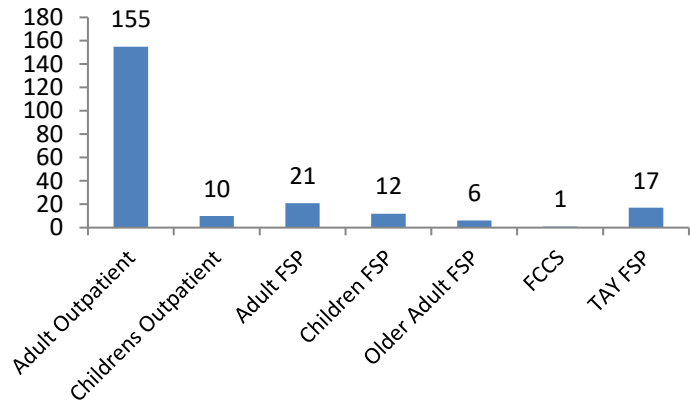
72%
Crisis Walk-ins were
scheduled for intake



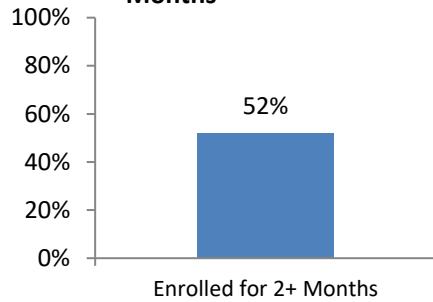
Intensive Outreach and Engagement

222
IOET Individuals who were
Enrolled for Services at
Tri-City

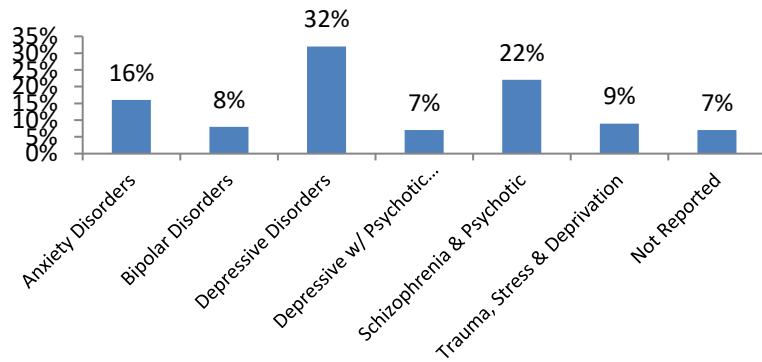
Percent of IOET Individuals Enrolled for Services By Program



Percent of IOET Individuals Enrolled in Services for 2+ Months



Percent of IOET Individuals Enrolled for Services By Diagnosis



Field Capable Clinical Services for Older Adults

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMHA 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 2021-22	29
Cost Per Person	\$3,437

Program Update

In fiscal year 2021-22, twenty-nine older adults were served through the Field Capable Clinical Services for Older Adults (FCCS).

FCCS provides field-based services for the community as well as telehealth services. Clinical teams implemented several groups as part of their service delivery, including Helping Hands to Heal the Mind Group in FCCS. In addition, the FCCS hosted their first in person client holiday events since the start of the pandemic. These events were held outside the adult clinic parking lot and included a DJ, karaoke, to-go lunches and numerous craft activities.

The FCCS team accompany clients to local resources to ensure linkages including primary care appointments and the VA as well as provide transition of care for medical concerns. Staff also provide crisis interventions, housing referrals, psychiatric referrals, assistance with linkage and supportive

services for transportation, financial and medical health. FCCS staff offer collaboration with client and treatment team on shared decision-making goals to achieve mental health stability.

For future endeavors, the FCCS staff will conduct community outreach in partnership with other Tri-City departments such as the Intensive Outreach and Engagement Team, Community Navigators and Community Wellness Advocates as well as local agencies to support clients enrolled in services and collateral supports for family members.

Challenges and Solutions

As with most programs, FCCS was majorly impacted by staffing shortages during this fiscal year as well as the limitations imposed by COVID. In response to this, Tri-City prioritized recruitment and incorporated financial incentives including sign-on bonuses and new salary schedules to support hiring. Staff were also offered flexible schedules including 9-80 and 4-10 schedules.

Cultural Competence

Tri City staff include a diverse group of individuals across age range and life experiences, including military staff. FCCS staff participated in cultural committees as well as participating in transformative anti-racist training with Dr. Alan Lipscomb. FCCS include staff who are bilingual in English and Spanish as well as a balance of male and female providers. Furthermore, the language line is available for staff who may need it. The FCCS staff are bilingual in both English and Spanish. Furthermore, the language line is available for additional languages.

Community Partners

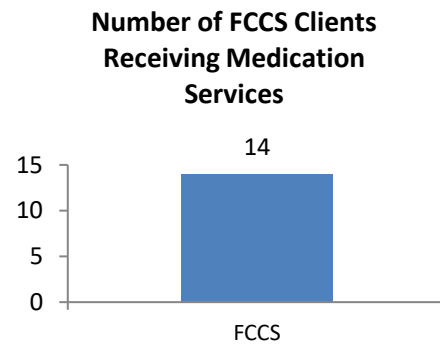
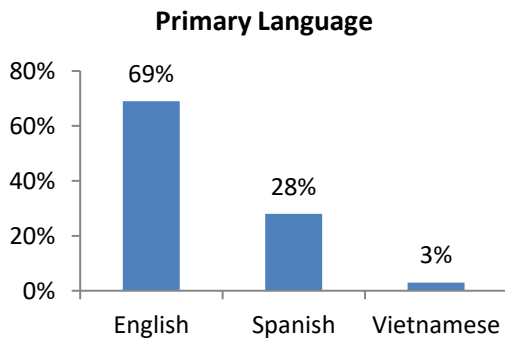
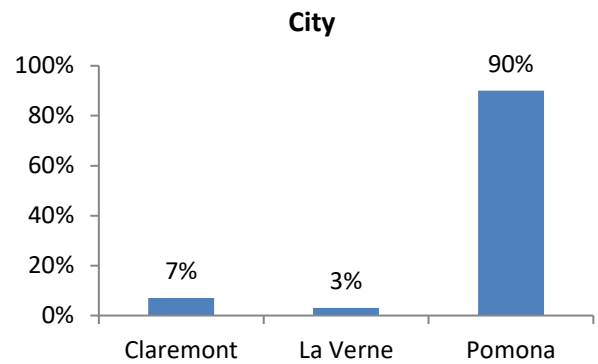
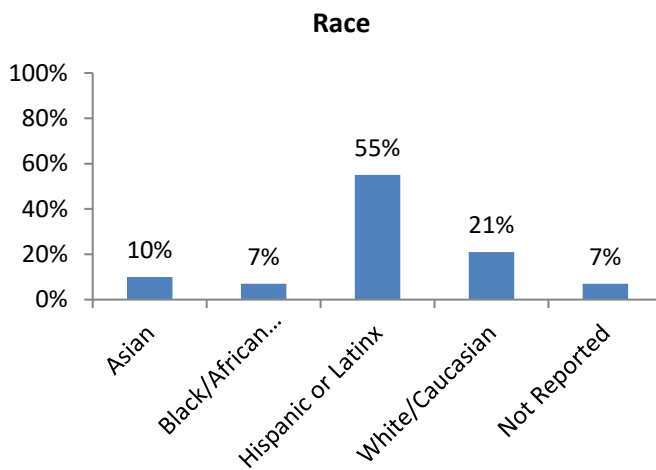
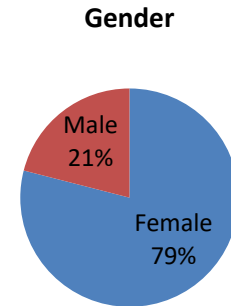
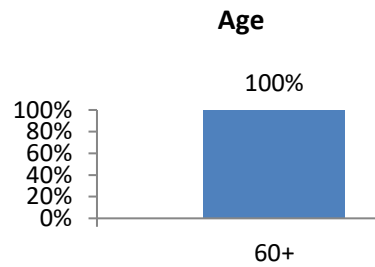
The FCCS team regularly collaborates with the following external resources and community partners:

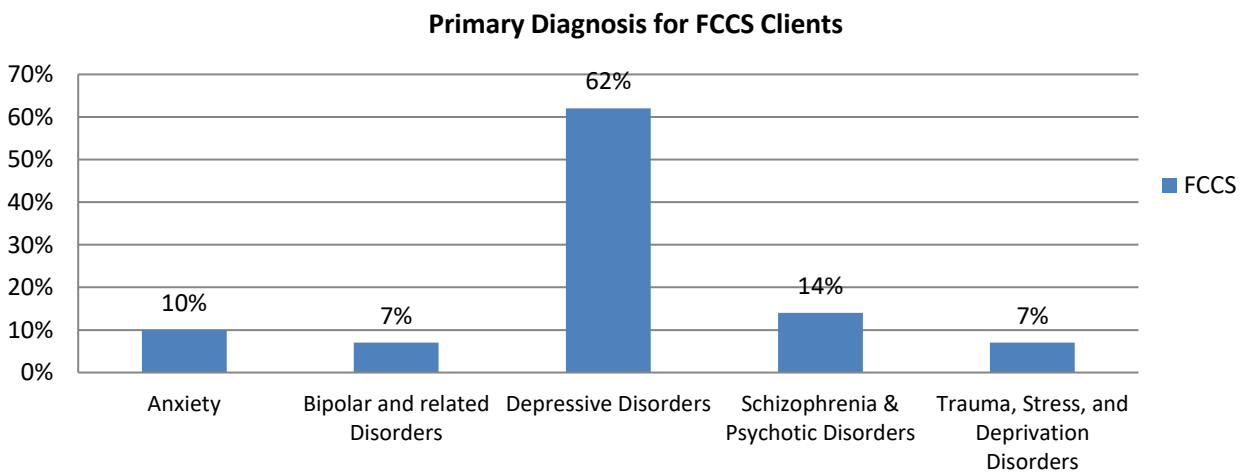
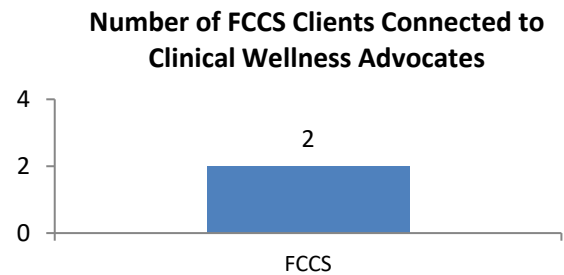
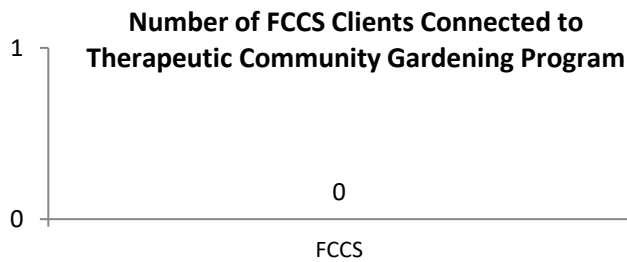
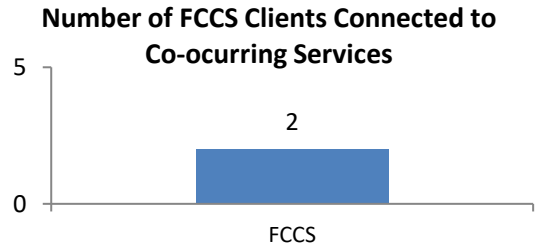
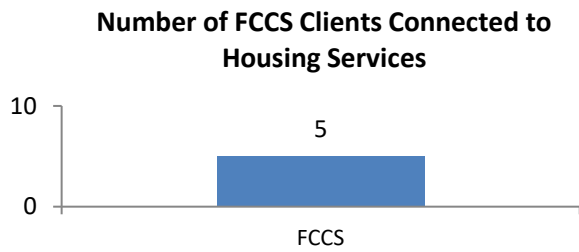
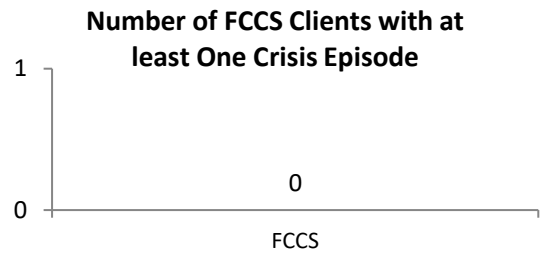
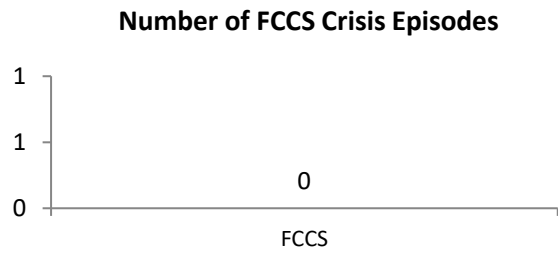
- **Joslyn Senior Center** – Community senior services in the city of Claremont
- **La Verne Community Center** – Community services for children, youth, adults and older adults
- **Palomares Park Community Center** – Community services and recreational programs for residents of the city of Pomona
- **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

Program Summary

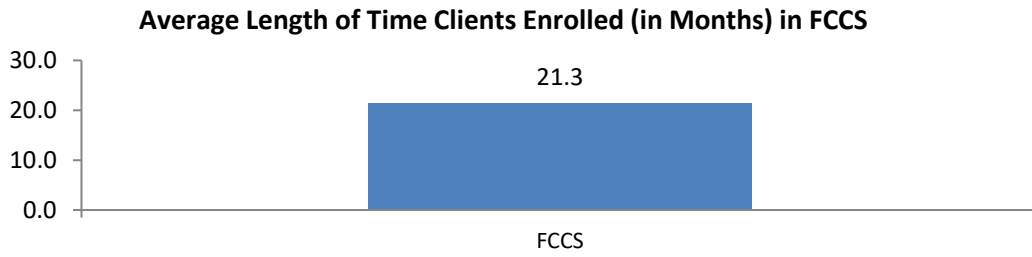
How Much Did We Do?

29
Individuals Served



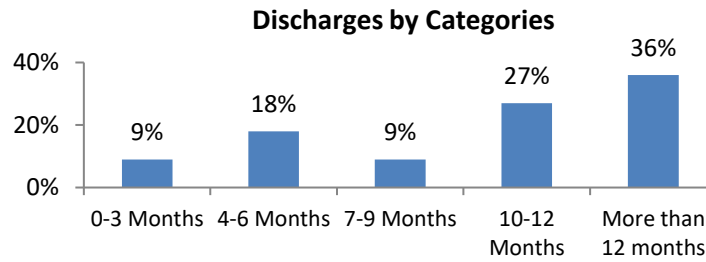


How Well Did We Do It?



Is Anyone Better Off?

**11
Discharge
during FY 21-22**



Permanent Supportive Housing

- New Program – First date of service _____
- Continued from prior year plan or update

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 2021-22	10	22	152	55	239

Program Update

Residential Services Coordinators, site-based liaison, collaborated with Co-Occurring Service Team for virtual Community Conversations series. The transition from homelessness to being housed can be difficult and often exacerbated by co-occurring substance use. Both teams recognized that by combining the knowledge from each specialty, staff could identify an approach to general conversations that would benefit this target population in tackling topics that address common issues that have led to housing instability. Gift card raffles were identified to increase participation.

The Pomona Housing Authority opened their Section 8 waitlist. Housing staff set up outdoor computer stations at Tri-City’s Adult Clinic (for clients) and Wellness Center (for community members), so anyone who struggled with completing the waitlist application could have in-person support. Seventy-five individuals were assisted with signing up for the Pomona Section 8 waitlist. These individuals who came for assistance typically do not have access to the internet or feel overwhelmed by technology.

The Housing Division introduced a new group hosted at the Wellness Center, Housing Search Group (HSG). Keeping social distancing in mind, HSG invites three individuals to the computer lab at the Wellness Center. HD staff provide the search engine options and guides the clients in how to move

through the sites, gather contact information, and begin contacting landlords for any units they are interested in. The purpose of this group is to add an additional layer to the support the team provides when it comes to helping people find housing.

Challenges and Solutions

Tenant protections during the pandemic presented landlords with restrictions on conducting unit inspections and giving out lease violations for things such as unpaid rent, unauthorized guests, and unauthorized pets. Due to this, order at properties was no longer something the properties could be in control of at their sites.

There were tenants that struggles to stay current on their rent. Some tenants saw the dues adding up and hoped to get assistance from rent relief programs. Others feared they would not be able to get help and found other ways to pay their rent by selling valuable possessions (cars, jewelry), and some took out pay day loans.

Many were able to apply for and receive assistance from the CA Rent Relief program. Those who took out loans received news that rent relief programs could not help them with months they paid rent in order to help them with the loans they took out.

Some unauthorizes guests brought a sense of lack of security at their properties. We saw this with the properties that we have MHSA units in, as well as other properties throughout the cities.

Post-pandemic showed a strong decline in participation. Staff held virtual groups and even brought back in-person groups. Despite, regular promotion, text and email reminders, tenants lack interest in participating if there is no food or some type of giveaway. Even then, the groups that Housing and COST put together, where it was advertised that raffles for gift cards would be held, still did had not been attended by tenants by the end of the fiscal year.

Solutions to these issues include providing PPE to tenants upon request, which allowed for brief, safe check-in. Tenants were linked to emergency broadband and other resources, along with linkage to utility help. Tri-City reached out directly to the Pomona Police Department to identify safety concerns and they were able to assign additional patrols to help bring tenants peace of mind. The Housing department promoted rent relief programs to help get households connect as soon as possible when they encountered financial issues.

Cultural Competence

When a limited-time resource that is relevant to Tri-City clients is available, but may be difficult to access, Housing staff provide computers and in-person assistance. This service can greatly assist older adults and populations where English is a second language who may struggle the most with technology or interpreting information.

Four of the seven housing staff are bilingual in Spanish. Tenants have the option of speaking with bilingual staff, communicating via iPhone Translate app, through Google Translate, or the Language Line. In addition, resources are provided in Spanish and English.

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.

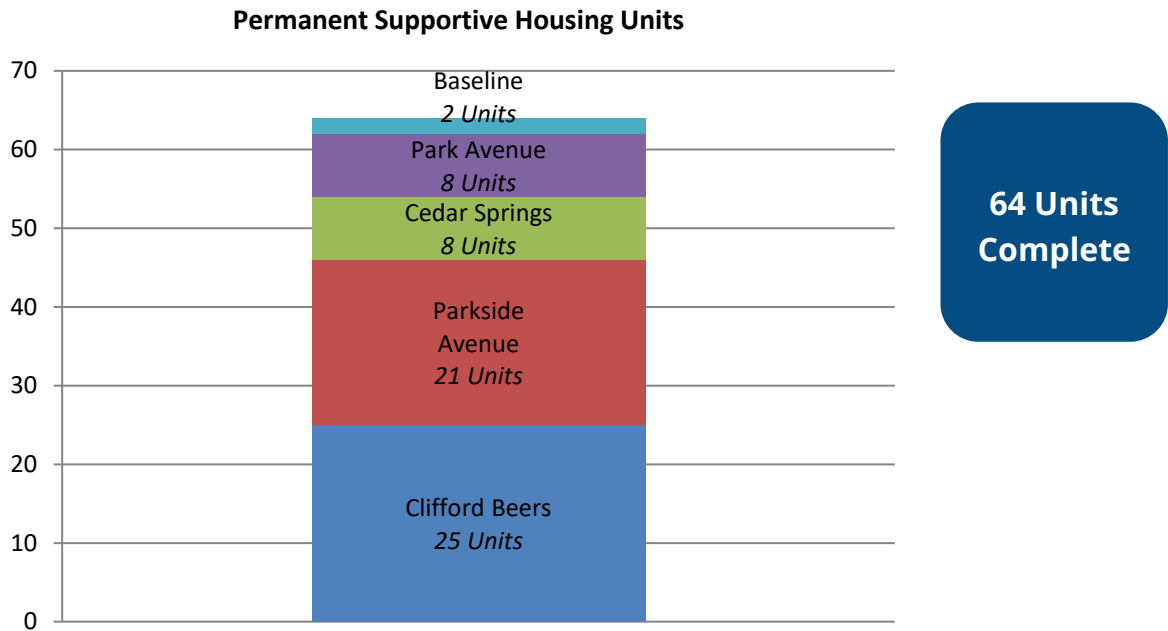
- Pomona Housing Authority (PHA)
- Los Angeles Homeless Services Authority (LAHSA)
- Los Angeles County Development Authority (LACDA)
- Housing Authority of the City of Los Angeles (HACLA)

Success Story

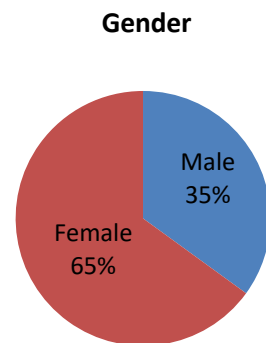
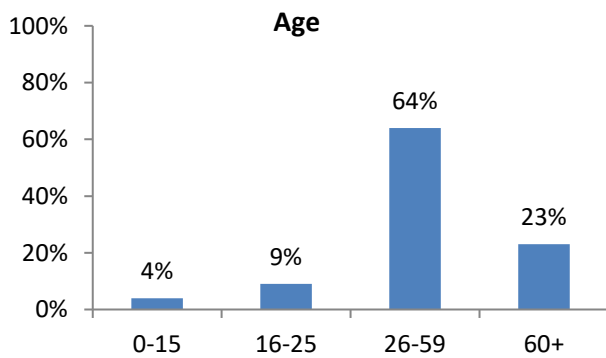
A young adult resident of Pomona had been homeless since 2017 when familial ties were broken. They completed their final year of high school and used a gifted car as shelter until it was stolen, and they were forced to stay in parks around Pomona. They managed to start working part-time which gave them enough income to begin staying in motels for a few weeks out of the month. However, their work was impacted by the pandemic, and they had to seek out work elsewhere. The youth push to get enough work to save money for another car and was able to find stable employment. They entered into services with TCMHA and was accepted for permanent supportive housing at Cedar Springs Apartments. This individual constantly shares how grateful they are and they feel like they are dreaming when they see that they have a nice warm place to live and not have to worry about which warehouse or park they will end up in for the night.

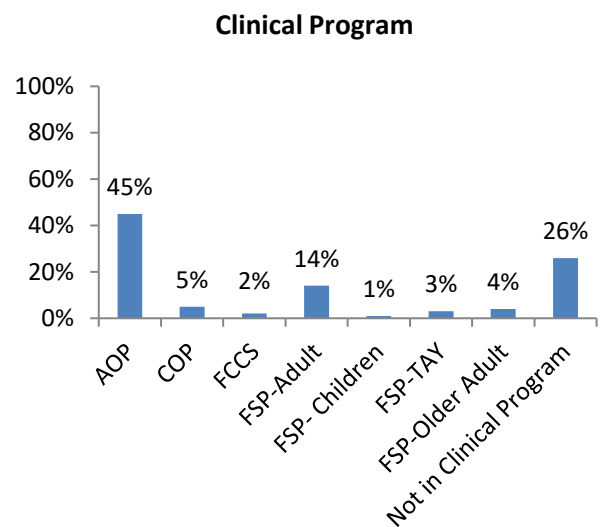
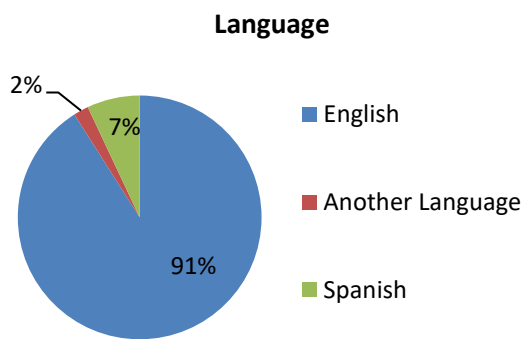
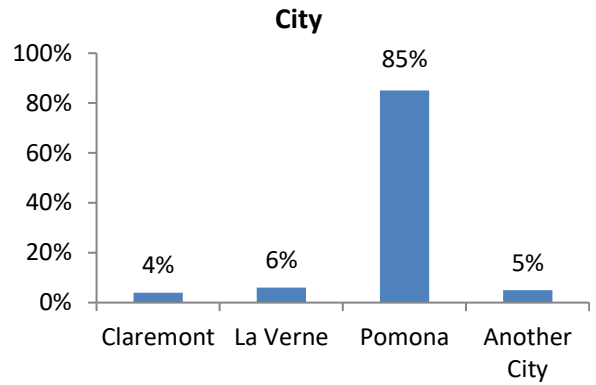
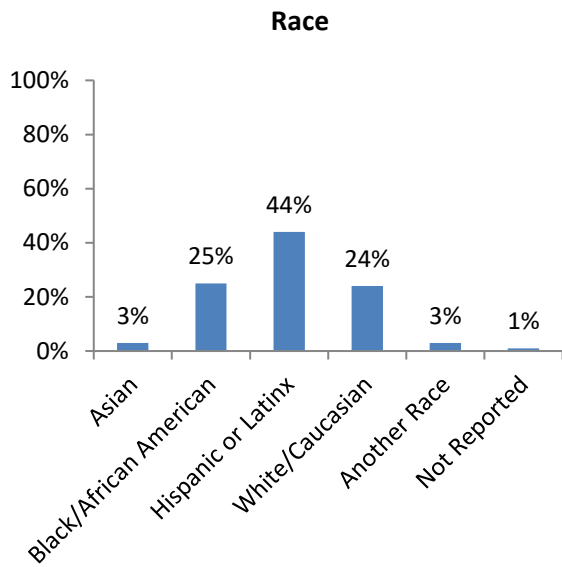
Program Summary

How Much Did We Do?



239
Individuals served with
Housing needs

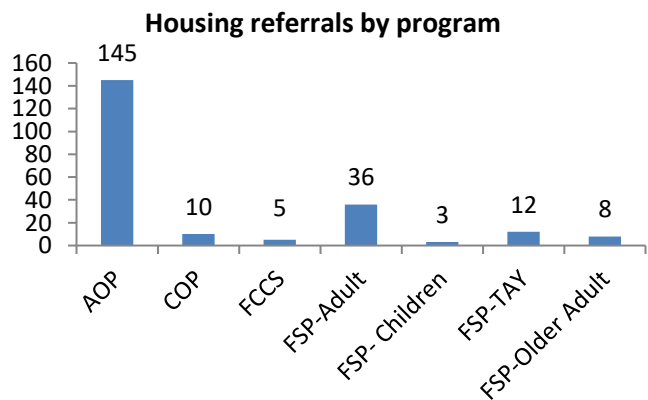




41
Housing Clients Discharged due to
"No Further Care Needed"

24
Individuals with Continuum of
Care Voucher

219
Housing Referrals Received

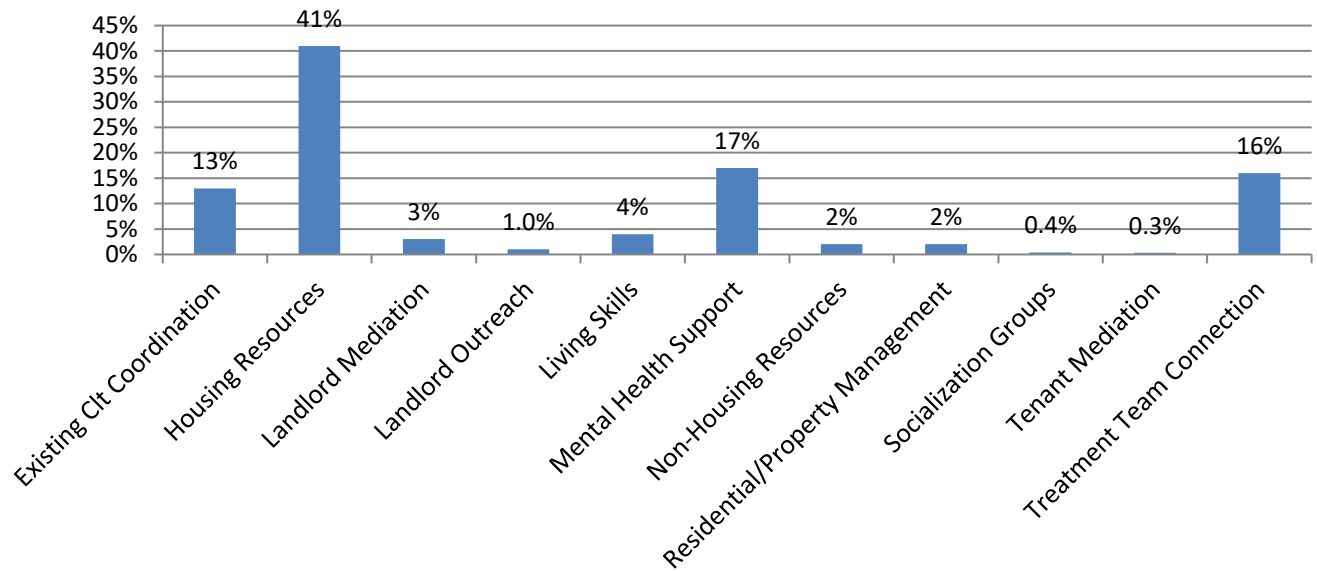


How Well Did We Do It?

937
Housing Actions

5.4 years
Average Length of Time Clients
Living in Housing Unit

Additional Types of Services Provided



Is Anyone Better Off?





Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) Plan focuses on prevention and early intervention services and supports, in addition to stigma reduction 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 and NAMI 101
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

- New Program – First date of service _____
- Continued from prior year plan or update

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.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	6,280	3,979	286	9	0	10,554

Program Update

The Community Wellbeing Grant program received a total of 30 applications of which 17 grantees were awarded grants for FY 2021-2022. All 17 new grantees provided an array of services/activities such as afterschool learning activities, student meal delivery program, gardening, support groups, creative arts, teen clothing, mental health workshops, wellness website, art in open spaces, and LGBTQ+ Youth Health & Education Mentorship program that improved the wellbeing of their communities and also the underserved populations. These grantees also network and collaborate with each other to continue to provide services to the underserved populations. In addition, the Community Wellbeing Program collaborates with previous grantees that provide services to the underserved and unserved communities.

All programming was still conducted through virtual platforms such as RingCentral and Zoom including Information Night, Bidder's Conference, application reviews, interviews, orientation, one on one sessions with grantees and cohort meetings. Program staff were able to meet with a few grantees at their locations which allowed grantees to provide tours and talk about how their projects are doing. In addition, program staff had an opportunity to meet with members of their community and hear about their participation in the project.

Challenges and Solutions

Program staff challenges

One of the Community Wellbeing Grant obligations is for grantees to complete a survey twice during the fiscal year. This survey helps program staff identify and capture any challenges and successes each grantee experiences during their grant year. Grantee feedback stated that it's difficult to complete the survey at once because Survey Monkey doesn't have an option to save their work and finish later. In response, program staff connected with a Tri-City Program Analyst and a PDF form of all the survey questions is now available to all grantees.

Grantee challenges

Grantees shared difficulty engaging their clients/participants during their virtual meetings. Clients/participants have their camera off and are on mute for most of their meetings. In order to address this challenge, the grantees collaborated with other grantees in the cohort to learn how they engage their clients/participants in virtual meetings. These suggestions included hosted drive-thru events to maintain COVID regulations, utilized giveaways during their virtual meetings as prizes (ex: scavenger hunt, icebreakers etc.), mailed participants/clients wellness packets that included supplies, worksheets, arts/crafts etc. in preparation for their virtual meetings.

Cultural Competence

Throughout the grant year, grantees receive information and resources via email of any upcoming Tri-City programs, services, webinars, mental health trainings that address these barriers. Grantees share this information with their communities to bring awareness of the services and programs offered at

Tri-City. During one-on-one meetings and cohort meetings, grantees also receive presentations from various Tri-City staff members who discuss their programs/services and how grantees can connect their clients/participants to Tri-City services.

All promotional materials such as flyers and social media postings are available in English and Spanish. Program staff are bilingual in English and Spanish to assist in answering any questions about the Community Wellbeing Program.

Program staff can speak and write in English and Spanish and can provide support in translating flyers, brochures, documents, social media posts etc. Program staff also assists in interpreting for webinars/trainings/presentations to accommodate those who are monolingual Spanish. Program staff are also members of the ¡Adelante! Hispanic and Latino Wellness Advisory Council. ¡Adelante! members share ideas on how to improve wellbeing for Latino and Hispanic families and communities.

Community Partners

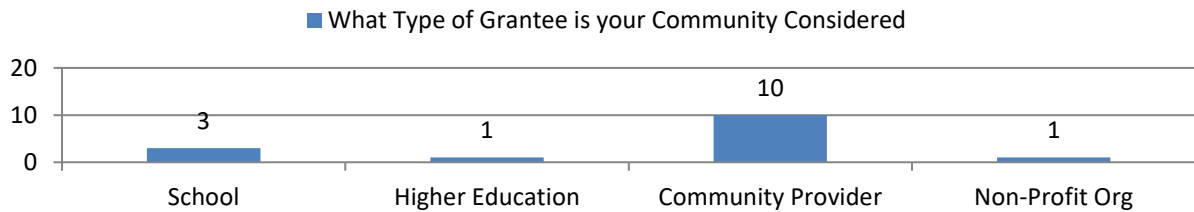
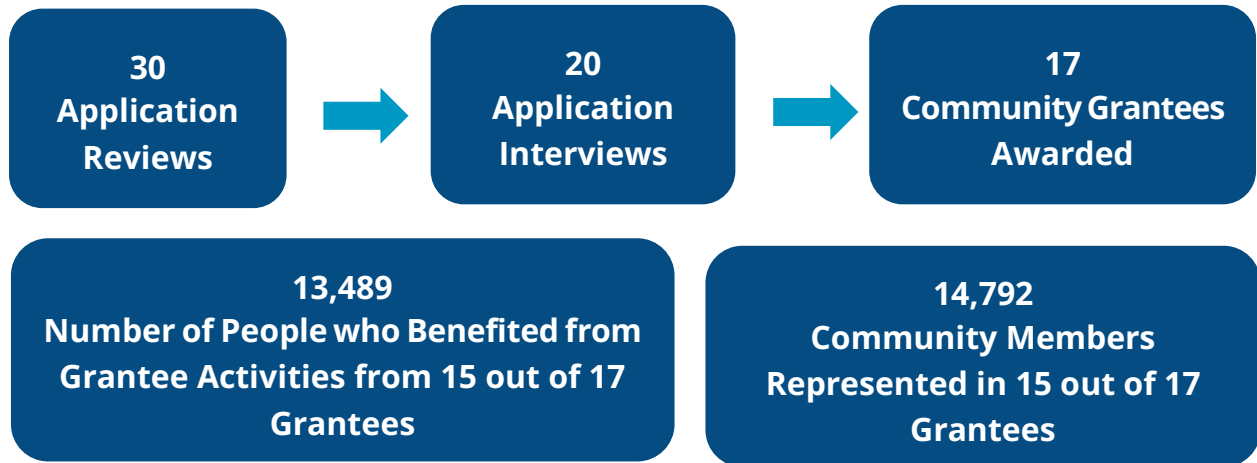
The Community Wellbeing program collaborates with the following agencies: Assistance League of Pomona Valley, Boys and Girls Club of Parkside, Bright Prospect, Casa Colina Hospital and Centers for Health, House of Ruth, City of Knowledge, Claremont USD, dA Center for the Arts, God's Pantry, Health Bridges, Just Us 4 Youth, Latino, Latina Roundtable, Oasis KGI Commons, Pomona Pride Center, PFLAG Claremont, Pomona Students Union and Pomona Hope. All of these agencies were awarded a Community Wellbeing Grant in FY 2021-2022

Success Story

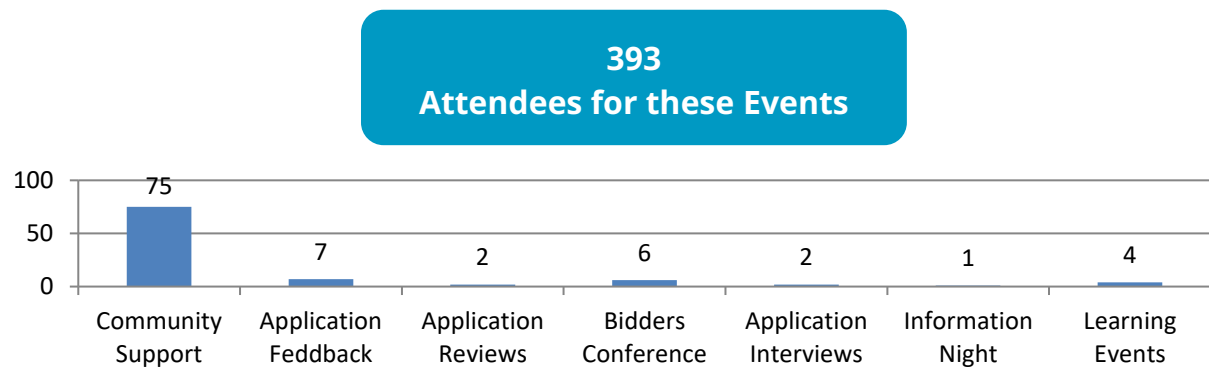
Grantee, Assistance League of Pomona Valley, focuses on children ages 13-18 years of age. Each student receives a weeks' worth of new school clothing. Their goal is to help empower students to succeed in school and increase self-esteem by providing these basic essentials. The Assistance League of Pomona Valley completed their project in the second quarter by clothing a total of 140 high school students utilizing their full grant amount. This was 30 more students than they had originally projected.

Program Summary

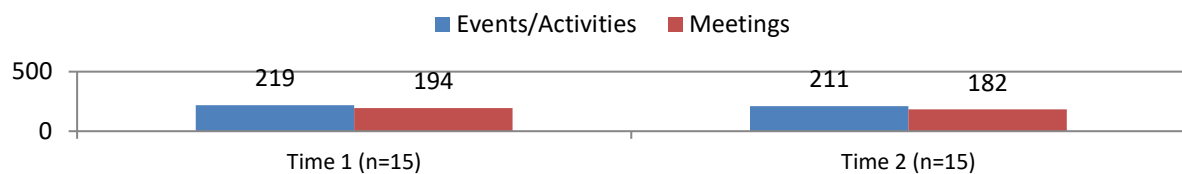
How Much Did We Do?



Number of Events Held by Community Capacity Organizer

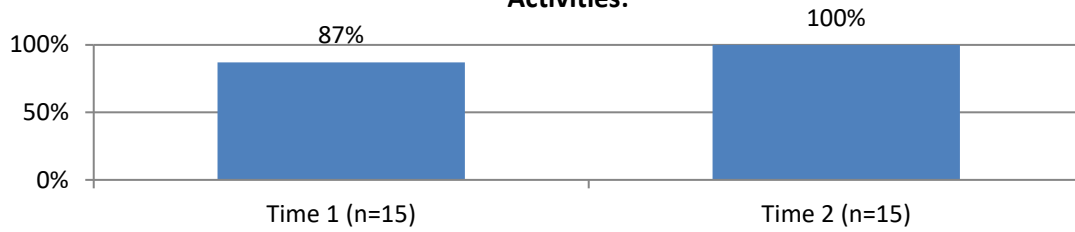


Number of Events/Activities and Meetings Hosted by Grantees

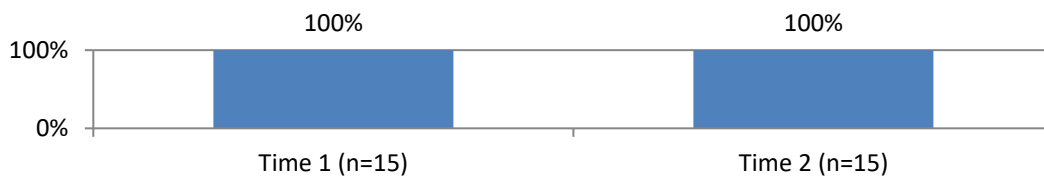


How Well Did We Do It?

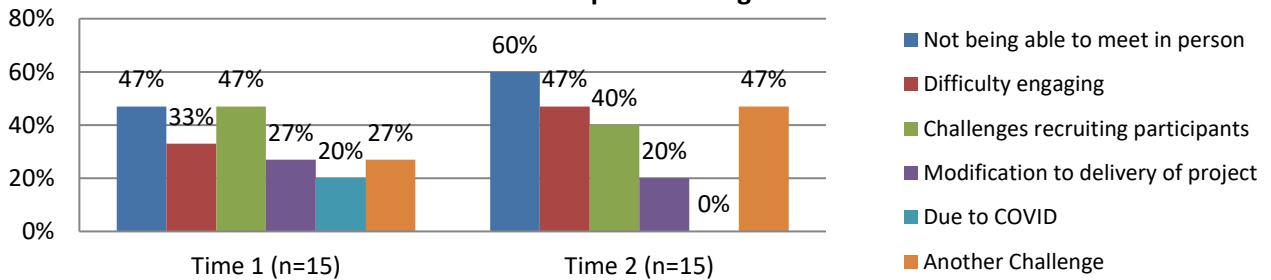
Percentage of Grantees who Report Successful in their Community's Activities:



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

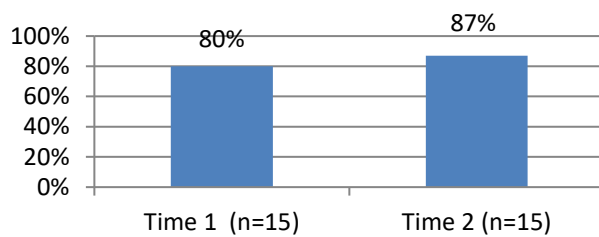


Percent of Grantees who report challenges their communities faced?

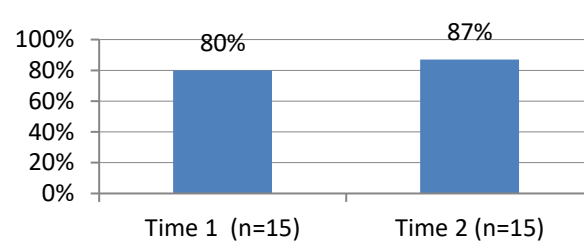


Is Anyone Better Off?

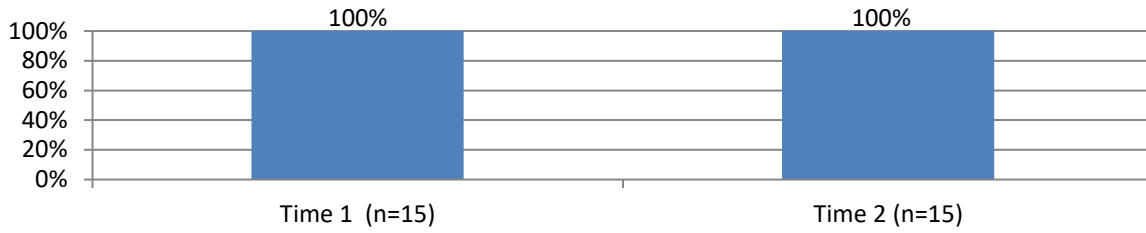
Percentage of Grantees who Report Improvement in Supporting Each Other



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

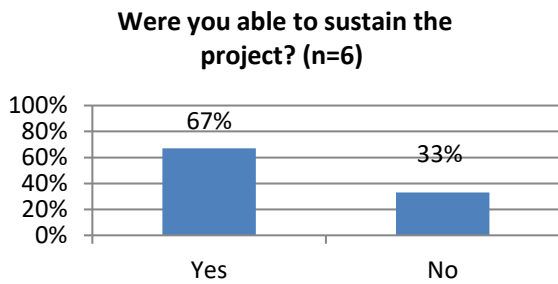


Percentage of Grantees who Report They know how to access additional support for services from Tri-City when needed

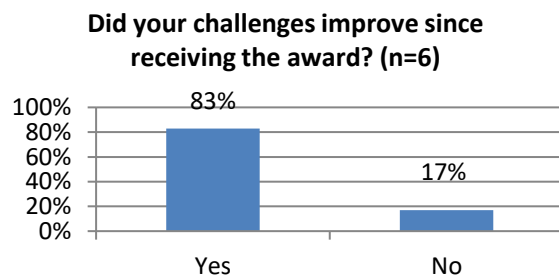


Grantee Follow-Up Survey (From FY 2020-21)

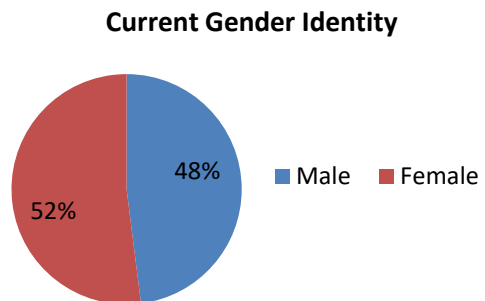
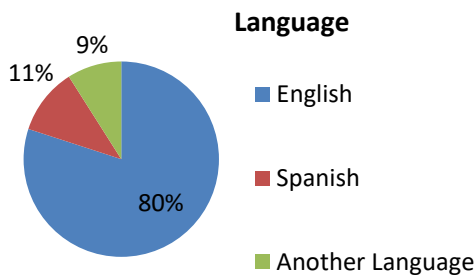
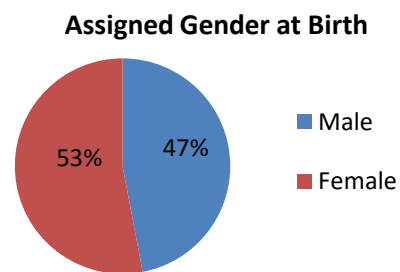
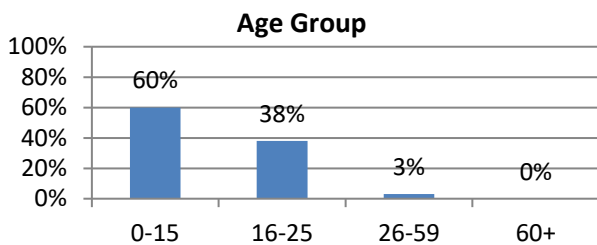
Percentage of Grantees who Report Improvement in Supporting Each Other

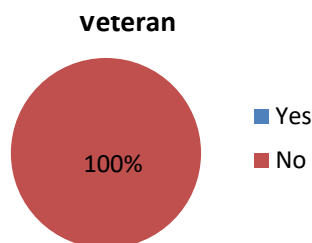
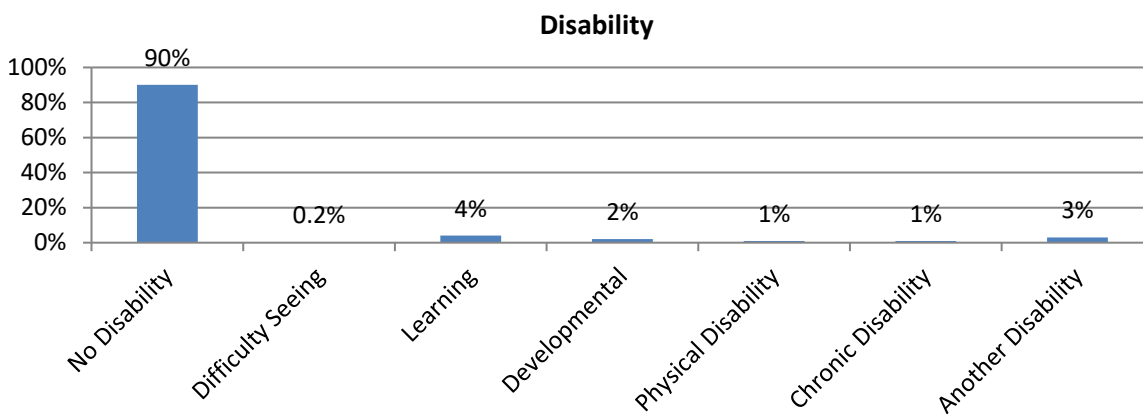
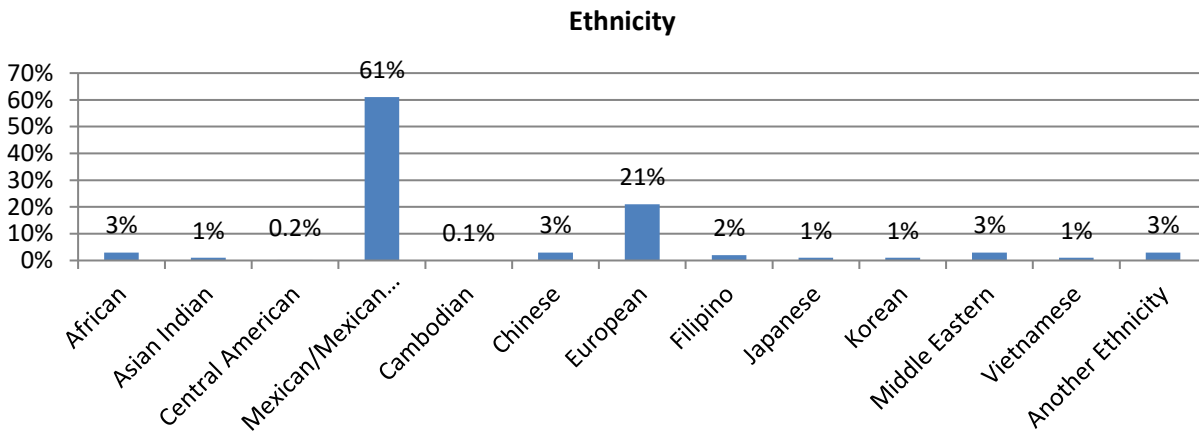
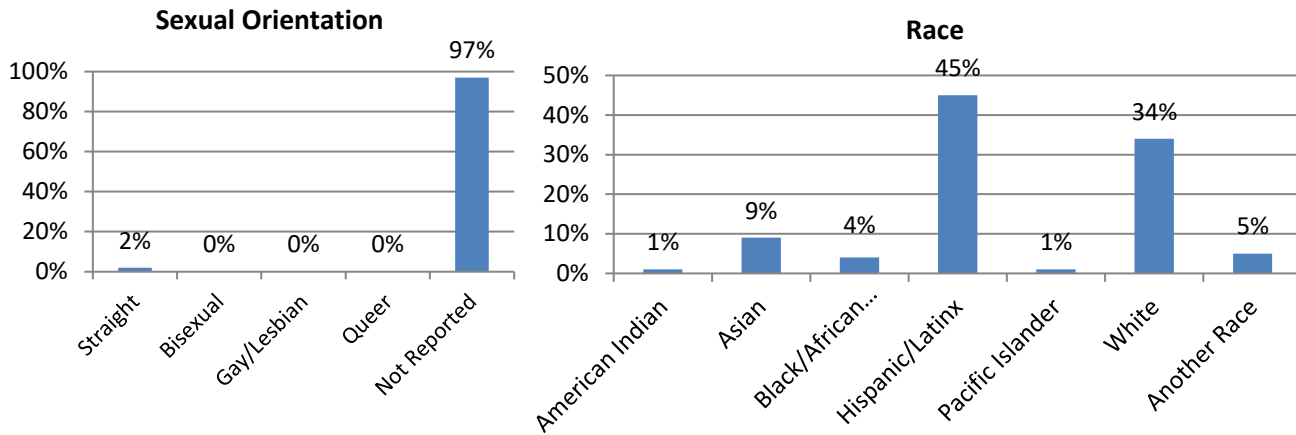


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together



Grantee Community PEI Demographics (15 grantees completed Time 1 survey)





Number of Potential Responders	14,792
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>

Timely Access to Services for Underserved Populations Strategy

There were 0 MHSAs referrals to Community Wellbeing Program.

Community Capacity Building

Community Mental Health Trainings/Trainers

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	37	36	136	14	1,117	1,340

Program Update

During FY 2021-2022 the Community Mental Health Trainers (CMHT) provided 70 workshops, trainings, and presentation to over 1,300 attendees. All presentation were provided virtually. In addition to the standard training of Mental Health First Aid, Community Resiliency Model, Adverse Childhood Experiences, and Motivational Interviewing, community members and partners requested additional presentations focusing on compassion fatigue, burn out, stress management, self-care, and transition back to work or school. Future efforts include developing more mental health and wellness [self-care] webinars and creating social media content for anyone to view on Facebook and Instagram that provides tips, resources, and 30-second videos to promote mental health and wellness.

Challenges and Solutions

Challenges during this fiscal year include adhering to COVID protocols and safety measures which were still in place and meant no in person meetings, trainings, presentations, or community outreach. All communication was via phone, email, or virtual platforms, with no in-person/face-to-face contact/communication. This was a challenge because in-person contact and communication is a significant component for the success of this program.

Another challenge was having participants attend virtual trainings for more than two hours. Attendance to virtual presentations were inconsistent and many who did attend did not seem engaged during the presentation (i.e. cameras off, on mute, no participation in the chat/Q&A virtual features). In response to this, virtual presentations and trainings were reduced to no more than two hours unless requested by an agency/organization. Virtual presentations were offered on various days and times of day to accommodate schedules (i.e. work, school, personal time). A series of presentations were scheduled in advance so participants could plan accordingly. Staff also partnered with other agency/organizations to plan trainings for their staff that fit their schedule during work hours. In addition, offering give-a-ways/raffles to those who attended/participated in trainings proved effective as did creating content that met the specific needs of the community/organization.

Cultural Competence

Activities provided to target underserved populations were provided in Spanish and translated into other languages if needed/requested. Program staff also collaborated with agencies/organizations that provides services to the same underserved populations to offer additional trainings, presentations, and resources.

Specific barriers addressed through this program include mental health stigma; lack of knowledge and/or understanding of mental health that can impact anyone, in particular communities who have language barriers; and lack of access to services, supports and education around mental health. Trainings are mindful of how an individual's culture, language, customs and religion may influence their views/beliefs on mental illness, and stigma can limit or prevent one to speak openly about their mental health challenges or seek supportive care when needed.

When creating outreach materials, the community is always the primary focus. Content is available in both English and Spanish, and uses images that are culturally inclusive, representative of the communities we serve, and use language that is relatable and easy to understand.

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.

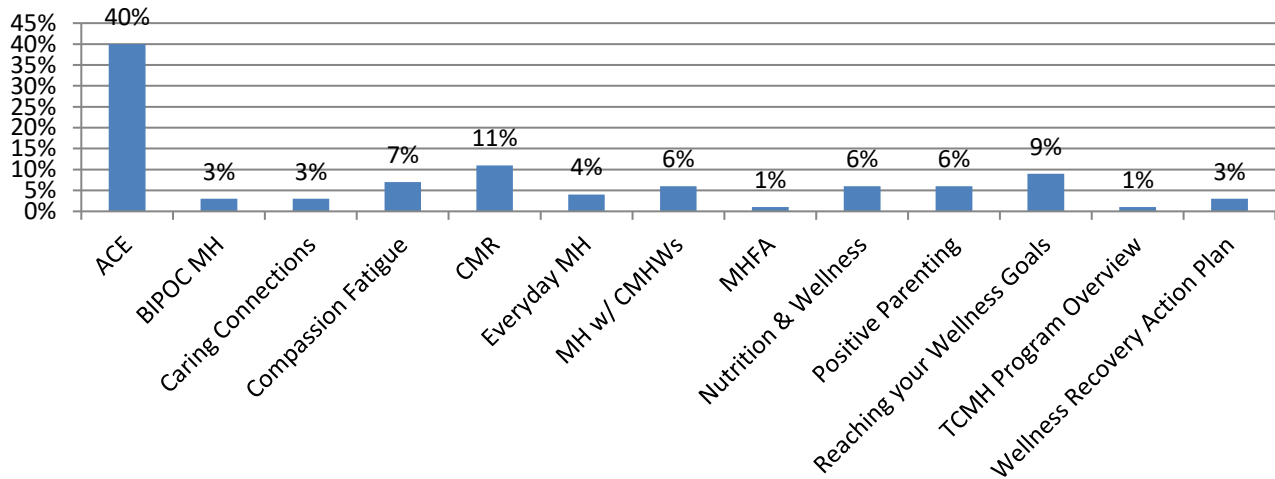
Other agencies/organizations requesting trainings included Bonita, La Verne, and Pomona School Districts, University of La Verne, Scripps College, City of Claremont, Bright Prospect, Park Tree Health Center, and San Gabriel Valley-Pomona Regional Center.

Program Summary

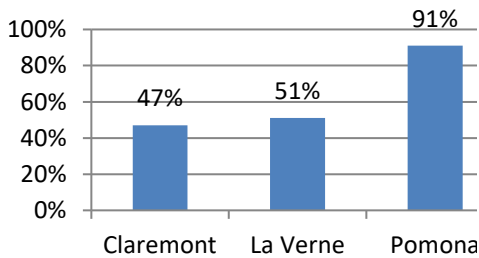
How Much Did We Do?



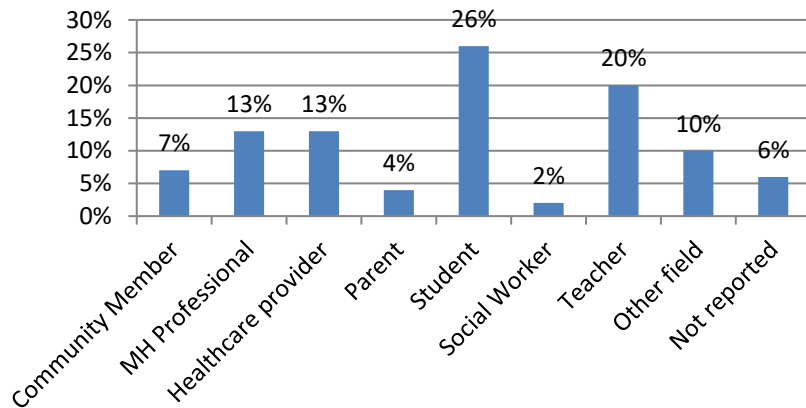
Community Mental Health Presentations



City of Attendees

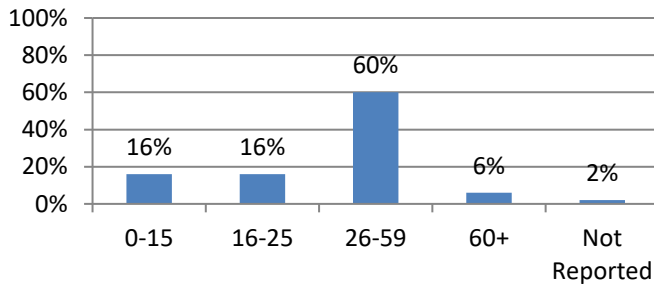


What field/profession are you in:

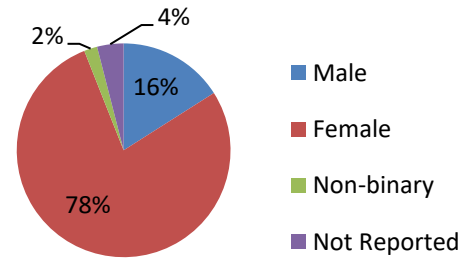


PEI Demographics from Surveys (Survey Responses = 228)

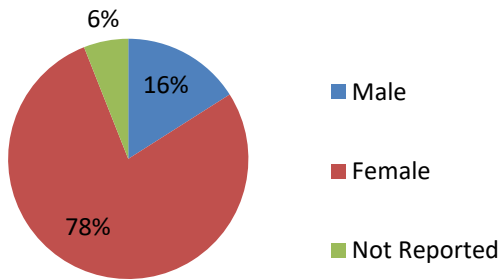
Age Group



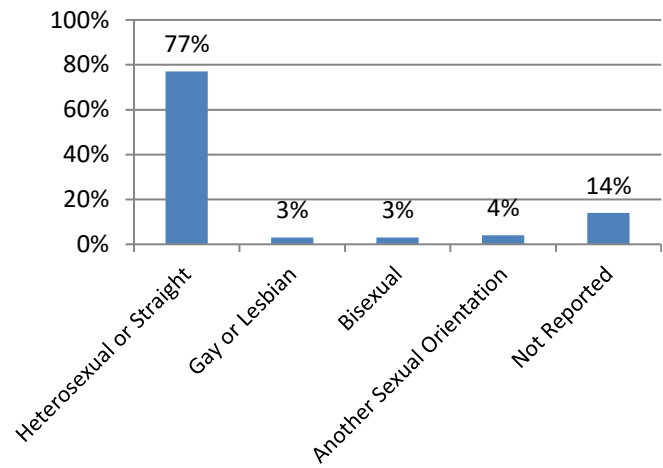
Current Gender Identity



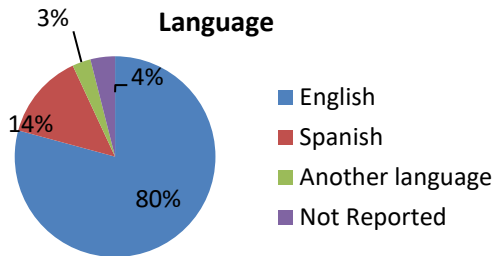
Assigned Gender at Birth



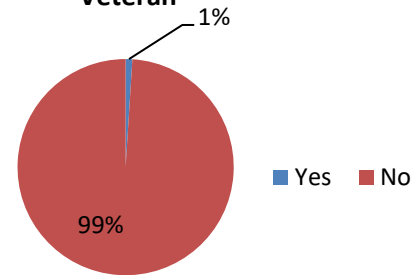
Sexual Orientation



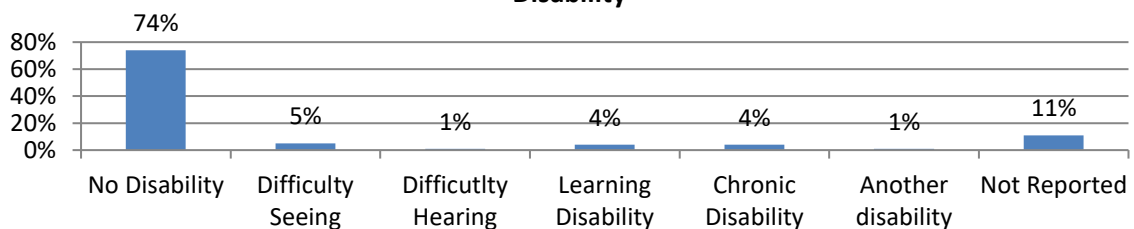
Language

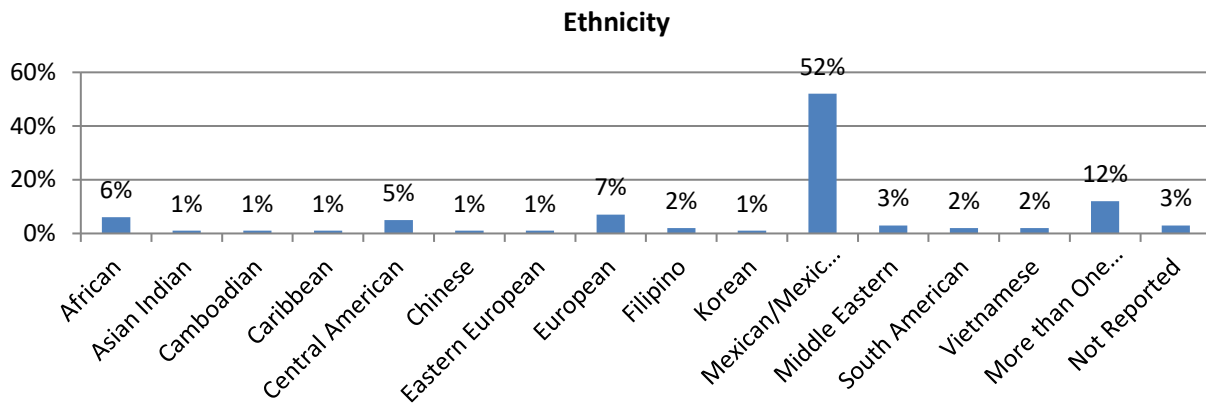
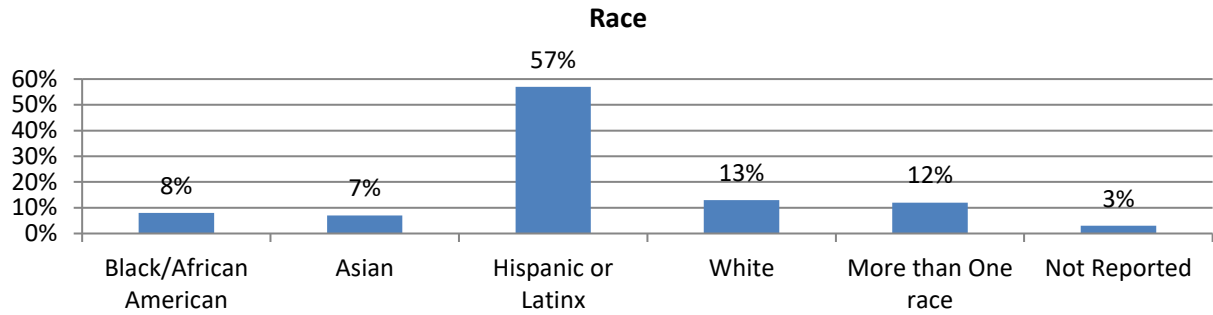


Veteran



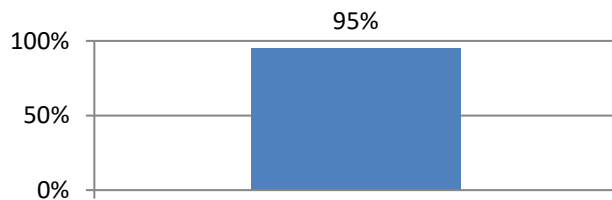
Disability



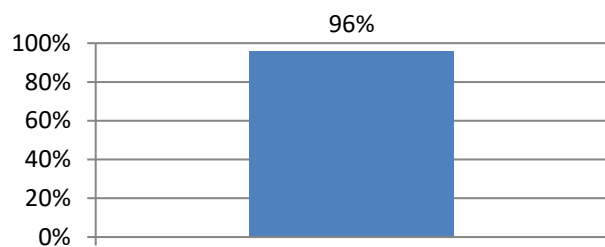


How Well Did We Do It?

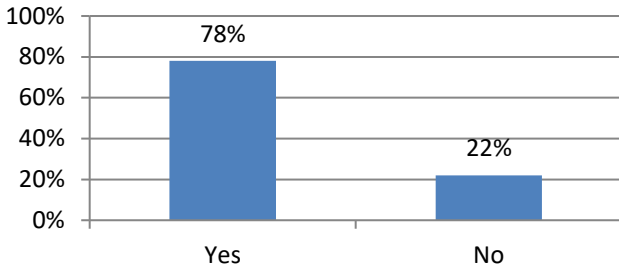
Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others:



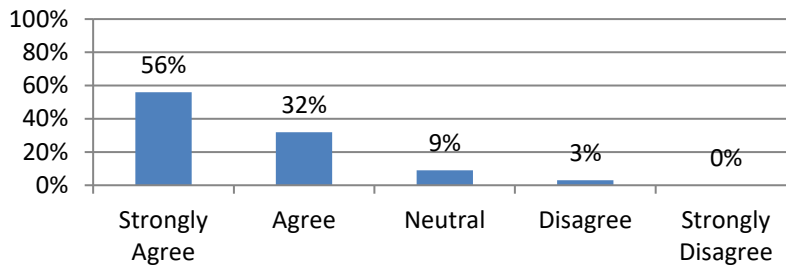
Percentage of participants who rated the presentation as good or excellent:



At any time in your life, have you experienced a traumatic event or mental health challenge?

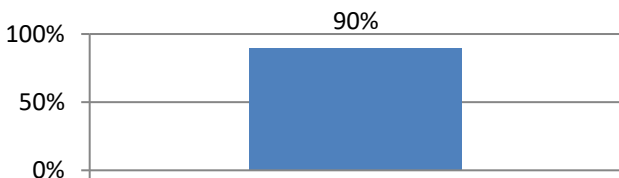


If so, has this presentation provided the support to manage your wellness or recovery?

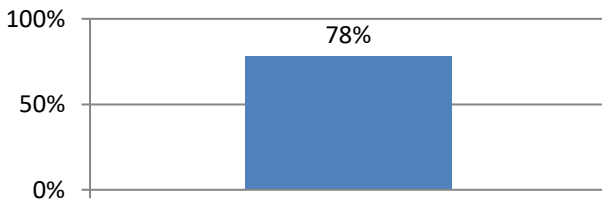


Is Anyone Better Off?

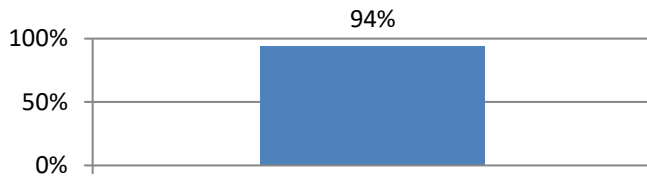
Percentage of participants who report feeling confident in using or applying the information they learned in the presentation:



Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use challenge or crisis:



Percentage of participants who would recommend presentation to someone else:



Number of Potential Responders	1,340
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, Faith Based Organizations, Community Based Organizations, Service Providers 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 with a physical disability.
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

PEI Demographics Based on Referrals

There were 0 MHSAs referrals to the CMHT Program

Community Capacity Building

Stigma Reduction and Suicide Prevention

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Tri-City Mental Health Authority is committed to supporting the strengths of each individual participant in their journey of recovery. The TCMHA 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 experiencing mental health challenges while generating awareness to the stigma associated with 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 2021-22	1	27	31	1	294	354

Program Update

During fiscal year 2021-22, the Stigma Reduction and Suicide Prevention program continued to host a variety of activities designed to continue to efforts to reduce the impact of mental health stigma and reduce the risk of suicide in our three cities. These activities included:

Suicide Prevention Awareness Month/Week – During the month of September, program staff launched a social media campaign to bring suicide prevention awareness and distributed toolkits to local school sites, Tri-City, and community members. Each toolkit included a suicide prevention resource poster, pens, informational cards about Know the Signs, bracelets, and stickers.

Green Ribbon Week (GRW) is an annual recognition during the third week of March that aligns with the Tri-City stigma reduction campaign, Room4Everyone, and encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educates community members, clients, and participants about stigma, the impact it has on our mental health, and how to take action to fight against the stigma within our community.

May Mental Health Awareness Month – Program staff hosted an interactive lunch activity at high schools and colleges to help promote mental health awareness and Tri-City's mental health services. In addition, there were virtual workshops hosted in collaboration with community partners to talk about mental health. At the school sites, program staff hosted art workshops where many of the art submissions created by students were showcased at Creative Minds Art Gallery, a community art gallery where local artists of every skill level can display their art to help promote mental health and wellness.

Black, Indigenous People of Color (BIPOC) Mental Health Awareness Month – In the month of July, program staff launched a social media campaign to discuss BIPOC mental health by sharing the history of how BIPOC started, promoted community events, and informed the community with data and statistics on BIPOC mental health. Additionally, program staff collaborated with Tri-City Diversity, Equity and Inclusion (DEI) staff and with community organizations to host local events where community members spoke about BIPOC mental health and ways to better support their community.

Challenges and Solutions

Due to COVID-19 restrictions, all the stigma reduction and suicide prevention programming continued to be on a virtual platform. Some of the challenges were being able to engage with the community virtually and being able to familiarize virtual tools to help stigma reduction programs sustain during the pandemic.

Program staff utilized virtual tools such as Canva to help launch a few social media campaigns that helped promote stigma reduction and engaged with the community. Program staff also learned how to use Zoom meetings and webinars features that incorporated more interactive activities with the audience. Lastly, program staff fostered meaningful community partnerships that helped host collaborative events that became successful.

Cultural Competence

The majority of stigma reduction programming is designed to target underserved populations such as the stigma reduction presentations, Creative Minds Art Gallery, Courageous Minds Speaker's Bureau, and the social media campaigns. Program staff also collaborated with Tri-City' Diversity, Equity and Inclusion (DEI) staff through collaborative workshops, events, and social media campaigns. Program staff also received informative materials from CalMHSa translated in different languages and utilizes them by providing them to community members.

Program staff plan accordingly if there is a need for translation assistance in presentations and outreach materials. In the past, there has been collaboration with other Tri-City staff who are bilingual who can attend presentations that require an interpreter. CalMHSa also provides outreach materials in Spanish that has been beneficial for Tri-City community members who are non-English speaking.

Community Partners

Program staff collaborate regularly with outside agencies and entities, including CalMHSa and Directing Change; Just Us 4 Youth, the Pomona Youth Prevention Council, the Latino/a Roundtable, Uncommon Good, K-12, Colleges, and Graduate Colleges in the Tri-City area.

Success Story

In May of 2022, during Mental Health Awareness Month, program staff received recognition by the Pomona Unified School District for partnering with Garey High School and their Peer Counseling Program. In their newsletter, Garey High School expressed gratitude to staff for providing an interactive lunch activity and art workshop to help spread mental health awareness with the students.

Program Summary

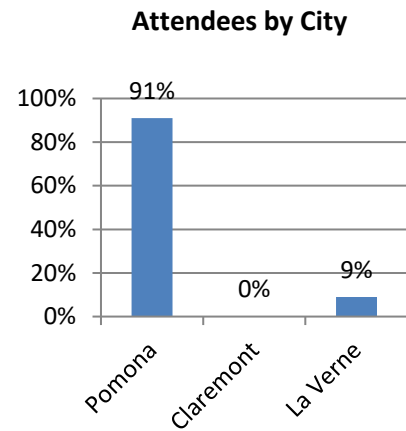
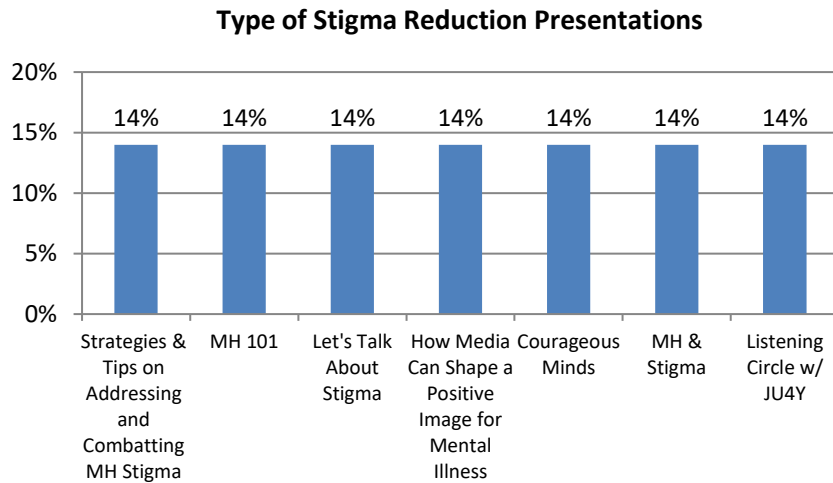
Stigma Reduction

How Much Did We Do?

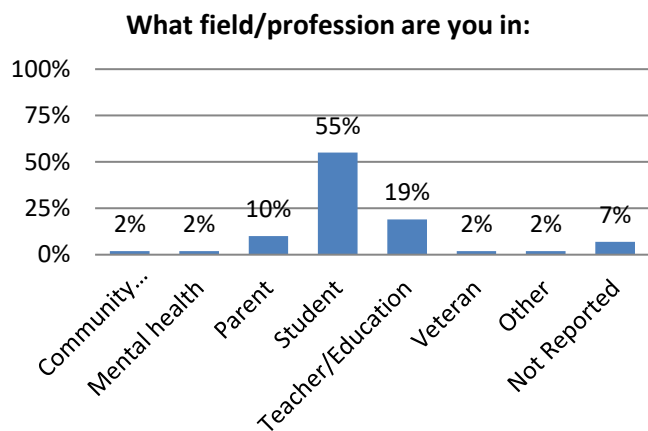
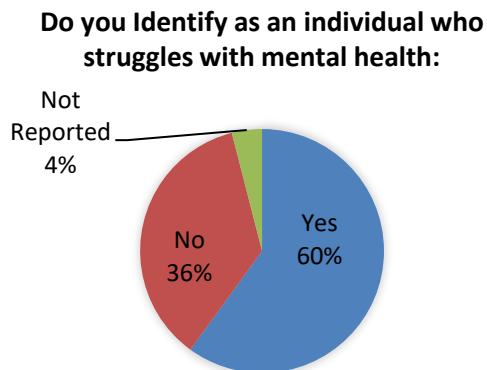
7
Presentations

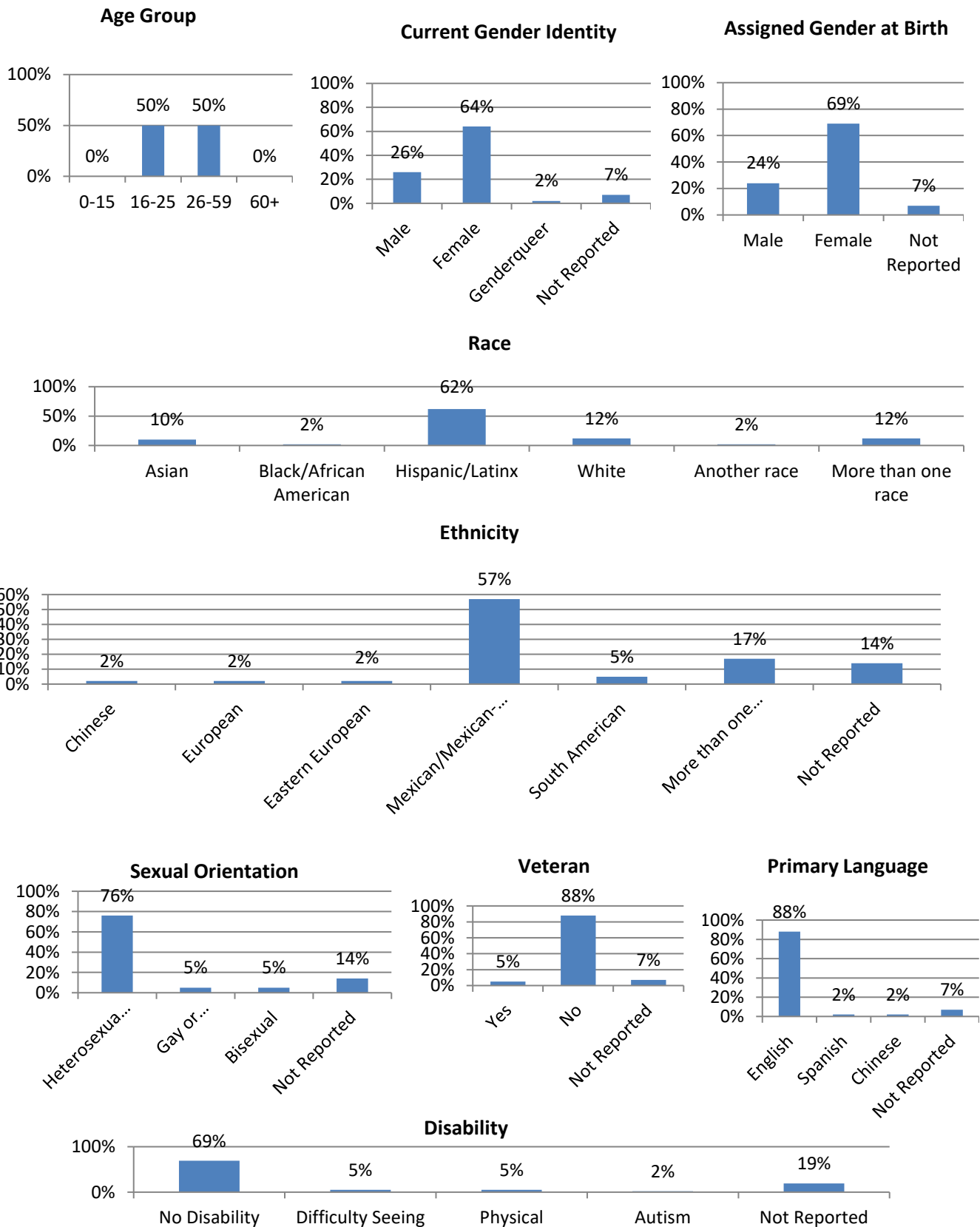
3
**Active Courageous
Minds Speakers**

58
**Attendees for Stigma
Reduction Presentations**

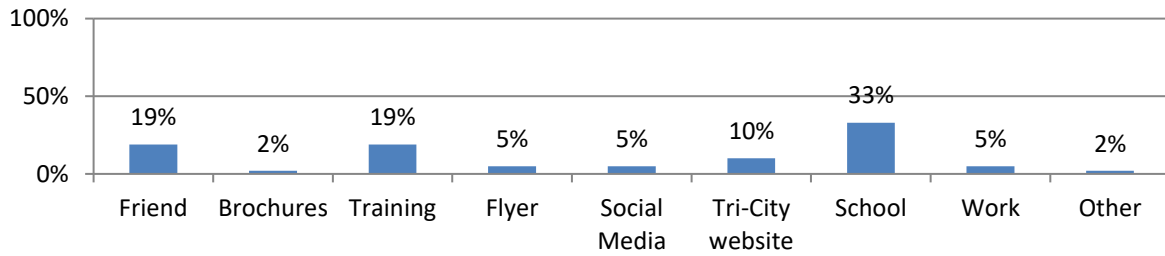


PEI Demographics from Stigma Reduction Surveys (Survey Responses = 42)





How did you hear about Stigma Reduction Presentations



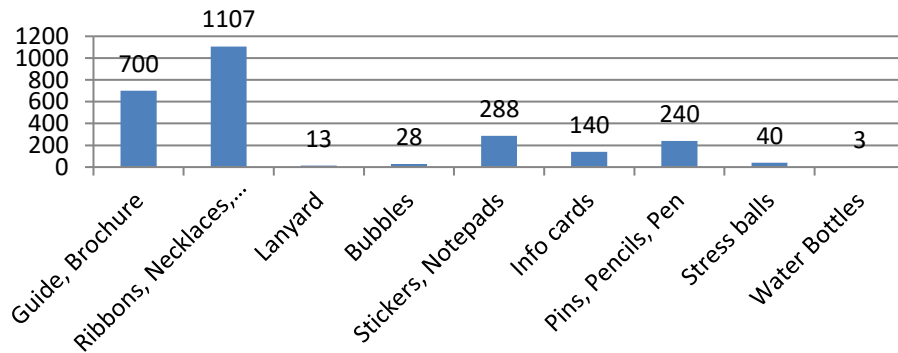
How Well Did We Do It?

58
Individuals Outreached for Stigma Reduction Presentations

Promotional Materials & Social Media Engagement for Stigma Reduction

2,559
Promotional Materials

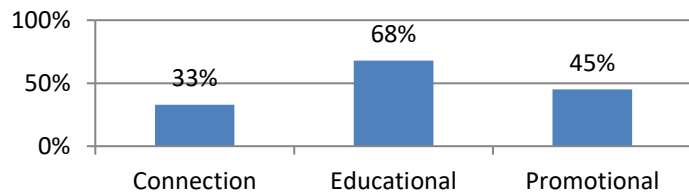
Type of Promotional Materials



4,231
Instagram accounts Reached for Social Media Engagement

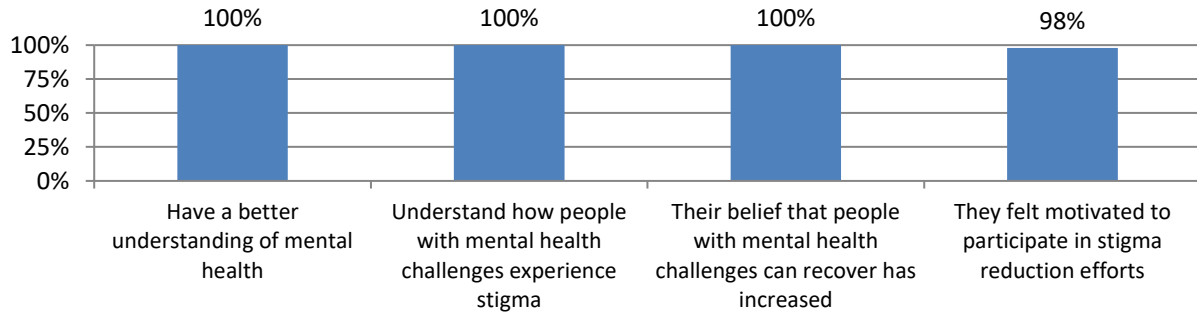
Type of Social Media Engagement

40 post/stories on social media

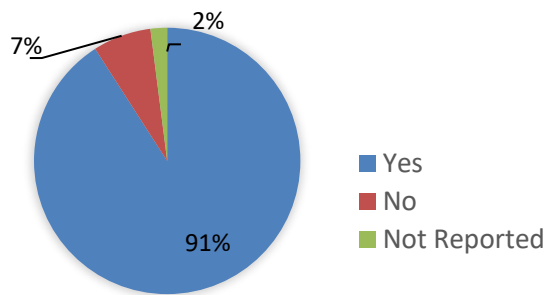


Is Anyone Better Off?

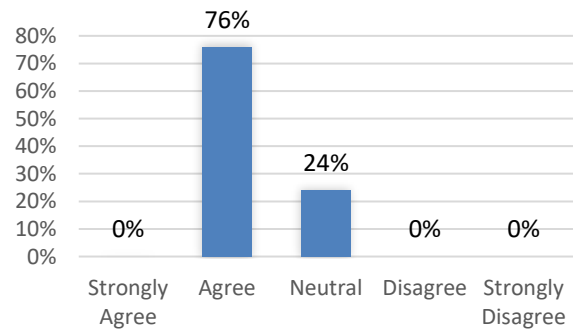
Q1 Percentage of Stigma Reduction Survey Respondents who reported, as a result of the presentations:



Q2 Percentage of Respondents who were asked if they ever experienced trauma or mental illness:
(n=42)



Q3 Percentage of Respondents who were asked if the presentation helped them manage their symptoms:
(n=38; Only those whose response was "Yes" to Q2)

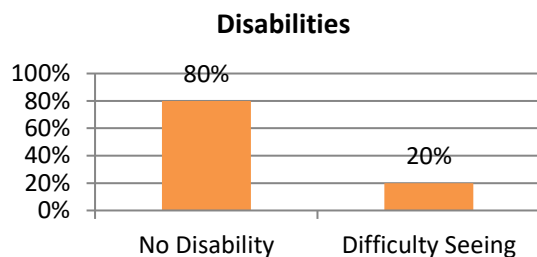
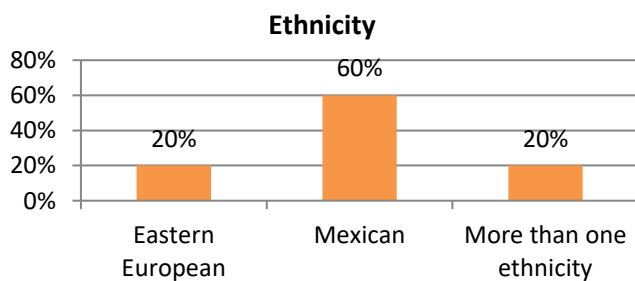
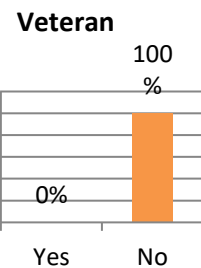
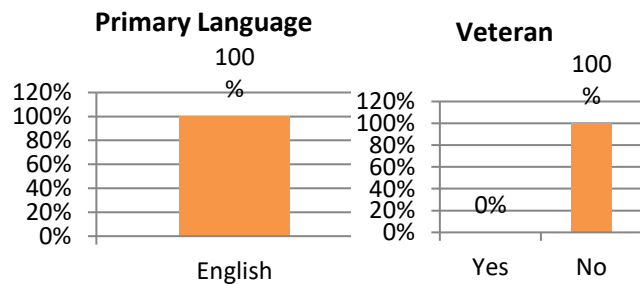
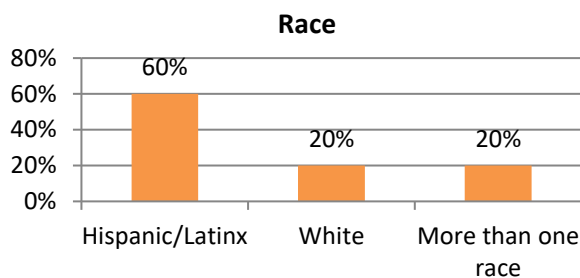
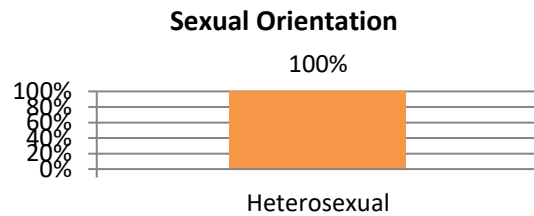
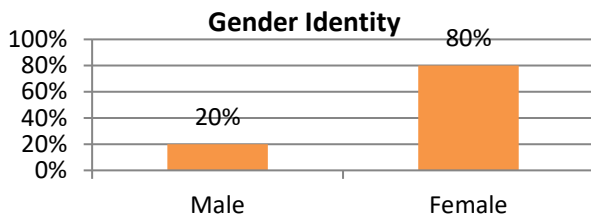
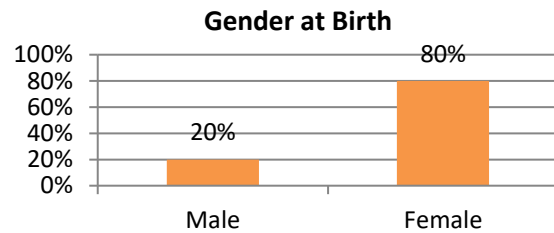
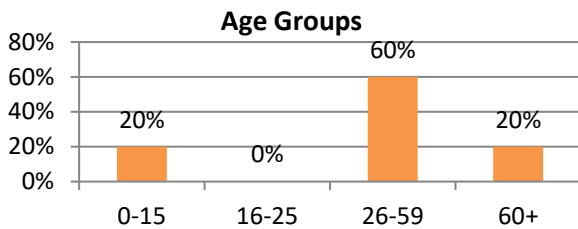
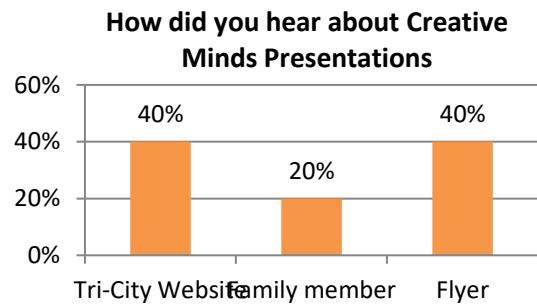
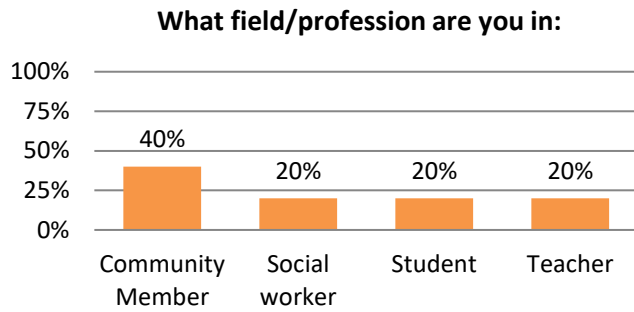


Creative Minds Art Gallery

How Much Did We Do?



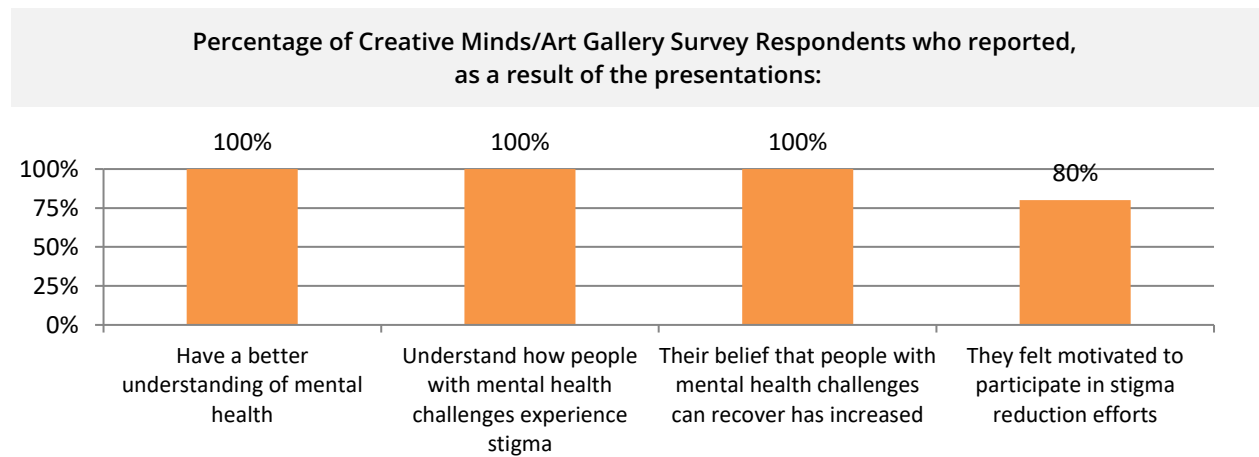
PEI Demographics from Creative Minds Presentation (Survey Responses = 5)



How Well Did We Do It?

228
Individuals Outreached for
Art Gallery/Creative Minds

Is Anyone Better Off?



80%
Creative Minds Respondents report art helps
them manage/cope with their symptoms

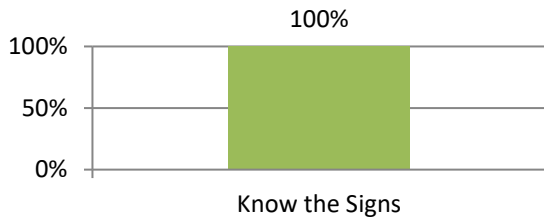
Suicide Prevention

How Much Did We Do?

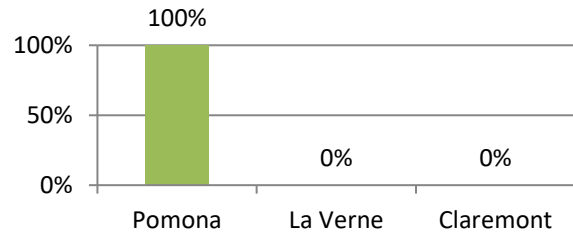
3
Presentations

68
Attendees for Suicide Prevention Presentations

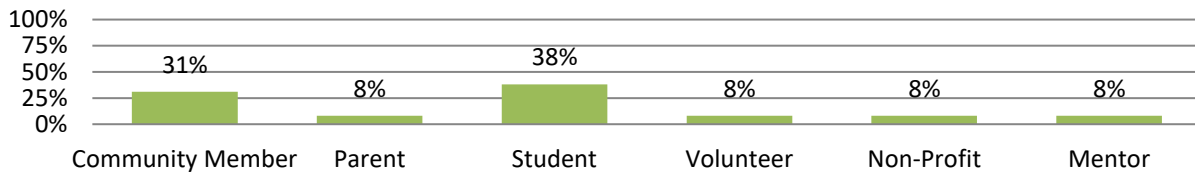
Type of Presentation



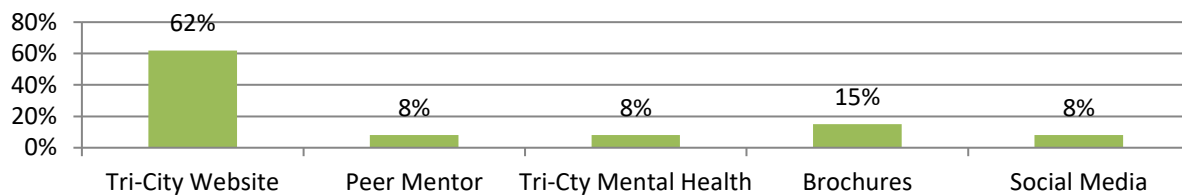
Attendees by City



What field/profession are you in:

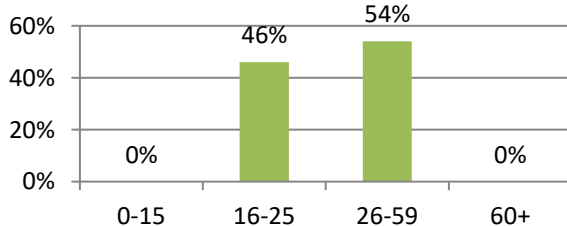


How did you hear about Suicide Prevention Presentations

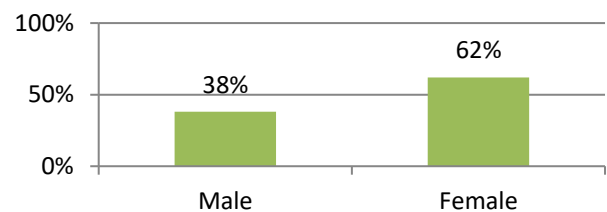


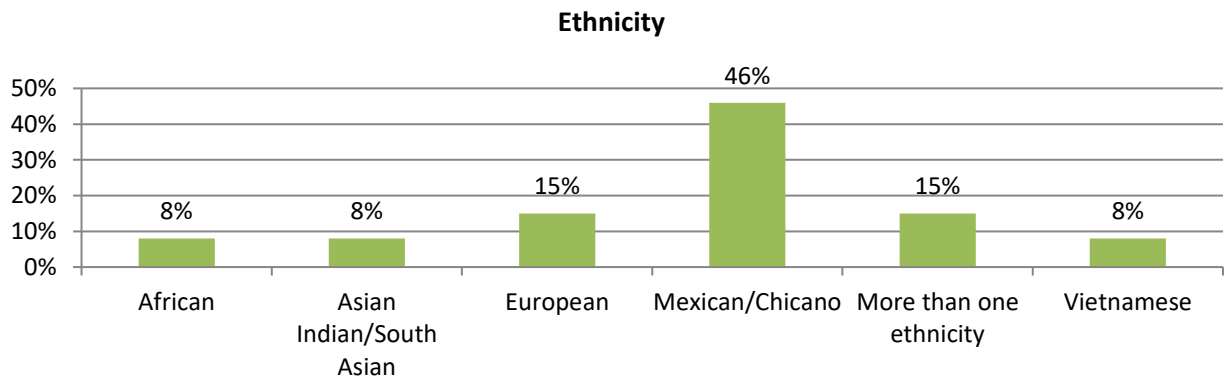
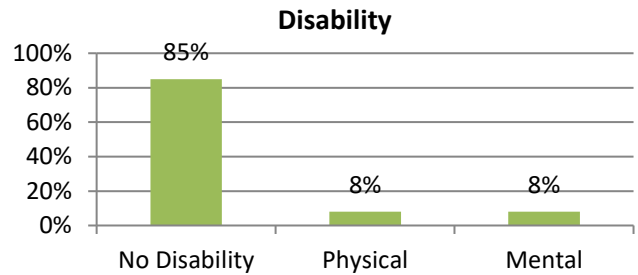
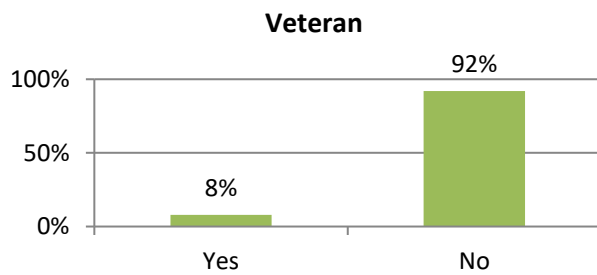
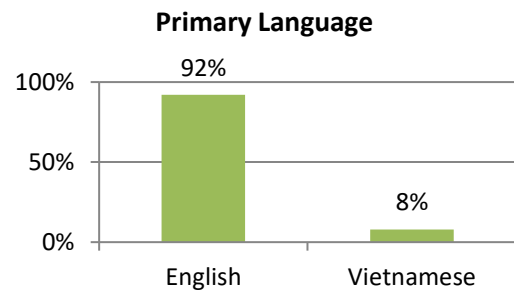
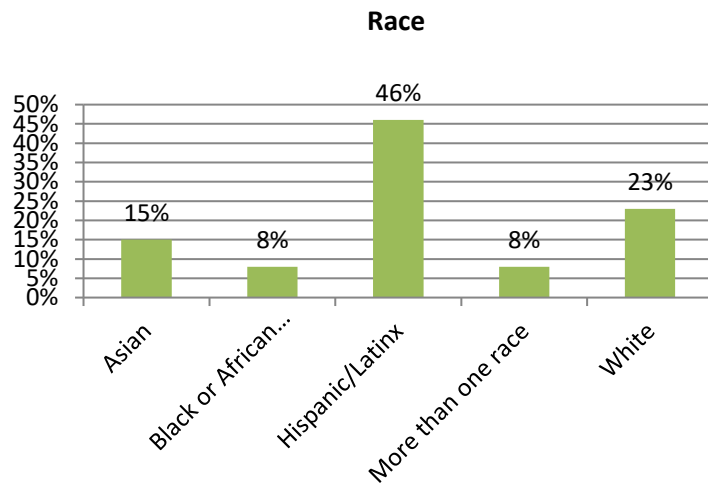
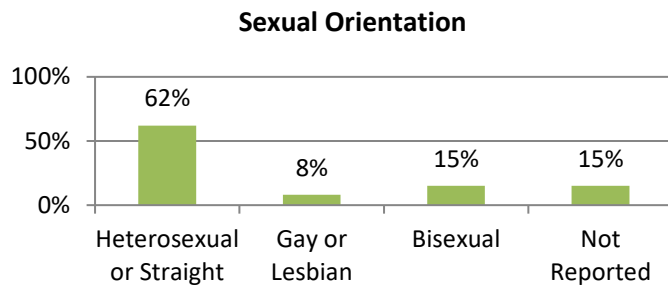
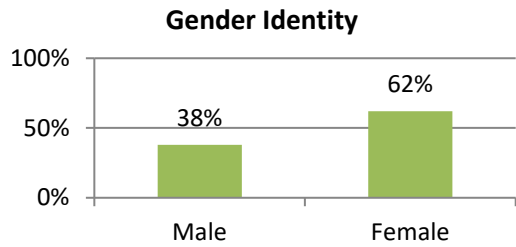
PEI Demographics from Suicide Prevention Surveys (Survey Responses = 13)

Age Groups



Gender at Birth



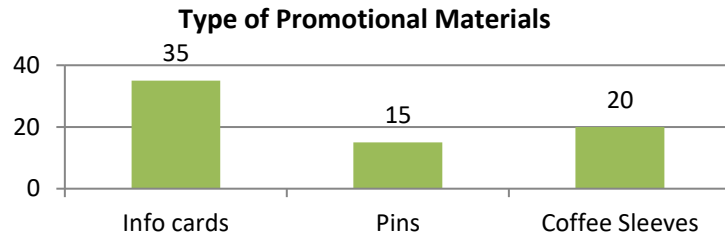


How Well Did We Do It?

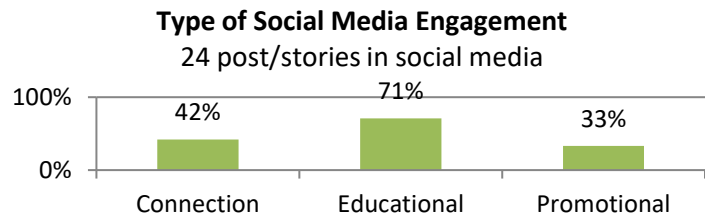
68
Individuals Outreached for Suicide Prevention Presentations

Promotional Materials & Social Media Engagement for Suicide Prevention

70
Promotional Materials

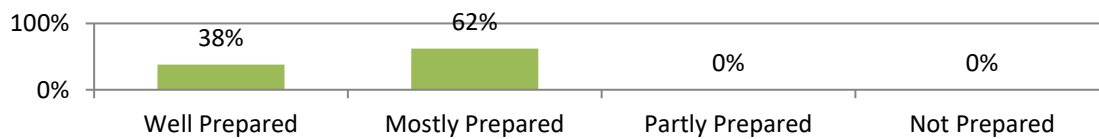


2,580
Instagram accounts Reached for Social Media Engagement

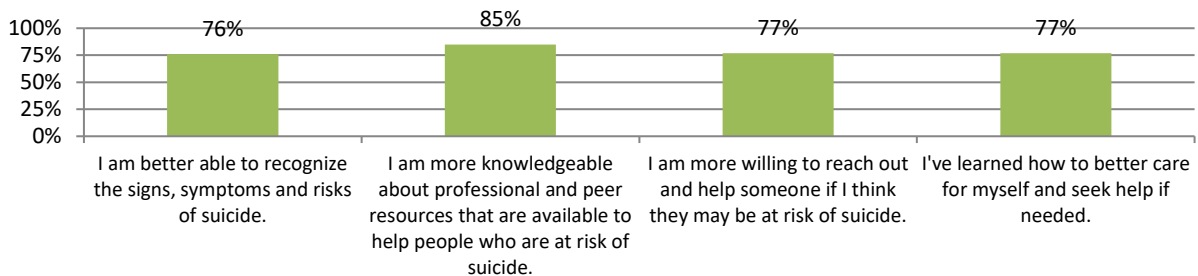


Is Anyone Better Off?

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



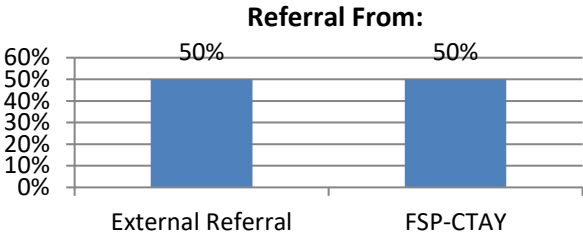
Percentage of Suicide Prevention Survey Respondents who reported, as a result of the presentations:



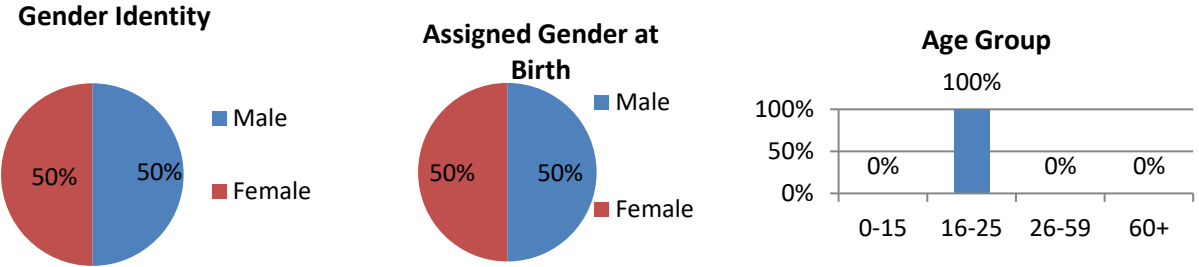
Number of Potential Responders	354
Setting in Which Responders were Engaged	Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged	TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those 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

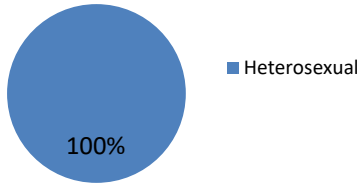
2
MHSA Referrals to Stigma Reduction/ Suicide Prevention Programs



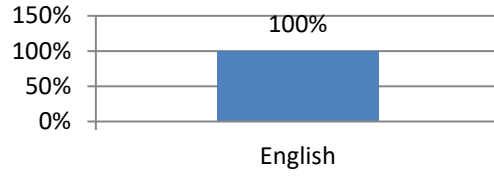
PEI Demographics Based on Referrals



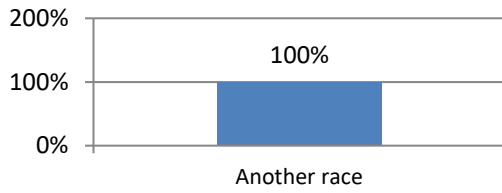
Sexual Orientation



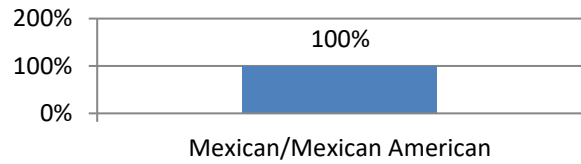
Language



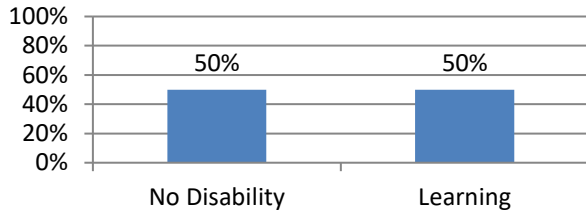
Race



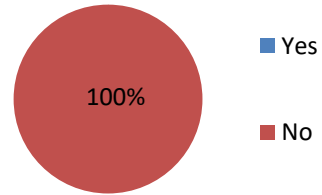
Ethnicity



Disability



Veteran



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

New Program – First date of service _____

Continued from prior year plan or update

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.

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 2021-22	0	12	12	5	0	29
Cost Per Person	N/A	\$1,339	\$3,067	\$3,067	N/A	N/A
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	18	26	14	0	58

Program Update

In FY 21-22 the Peer Mentor program had 29 active mentors who provided one-on-one support to 58 Mentees. Providing this support, peer mentors completed 440 service-learning hours. During the year, peer mentors were committed to learning how to serve the mentees by attending 16 mentor meetings and trainings. In assessing how the Peer Mentor program has made a positive impact, 100% of the mentors agreed that it made a positive impact in their lives since participating in the program. With all their training and support, mentors are looking to apply these skills to professional employment.

To outreach and engage community members, the Peer Mentor program utilized Tri-City's social media accounts to recruit new mentors and remind our partners of the services the program provides to increase mentee referrals.

Over the next three years, the Peer Mentor program hopes to increase services to not only include one-on-one meetings but to also offer a range of services in the communities such as support groups, roundtables, and wellness activities.

The Peer Mentor program also hopes to both assist current mentors and recruit new mentors to the program. The program anticipates supporting existing mentors with connecting to virtual support by offering them a borrowed device and/or internet services. The program also plans to recruit additional mentors to the program, specifically from underserved populations such as TAY and older adults, Spanish-speaking individuals, and parent/caregivers.

Challenges and Solutions

With COVID safety and protocols in place, the peer mentors were only able to attend meetings and trainings virtually as well as only connect with their mentee via phone. Although mentors wanted to go back to in-person engagement, the program remained virtual due to safety concerns.

With Tri-City's COVID vaccination policy, all peer mentors had to follow agency guidelines and provide proof of vaccination to remain an active member of the program. For various reasons, not all peer mentors were able to comply with agency policy, and those mentors had to resign from the program.

To encourage new and returning peer mentors to participate in the program, the monthly stipend mentors earn to cover gas and cell phone expenses increased from \$30 to \$50 per month. Peer mentors appreciated the increase, as it helps with the cost of inflation that impact all individuals.

Cultural Competence

In direct work with mentors who provide services to mentees in the community, there are multiple trainings per year that teach mentors how to support people from underserved populations in the service area. A vast number of mentors themselves also identify as being part of underserved communities, having diversities within the Peer Mentor cohort helps to reduce stigma and helps participants feel more comfortable receiving services. The following statistics are indicative of diverse

cohort: Fifty seven percent of mentors are either an older adult or are TAY; Twenty three percent of mentors say they have a disability; Three percent of mentors identify as being part of LGBTQI+ community; Twenty percent of mentors speak a language other than English; Three percent of mentors are veterans. Twenty percent of mentors speak a language other than English.

In the future, the Peer Mentor program hopes to enhance practices by providing all outreach materials available in a variety of languages beyond Spanish.

Community Partners

- **Therapeutic Community Garden (TCG)** – Through collaboration with program staff, TCG programming is used as a resource mentors can provide to their mentees. TCG participants are also referred to Peer Mentoring as mentees for additional support.
- **Navigators** – Through collaboration with program staff, the Navigator program is used as a resource for mentors to provide to their mentees for linkage and referral. The Navigator program is also used to recruit new mentees to the program.
- **Wellness Center (WC)** – Through collaboration with the Wellness Center staff, WC is used as a resource mentors can provide to mentees. Wellness Center participants are also referred to Peer Mentoring as mentees for additional support, as well as to become mentors.
- **Stigma Reduction** – Through collaboration with the Community Capacity Organizer, Peer Mentor staff attend outreach events where mentors can potentially be recruited.
- **Workforce Education and Training (WET)** – Through collaboration with WET staff, opportunities are provided to mentors to increase their skills related to preparing for employment both in and outside of Tri-City.

Success Story

A peer mentor, who has been with the program since 2018, was able to use the skills learned in the program to gain employment with the San Gabriel Pomona Regional Center.

An unhoused mentee was referred from Tri-City's Adult Outpatient services to be connected with a mentor. After a few months in the program, the mentee was able to move to a lower level of care while being supported by their mentor. The mentee currently reports that they are in a stable status.

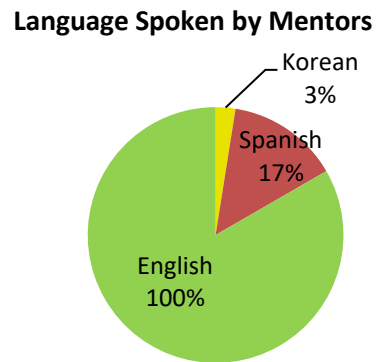
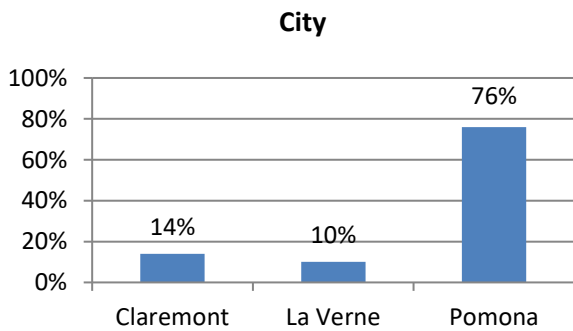
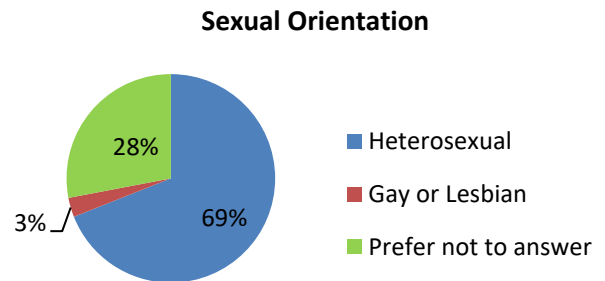
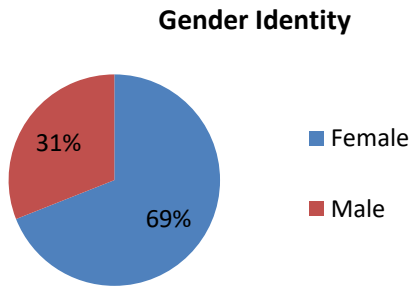
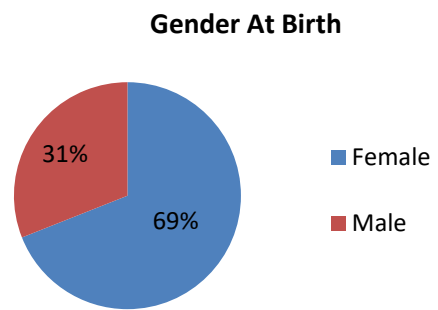
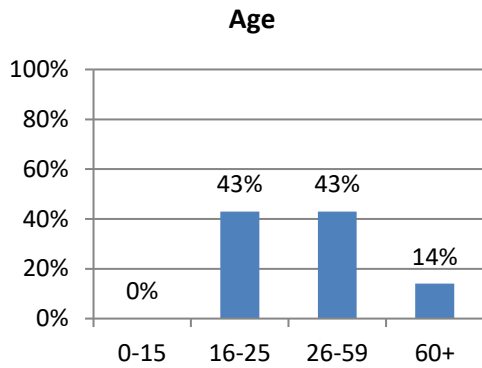
Program Summary

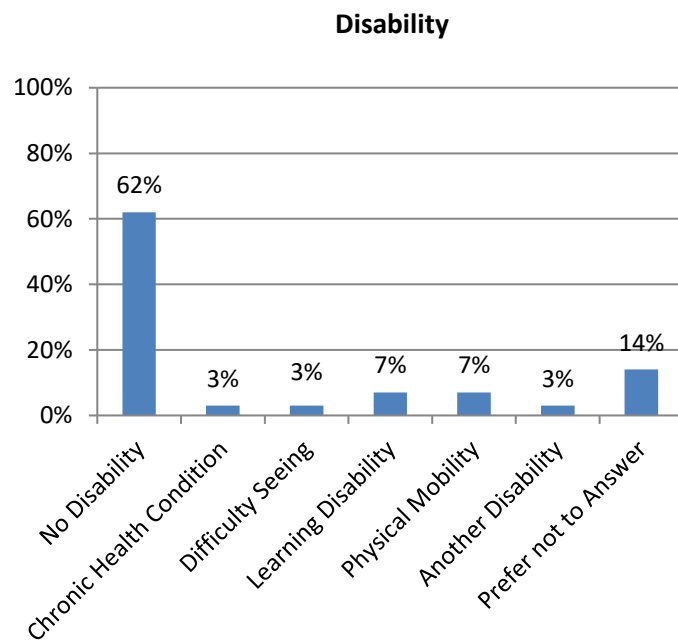
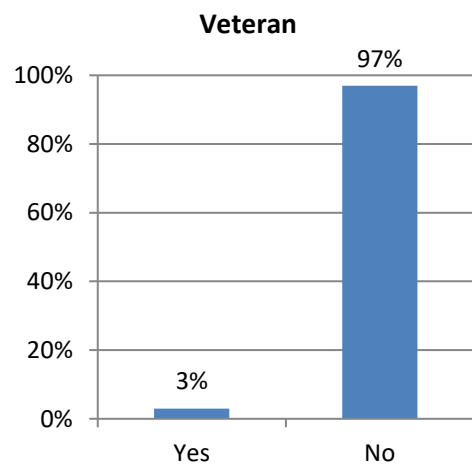
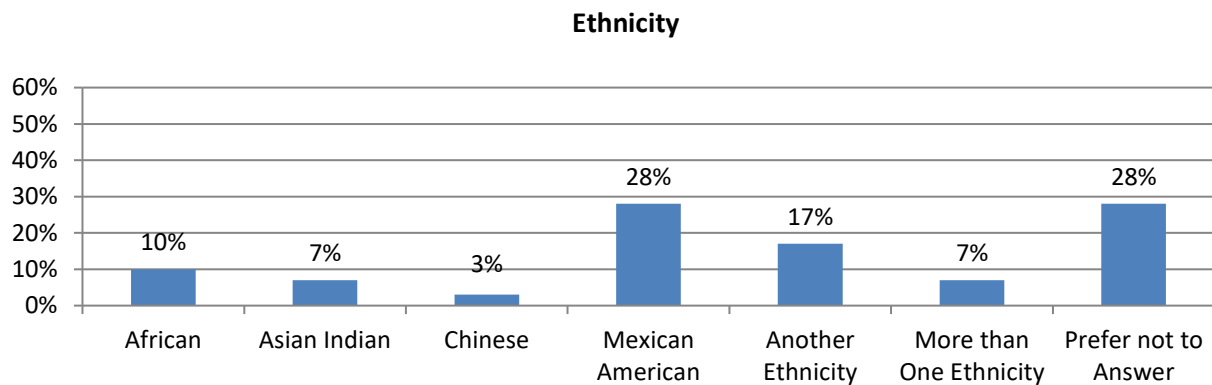
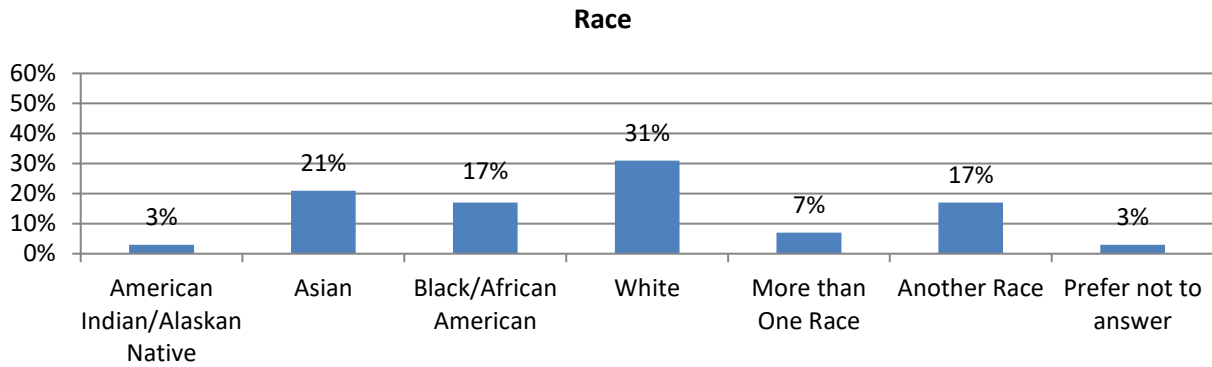
How Much Did We Do?

Peer Mentors

29
Active Peer Mentors

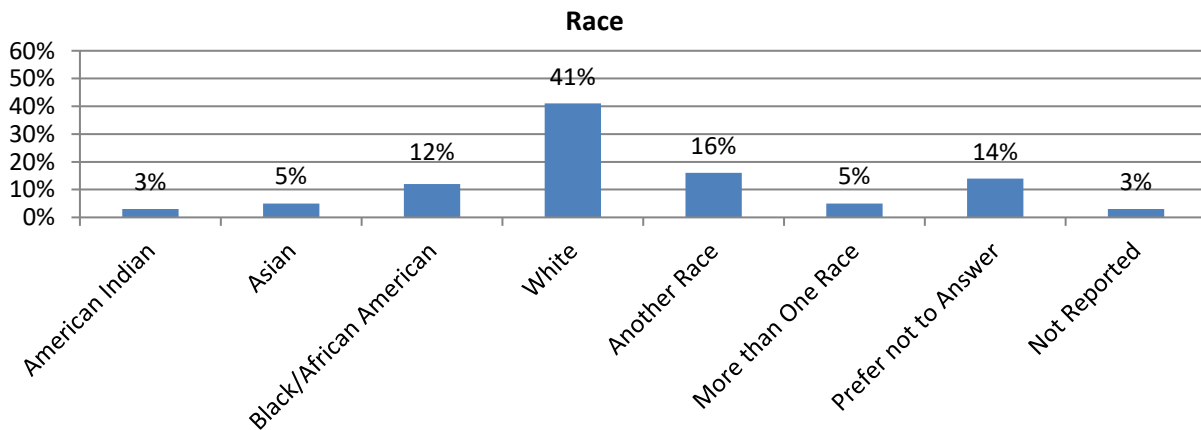
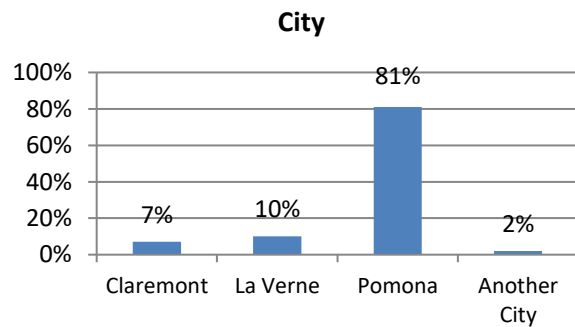
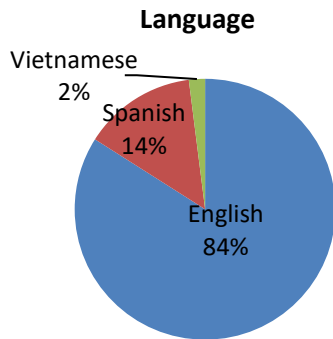
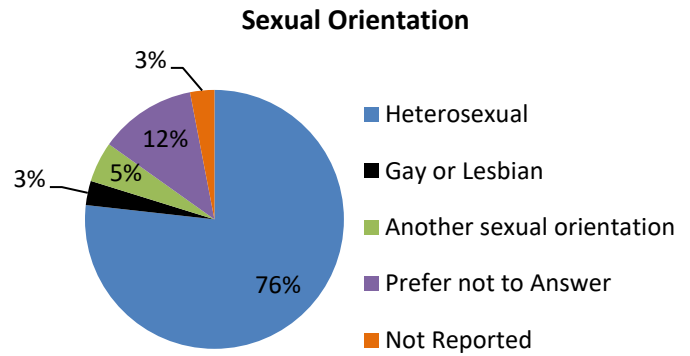
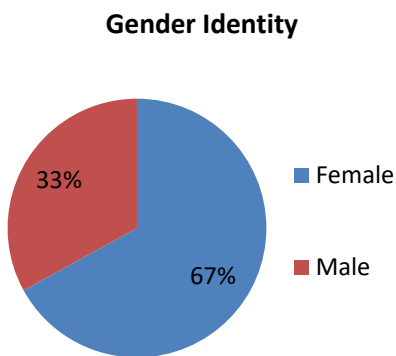
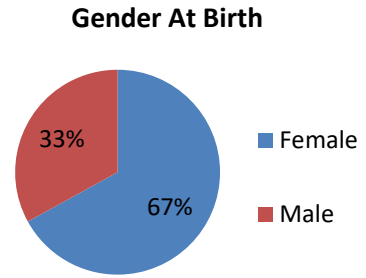
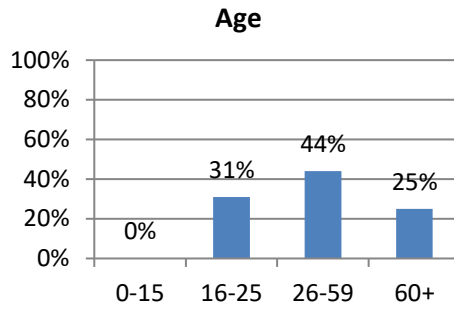
16
Peer Mentor Meetings/Trainings

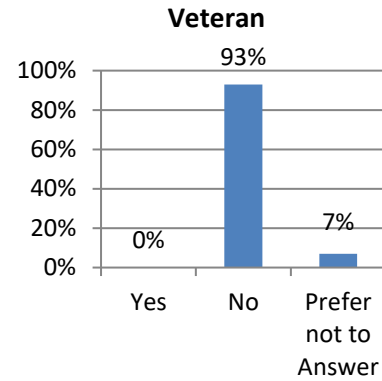
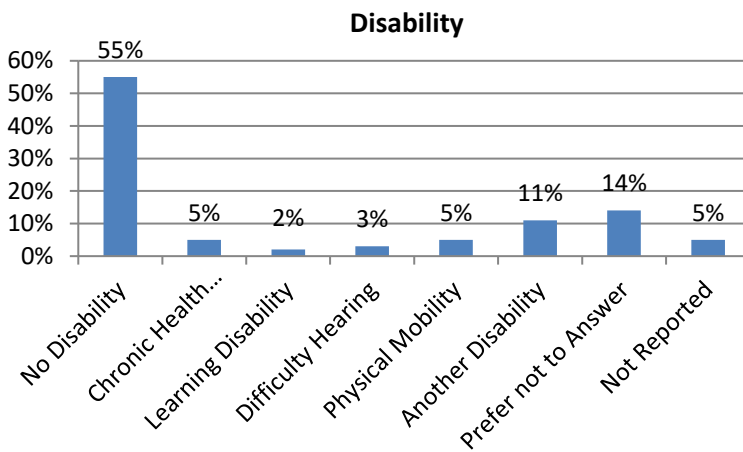
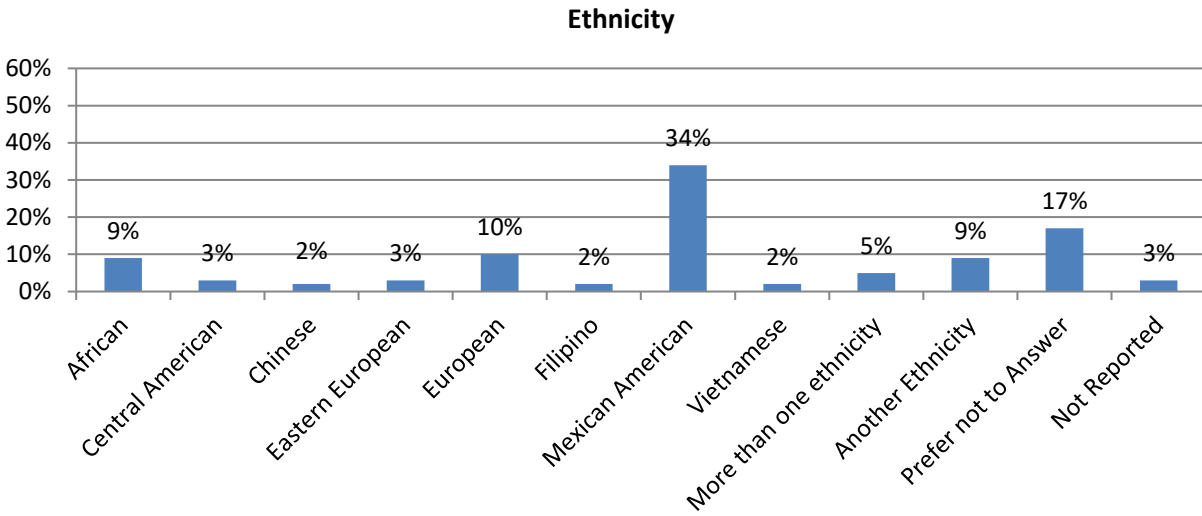




Peer Mentees

**58
Mentees
Served**

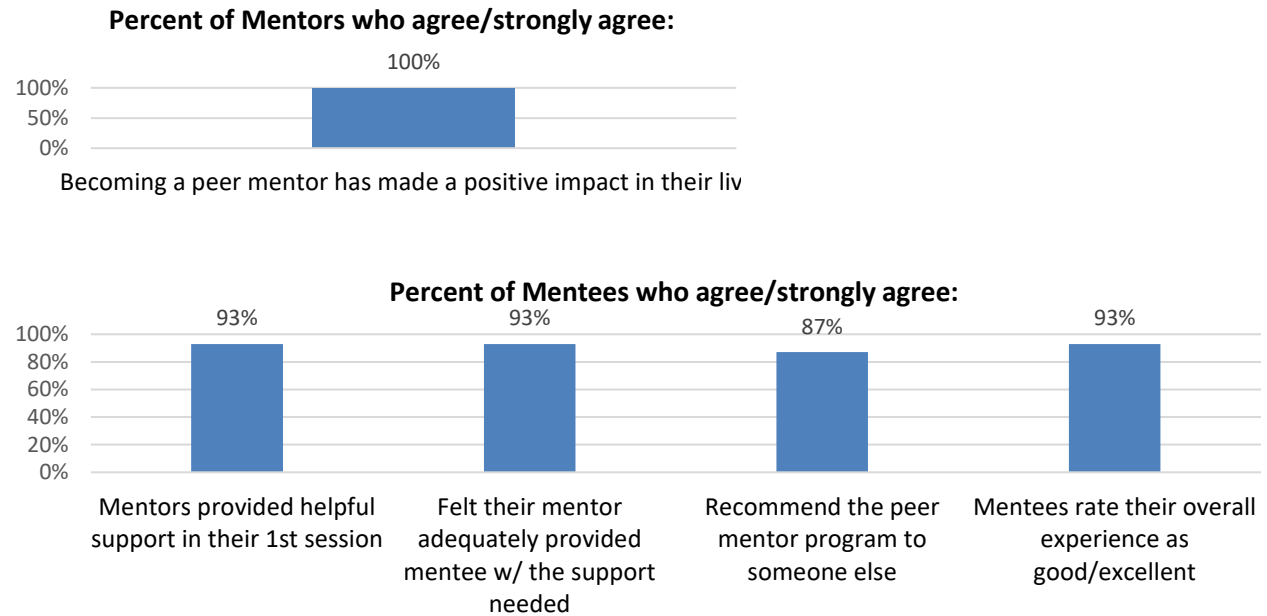




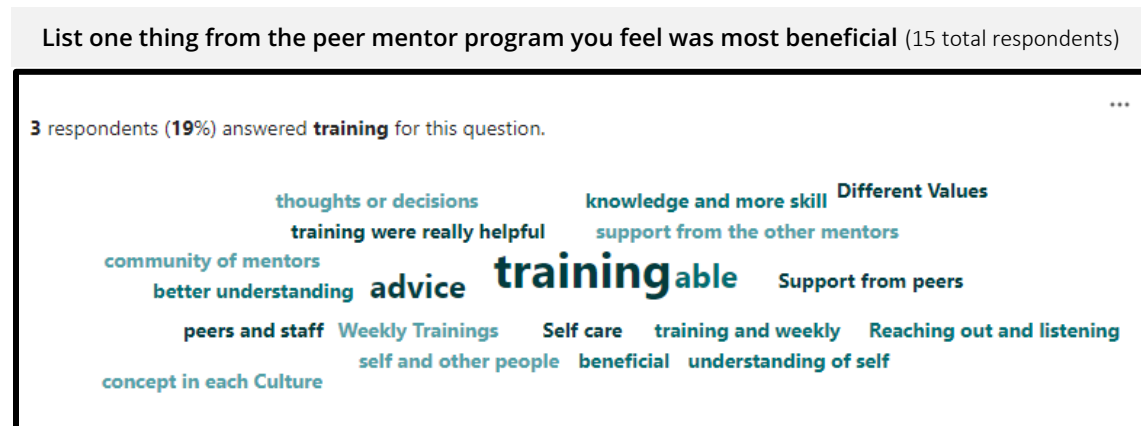
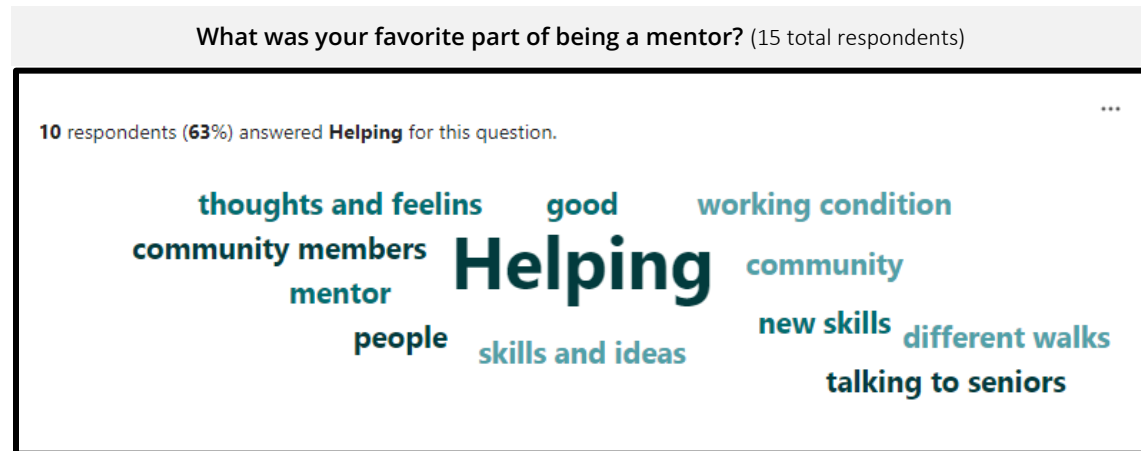
How Well Did We Do It?



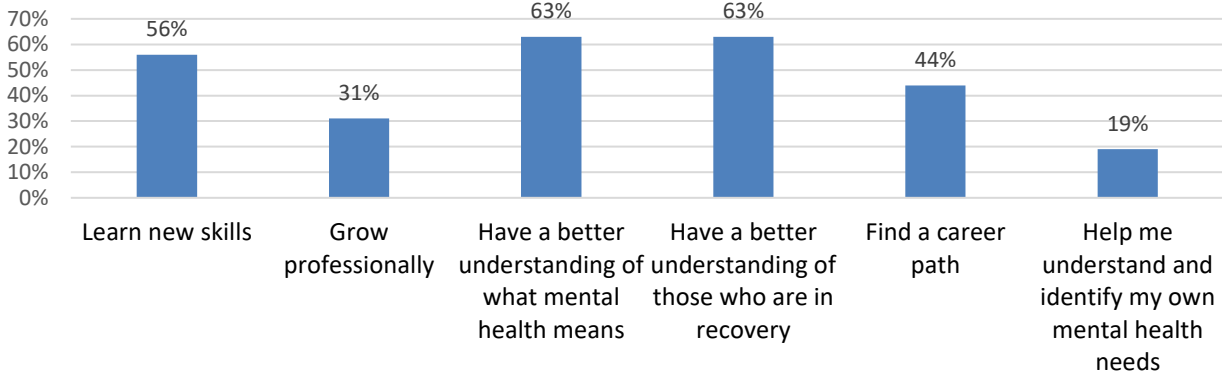
Is Anyone Better Off?



Peer Mentor Open-Ended Questions



How has the program helped you personally as Mentor: (Check all that apply)



Mentee Open-Ended Questions

List one thing from the mentee program you feel was most beneficial (15 total respondents)

1 respondents (17%) answered **vent then get feedback** for this question.

objective listener listener in my life
students vent then get feedback new perspective
friend coping skills knowledgeable grandmother

Number of Potential Responders	87
Setting in Which Responders were Engaged	Virtual platforms, Phone, 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 with a physical disability.
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.

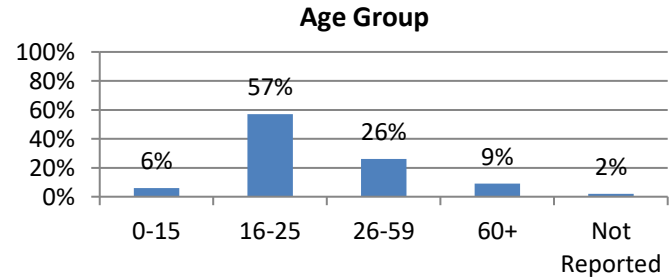
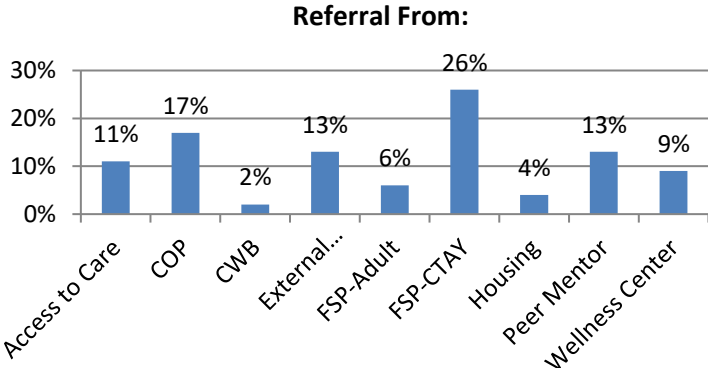
Timely Access to Services for Underserved Populations Strategy

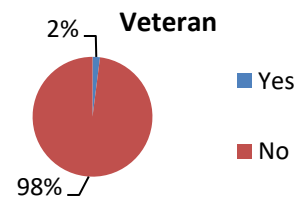
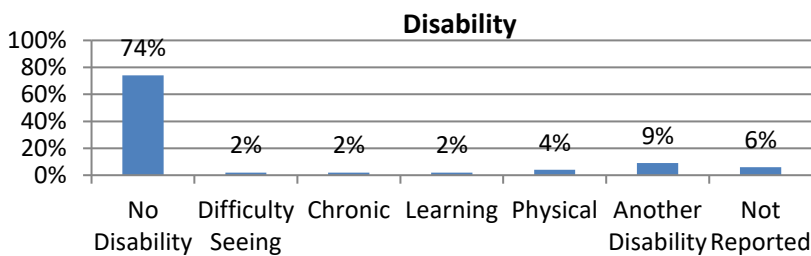
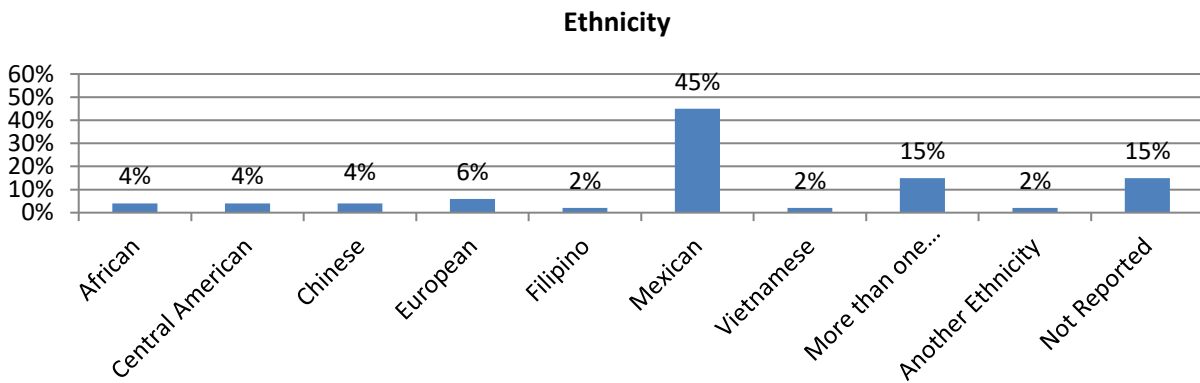
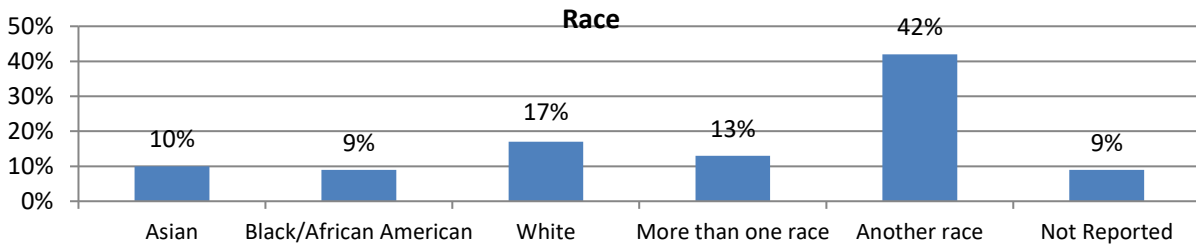
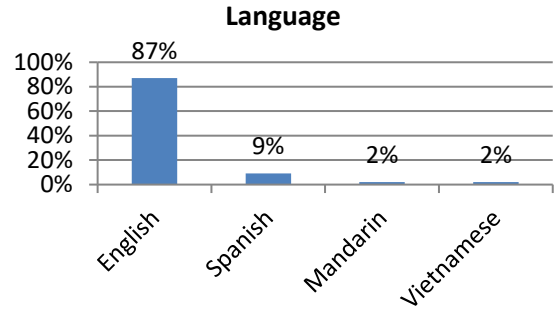
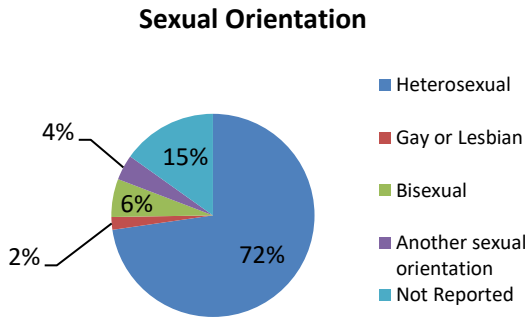
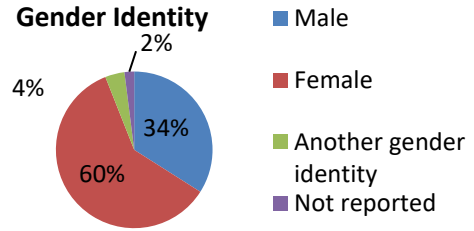
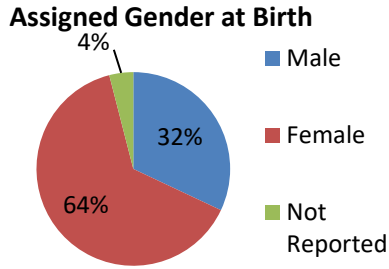
PEI Demographics Based on Referrals

48
MHSAs Referrals received by
Peer Mentor program

18 out of the 48
Referrals became mentees

2 Days
Average Time between
Referral and becoming a
mentee





Wellness Center PEI Programs

Transition Age Youth and Older Adults

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Individuals attending the Transition age youth (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) 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 2021-22	2	1,484	39	9	4	1,538
Cost Per Person	\$587**	\$587**	\$587**	\$587**	\$587**	\$587**

**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.

Program Update

All Center TAY groups were transitioned to a hybrid format, consisting of both in person and virtual. Hours of operation continued to mirror the rest of the agency.

The Transition Age Youth (TAY) team held multiple “welcome back to in person” events throughout the year based on guidelines and regulations. Workshops were offered in collaboration with: America’s Job Center; David & Margaret’s Compass Center; Claremont’s Youth Activity Center; as well as internal events such as the holiday classic, *Warm Wishes*, in December. Similarly, the Older Adult programming started facilitating in-person events for our seniors to address isolation caused by the

pandemic lockdowns. Following all protocol and guidelines, seniors were invited to in-person events such as the senior retreats, harvest festivals, as well as monthly support groups like, *Sip & Paint*.

All Center TAY groups were transitioned to a hybrid format, consisting of both in-person and virtual. Hours of operation continued to mirror the rest of the agency.

The Center and community long await the return to in person services in the next fiscal year. Based on the hybrid model, all groups will return in-person. Over the next three years, the Center plans to return to its original extended hours of operation to increase the accessibility to the community.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. Participants frequently ask when the Center will re-open for in-person services.

The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the year, the Center was able to offer a limited amount of in person events while adhering to the Cal OSHA max room occupancy guidelines. A handful of groups has been taking place in-person since then.

Cultural Competence

As the need arises, the Center quickly responds to implementing specific groups to target LGBTQ, Spanish monolingual and TAY and senior communities. The Center offers linguistic services to meet the various language needs of our stakeholders and offer support for all age groups. Efforts also include recruiting staff from minority populations that are representative of the community.

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. We create spaces where individuals experience safety, feel heard and intrinsically valued.

Tri-City attempts to engage with hard-to-reach populations through our peer approach. A high percentage of Wellness Center staff have lived experience which helps to make more effective and authentic connections with participants.

Materials are printed and disseminated in the local threshold languages.

Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; local community-based organizations (CBOs) for specific age-related services such David & Margaret for TAYs and senior centers in the three cities' parks & recreation centers.

Success Story

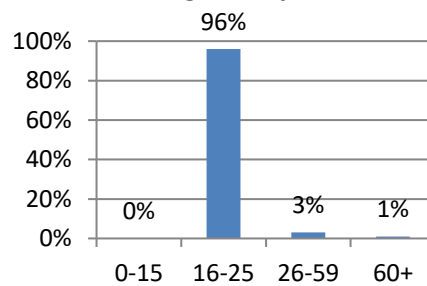
One of the TAY participants would only participate in events with their sister present due to anxiety. Since attending the TAY activities at the Wellness Center, the TAY participant is now able to engage in events and/or groups without their sister and is now able to attend school and complete activities independently.

Program Summary

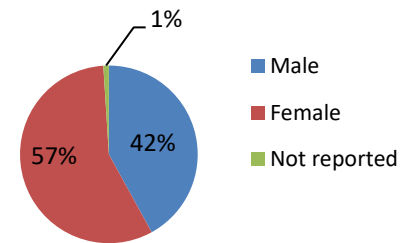
How Much Did We Do?

1,538
Individuals
attending
Wellness Center
TAY/Senior

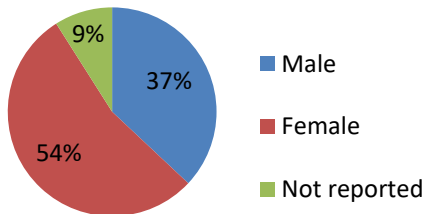
Age Group



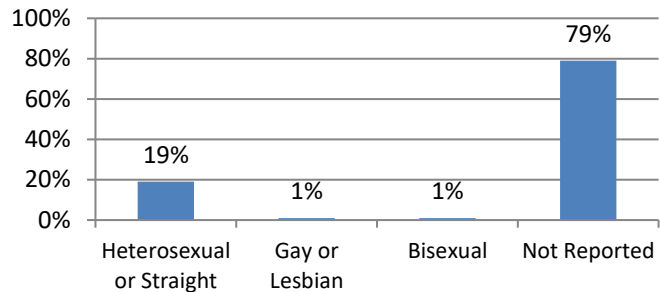
Current Gender Identity



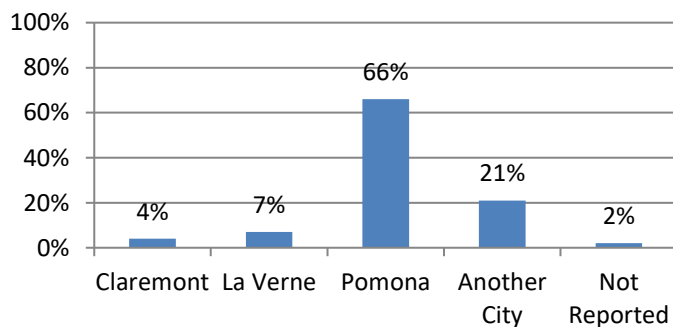
Assigned Gender at Birth



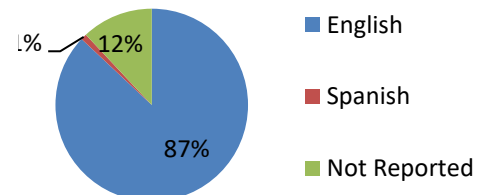
Sexual Orientation

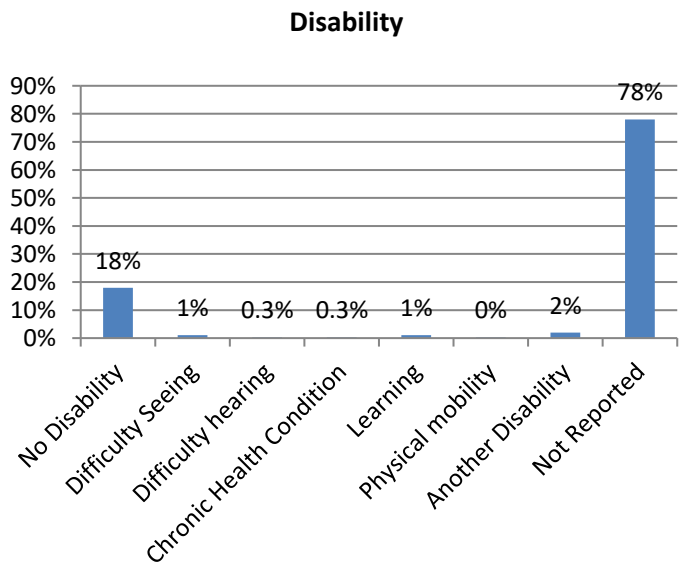
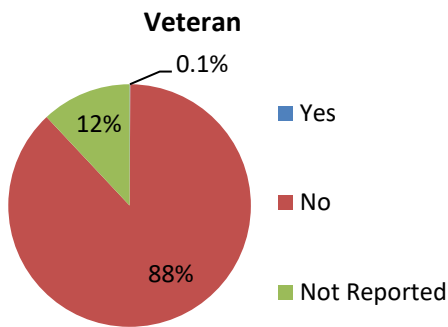
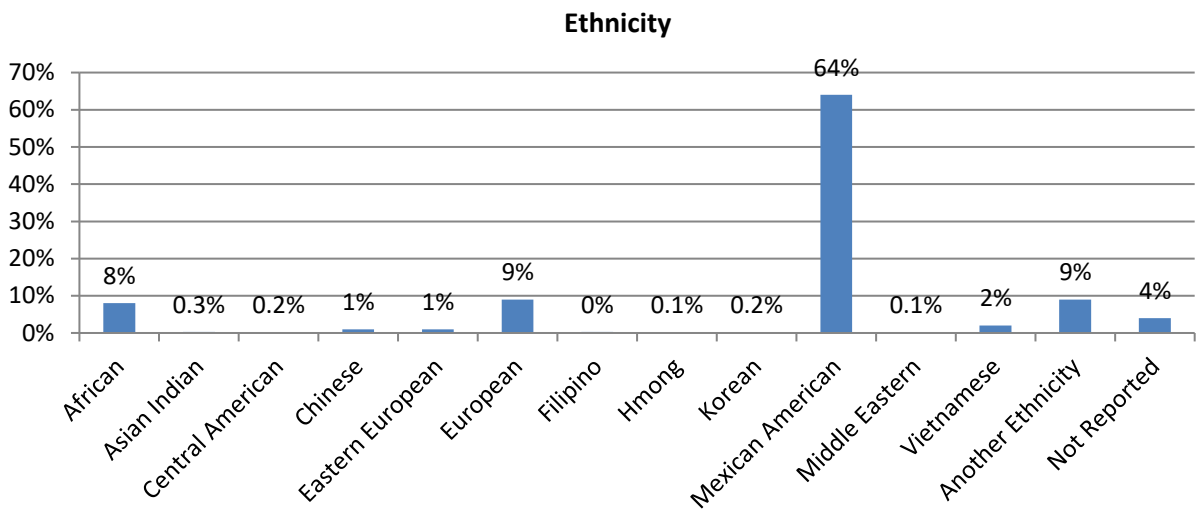
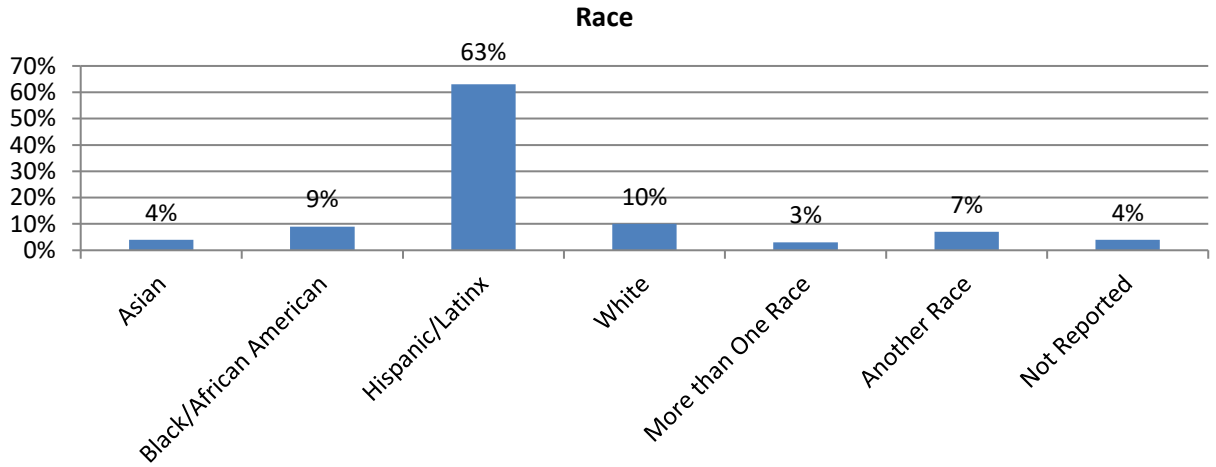


City



Primary Language





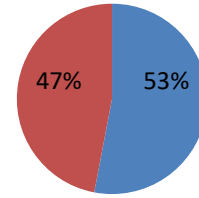
How Well Did We Do It?

4,912
Number of Wellness Center PEI:
TAY/Senior Events
(Duplicated Individuals)

Number of Times People Visited

■ One Visit

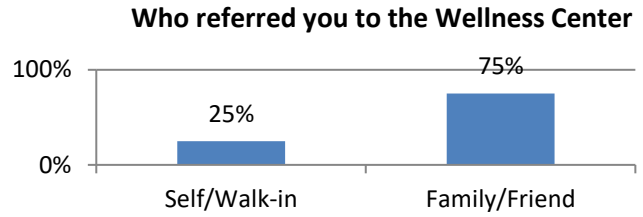
■ Two or More Visits



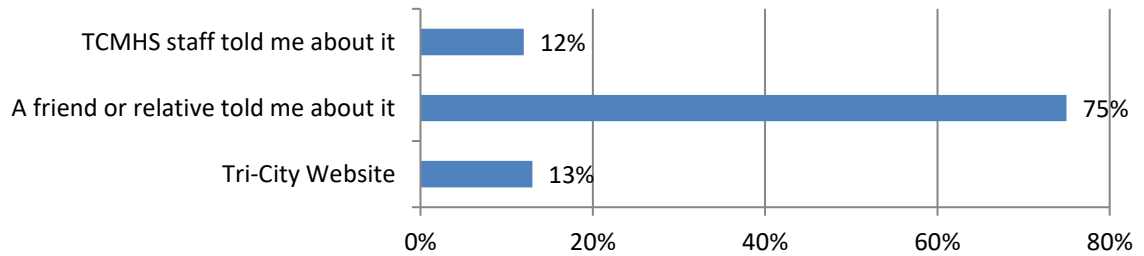
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos	45	2
Senior Calm	46	3
Senior Socialization	47	2
Senior Bingo	20	2
Senior Virtual Vacation	10	3
TAY - Friendly Feud	33	2
TAY - Breakfast Club	9	2
TAY - PPL	19	1
TAY - Stress Me Not	4	1
TAY - Together We Stand/Fun with Friends	20	2
TAY - Teleconfusion	2	1
TAY - Peace of Mind	32	1
TAY - Real Talk	19	1

Contacts by Type	Number of Times Contact was Made
TAY - Attendance Letter	4
TAY Events	4
TAY - Phone Call - Wellness Calls	4,296

100%
Satisfied with the "help I get at
Wellness Center"

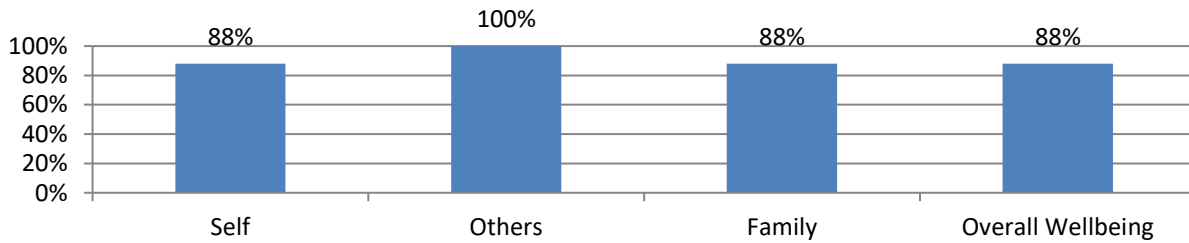


How Did You Learn About the Wellness Center Programs?



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

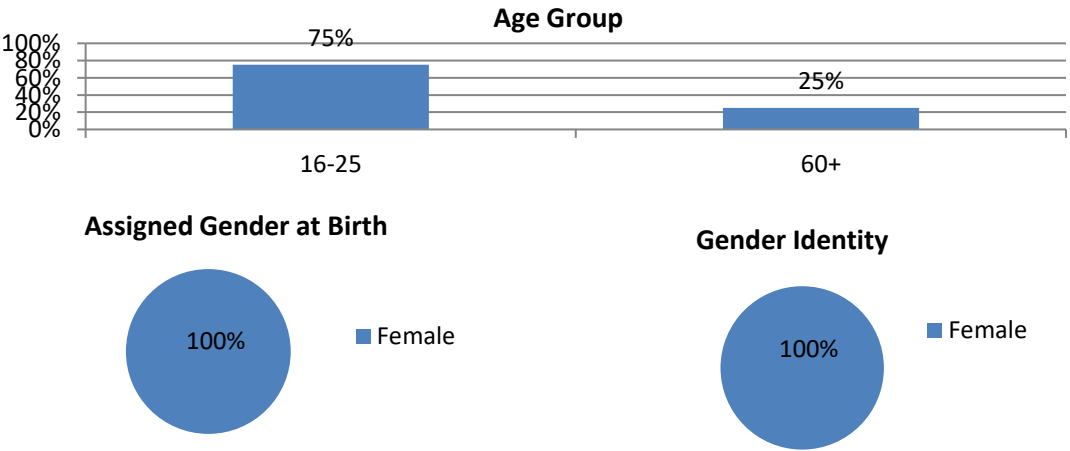


Number of Potential Responders	1,538
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
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.

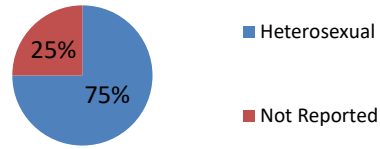
Timely Access to Services for Underserved Populations Strategy



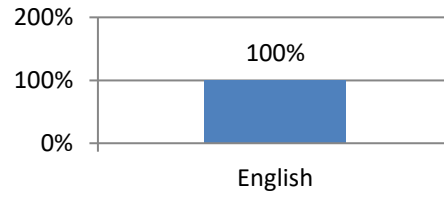
PEI Demographics Based on Referrals



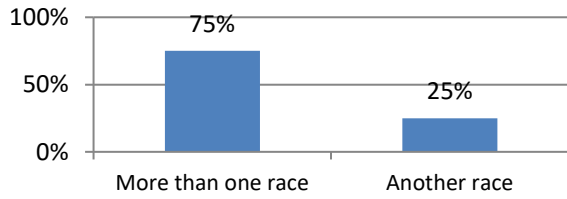
Sexual Orientation



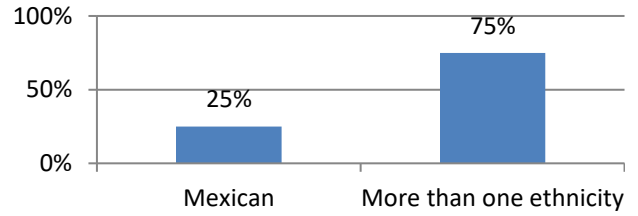
Language



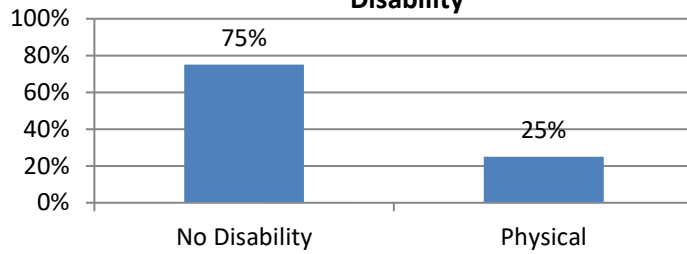
Race



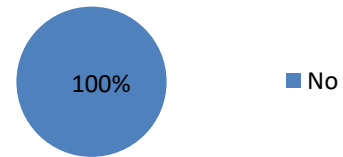
Ethnicity



Disability



Veteran



Family Wellbeing Program

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	84	65	231	26	12	418
Cost Per Person	\$206**	\$206**	\$206**	\$206**	\$206**	\$206**

**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.

Program Update

The Family Wellbeing Program (FWB) continued to provide consistency for kids and families in the community. During FY 2021-22, the program hosted many of the events that have made it a hallmark of the Center. There were events held in collaboration with community-based organizations (CBOs), and educational partners. Many families were recipients of giveaways both during Thanksgiving and Christmas. The annual tree lighting event culminated the entire year. The FWB program also continued its collaboration with the Southern CA Consortium of Social Work Schools to offer 6 internship slots to first and second-year students.

The Center staff and community long await the return to in person services in the next FY. One fourth of all Center groups were transitioned to a hybrid format and later to in person. Over the next three

years, the center plans to return to its original extended hours of operation to increase the accessibility to the community.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the 2021-22 year, the Center was able to host in-person events adhering to the Cal OSHA max room occupancy guidelines.

Cultural Competence

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. The Center attempts to engage with hard-to-reach populations through our peer approach. Those that have lived experience to each one reach one.

We look forward to the day when all restrictions and limitations are lifted so that staff can effectively meet the needs of the community.

Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; MSW consortium for workforce development; local community-based organizations (CBOs) for specific age-related services.

Success Story

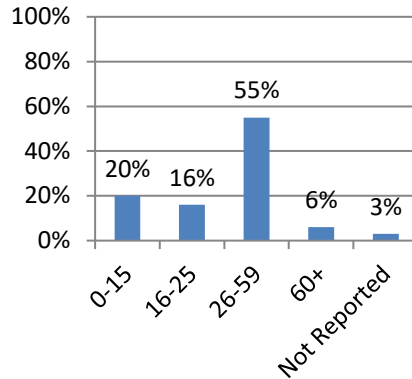
A pair of Summer Camp participants who are related and reside together during the summer months heard about this service through a friend. From the very beginning each child was extremely grateful to be in the camp and each week thanked staff for the bags and supplies provided. Staff were able to connect with the mother to offer various resources in the community for food banks and assistance with bills. Both participants got along extremely well with the other campers and participated in all the activities each week. In addition, they both decided to join the Kids Zone group every week and were actively engaged in that group.

Program Summary

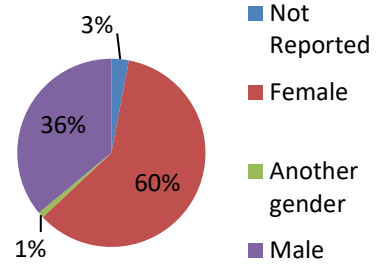
How Much Did We Do?

418
Individuals
attending Family
Wellbeing

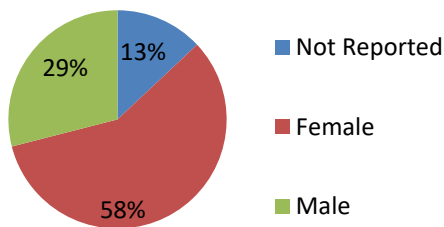
Age Group



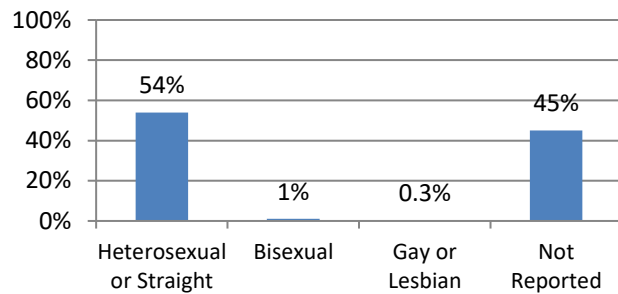
Current Gender Identity



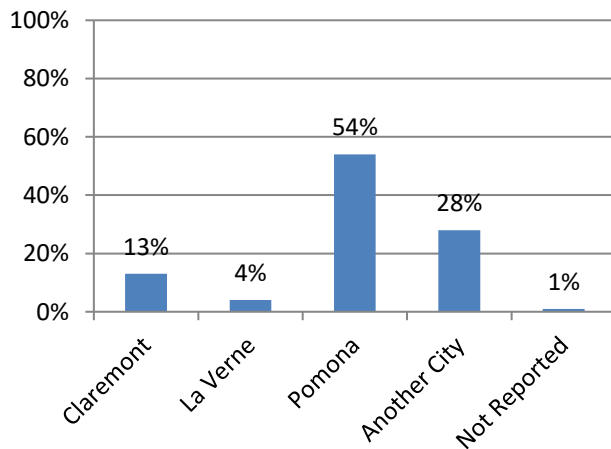
Assigned Gender at Birth



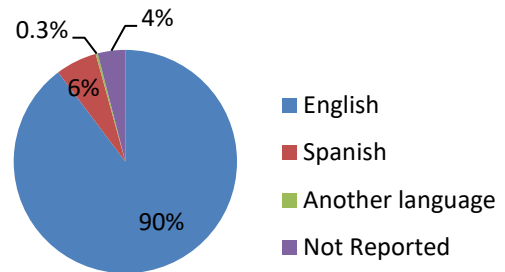
Sexual Orientation

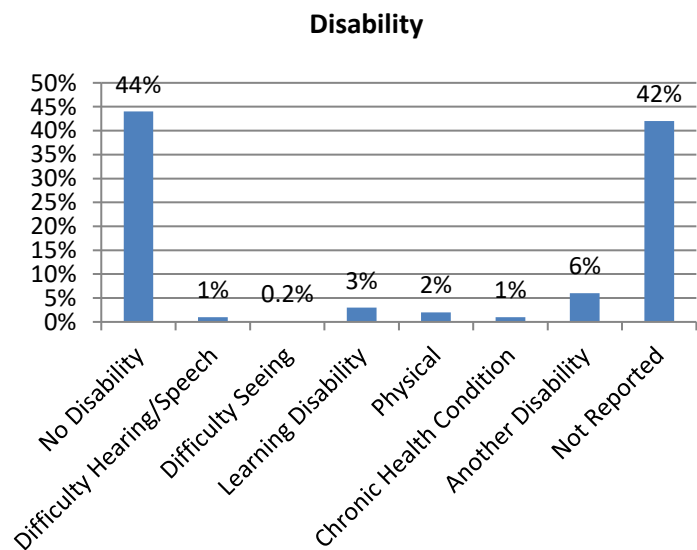
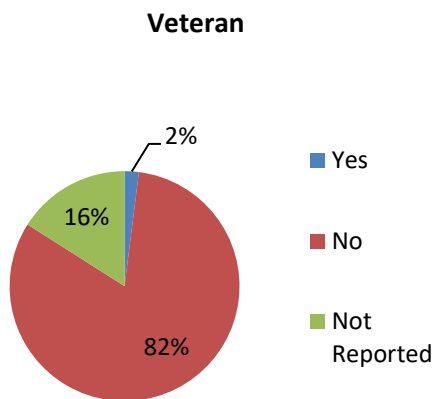
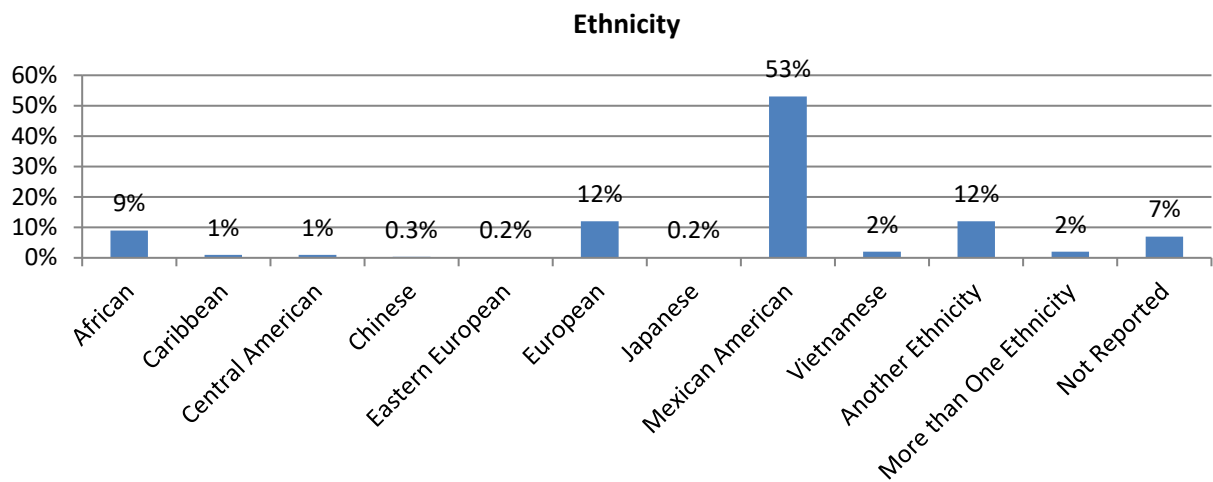
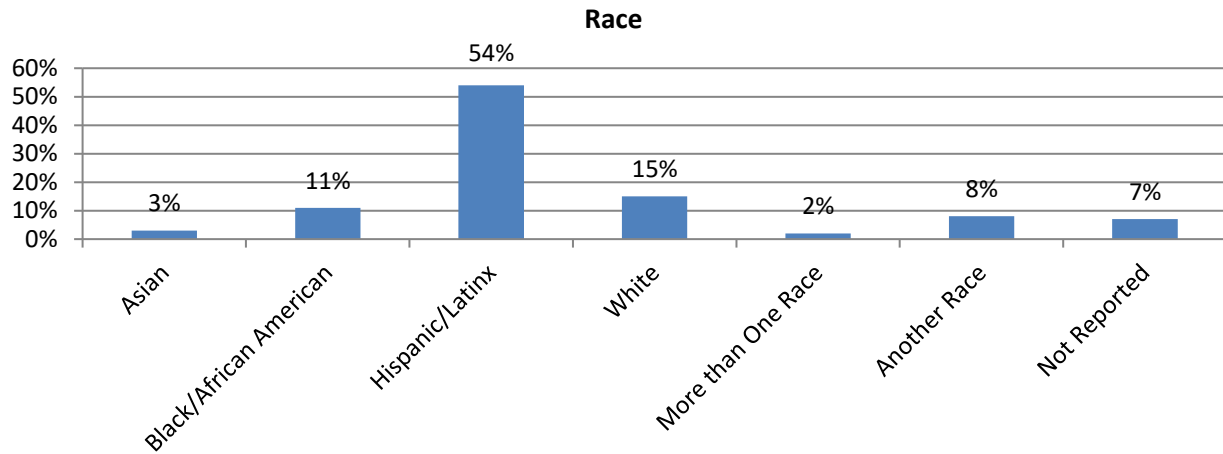


City



Language

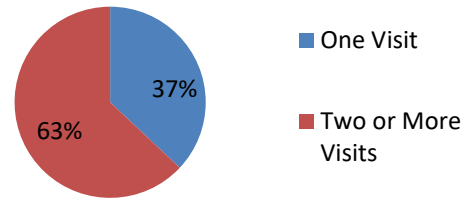




How Well Did We Do It?

5,037
Number of Family Wellbeing Events
(Duplicated Individuals)

Number of Times People Visited

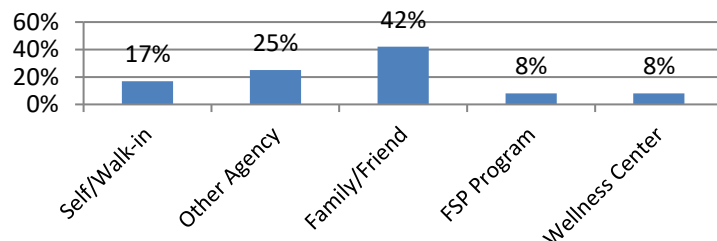


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts and Crafts	49	3
Grief & Loss	42	2
Kid's Hour	49	2
Limited to Limitless	2	3
Spirituality	53	4
Summer Camp	3	5
Teen Hour	31	3
United Family	109	5

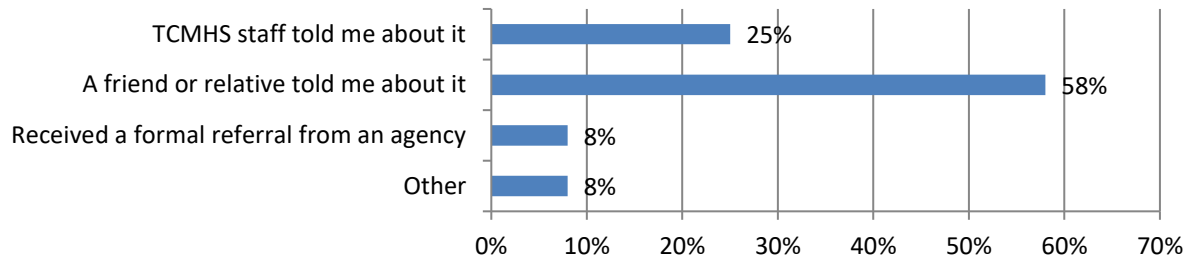
Contacts by Type	Number of Times Contact was Made
Attendance Letter	139
One-on-One	9
Other	114
Phone Call/Email	3,445
FWB Event	35

100%
Satisfied with the "help I
get at Family Wellbeing
Program"

Who referred you to the Wellness Center

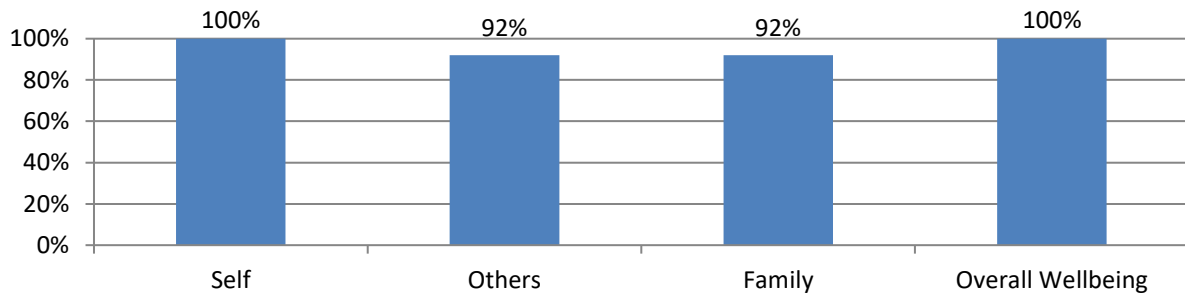


**How Did You Learn About the Family Wellbeing Program?
(Choose All that Apply)**



Is Anyone Better Off?

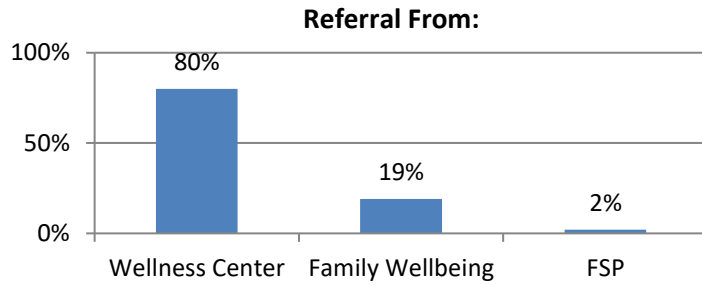
Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



Number of Potential Responders	418
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
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 with a physical disability.
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

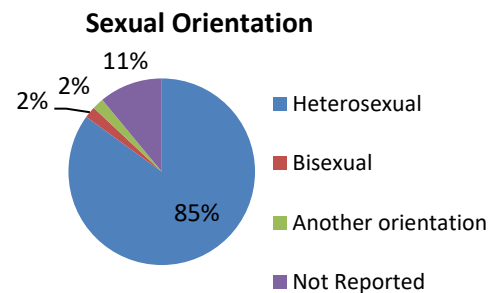
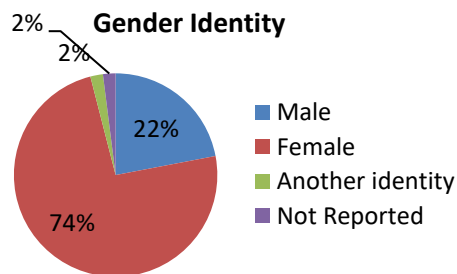
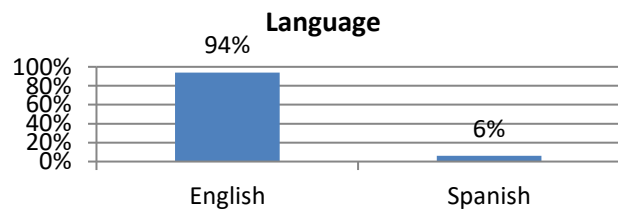
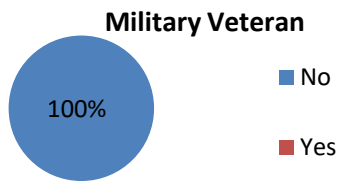
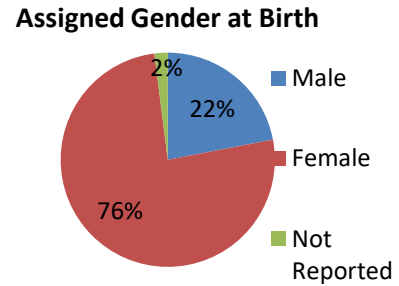
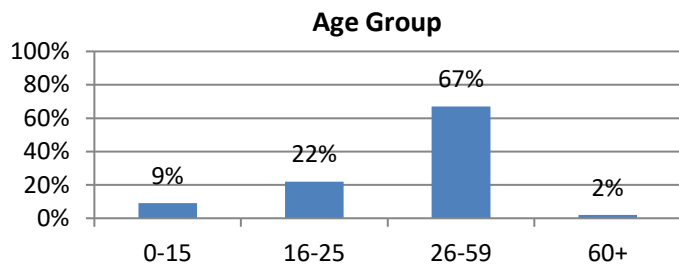
54
MHA Referrals coming into Family Wellbeing

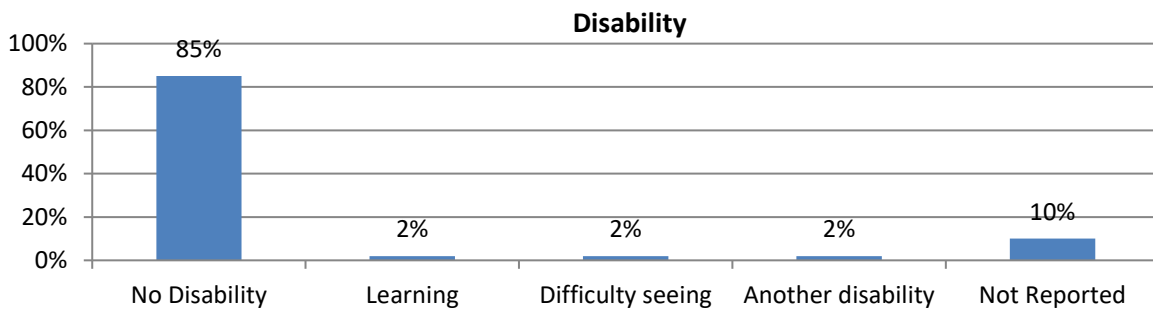
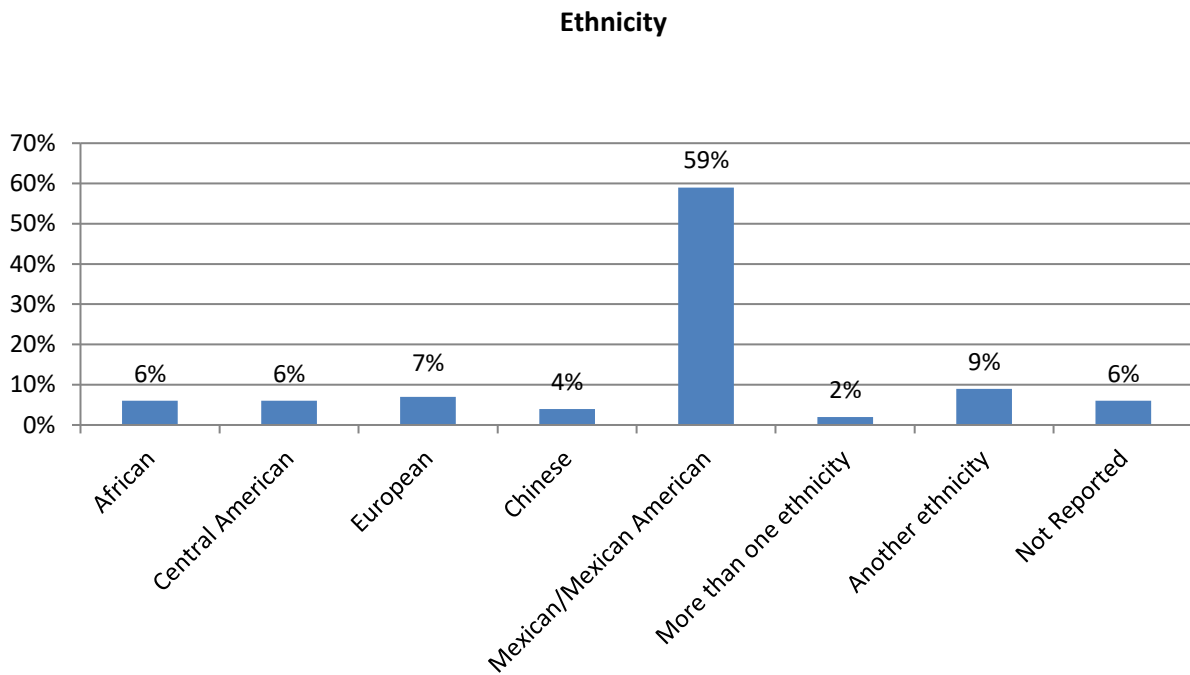
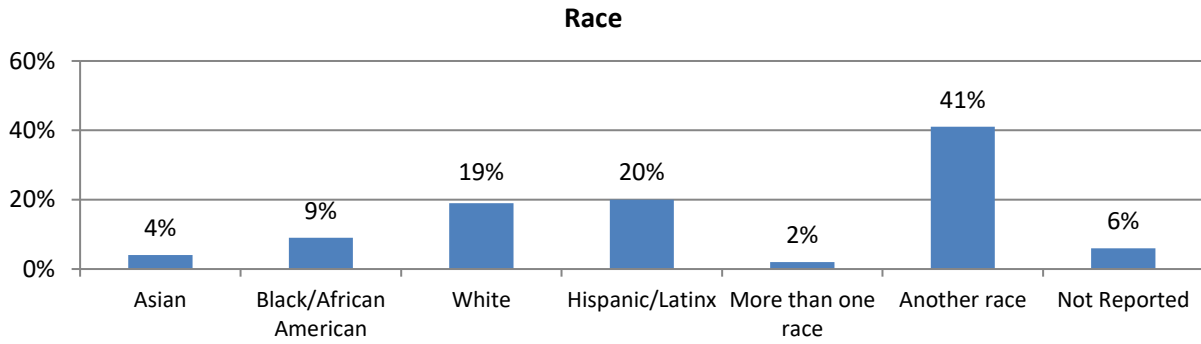


53 out of 54 Referrals
Participated in Family Wellbeing Program

13 Days
Average Time between Referral and Participation in Family Wellbeing Program

PEI Demographics Based on Referrals





Community Capacity Building

NAMI Ending the Silence and NAMI 101

New Program – First date of service _____

Continued from prior year plan or update

Program Description

The Ending the Silence and NAMI 101 programs provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

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.

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is; how to maintain wellness; how to identify symptom triggers; how to identify a support system; mental health warning signs; empathy; boundary setting; and self-care.

Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	2	Total Number Served FY 2021-22	23
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Program Update

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to more specifically, meet the mental health awareness needs of both the community and school staff and students.

Challenges and Solutions

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and

students. However, the continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings, NAMI has continued to struggle to expend their allotted funds resulting in \$55,000 in unused dollars.

The following chart reflects the changes in expenditures over time.

Fiscal Year	Percentage of Allocation Expended	Notes
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID-19
FY 2021-22	15%	COVID-19

Therefore, NAMI Greater Los Angeles County (GLAC) and Tri-City have agreed to amend this program’s funding structure to expand the time to expend the \$35,500 from annual to over a three-year period. The goal for this adjustment is to allow NAMI to have a longer period of time to expend the funds while providing Tri-City the option to reallocate funds to other PEI programs.

In addition, capacity is a challenge, as they have seen more presenters moving on to other ventures. In addition, there is the continued challenge of having to rebuild relationships from scratch, as roles at organizations have been revamped, eliminated or previous contacts have moved on.

Solutions to these challenges include outreaching and adding more volunteers to the list of presenters to enable NAMI to accommodate more presentations. Another focus is on recruitment of Spanish speaking volunteers to accommodate more parent presentations.

Cultural Competence

The lead and peer presenters are from diverse backgrounds that reflect the community. This is a valuable trait and supports relatability, especially when presenting to communities of color. This also allows for conversation about those differences in response to mental health to be discussed. In addition, some peer presenters are a part of the TAY population, so they can directly relate to TAY audience members.

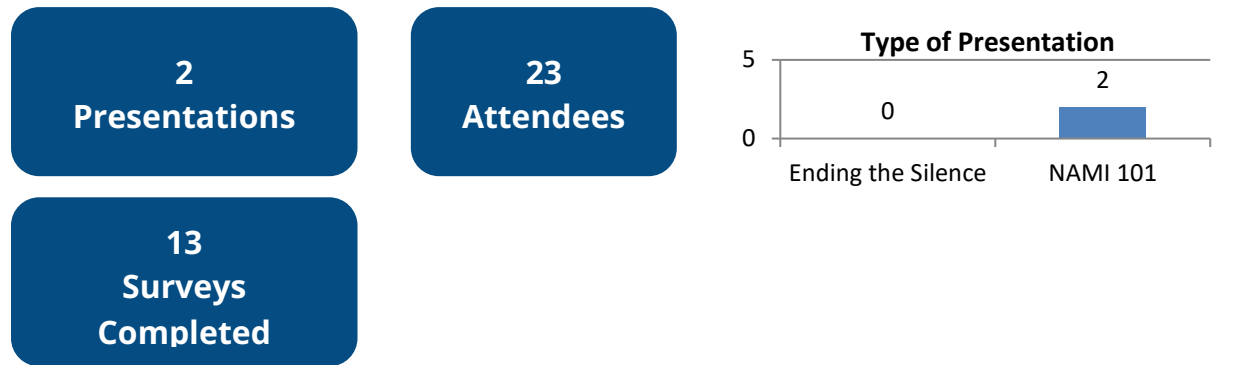
Spanish translations of slides and outreach materials are available for community members who are non-English speaking.

Success Story

Through these presentations, NAMI staff have been able to connect students (and subsequently their families) to therapeutic resources which help to improve their ability to connect with each other. As a result of these presentations, parents have shared the changes they’ve made and ways they’ve found to connect better with their teens while still finding ways to find quiet time for own rejuvenation.

Program Summary

How Much Did We Do?



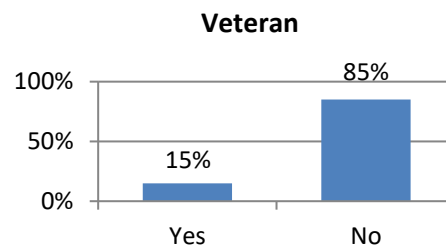
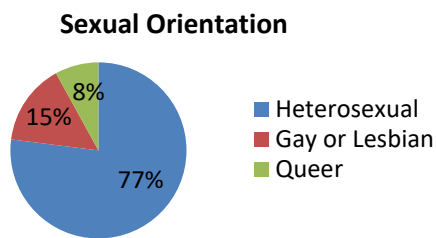
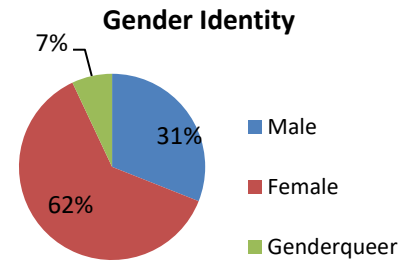
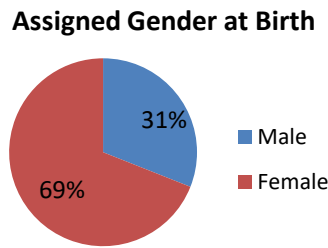
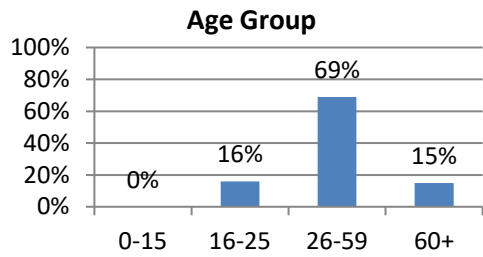
How Well Did We Do It?



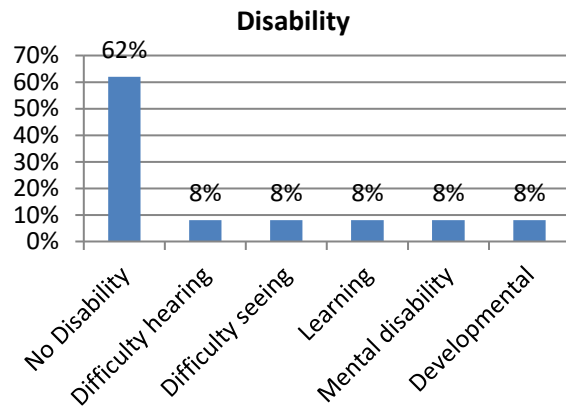
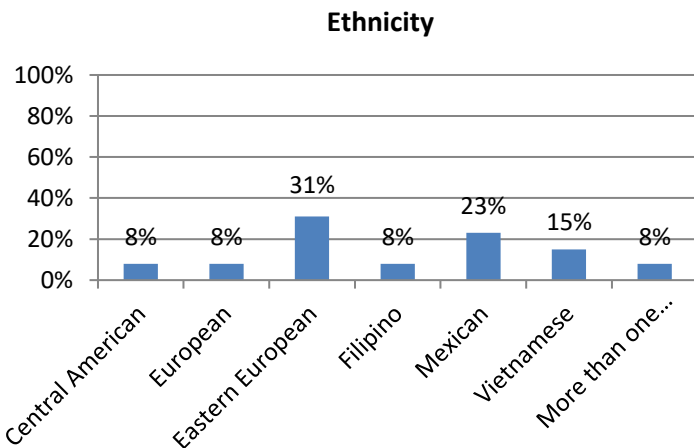
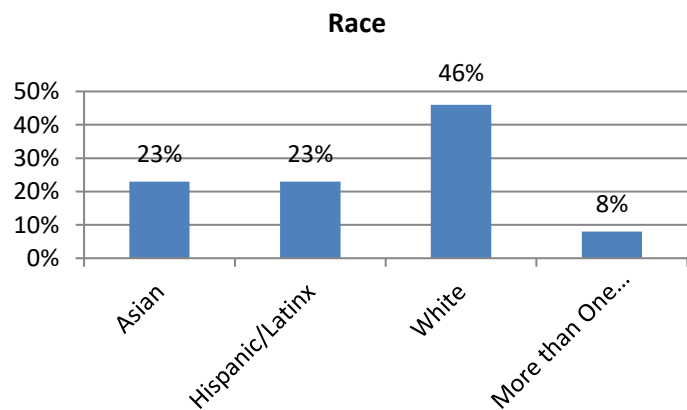
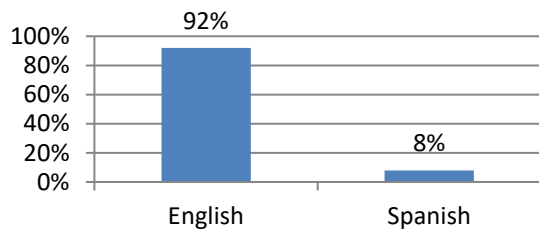
Is Anyone Better Off?



Demographics from Surveys Completed by Participants



Language Spoken by Participants



Number of Potential Responders	23
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
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 0 MHSA referrals to NAMI.

Housing Stability Program

New Program – First date of service _____
 Continued from prior year plan or update

Program Description

Stable housing is a necessary foundation to be able to create wellbeing and support a person’s mental health and overall wellness. 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.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	1	11	6	5	23

Program Update

FY 2021-22 was a year of learning and understanding housing from another perspective. The housing team connected with landlords who priced their units below fair market rates. Staff inquired with these landlords to identify why they had such affordable units when the market is prime for higher prices. The echoed response from them was that they learned that tenants stay longer and take better care of the units when their rental prices are reasonable. The tenants had been in those units for years and had not given them anything to be concerned about until the pandemic. They recognized these tenants were truly in a bind and did not want them to be penalized for circumstances that were out of their control. This information was a different perspective than that of other landlords who feel they need to raise their rents to price out people who could potentially be difficult tenants.

Other updates included:

- **Introduction to National Good Neighbor Day** – An acknowledgment day where staff highlighted the importance of getting to know your neighbor to strengthen communities.
- **Reintroduction of Landlord events/outreach** – Staff hope to have landlords share about the benefits of keeping rents affordable, such as longer-term tenants who take care of their units. Staff would like to have them share their experiences with other landlords in the hopes of making this way of thinking more prevalent for the collective benefit of our communities.
- **TAY-focused event for first-time renters** – Staff plan to edit the Good Tenant Curriculum and tailor the information to the TAY population. This would include condensing the curriculum to a 1-day course and offer it to schools and community centers where TAY seem to gather and will be easier to engage.

Challenges and Solutions

There have been a lot of changes with landlords and housing providers, which has made it more difficult for staff to maintain constant contact and engagement. Staff are also struggling with landlords and providers who may have stigma towards with Section 8 Housing Choice Vouchers. Some landlords will intentionally increase their rents to price out applicants with vouchers.

Hopefully, by returning to in-person events with lunch provided, the Landlord Hour monthly group will be reinstated where staff can increase attendance to inform landlords of changes in the law, reduce housing stigma and provide mental health and housing education to local providers, all while building vital relationships and resources to support Tri-City clients.

Cultural Competence

All flyers and brochures are available in both English and Spanish. In addition, staff have access to a language line if a participant speaks a language staff are not fluent in. In-person assistance for older adults is available while recognizing when technology can be a barrier.

Future efforts include assistance from the agency in helping monolingual staff learn additional consumer languages to improve community outreach.

Community Partners

- The Wellness Center allows housing staff to use their rooms for groups like Good Tenant Curriculum.
- Staff receive support from other MHSA programs to present resources in the landlord meetings.
- Worked closely with Community Mental Health trainers who developed the Everyday Mental Health training for landlords and housing providers.

- Outside contact: 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, House of Ruth.
- Housing provider meetings continue to be held virtually. Staff share about their programs and reach out to other partners when they identify a resource they can share with the community.

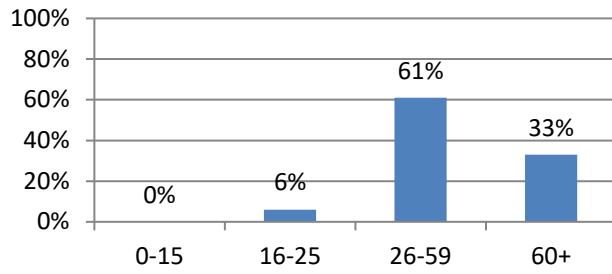
Program Summary

How Much Did We Do?

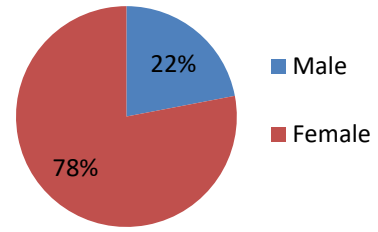


PEI Demographics Including Housing Participants

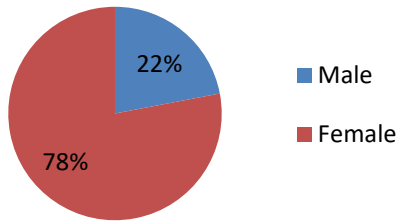
Age Group



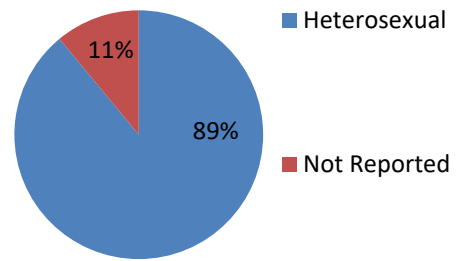
Assigned Gender at Birth



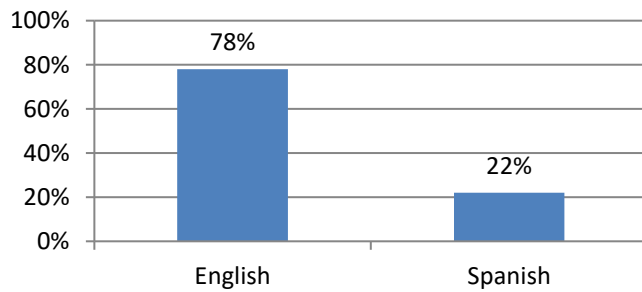
Gender Identity



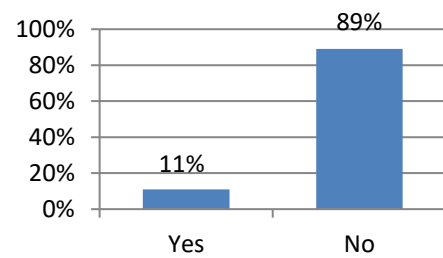
Sexual Orientation

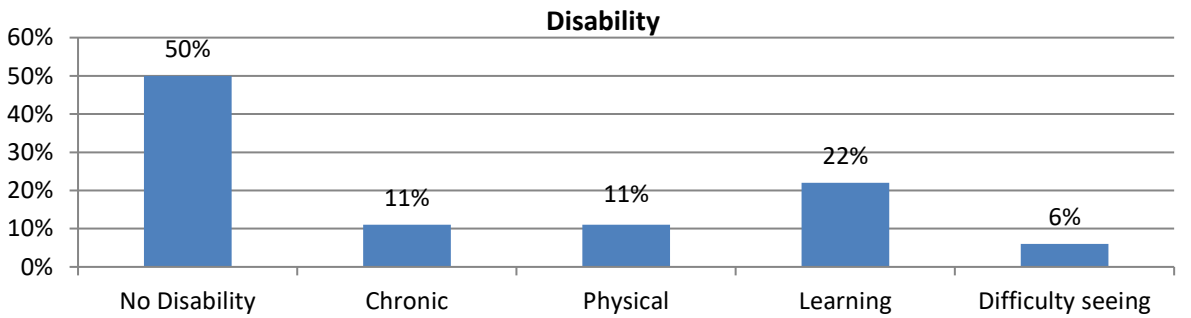
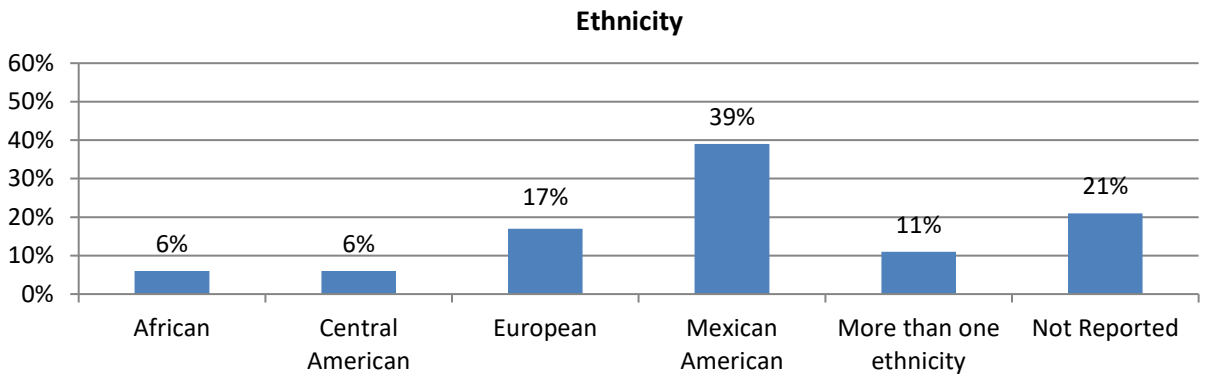
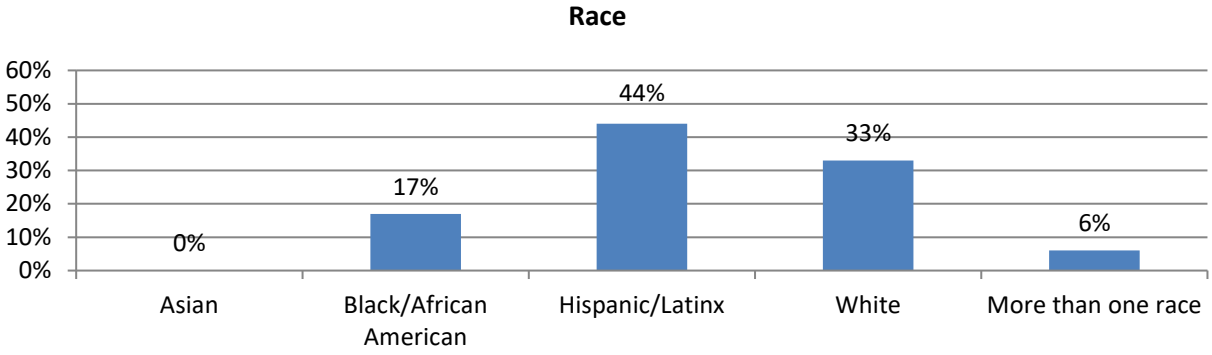


Primary Language



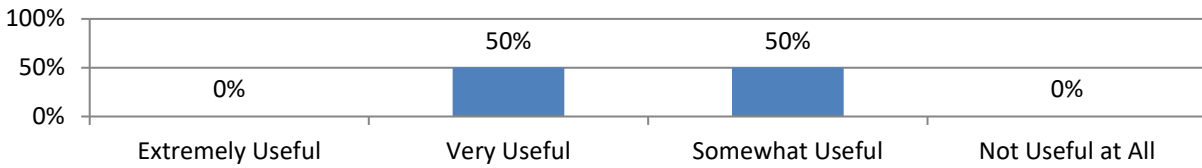
Veteran



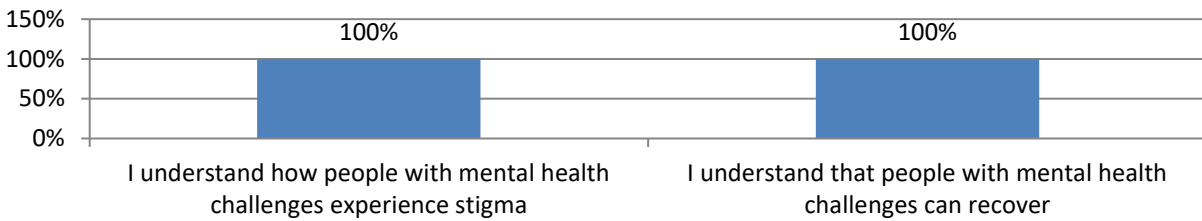


How Well Did We Do It?

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



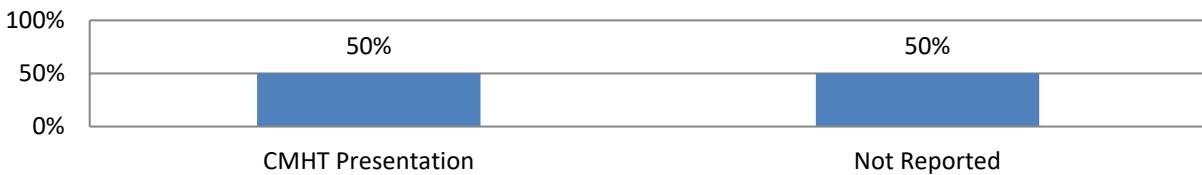
Percent of Landlords that agree or strongly agree with the following:



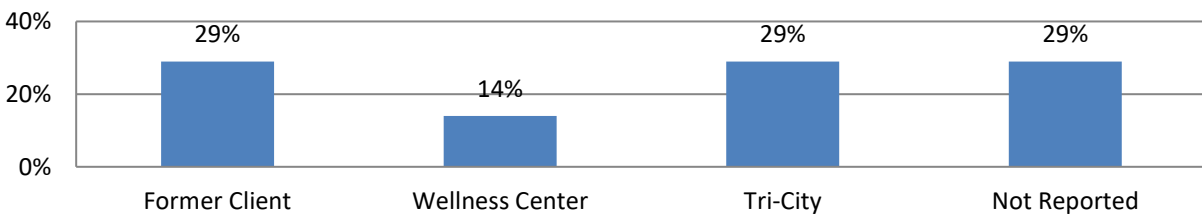
100%
Housing Curriculum participants
would recommend this curriculum
to others

100%
Housing Curriculum participants
reported the presenter was engaging
and approachable

Landlord - How did you hear about us:

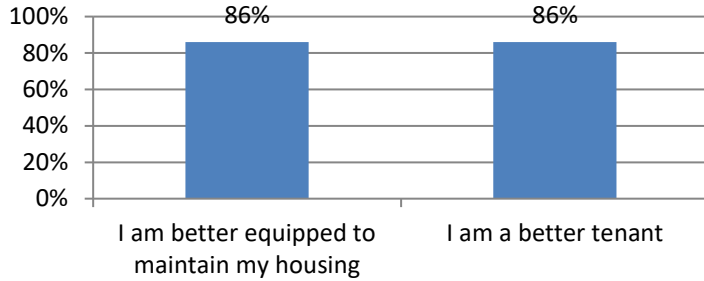


Housing Curriculum - How did you hear about us:



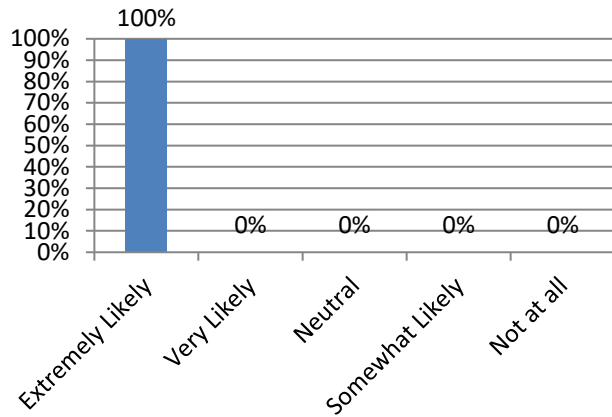
Is Anyone Better Off?

Percent of participants, as a result of this training:

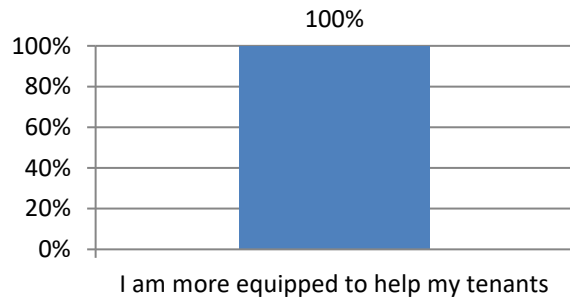


100%
Housing Curriculum
 participants reported that
 staff helped them obtain
 the information needed
 so that they could
 accomplish their housing
 goals

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



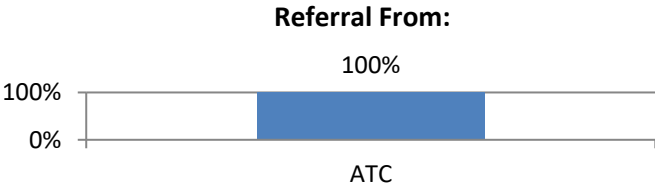
Percent of participants, as a result of this training:



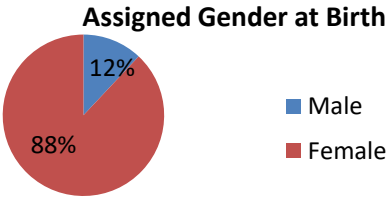
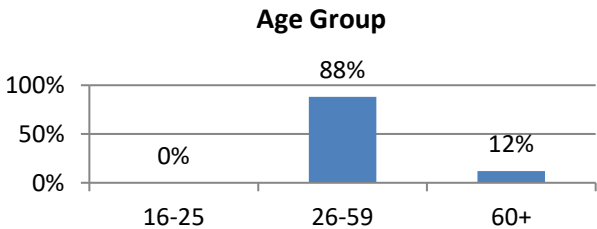
Number of Potential Responders	21
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
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

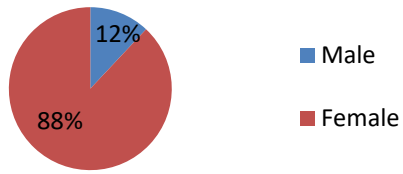
**8
MHA referrals to Housing Stability**



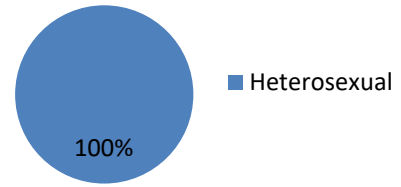
PEI Demographics Based on MHA Referrals



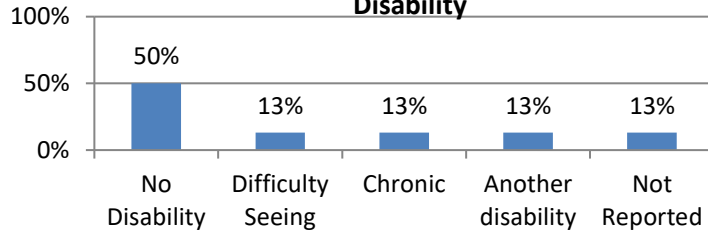
Gender Identity



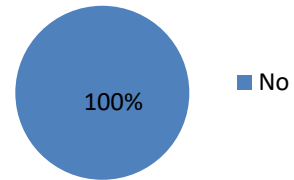
Sexual Orientation



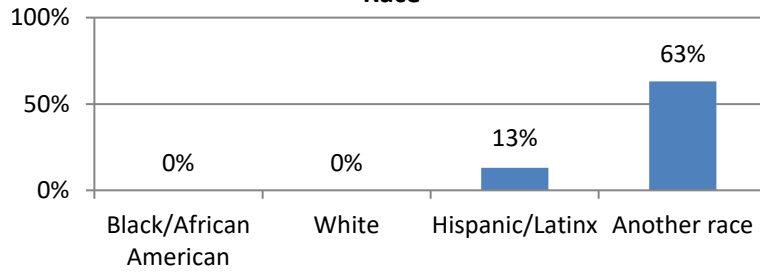
Disability



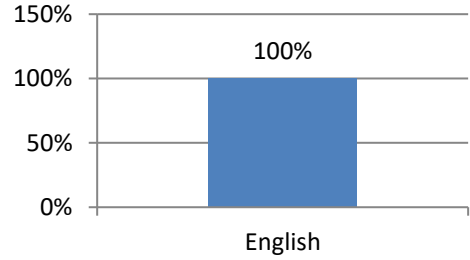
Veteran



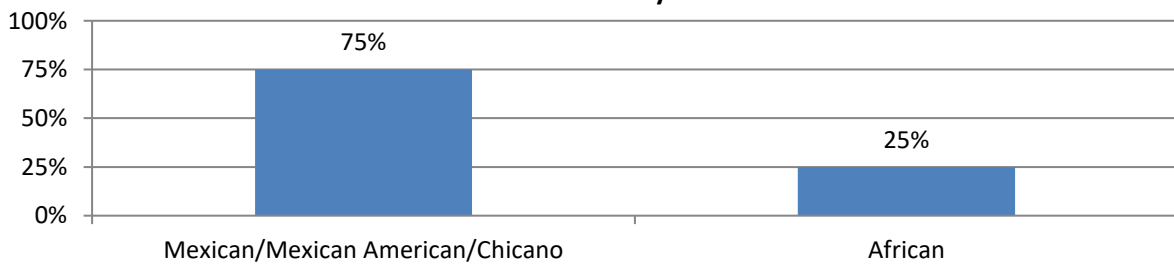
Race



Primary Language



Ethnicity



Therapeutic Community Gardening

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	6	28	48	19	162	263
Cost Per Person	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**

**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.

Program Update

The majority of groups for the Therapeutic Community Garden (TCG) program in FY 2021-22 were held virtually. A new position (Clinical Therapist) was added to TCG, and this program continued to be fully staffed with one Clinical Program Manager, two Clinical Therapists, one Mental Health Specialist and one Community Garden Farmer.

The TCG beautification project that is currently in the works will assist with improving ADA accessibility for individuals who may have mobility issues or not be fully ambulatory. The beautification project will

allow for easy access to the garden gate, classroom, the garden beds, and mobility throughout the entire garden.

Additional activities for this program included providing food security to Al-Anon participants by providing the harvest grown in the garden, providing workshops for medical students, and allowing medical resident students the ability to shadow TCG groups to learn about therapeutic horticulture.

The TCG collaborated with outside agencies and held virtual and in-person workshops (i.e., Joslyn Center, Mt San Antonio, Sustainable Claremont, etc.). The TCG continued to offer groups to various demographics (i.e., ages 0-25, TAY population, Veterans, underserved populations).

The TCG provided donations to Inland Valley Hope Partners food bank as well as providing harvests of fruit and vegetables to participants and community members all year long. Staff continued the food insecurity program (provided harvest to those in need) and donated harvests for the pop-up health clinic held at Tri-City's Adult Outpatient services building.

Challenges and Solutions

Staffing shortage due staff on leave and another staff member taking on a new position in a different department. Due to being short-staffed, the majority of groups from February 2022 to May 2022 were put on hold. Due to surges with COVID-19 pandemic in-person groups needed to be put on hold.

Other issues included the transition age youth being a difficult population to outreach, enroll and maintain in our groups. There was low attendance in the Spanish adult group. Extreme inclement weather (heat or cold) continues to be a barrier for holding groups in the garden and for providing harvests for community and participants. Finally, the garden experienced periodical break-in after hours or on the weekends

After groups were put on hiatus during February 2022 to May 2022 (with the exception of the ReConnect Garden group), TCG has slowly brought back the majority of TCG groups virtually.

During COVID surges, TCG staff continued to host groups and workshops virtually. Despite harsh weather, the TCG was still able to provide fresh and bountiful harvests to participants.

Cultural Competence

The TCG collaborates with community colleges to serve low-income students by providing educational workshops of therapeutic horticulture with the addition of mindfulness techniques. The TCG often incorporates curriculum focused on diversity and inclusion and translates TCG material based on language needs of participants (i.e., Spanish Group). TCG staff is part of the RAINBOW Advisory Council while other staff participate in events that bring awareness to diversity, equity and inclusion.

The TCG also modifies activities for individuals with learning impairments (as needed) and group curriculum includes discussions around diversity, culture and relates this back to the therapeutic horticulture modalities. The TCG has a full-time Spanish-speaking Mental Health Specialist, bilingual groups (English and Spanish), as well as materials available in Spanish (i.e. waivers, enrollment sheet,

referral, questionnaires, flyers, how to garden handouts, recipes, curriculum PowerPoints). Materials are translated into other languages as needed and the use of interpretation services are available.

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.

Success Story

This success story highlights TCG's *Mindfulness Through Virtual Garden (MTVG)* group. Within the last nine months, MTVG has seen an increase in attendees and dialogue during every session. During the check-in part of the group, participants highlighted connections between the garden and their lives. For example, one participant reported caring for their gardens/plants has given her a different understanding of growth, patience, and hope for the future. Additionally, another individual shared being able to manage the holiday blues by tapping into her senses and using her rosemary plant to practice mindfulness. She reports the skills gained from the Therapeutic Community Garden groups have assisted in better managing hard times in her life. These and other examples continue to demonstrate that the modality of Therapeutic Horticulture can parallel participant's lives in many ways. The team was delighted to hear that participants continue to gain opportunities for wellness by attending TCG groups every week.

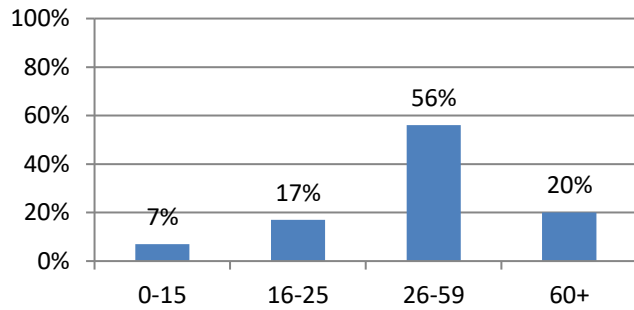
Program Summary

How Much Did We Do?

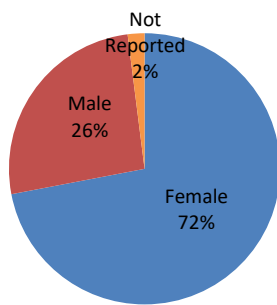
86
Participants Served

12 Months
Average Length of Time
Participants Enrolled in TCG

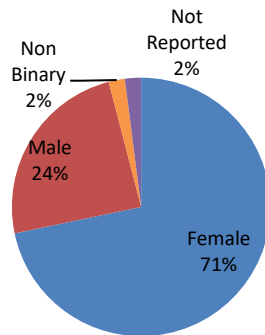
Age Group



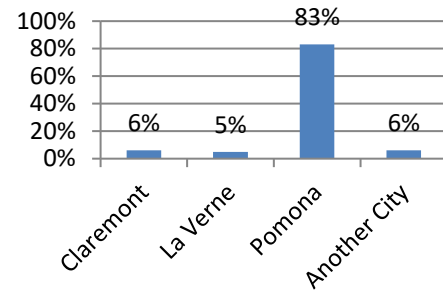
Assigned Gender at Birth



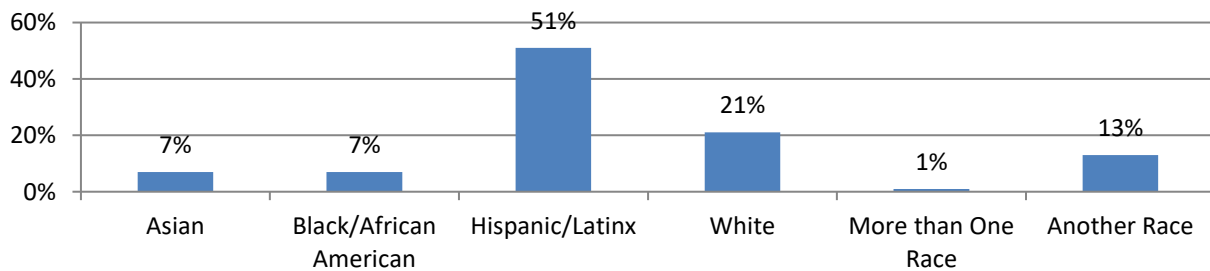
Current Gender Identity

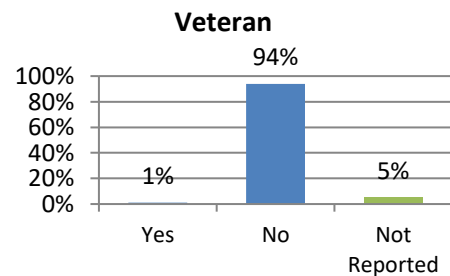
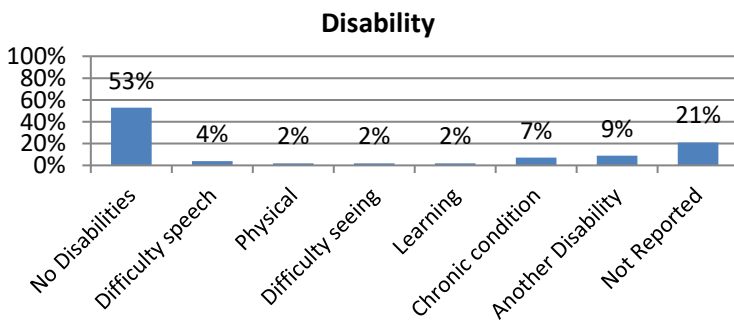
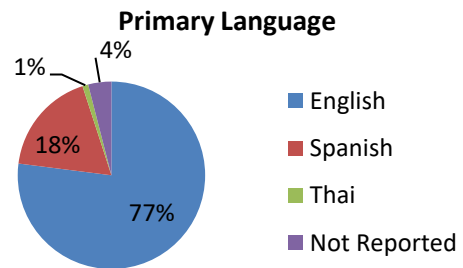
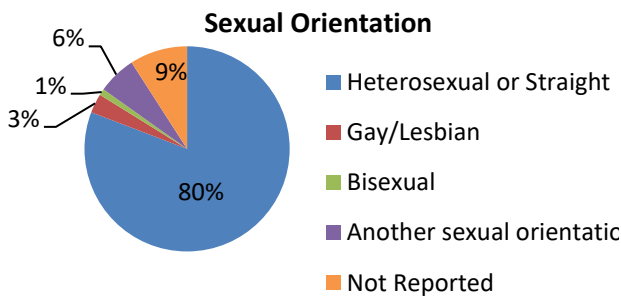
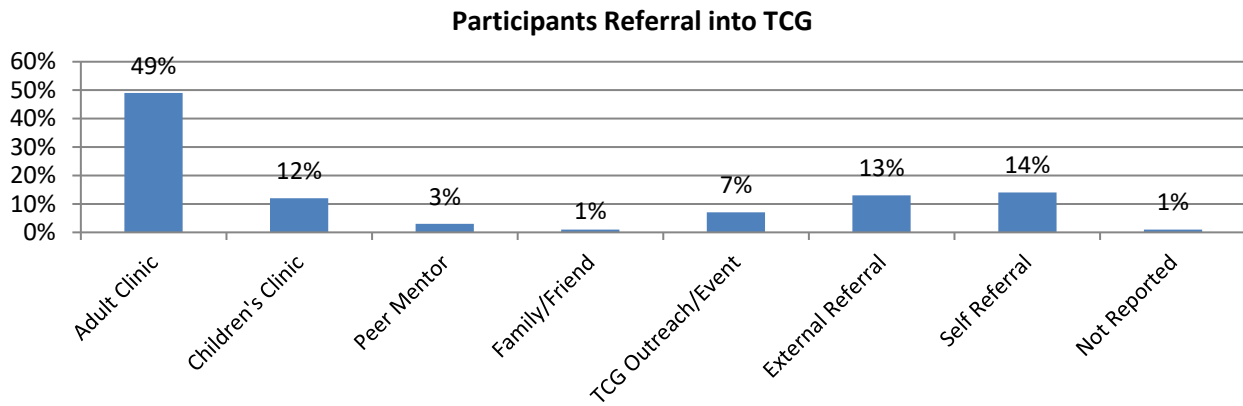
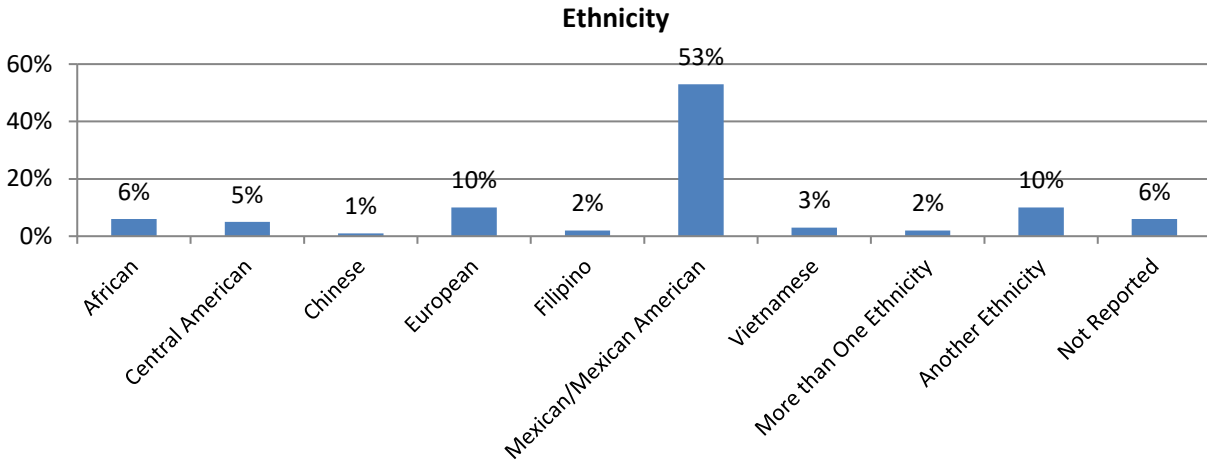


City



Race



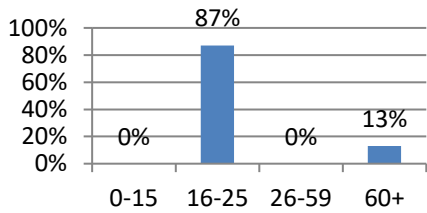


TCG Workshop/Events (Survey Demographics n=15)

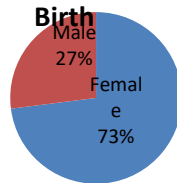
13
Workshop/Events

177
Attendees

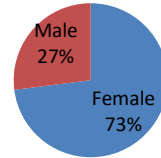
Age Group



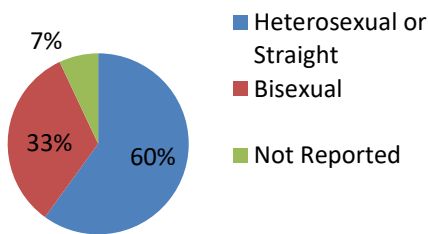
Assigned Gender at Birth



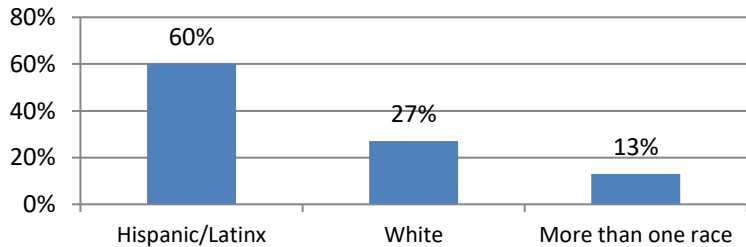
Current Gender Identity



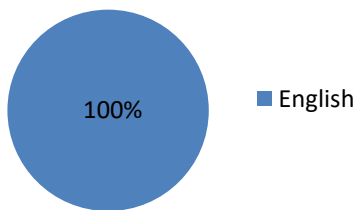
Sexual Orientation



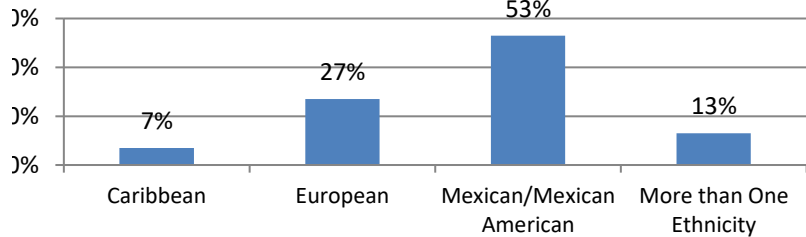
Race



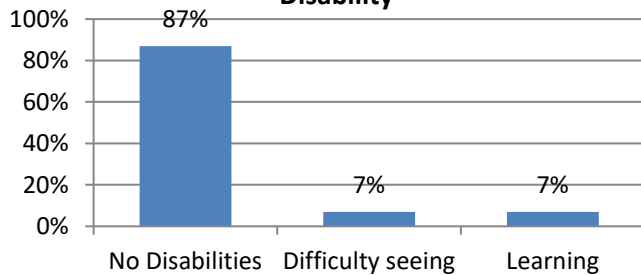
Primary Language



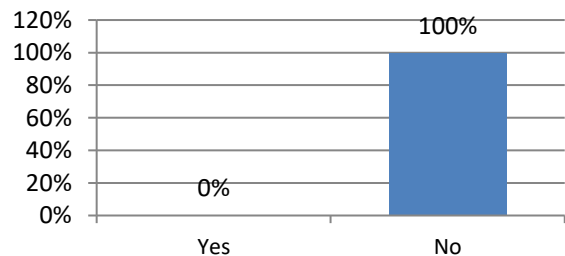
Ethnicity



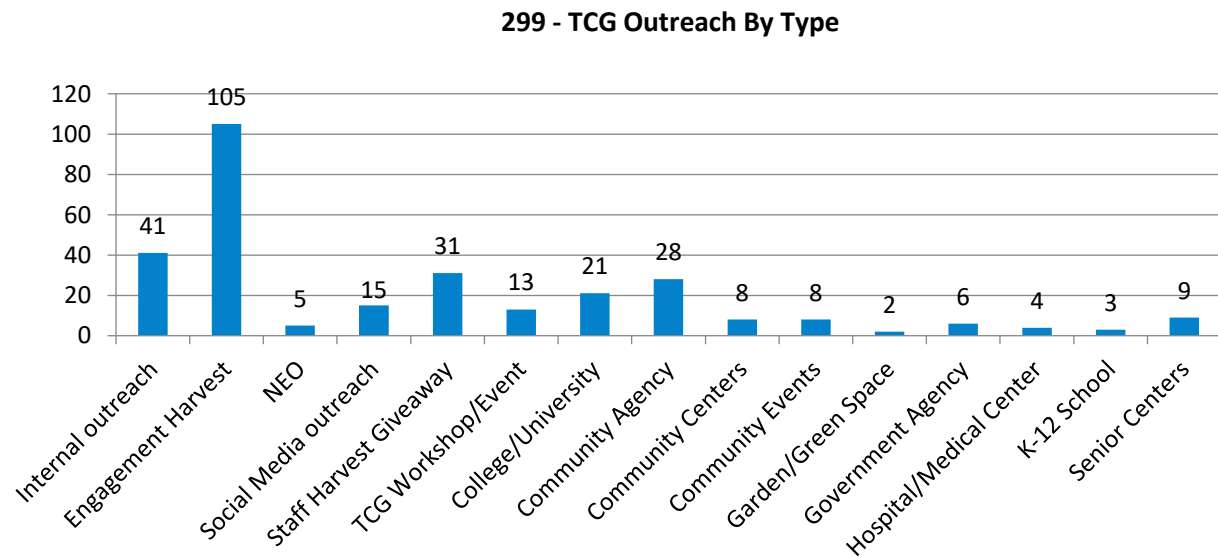
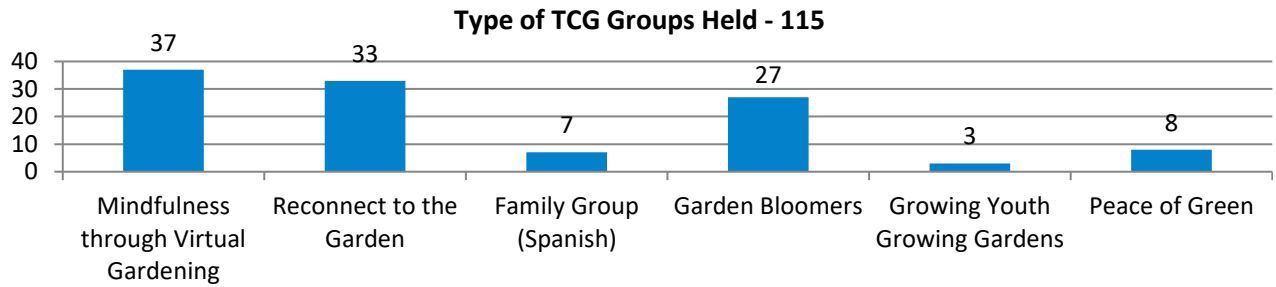
Disability



Veteran

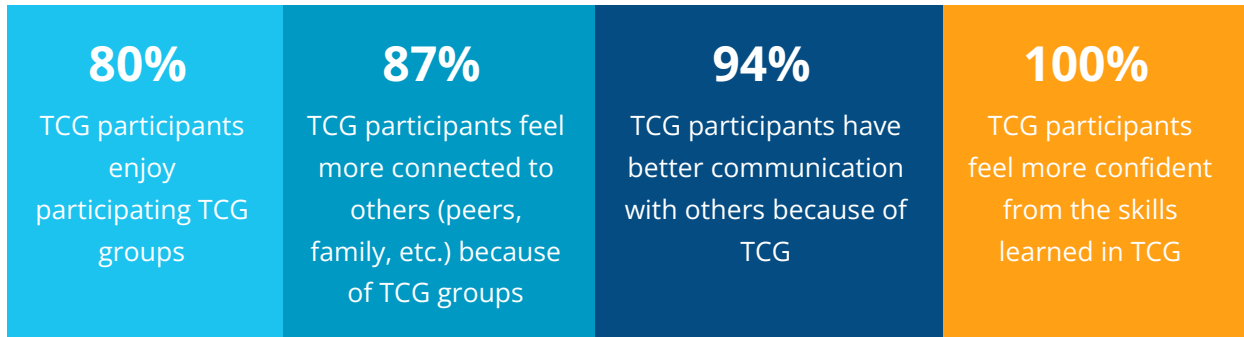


How Well Did We Do It?



Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=15)



TCG Workshop Survey Responses Based on Completed Surveys (n=15)



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

Learned new skills such as communication.	Benefitted from groups and my knowledge about other people.
The gardening skills have been very helpful.	TCG has helped me improve my confidence and connecting to other people
I feel more motivated learning and doing activities with others. I love being outside surrounded by nature.	I connect more with my mom about what we discuss in the groups.
It gets me out, get me talking to others, and I enjoy it all the time!	Building confidence, talking to others.
I realized that something I took for granted is actually one of the most fascinating subjects.	Managing pain, breathing, relaxing, and gained self-confidence.
I learned to keep calm and let things go.	I learned a lot about myself.

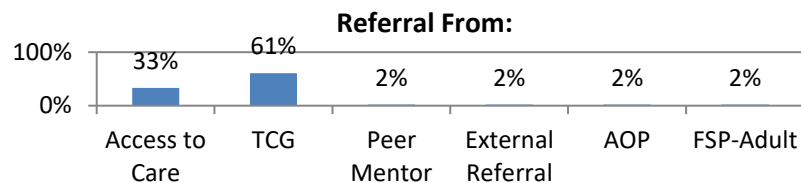
TCG Participant – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:

I enjoy the meeting and the knowledge that I gain, especially learning about Progressive Muscle Relaxation.	I would prefer to have these in-person.
I feel being involved with the garden I am able to express myself and share the feelings I have and people are able to do the same, in this way we all become more united.	The women that run the garden group are always encouraging and motivate me to continue doing my best.
TCG is a comfortable and casual place where you're not feeling judged or judgmental. A one hour to engage and appreciate good healing conversation. Thank You.	I really like the sound presentation. Have more garden groups like these. I think they are great and I wish we could get more people in.
it's very helpful.	I love this group.
Just continue with concepts that help with anxiety, so you're not feeling beat down, same as above.	

Number of Potential Responders	86
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	<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

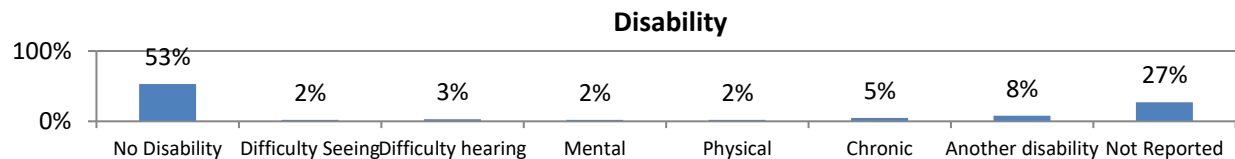
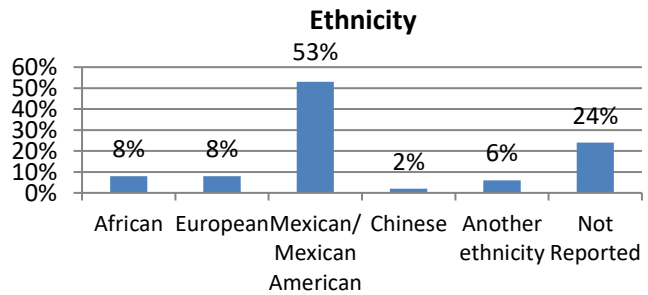
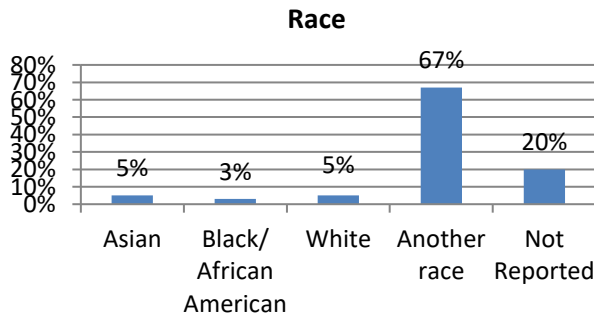
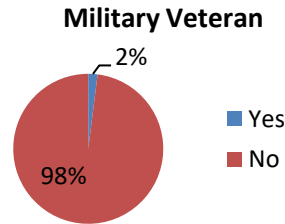
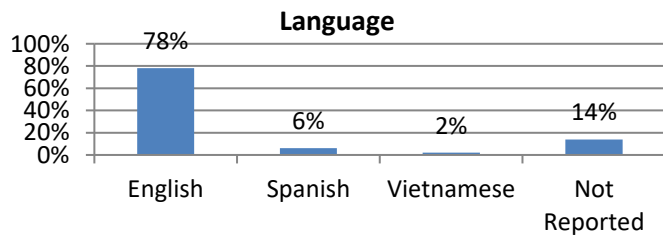
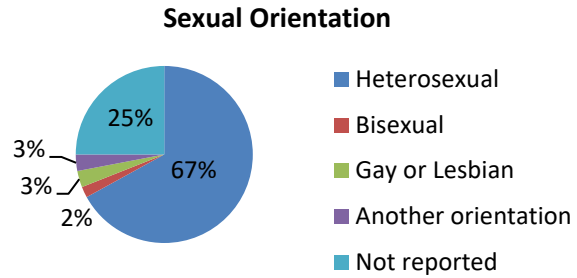
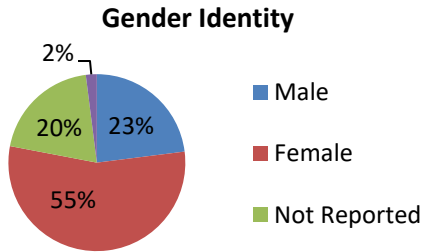
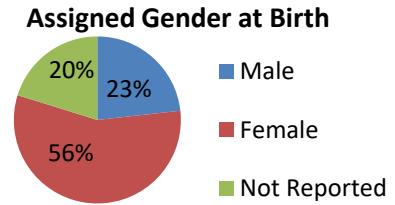
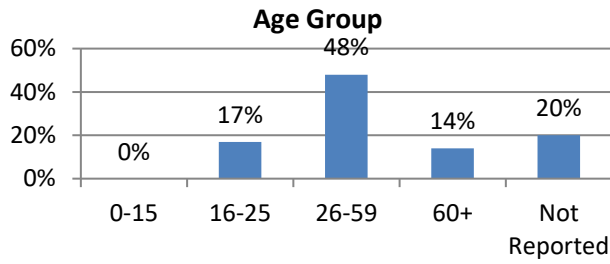
**64
MHSA Referrals to
TCG Program**



**32
MHSAs Referrals Participated in
TCG Program**

**5 Average Days
Between Referral and TCG
Participation**

PEI Demographics Based on MHSAs Referrals



Early Psychosis Program

- New Program – First date of service _____
- Continued from prior year plan or update

Program Description

Tri-City’s Early Psychosis (EP) program 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 2021-22	0	6	24	0	13	43
Cost Per Person	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**

**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.

Program Update

The focus for the Early Psychosis included increasing referrals and enhancing the main component of this program, the Multi-Family Group (MFG). The MFG was able to launch with 4 to 5 families in regular attendance. In addition, a Spanish speaking MFG was created to support our monolingual speaking participants.

The program saw an increase in referrals in FY 2021-22 as internal staff grew more familiar with identifying candidates who fit the criteria. This increase also extended to local school partners who had also become more familiar with the program.

Due to changes in staff, the EP team became smaller and more defined which helped to improve collaboration and treatment. Having one centralized smaller group help with engaging families, encouraged staff to gain ownership of program, and increased clients understanding of the program and overall connection with the treatment team.

Future efforts include creating virtual webinars and utilizing social media to publicize information and bring awareness. In addition, adding more diversified groups and increasing staff access to psychiatry and nurses.

Challenges and Solutions

Creating groups during the pandemic and virtually was a challenge. The PIER model, which this program is based on, was initially created for in-person groups and treatments, thus there needed to be several adaptations to telehealth. Connection and support are primary components of the group, and this was challenging to develop virtually. Families were hesitant to participate in group via telehealth and staff had a difficult time with engaging families in treatment. In addition, the turnover and change in staffing created issues with consistency.

The referral sources were confused about criteria for program (this program is for individuals with early onset or warning signs of psychosis not already experiencing or receiving treatment for psychosis). As a result, some referrals were not appropriate or the referral did not meet criteria for the program.

Finally, coordinating an internal documentation process for the documentation of all the services provided in the Early Psychosis program has been challenging while trying to navigate the electronic health record, medical and Prevention and Early Intervention (PEI) guidelines.

Possible solutions include scheduling the MFG groups in afternoon/evenings and hosting groups for specific populations to address need and concerns that are age-appropriate for participants.

The team hosted several virtual workshops to engage families and help them become at ease with joining group. In addition, adaptations were made throughout to adjust to the engagement needs of clients, in person appointments, one on one pre-coaching to help clients/families feel at ease with joining group.

Cultural Competence

There is a Spanish MFG group to address Spanish Speaking (Refugee/immigrant families and TAYs). The EP staff ensures that clients are addressed by preferred pronouns and names to affirm client's gender identity. Staff are bilingual and bicultural staff with literature/material regarding the clinic in threshold languages (Spanish, Vietnamese, English)

The material on webinars and handouts includes pictures of diverse families. All MFG material has been translated to Spanish to accommodate the need for the Spanish speaking group. Webinars have been provided in Spanish as well as services.

Community Partners

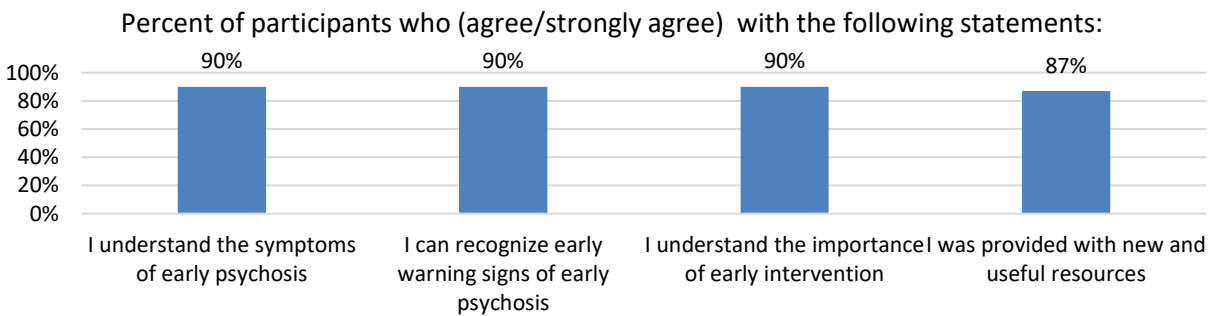
Local schools are the primary community partners for this program. In FY 2020-21, the EP team provided a virtual presentation to the Pomona Unified School District during one of their staff development days. Twenty-five teachers attended and received training on the early warning signs of psychosis.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

Program Summary

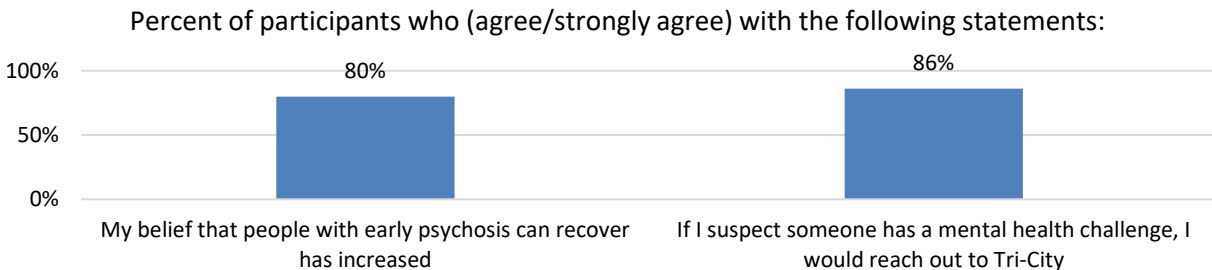
How Much Did We Do?



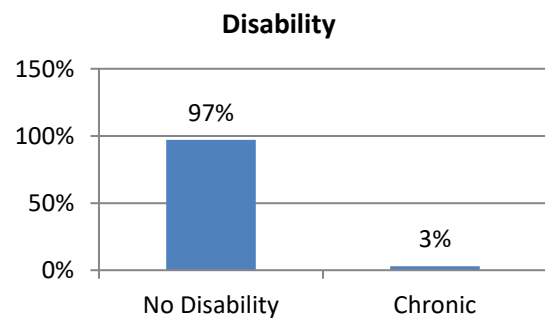
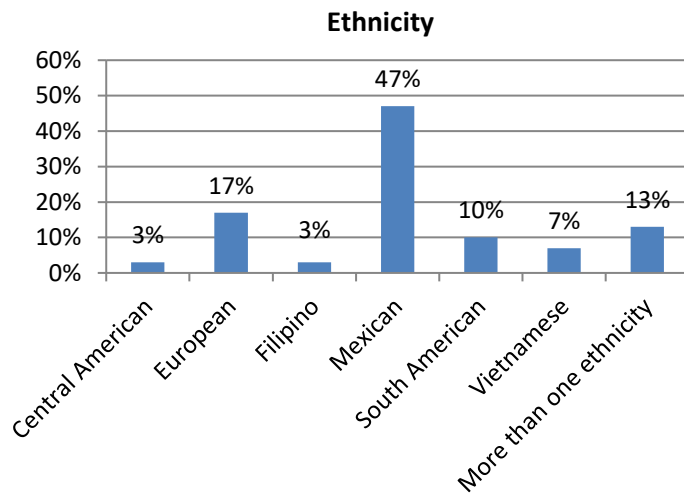
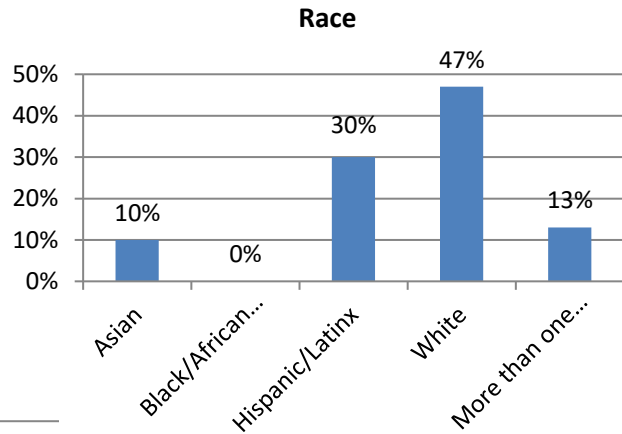
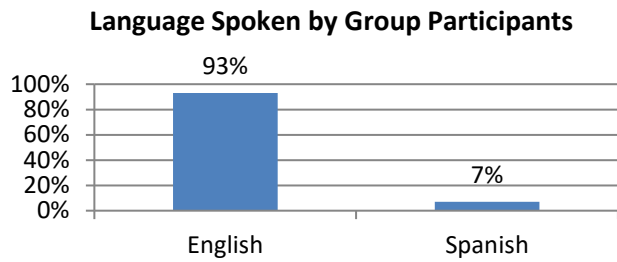
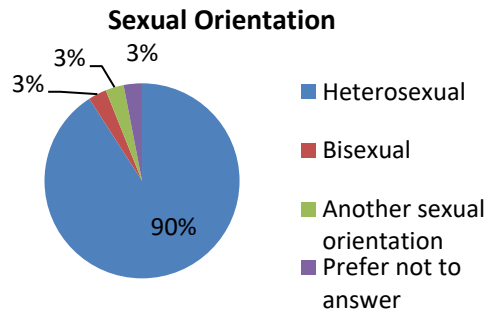
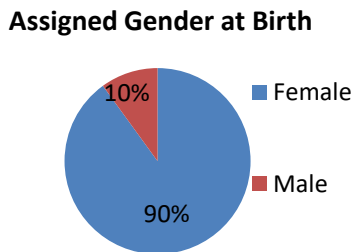
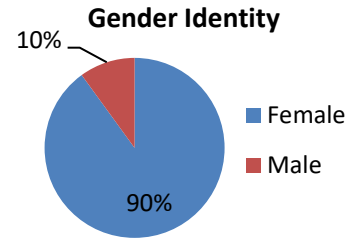
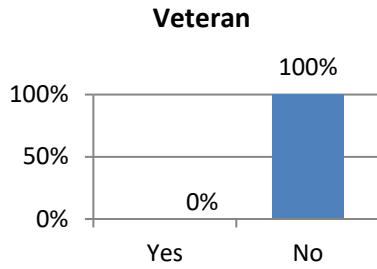
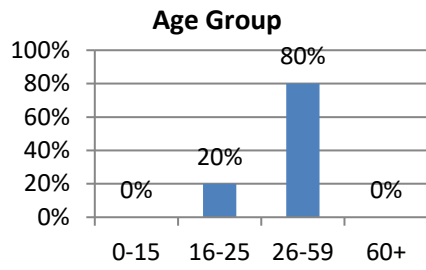
How Well Did We Do It?



Is Anyone Better Off?



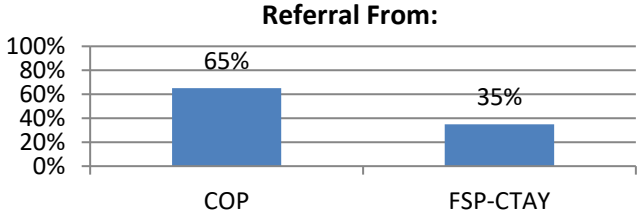
PEI Demographics



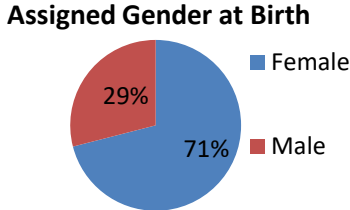
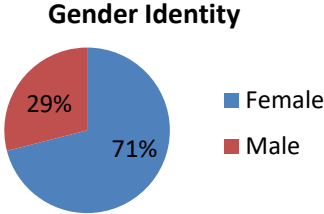
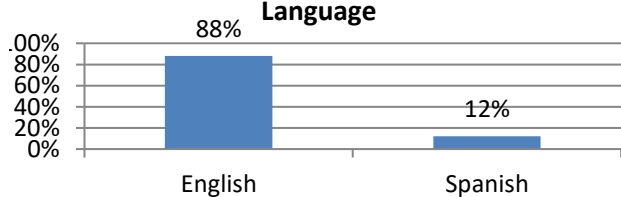
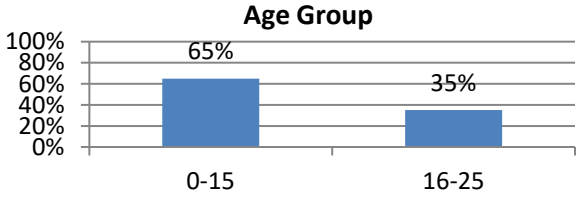
Number of Potential Responders	43
Setting in Which Responders were Engaged	Community, schools, health centers and workplace
Type of Responders Engaged	Community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
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

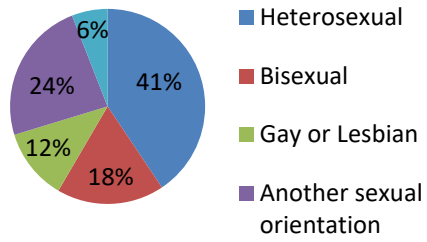
17
MHSA Referrals to Early Psychosis Program



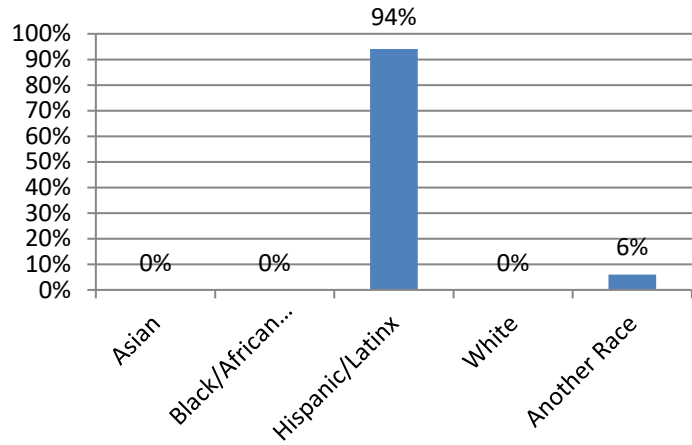
PEI Demographics Based on MSHA Referrals



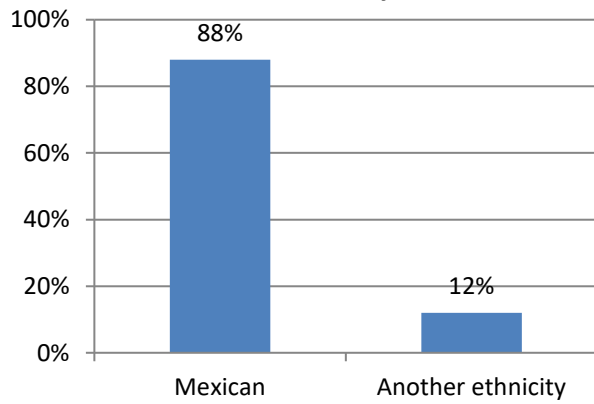
Sexual Orientation



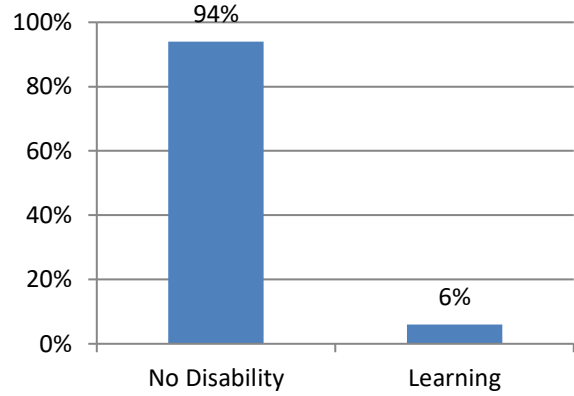
Race



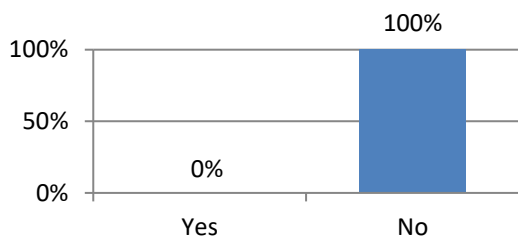
Ethnicity



Disability



Veteran





Innovation (INN)

The Innovation (INN) Plan consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system. INN projects are designed to evaluate the effectiveness of new or changed approaches that can inform current and future mental health practices, with a primary focus on learning.

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
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

Innovation

During FY 21-22 program staff created the Innovation Idea Survey to help stakeholders develop and share their ideas for new innovation projects. In addition, a second survey was created, Introduction to Innovation, for stakeholders who are new to the innovation process. The survey and the Introduction to Innovation presentation are both posted on Tri-city's website year around for stakeholders to view and submit ideas.

Upon the launch of the idea survey and the start of a new community planning process season, 13 new ideas were submitted. These ideas were brought forth during Innovation workgroups where stakeholders discussed each one. In addition, staff also shared with participants the various multi-county collaboratives that were available to join. The stakeholders voted to join the Psychiatric Advanced Directive (PADs) Multi-County Collaborative but continue to develop ideas submitted through the idea survey. On May 23, 2022, the plan to join the PADs Multi-County collaborative was presented to the MHSOAC and was approved for the amount of \$789,360.

Help@Hand

Due to staffing shortages in October 2021 Tri-City discontinued the plan to launch a pilot of myStrength for the Help@Hand project. However, staff continued to monitor other counties usage of myStrength with their priority populations that were similar, such as older adults and monolingual Spanish speakers. In January 2022, after reviewing data and information collected from other counties who piloted myStrength, staff decided to move forward with a full implementation of myStrength within our 3 cities. Tri-City contracted with Painted Brain for Peer support during the implementation process. We also contracted with Uptown Studios for marketing and social media support and Jaguar for our technology and device distribution. Tri-City launched the implementation of myStrength on June 6th, 2022.

Tri-City will continue to invite community members and clients to utilize myStrength through December 2023. Staff will also begin to implement the project PADs. Staff are planning to partner with local first responders, law enforcement, crisis teams, and hospital staff as well as local colleges to look at how staff can effectively roll out PADs to the community.

Challenges and Solutions

Challenges faced during FY 2021-2022 included staffing shortages and minimal communication among all the parties involved with Innovation. The issues with staffing prohibited us from moving forward with the pilot of myStrength. Staff also faced issues with understanding all the necessary parties who needed to approve various aspects of the project to move forward with implementation.

Staff also experienced difficulties engaging stakeholders in Innovation workgroups and project development. It appears many stakeholders felt burnt out on virtual meetings and are missing the in-person meetings from the past.

Due to COVID-19 limitations staff developed the Innovation idea survey to help engage stakeholders and allow them to share ideas at any time. Staff also set up a virtual introduction presentation that stakeholders could view on their own time. Workgroup meetings were held at various times throughout the week which included both a morning and an evening session to ensure stakeholders could join at a time most convenient for them.

Cultural Competence

Innovation is all about creating new programs or adjusting to current programs to help serve the underserved populations. Staff take into consideration the feedback received from the community

planning process as well as feedback from stakeholders and workgroup members in order to develop new plans and ideas that focuses on helping serve the underserved communities in the 3 cities.

Innovation is built to help address barriers to accessing mental health. For the Help@Hand innovation project, Tri-City purchased 60 tablets to help participants bridge the gap of technology and still be able to utilize the app as needed. These tablets will be available for participants who do not have access to a smartphone or computer. Staff have also ensured that all of materials are available in English and Spanish, the two primary languages for this project. The landing page for this project is also translated into Spanish as well as all written material and social media post.

All flyers and outreach materials are available in both English and Spanish. In addition, all social media posts have been translated to Spanish and digital health literacy workshops are available in Spanish.

Community Partners

Innovation has partnered with Painted Brain to assist with the implementation of myStrength and to act as the peer support specialists for this project. They will assist with recruiting participants as well as hosting digital health literacy workshops and “Appy” hours for participants to sign on and ask questions as needed.

Tri-City has also partnered with Uptown Studio Marketing to assist us with marketing and social media development for the myStrength launch. Uptown will create flyers, social media post, and a community partner toolkit to help promote our myStrength implementation. In addition, staff partnered with Jaguar to help with technology and device distribution. Jaguar will be responsible for downloading all the necessary software onto tablets and assisting with any IT questions that come up while participants utilize the tablets to access myStrength.

Success Story

In September 2021, Tri-City launched the Innovation Idea survey. During the community planning process, the survey was promoted at stakeholder meetings and Innovation workgroups as well as through flyers in the community and social media posts. Almost immediately after launch, staff received 13 new idea submissions. This was a success since it seemed as though community members were enjoying the ease in which they could share their ideas for future innovation plans.

In March 2022, staff held two focus groups with the help of a marketing partner to understand the needs of the priority populations. There was a focus group for Spanish speakers and for TAY. Both focus groups were a huge success. The feedback received from both groups helped to develop the marketing tools needed for the launch of the myStrength application.



Workforce Education and Training (WET)

The Workforce Education and Training (WET) Plan focuses its efforts 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 (WET)

The Workforce Education and Training (WET) 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 the 2021-22 fiscal year, the WET staff were able to transition back to working in the office part-time, which allowed for greater opportunities to continue the program. There was a return to the conferences held by the Southern California Regional Partnership (SCRPs) which was focused on Person Centered Engagement Strategies and made available virtually to all staff.

Additionally, the WET program staff in collaboration with the SCRPs was able to apply for and obtain funding for a wide range of projects including Loan Repayment Program, Scholarships, Pipeline Development, and more. Tri-City launched its own Loan Repayment program, which was made accessible for all staff who applied, contingent on their completion of a one-year commitment to Tri-City Mental health which ends in June 2023.

Over the course of FY 2021-22 staff added additional requirements for training staff including digital security, additional cultural training options, and more to better meet the current needs of our community. New trainings will be made available including working with the Beck Institute to secure training for clinical staff related to Cognitive Behavioral Therapy (CBT).

Staff will continue to support peers in the process to be certified as Peer Support Specialists through the statewide certification facilitated by CalMHSA.

Challenges and Solutions

The transition back to working in the office, following the pandemic did necessitate updated regulations for service learners (i.e. volunteers) including mandated vaccinations and masking. While returning to the office was possible for many, continued restrictions on social distancing and masking

make a full transition to in-person trainings difficult though it is preferable for a portion of the workforce.

The WET staff continue to communicate openly with staff and partners organizations for training about the importance of maintaining the health of staff, service learners, and partners. New service-learners were informed of the new policy in the initial discussion about requirements for volunteering which minimized confusion. In response, some service-learners worked only virtually if they were not able to meet the in-person requirement.

Outreach was done virtually still, but with limited in-person outreach as allowed by the organizations with which we work.

Cultural Competence

The WET Program is dedicated to developing a workforce that is sufficiently diverse and prepared to appropriately and effectively meet the needs of each underserved community. Part of that effort is providing training opportunities that strengthen staff ability to recognize and appropriately respond to challenges and the inherent strengths of each community. Training opportunities include several available online through the learning platform, Relias, that targets specific populations including LGBTQ, Older Adults, TAY, and diverse racial groups. Additionally, Tri-City participated in the Person-Centered Engagement Strategies in November of 2021 which offered several separate sessions related to Critical Race Theory, and strategies for effectively reaching and supporting such groups as the Deaf and Hard of Hearing, Latinos, Peers, African Americans, LGBTQ, and Peers.

The WET program is focused on ensuring that the staff across departments within Tri-City are adequately prepared to be sensitive to the needs of the populations that we serve including those from underserved communities. Through continued education and support, we reinforce a culture of justice, equity, diversity and inclusiveness that is reflected in each program's activities.

Additionally, as far as communications and social media efforts, staff strive to be inclusive in the imaging and messaging that is used to represent a wide range of races and cultures. In social media posts, imaging is used that is representative of a multitude of ages, races, cultures, genders, and expressions of sexual orientation. Additionally, staff ensure ADA compliance, so that posts are accessible to as large a range of sensory abilities as possible.

Also, in our outreach efforts, we attempt to include materials in multiple languages in the hopes of attracting staff and volunteers from a wide range of underserved communities.

Community Partners

The Southern California Regional Partnership (SCRIP) is an organization made up of representatives from WET programs of the 10 Southern California Counties (other than LA County). This collaborative meets monthly to discuss relevant news and information about the WET Program. Additionally, staff work together to coordinate trainings, seminars, and events that would not be possible to coordinate separately. Some opportunities that have grown from this include the Person-Centered Engagement Strategies in November of 2021 which offered several separate sessions related to successfully

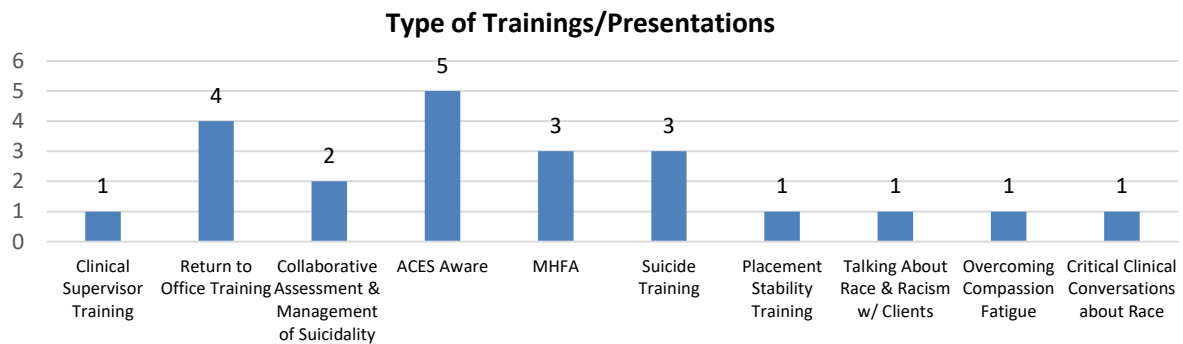
reaching out to underserved communities. Also, this collaboration worked together to receive a grant from HCAI, which allows us to offer a pipeline program targeted at developing a diverse workforce, retention programs including Loan Repayment Programs, and more.

Success Story

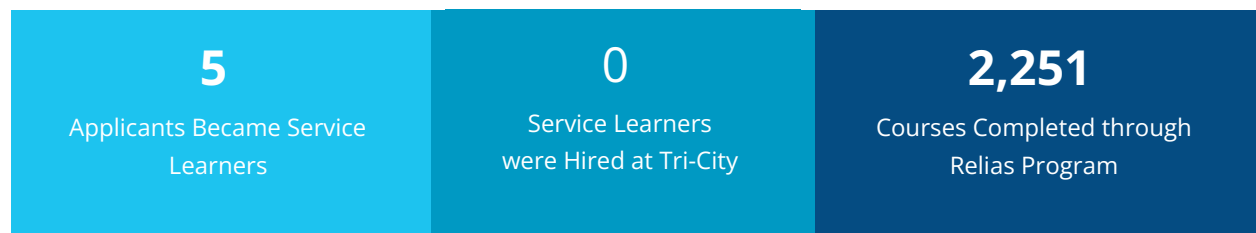
A service learner took an active role in a communication campaign funded by the Adverse Childhood Experiences (ACEs) Aware grant, a statewide initiative that Tri-City was awarded funding to participate in. This student was able to gain real world practice developing a social media campaign and creating targeted messaging for health care providers, educators, service providers and community members. The service learner expressed that the experience was vital to his education and allowed him to learn more about community mental health and public health systems and has increased his chances of finding a successful career.

Program Summary

How Much Did We Do?



How Well Did We Do It?





Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs (CFTN) Plan focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

Capital Facilities and Technological Needs (CFTN)

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

In FY 2021-22 it became clear that funds were needed to update and improve technology within Tri-City Mental Health Authority. The following is a list of requests presented to stakeholders that were approved and incorporated into the MHSA Annual Update for FY 2022-23.

Date of Stakeholder Meeting	Transfer funds from CSS to CFTN Plan	Purpose
August 2021	\$400,000	Construction of four additional office spaces at MHSA Building 2001 N. Garey Ave, Pomona

Project Name	Estimated Budget	ETA for Implementation	Description
TCMH Wireless Network Refresh	\$152,000	Q3 of 2022	Upgrade TCMH wireless network at all locations - 82 AP at \$1k/unit - 24 switches at \$1.5k/unit - 20 UPS devices at \$500/unit - Implementation Consulting Services 120 hours at \$200/hr. = \$24k
Microsoft 365 Migration Consulting	\$100,000	Q3 of 2022	Migrate TCMH Microsoft tenants to government cloud for added security and functionality
TCMH Security Refresh	\$140,000	Q3/Q4 of 2022	Replace all TCMH security cameras and upgrade FOB entry system. - 50 Security Cameras at \$300/unit - 30 FOB entry points at \$2,500/door - Electrical wiring per site = \$10k/site (5 sites)
Wellness Center Device Refresh	\$20,000	Q3/Q4 of 2022	Refresh of Wellness Center devices - 15 PCs at \$2k/unit - 15 PC monitors at \$250/unit - 3 Overhead Projectors at \$2.5k/unit - 3 TVs at \$2k/unit - 1 DVD/Blu-Ray Player and Videos at \$1k - 1 Gaming console at \$1k - 1 Karaoke machine at \$1k - 1 Presenter podium at \$1k
Overhead Paging System	\$25,000	Q4 of 2022	Upgrade TCMH paging system
On-Prem to Cloud Migration	\$100,000	Q1 of 2023	Initial set-up, migration, and configuration of TCMH cloud hosting instance
TCMH ERP Implementation	\$100,000	Q2 of 2023	Implementation of Enterprise Resource Planning system
Rolling PC Expenditure	\$100,000	Q3 of 2023	50 PC's at \$2,000/unit
Windows II Implementation	\$587,500	Q4 of 2023	Implementation of Windows II devices for the Agency. - 250 laptops at \$2k/unit for Win II adoption - 250 keyboard/mice at \$1k/unit - 250 docking stations at \$250/unit

Although these funds were allocated and assigned to various projects within CFTN, additional priorities began to emerge which redirected the focus of staff. These additional priorities included the need to select, implement and train staff on a new electronic health record system.

This process is due to be completed in FY 2022-23 as staff continue to work on the implementation of these projects.



MHSA Expenditure Plan

The following section includes information regarding Cost Per Participant for
MHSA Programs and TCMHA Staff Demographics

Cost Per Participant

The services provided in Fiscal Year 2021-22 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 MESA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (Child)	CSS	77	\$13,979
Full Service Partnership (TAY)	CSS	141	\$14,234
Community Navigators	CSS	242	\$310**
Wellness Center	CSS	1,728	\$587**
Supplemental Crisis Services	CSS	197	\$791**
Family Wellbeing Program	Prevention and Early Intervention	153	\$206**
Peer Mentor Program (TAY Wellbeing)	Prevention and Early Intervention	12	\$1,339
Therapeutic Community Gardening	Early Intervention	89	\$1,096**
Early Psychosis	Prevention and Early Intervention	6	\$3,607**

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	141	\$14,234
Full Service Partnership (Adult)	CSS	217	\$14,753
Full Service Partnership (Older Adult)	CSS	50	\$11,894
Community Navigators	CSS	764	\$310**
Wellness Center	CSS	721	\$587**
Supplemental Crisis Services	CSS	902	\$636**
Field Capable Clinical Services for Older Adults	CSS	29	\$3,437
Family Wellbeing Program	Prevention and Early Intervention	265	\$206**
Peer Mentor Program (Older Adult Wellbeing)	Prevention and Early Intervention	29	\$3,067
Therapeutic Community Gardening	Early Intervention	174	\$1,096**
Early Psychosis	Prevention and Early Intervention	43	\$3,607**

** 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 2021-22, Tri-City served approximately 2,471 unduplicated clients who were enrolled in formal services. Tri-City's Fiscal Year 2022-23 Budget included a total of 247.6 Full-time/Equivalent employees and an annual operating budget of approximately \$34.9 million dollars. Tri-City strives to reflect the diversity of its communities through its hiring, language spoken, and cultural competencies.

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

HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	21.6%	White	14.2%
Hispanic/Latinx	58.4%	Hispanic/Latinx	57.9%
Asian/Pacific Islander	11.5%	Asian	11.2%
Black/African American	4.9%	Black/African American	7.1%
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	7.6%
Two Or More Races	2.8%	Two Or More Races	1.0%

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

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

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. Since January 2022, Tri-City has experienced a 11.9% turnover of our current workforce with 22 resignations from January through August 2022. While it still is increasingly difficult to remain competitive, attract, and retain qualified Behavioral health staff, Tri-City has seen a 5.4% decrease thus far this year in our turnover rate in comparison to the same time last year. Tri-City's implementation of hiring incentives such as our sign-on bonus, hybrid work schedules, hazard and longevity pay have helped to create a more attractive compensation and benefit package.

Each month Tri-City staff review and prepare reports for the Governing Board which reflect our current staffing including diversity and comparison to the community we serve. Through this practice, staff are able to determine the limitations of our agency and able to address these concerns on a monthly basis.

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

Demographics for Tri-City Mental Health Staff	Percent of Staff
White	14.2%
Hispanic/Latinx	57.9%
Asian	11.2%
Black/African American	7.1%
Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	0.5%
Other	7.6%
Two Or More Races	1.0%

The most common languages for our clients are English 87% and Spanish 11%. Approximately 56% of the Tri-City Workforce is bilingual. Approximately 48% of the Tri-City Workforce is qualified to provide bilingual interpretation services in the threshold language, Spanish.

Number of Staff Certified/Qualified for Bilingual Interpretation		
Language	# Bilingual	% Bilingual
Spanish (Threshold Language)	94	48%
Vietnamese	3	0.2%
French	3	0.2%
Khmer	1	0%
Persian	1	0%
Punjabi	1	0%
Russian	1	0%
Mandarin & Chinese	2	0.1%
Hindi	1	0%
Japanese	1	0%
Tagalog	2	0.1%
Total Bilingual	110	56%

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

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	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 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years 6/30/23	16,544,291	4,476,308	3,107,758	1,431,643	2,729,658	
2. Estimated New FY 2023/24 Funding	11,178,109	2,794,527	735,402			
3. Transfer in FY 2023/24 ^{a/}	(2,500,000)			500,000	2,000,000	
4. Access Local Prudent Reserve in FY 2023/24						
5. Estimated Available Funding for FY 2023/24	25,222,400	7,270,835	3,843,160	1,931,643	4,729,658	
B. Estimated FY 2023/24 MHSA Expenditures	11,610,705	3,336,066	980,883	611,680	980,700	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,611,695	3,934,769	2,862,277	1,319,963	3,748,958	
2. Estimated New FY 2024/25 Funding	8,942,487	2,235,622	588,322			
3. Transfer in FY 2024/25 ^{a/}						
4. Access Local Prudent Reserve in FY 2024/25						0
5. Estimated Available Funding for FY 2024/25	22,554,182	6,170,391	3,450,599	1,319,963	3,748,958	
D. Estimated FY 2024/25 Expenditures	12,191,240	3,435,578	346,860	642,264	255,700	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,362,942	2,734,813	3,103,739	677,699	3,493,258	
2. Estimated New FY 2025/26 Funding	8,495,363	2,123,841	558,905			
3. Transfer in FY 2025/26 ^{a/}						
4. Access Local Prudent Reserve in FY 2025/26						0
5. Estimated Available Funding for FY 2025/26	18,858,305	4,858,654	3,662,644	677,699	3,493,258	
F. Estimated FY 2025/26 Expenditures	12,800,802	3,605,165	0	674,377	255,600	
G. Estimated FY 2025/26 Unspent Fund Balance	6,057,502	1,253,488	3,662,644	3,322	3,237,658	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	2,199,999
2. Contributions/interest to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	2,199,999
5. Contributions/interest to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	2,199,999
8. Contributions/interest to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	2,199,999

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 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	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	1,533,449	489,270	571,300		472,879	
2. 1b-TAY FSP	2,055,332	683,060	970,318		401,954	
3. 1c-Adult FSP	3,978,929	2,099,616	1,879,313			
4. 1d-Older Adult FSP	600,529	373,178	227,351			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	434,159	434,159				
2. Wellness Center	1,309,197	1,309,197				
3. Supplemental Crisis Services	879,110	879,110				
4. Field Capable Clinical Services for Older Adults	26,739	26,739				
5. Permanent Supportive Housing	420,615	420,615				
6. Access to Care	1,765,735	1,765,735				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,130,026	3,130,026				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	16,133,820	11,610,705	3,648,282	0	874,833	-
FSP Programs as Percent of Total	70.4%					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	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	1,610,121	513,734	599,865		496,523	
2. 1b-TAY FSP	2,158,099	717,213	1,018,834		422,052	
3. 1c-Adult FSP	4,177,875	2,204,597	1,973,279			
4. 1d-Older Adult FSP	630,555	391,837	238,719			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	455,867	455,867				
2. Wellness Center	1,374,657	1,374,657				
3. Supplemental Crisis Services	923,066	923,066				
4. Field Capable Clinical Services for Older Adults	28,076	28,076				
5. Permanent Supportive Housing	441,646	441,646				
6. Access to Care	1,854,022	1,854,022				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,286,527	3,286,527				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	16,940,511	12,191,240	3,830,696	0	918,575	-
FSP Programs as Percent of Total	70.4%					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	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	1,690,628	539,420	629,858		521,349	
2. 1b-TAY FSP	2,266,004	753,074	1,069,776		443,154	
3. 1c-Adult FSP	4,386,769	2,314,827	2,071,943			
4. 1d-Older Adult FSP	662,083	411,429	250,654			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	478,660	478,660				
2. Wellness Center	1,443,390	1,443,390				
3. Supplemental Crisis Services	969,219	969,219				
4. Field Capable Clinical Services for Older Adults	29,480	29,480				
5. Permanent Supportive Housing	463,728	463,728				
6. Access to Care	1,946,723	1,946,723				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,450,854	3,450,854				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	17,787,537	12,800,802	4,022,231	0	964,503	0
FSP Programs as Percent of Total	70.4%					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	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	94,178	94,178				
2. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
3. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	448,367	448,367				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	216,468	216,468				
7. School Based Services Program	570,478	570,478				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
12. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
13. Therapeutic Community Gardening	326,676	326,676				
14. Early Psychosis	192,926	192,926				
15. School Based Services Program	570,478	570,478				
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	523,328	523,328				
PEI Assigned Funds	94,000	94,000				
Total PEI Program Estimated Expenditures	3,336,066	3,336,066	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	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	98,887	98,887				
2. Older Adult Wellbeing (Peer Mentor)	77,307	77,307				
3. Transition-Age Youth Wellbeing (Peer Mentor)	73,544	73,544				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	470,785	470,785				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	227,291	227,291				
7. School Based Services Program	599,001	599,001				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	77,307	77,307				
12. Transition-Age Youth Wellbeing (Peer Mentor)	73,544	73,544				
13. Therapeutic Community Gardening	343,010	343,010				
14. Early Psychosis	202,572	202,572				
15. School Based Services Program	599,001	599,001				
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	549,494	549,494				
PEI Assigned Funds	32,000	32,000				
Total PEI Program Estimated Expenditures	3,435,578	3,435,578	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	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	103,831	103,831				
2. Older Adult Wellbeing (Peer Mentor)	81,172	81,172				
3. Transition-Age Youth Wellbeing (Peer Mentor)	77,221	77,221				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	494,325	494,325				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	238,656	238,656				
7. School Based Services Program	628,951	628,951				
8.	0					
9.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	81,172	81,172				
12. Transition-Age Youth Wellbeing (Peer Mentor)	77,221	77,221				
13. Therapeutic Community Gardening	360,160	360,160				
14. Early Psychosis	212,701	212,701				
15. School Based Services Program	628,951	628,951				
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	576,969	576,969				
PEI Assigned Funds	32,000	32,000				
Total PEI Program Estimated Expenditures	3,605,165	3,605,165	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	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. #05 Help @ Hand	388,311	388,311				
2. Psychiatric Advance Directive (PADs) Multi-County Collaborative	519,366 0	519,366 0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
INN Administration	73,206	73,206				
Total INN Program Estimated Expenditures	980,883	980,883	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	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. #05 Help @ Hand	0	0				
2. Psychiatric Advance Directive (PADs) Multi-County Collaborative	269,994	269,994				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
INN Administration	76,866	76,866				
Total INN Program Estimated Expenditures	346,860	346,860	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	467,284	467,284				
2. Engaging Volunteers and Future Employees	31,996	31,996				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	112,400	112,400				
Total WET Program Estimated Expenditures	611,680	611,680	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	490,648	490,648				
2. Engaging Volunteers and Future Employees	33,596	33,596				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	118,020	118,020				
Total WET Program Estimated Expenditures	642,264	642,264	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	515,181	515,181				
2. Engaging Volunteers and Future Employees	35,276	35,276				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	123,921	123,921				
Total WET Program Estimated Expenditures	674,377	674,377	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	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	260,000	260,000				
2. Capital Improvements to Therapeutic Community Garden	465,000 0	465,000				
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Technology Upgrades	255,700	255,700				
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	980,700	980,700	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Technology Upgrades	255,700	255,700				
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	255,700	255,700	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Technology Upgrades	255,600	255,600				
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	255,600	255,600	0	0	0	0

Appendix

Public Hearing Documents

Meeting Agenda, Governing Board Resolution,
Outreach Flyers, Public Notice, Public Comments
and Public Hearing Presentation



Founded in 1960 by the residents of Pomona, Claremont and La Verne.

www.tricitymhs.org

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

TRI-CITY MENTAL HEALTH AUTHORITY

AGENDA

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

AND

PUBLIC HEARING FOR THE MENTAL HEALTH SERVICES ACT (MHSA)

April 11, 2023

3:30 p.m.

MEETING LOCATION

MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California 91767

Posting of Agenda. The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: Administrative Office, 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. Members of the public are invited to speak on any matter on or off the agenda. If the matter is an agenda item, you will be given the opportunity to address the legislative body when the matter is considered. 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.

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 Tri-City Mental Health Commission less than 72 hours prior to this meeting are available for public inspection at 1717 N. Indian Hill Blvd. Suite B, in Claremont during normal business hours.

In compliance with the American Disabilities Act, any person with a disability who requires an accommodation in order to participate in a meeting should contact JPA Administrator/Clerk Mica Olmos at (909) 451-6421 at least 48 hours prior to the meeting.

Administrative Office

1717 North Indian Hill Boulevard, Suite B Claremont, CA 91711 Phone (909) 623-6131 Fax (909) 623-4073

Clinical Office / Adult

2008 North Garey Avenue Pomona, CA 91767 Phone (909) 623-6131 Fax (909) 865-9281

Clinical Office / Children

900 Royalty Drive Pomona, CA 91767 Phone (909) 784-3200 Fax (909) 865-0730

MHSA Office

2001 North Garey Avenue Pomona, CA 91767 Phone (909) 325-4600 Fax (909) 326-4690

Wellness Center

1403 North Garey Avenue Pomona, CA 91767 Phone (909) 242-7600 Fax (909) 242-7691

CALL TO ORDER

Chair Henderson calls the meeting to Order.

ROLL CALL

Anne Henderson – Chair
Wray Ryback – Vice-Chair
Carolyn Cockrell – GB Liaison

Clarence D. Cernal
Isabella A. Chavez
Nichole Perry

Joan M. Reyes
Twila L. Stephens
Toni L. Watson

Mental Health Commission and MHSA Public Hearing – Agenda
April 11, 2023
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REGULAR BUSINESS

- I. APPROVAL OF MINUTES FROM THE FEBRUARY 14, 2023 MENTAL HEALTH COMMISSION REGULAR MEETING
- II. EXECUTIVE DIRECTOR MONTHLY REPORT

COMMISSION ITEMS AND REPORTS

Commissioners are encouraged to make brief comments or request information about mental health needs, services, facilities, or special problems that may need to be placed on a future Mental Health Commission Agenda. 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)

Public Hearing for Tri-City Mental Health Authority's MHSA Three-Year Program and Expenditure Plan For Fiscal Years 2023-24, 2024-25, and 2025-26.

- A. OPEN THE PUBLIC HEARING
- B. COMMUNITY PLANNING PROCESS
- C. TCMHA'S MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24, 2024-25, & 2025-26
 - Proposition 63 - Mental Health Services Act (MHSA)
 - Components of the Three-Year Program and Expenditure Plan
 - Description of MHSA Plans (CSS, PEI, INN, WET, CFTN)
 - Changes to Three-Year Program and Expenditure Plan
 - Funding Allocation of MHSA Plans
 - Expenditure Plan Funding Summary
- D. NEXT STEPS
- E. PUBLIC COMMENT
- F. CLOSE THE PUBLIC HEARING

Mental Health Commission and MHSA Public Hearing – Agenda
April 11, 2023
Page 3

III. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24, 2024-25, and 2025-26

Recommendation: “A motion to recommend to the TCMHA Governing Board to approve and adopt the Authority’s Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan For Fiscal Years 2023-24, 2024-25, and 2025-26.”

ADJOURNMENT

The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on **Wednesday, May 17, 2023 at 5:00 p.m.** in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

RESOLUTION NO. 706

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24, 2024-25, & 2025-26

The Governing Board of the Tri-City Mental Health Authority does resolve as follows:

1. Findings. The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") wishes to adopt its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Plan) for Fiscal Years 2023-24, 2024-25, and 2025-26, as recommended by TCMHA Mental Health Commission.

B. The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for all MHSA programs and expenditures.

C. The Plan was developed through a Community Planning Process during which stakeholders and community members participate in reviewing and recommending programming and services. A Public Hearing of the Plan was held during the Mental Health Commission Regular Meeting of April 11, 2023.

2. Action

A. The Governing Board approves the Authority's MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-24, 2024-25, & 2025-26, as presented; and authorizes the Executive Director, or designee, to prepare and submit any and all reports related thereto.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 19, 2023, by the following vote:

AYES: Board Members Carolyn Cockrell, Paula Lantz, Wendy Lau, Elizabeth Ontiveros-Cole, and Ronald T. Vera; Vice-Chair John Nolte; and Chair Jed Leano.

NOES: None.

ABSTAIN: None.

ABSENT: None.



JED LEANO, CHAIR

APPROVED AS TO FORM:
STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:  _____

By:  _____

Notice of PUBLIC HEARING



NOTICE IS HEREBY GIVEN

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) 3-Year Program and Expenditure Plan Fiscal Year 2023-24 - 2025-26.

Make Your Voice Heard

Are you a community member or organization in Pomona, Claremont or La Verne?

Join us for a discussion where we will share updates on programs funded by the Mental Health Services Act (MHSA). We will review the MHSA 3-Year Program and Expenditure Plan Fiscal Year 2023-24 - 2025-26.

Participate in public comment and share your thoughts on the future planning and development of MHSA-funded programs! This forum is open to all, and we especially want to hear from clients, transition age youth (ages 16-25), older adults, parents, families, LGBTQIA+ individuals, veterans, and other community members.

Join us in-person!

Tuesday, April 11, 2023

3:30 pm - 5:30 pm

MHSA Administration
2001 N Garey Ave
Pomona, CA 91767

Spanish and American Sign Language (ASL) interpretation available upon request



The draft MHSA 3-Year Program and Expenditure Plan is posted for a 30-day public comment period until April 11. To review the document visit:

tricitymhs.org/mhsa

For more information:

Dana Barford
Director of MHSA & Ethnic Services
dbarford@tricitymhs.org | (909) 326-4641



HOPE. WELLNESS. COMMUNITY.
Let's find it together.

Tri-City Mental Health Authority | 2001 N. Garey Avenue | Pomona, CA 91767
tricitymhs.org @TriCityMHS

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal incomes over \$1 million.



Aviso de AUDIENCIA PÚBLICA



POR MEDIO DEL PRESENTE SE DA AVISO

Una Audiencia Pública que se llevará a cabo durante la Reunión de Comisión de Salud Mental. La audiencia es sobre el Plan de gastos y programa trienal conforme MSHA para los años fiscales 2023-24 - 2025-26.

Nos Encantaría Escuchar Su Opinión

¿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 (MSHA por sus siglas en inglés). Revisaremos el Plan de gastos y programa trienal conforme MSHA para los años fiscales 2023-24 - 2025-26.

¡Comparta su opinión sobre la planificación y el desarrollo futuro de los programas financiados por MSHA! Este foro está abierto a todos y especialmente queremos escuchar sugerencias de clientes, jóvenes en edad de transición (edades 16-25), adultos mayores, padres, familias, personas LGBTQIA+, veteranos y otros miembros de la comunidad.

¡Acompañenos en persona!

Martes, 11 de Abril de 2023

3:30 pm - 5:30 pm

Administración de MSHA
2001 N Garey Ave
Pomona, CA 91767

Se dispondrá de servicios de traducción al español y lenguaje de señas americano (ASL por sus siglas en inglés), si se solicita



El Plan de gastos y programa trienal conforme MSHA se publicará durante un período de 30 días para recibir comentarios del público hasta 11 de abril. Para revisar el documento, visite:

tricitymhs.org/mhsa

Para más información:

Dana Barford
Directora de MSHA y Servicios Étnicos
dbarford@tricitymhs.org | (909) 326-4641



ESPERANZA. BIENESTAR. COMUNIDAD.
Vamos a encontrarlo juntos.

Tri-City Mental Health Authority | 2001 N. Garey Avenue | Pomona, CA 91767
tricitymhs.org @TriCityMHS



La Ley de Servicios de Salud Mental (MSHA por sus siglas en inglés) recauda un impuesto adicional del 1% a los residentes californianos cuyos ingresos personales superen el USD1 millón para expandir y desarrollar servicios de salud mental.





Notice of Public Hearing of the Mental Health Commission

Aviso de Audiencia Pública de la Comisión de Salud Mental

Tuesday, April 11, 2023 | Martes, 11 de Abril de 2023

2001 N. Garey Ave, Pomona, CA 91767 | 3:30 pm - 5:30 pm

- Learn about the status of programs funded by the Mental Health Services Act (MHSA)
 - Share your input about the MHSA 3-Year Program and Expenditure Plan Fiscal Year 2023-24 - 2025-26
-
- Aprenda sobre los programas fundados por la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés)
 - Comparta sus comentarios sobre el Plan de gastos y programa trienal conforme MHSA para los años fiscales 2023-24 - 2025-26



For more information | Para más información

Dana Barford, Director of MHSA & Ethnic Services
(909) 623-6131 | dbarford@tricitymhs.org

@TriCityMHS
www.tricitymhs.org

Se dispondrá de servicios de traducción al español y lenguaje de señas americano (ASL)



MHSA PUBLIC HEARING
APRIL 11, 2023
PUBLIC COMMENTS

What do you see as the strengths of this plan?

1. Planning for spending the funds.
2. The Agency is serving the needs of the community and the examples presented show this.
3. Community input.

Please explain any concerns you may have.

1. Re-opening the Wellness Center. I believe it should be progressively reopened over the next several months, ending in being fully open when CA Dept of Health recommends.

Response: We are currently in the process of returning to regular hours and expanding our capacity based effective June 1. However, masks are still required per LA County mandate.

2. Barriers to seeking and getting help and going forward as we come out of pandemic mode. More anti-stigma actions and increased participation in support groups.

Response: Our anti-stigma campaigns continue to grow, and we hope to expand these efforts as the COVID restrictions are lifted and we are able to meet in person.

Dear Members of the Tri-City Board of Directors:

As a Claremont resident and volunteer who supports prevention and intervention services to reduce gun violence, I am grateful for the local resource of our mental health JPA, Tri-City Mental Health, and for the dedicated and professional staff who provide services to our communities. However, this Tri-City plan does not specifically call out or identify ways that it will invest or collaborate with the community on gun violence prevention. Given the outsized tragic impact guns play in suicide, domestic and child abuse, as well as the staggering increase in child and teen gun deaths over the last two years, gun violence prevention should be given some level of specific consideration and targeted outreach and community collaborations efforts.

As small cities, Claremont, Pomona and La Verne do not have the luxury of large dedicated government departments with large budgets to engage in prevention approaches to gun violence, such as the model adopted by LA County. Tri-City Mental Health represents the *critical systemic* partner that can engage in a prevention and intervention approaches because that is what they are trained to do and have the resources to do it. Given that there are (by 2021 census data) 42,868 youth 19 and under *in Pomona alone*, an increase in engagement of child and youth facing entities and partners is critical if we are going to reverse these numbers, specifically engagement with at risk youth development organizations. As you read the 3 year Plan, you will see several good programs but the service numbers for this age group are extremely low. *So, we are doing good work but can always do better.* As you review this plan, I would ask you to consider the following information.

Gun deaths are now the leading cause of death for young children and youth in the United States for children. The rate of child firearm death has spiked 42 percent in the last two decades, according to the [Kaiser Family Foundation](#), and a new Pew Research Center report shows that the crisis is only getting worse: Gun deaths among children and teens in the US rose 50 percent between 2019 and 2021 — the highest increase since at least 1999, the earliest year for which Centers for Disease Control data is available. Over the past decade, the firearm suicide rate among children and teens has increased by 66 percent.

According to the Gun Violence Archive, there have been 11,636 gun deaths in the US and 8,813 gun injuries in 2023 to date. In the first 100 days of 2023 the US has now experienced 146 mass shootings. These figures are staggering not only in the sheer death toll but considering the grief and psychological trauma inflicted on survivors, families and entire communities. Approximately 3 million children witness gun violence each year. Exposure to gun violence has an impact on the psychological and mental well-being of children and teens. When homes, neighborhoods, and schools are not safe from gun violence, entire generations of American children are affected. We now have the dishonor of being a country that has young survivors of not one but two mass school shootings, as we learned from college students at Michigan State who were also survivors of the Parkland and Oxford High School mass shootings.

While school shootings, like the one at **the Covenant School in Nashville in March** that resulted in the deaths of three children and three adults, tend to get the most attention, they are only a small part of the overall picture. The **overwhelming majority of kids who die by guns** are victims of homicide in their homes and communities, suicides, or unintentional injury. Some populations are more at risk than others: According to Pew, boys are more likely to be killed by guns, and Black children are disproportionately represented in the population of victims. These figures are consistent with gun violence in the Tri-City service area.

Yet gun violence is preventable with investment in communities through proactive education, intervention, treatment services and common-sense gun laws. In many instances of gun violence, there are clear warning signs that the shooter posed a serious threat before the shooting. In fact, in 56 percent of mass shootings, the shooter exhibited dangerous warning signs before the shooting. Unintentional child and teen deaths, gun suicides and school shooting by minors usually occur as the result of an unsecured firearm. A recent National Firearm Survey (published in the JAMA Network Open 5, No.2 2022) showed that 4.6 million children in the US live in a household with a least one loaded unlocked gun. In fact, according to the US Secret Services National Threat Assessment Center, 3 /4 of school shooters acquired their firearm from the homes of a parent or close family relative.

California is ranked 35th among states for rates of gun violence due in no small measure to the strength of its comprehensive gun laws. However, for gun laws to be effective two things are required: (1) people need to know they exist; and (2) relevant agencies and community partners need to utilize and/or enforce them. Based on the data presented by the LA County Board Supervisors in February and March, LA County needs to do better on both fronts.

There are any number of ways Tri-City can engage and lead on this issue consistent with its mission and resources:

- Participate in the LA County Gun Violence Platform including education and awareness campaigns with community partners. LA County declared gun violence a public health epidemic and launched a Countywide initiative to address this crisis.
- Tri-City Mental Health include specific efforts to increase outreach and education efforts with gun violence prevention community partners and other community-based organization serving at-risk children, youth and families including a but not limited to dedicated grant programs.
- Conduct an internal assessment of internal staff training needs to increase outreach and education, as well as enhancing data collection opportunities to

help inform public policy to prevent gun violence trauma and support investments evidenced based program.

- Serve as a public agency convener on gun violence prevention and intervention to help community members access critical resources, including stigma reduction on gun safety, and help facilitate grant applications for joint city applications for gun violence prevention resources.
- This may also include the need for more staff training and efforts to enhance data collection to help policy makers support evidence-based interventions. This could also include Tri-City as a lead agency partner on gun violence grant applications.

The epidemic of gun violence we are experiencing is unique to the United States. And while we recognize that not all gun violence is cause by a mental illness, quite to the contrary, we all need to do our part to reduce risk the risk of harm from gun violence. It is national problem that requires an all-hands-on deck solution. Our communities need institutional partners like Tri-City to take a leadership role and help break the generational cycle of gun violence in our communities.

Thank you for your consideration.

Sincerely,

Wendy Ramallo, Esq.

Claremont resident

From: Claire Smith <clairesmith1@gmail.com>
Sent: Monday, April 10, 2023 6:06 PM
To: Micaela Olmos <mOlmos@tricitymhs.org>
Subject: Comment for Budget Public Hearing

Hello,

As a resident of Claremont, I want to thank the dedicated staff at Tri-City for serving our community and providing critical mental health services and resources to those in need. Given that gun violence is now the number one cause of death for children and teens in the US, and is preventable, I want to voice my support for Tri-City Mental Health services and encourage them to increase outreach and education efforts with gun violence prevention community partners and other community-based organizations, particularly those that target youth. I recognize that this may include more staff training and efforts to enhance data collection to help policymakers support evidence-based interventions. In addition, it may also include having Tri-City as the lead agency partner on gun violence grant applications. Our communities need institutional partners like Tri-City to help break the cycle of gun violence in our communities and I hope that this will be considered and prioritized as the 3 year budget expenditure plan is approved.

Thank you for your consideration,

Clare Smith

mom of 2

Claremont, CA

Response to Gun Violence Public Hearing Comments

When tragic acts of gun violence occur, people with mental illness are often unfairly drawn into the conversation. The truth is that the vast majority of violence is not perpetrated by people with mental illness - in fact, they are more likely to be victims of violent crime or self-inflicted injury. It is a common misconception that individuals living with mental health illness are responsible for gun violence. Gun violence as a national Public Health crisis that impacts everyone – not just those with mental illness and it is housed in the Department of Public Health.

Facts related to mental illness and gun violence:

- Focusing on mental illness as the cause of gun violence stigmatizes millions of Americans.
- Mental health conditions are common around the globe, yet no other country comes close to the level of gun violence our country experiences.
- Studies have not found Mental Illness to have a sole causal relationship with Violence.
- **Paring Gun Violence with Mental Health can create more stigma or exacerbate existing stigma and prevent people from seeking treatment.** Associating mental illness with violence reinforces stigma and unwarranted fear of people with mental illness.
- Statistically, firearm suicides do account for least half (or more) of all methods of suicide in the US and that's why Tri-City focuses on suicide prevention.
- Focusing on mental illness as the cause of mass shootings diverts attention from the larger problem of gun violence in the U.S. It also distracts people from the real issue when it comes to guns and mental health: suicide.
- Past violent behavior is the best predictor of future violence, regardless of diagnosed mental illness.
- If serious mental illnesses suddenly disappeared, violence would decrease by only about 4%, more than 90% of violent incidents, including homicides, would still occur.
- Even mass shooters, who might seem most likely to be driven by mental illness, don't necessarily suffer from major psychiatric disorders. Arguably one of the best such reports on the topic, conducted by the Federal Bureau of Investigation, found that only 25% of such assailants had a diagnosed mental illness.
- We need to be careful that the response to these tragedies does not discourage people with mental health conditions from seeking treatment. Stigma far too often prevents people from getting the help they so desperately need. "When people unfairly connect mass shooters with mental illness, it stigmatizes the millions of people living with mental health struggles who are not violent," said NAMI's National Director of Advocacy and Public Policy, Kimball Angela



MHSA PUBLIC HEARING 2023

Dana Barford

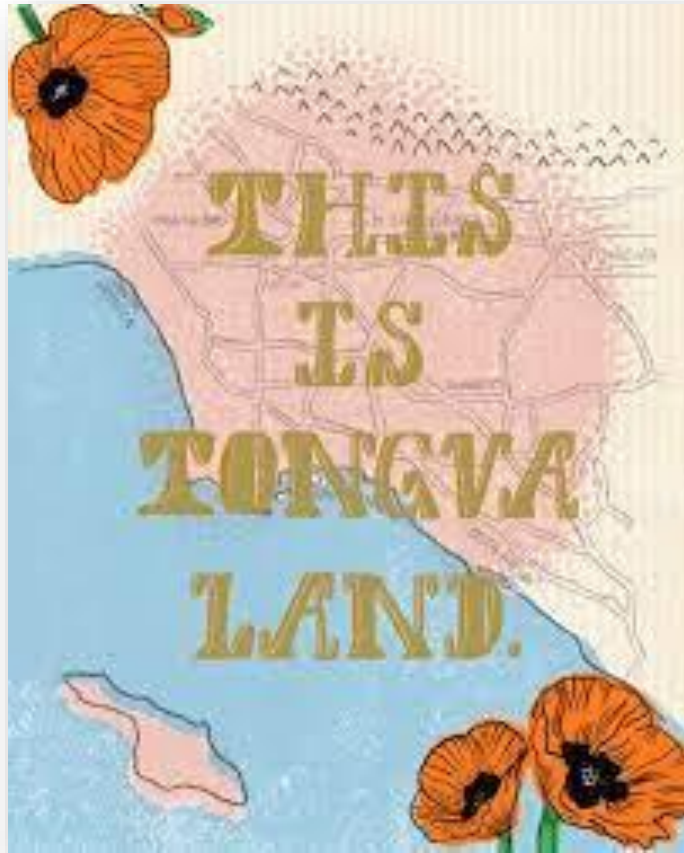
Director of MHSA and Ethnic Services

April 11, 2023

An illustration of a hand in a white sleeve holding a purple pen, writing on a light blue document. The background is a gradient of blue and purple, with an orange shape at the bottom left.

AGENDA

- **Welcome and Land Acknowledgement**
- **Community Planning Process**
- **MHSA Three-Year Program Updates**
- **Three Changes to Plan**
- **Expenditure Plan Review**
- **Special Presentations**
- **Opportunity for Public Comment**



Land Acknowledgement

Tri-City respectfully acknowledges the original caretakers of this land, the Tongva peoples and all of their ancestors, elders and descendants, past, present, and emerging.

Tri-City is committed to a continuous effort to learn and understand how we can best partner with the indigenous peoples of this land and partner with, empower, and center the voices of historically underrepresented people.



“There is immense power when a group of people with similar interests gets together to work toward the same goals.” –

Idowu Koyenikan

Community and Stakeholder Involvement Is Critical To Developing a Plan



Stakeholder Meetings



Workgroups



Review and Comment on Plan





Community Planning Process

- 4 Stakeholder Meetings
- 5 MHSA Workgroups
- Community Planning Survey Fall 2022
- Recommendations Presented to Stakeholders

**Winter
2023**

Today

- Public Hearing/Mental Health Commission Meeting

Next Step

**Fall
2022**

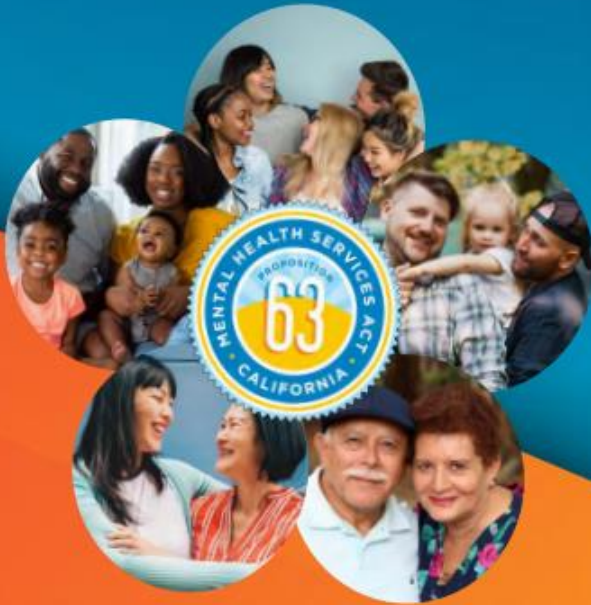
- Draft of MHSA Three-Year Program and Expenditure Plan for FY's 2023-24 to 2025-26
- Posted on March 10 for 30-day Comment Period

**Spring
2023**

- Governing Board Approval April 19



Mental Health Services Act (MHSA)
**Three-Year Program
and Expenditure Plan**
FY 2023-24 – 2025-26



The MHSA was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of \$1 million per year. It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families.

Department of Health Care Services





Components of the Three-Year Plan



01

- Mental Health Authority for Pomona, Claremont and La Verne
- Over 60 years of service/Tri-City Values
- Demographics/Executive Summary

02

- Stakeholder Meetings
- MHSA Workgroups
- Community Partners
- Outreach and Engagement

03

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)

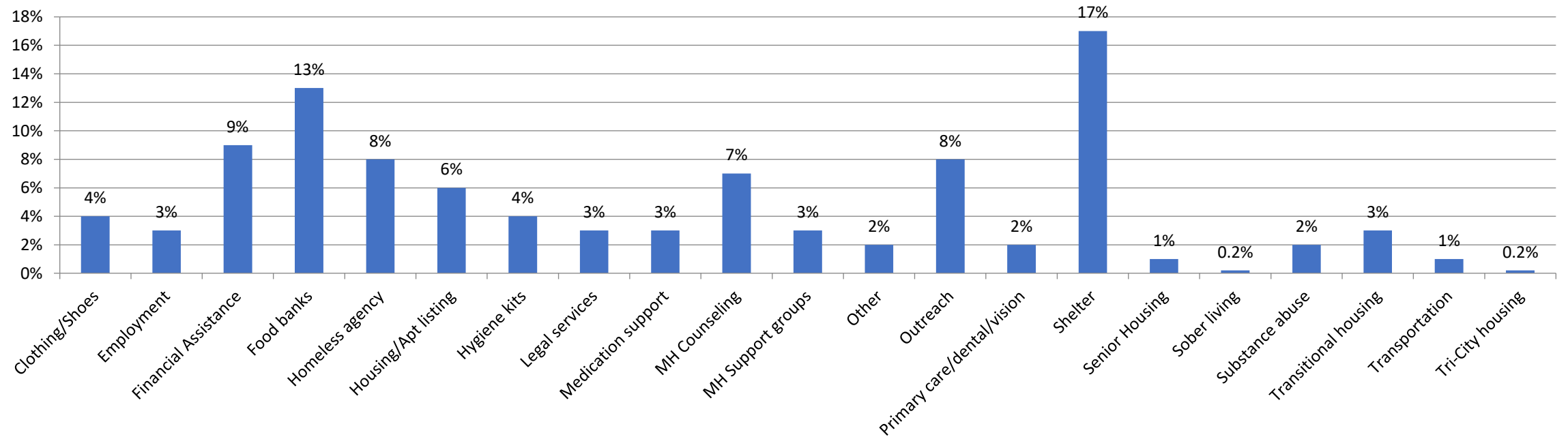
04

- Cost per person
- Three-Year projection
- Summary
- Individual budgets



Community Services and Supports

Community Navigators

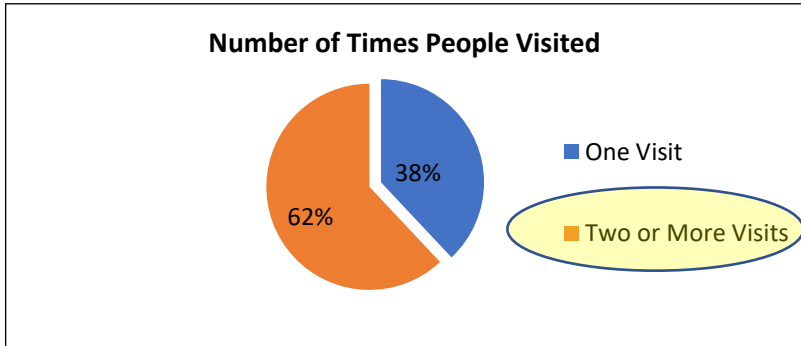




Community Navigator Program Success Story

Wellness Center

16,515
Number of Wellness Center CSS Events
(Duplicated Individuals)

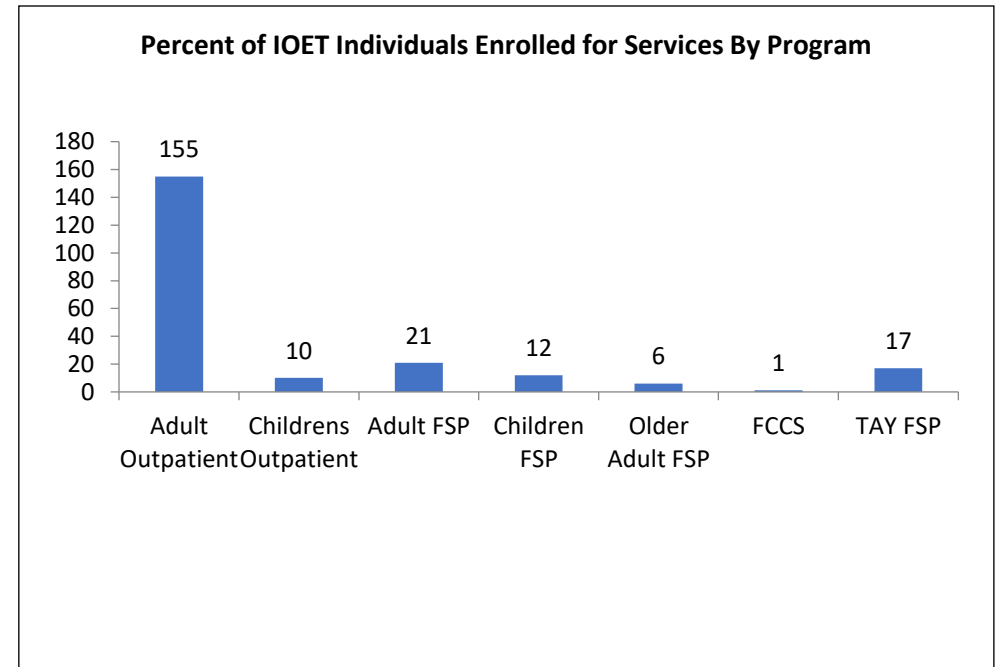
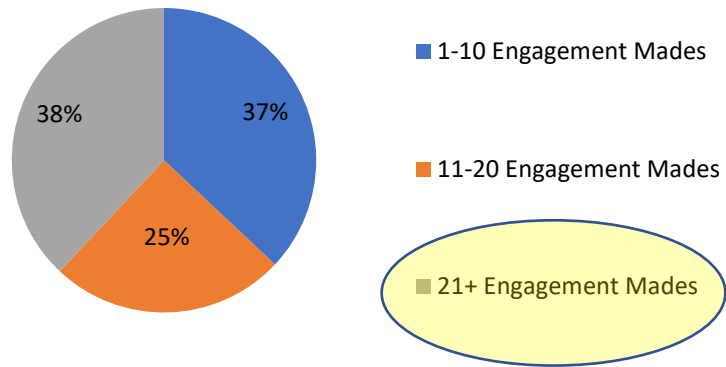


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Group – Anger Management	63	10
Group – Anxiety Relief	62	5
Group – Dual Recovery Anonymous	53	5
Group – Freedom Through Reality	58	6
Group – Lose the Blues	52	3
Group – Men’s Depression	54	3
Group – Socialization	50	5
Group – Strong Women	60	4
Group – Women’s Self-Esteem	49	5
Group Español – Comadres y Compadres	56	2
Group Español – Sobrellevando La Ansiedad	57	3
Group Español – Socialization	55	3
Vocational – Employment Workshop	44	2
Vocational – GED Prep	5	1

Intensive Outreach and Engagement Team

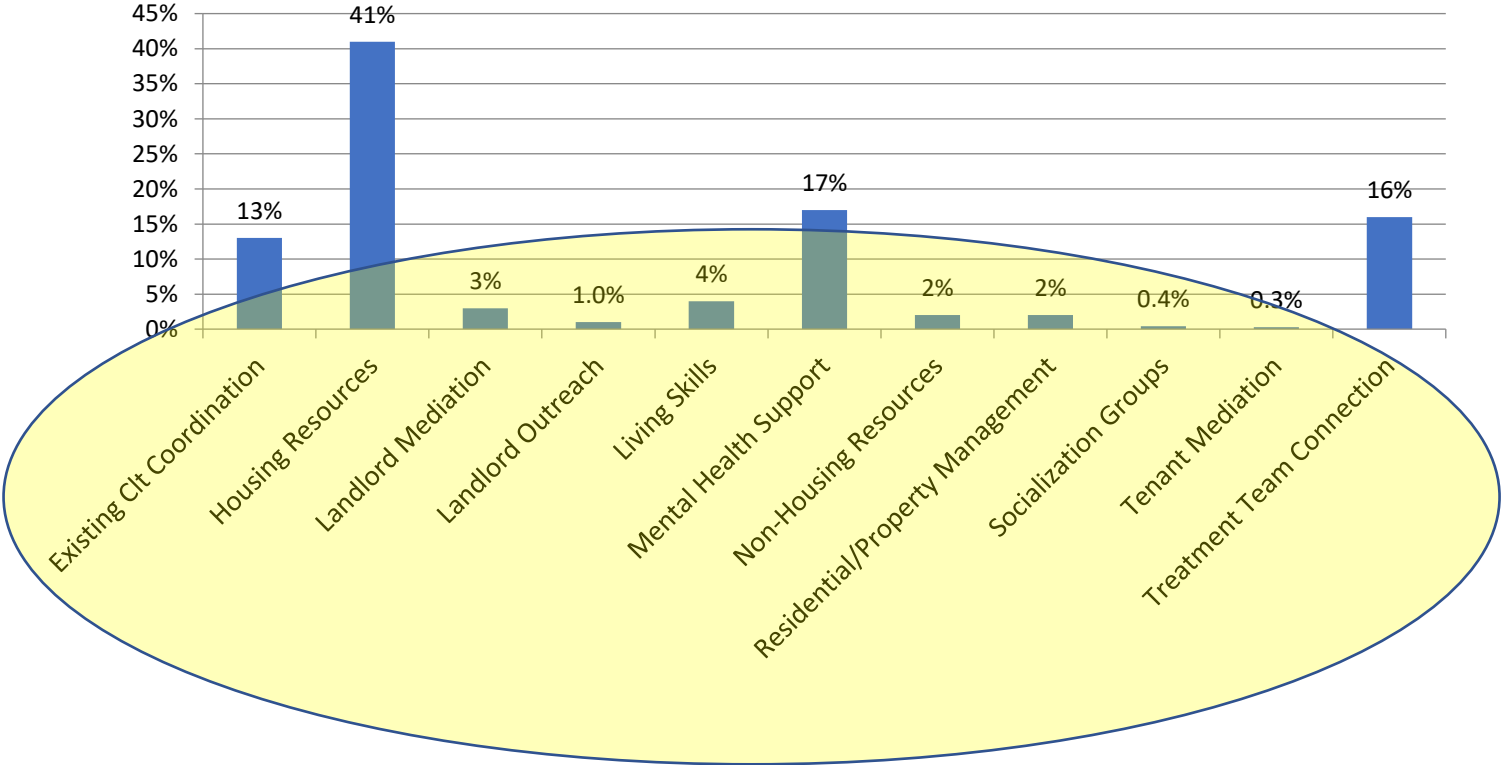
222
IOET Individuals who
were Enrolled for Services
at Tri-City

Percent of Engagement Attempts Made by IOET for Individuals currently being Engaged:



Permanent Supportive Housing

Additional Types of Services Provided



937
Housing Actions

5.4 years
Average Length of Time
Clients Living in Housing
Unit



Permanent Supportive Housing Success Story

A woman with long dark hair, wearing a bright yellow raincoat, is smiling and looking upwards. She is holding her right hand up, palm facing up, with rain falling from it. The background is a blurred green forest. The text "Prevention and Early Intervention Updates" is overlaid in yellow on the right side of the image.

Prevention and Early Intervention Updates

Community Wellbeing Grants

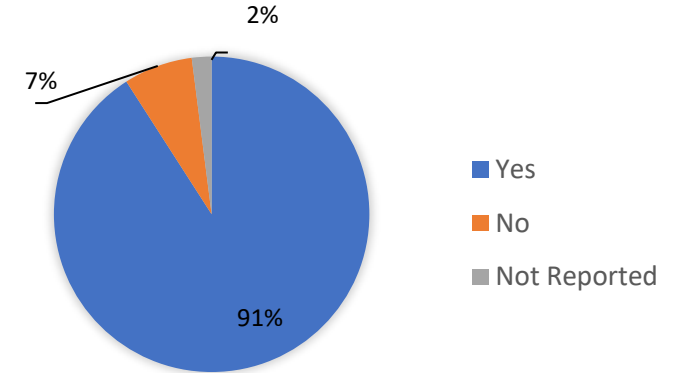


13,489
Number of People who Benefited from
Grantee Activities from 15 out of 17
Grantees

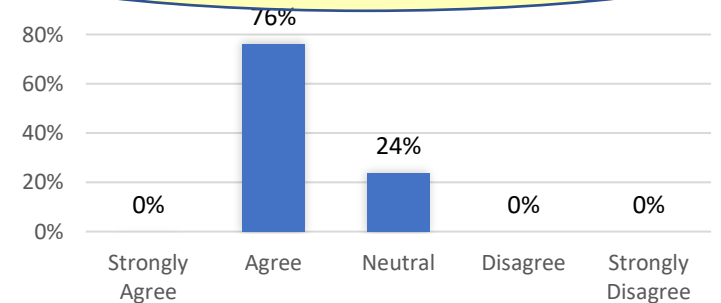
14,792
Community Members Represented in 15
out of 17 Grantees

Stigma Reduction

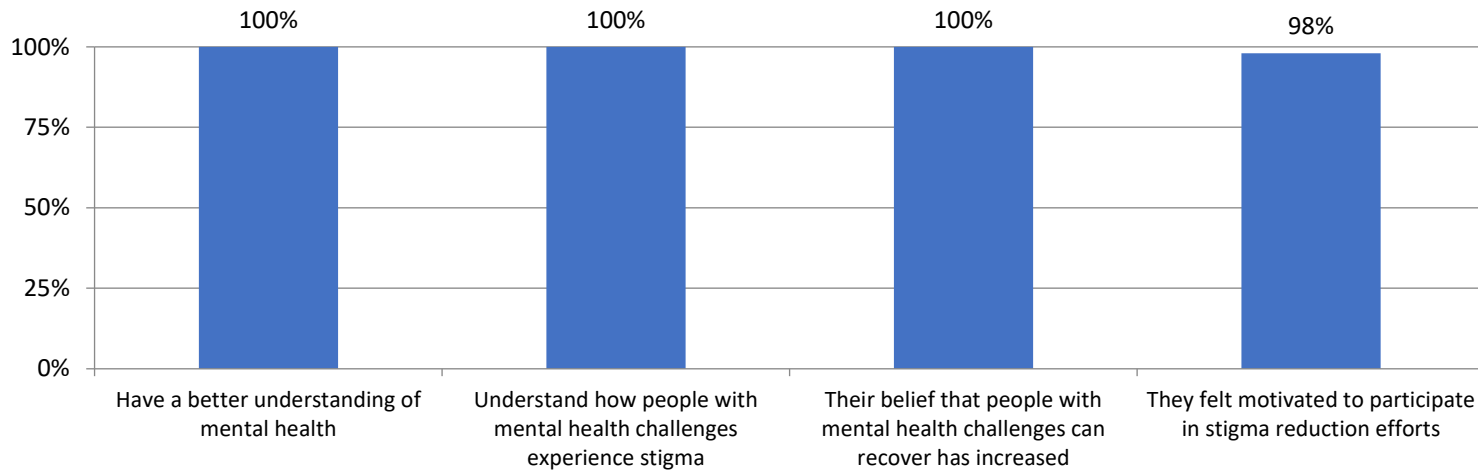
Percentage of Respondents who were asked if they ever experienced trauma or mental illness:



Percentage of Respondents who were asked if the presentation helped them manage their symptoms:



Percentage of Stigma Reduction Survey Respondents who reported, as a result of the presentations:

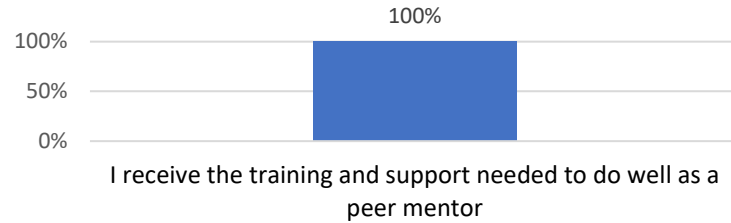




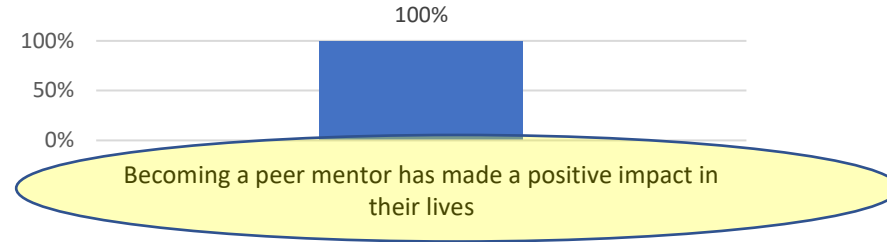
Courageous Minds Success Story

Peer Mentors and Mentees

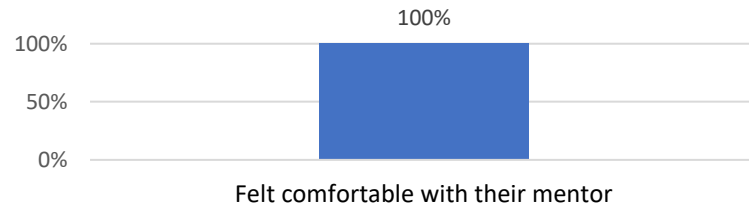
Percent of Mentors who agree/strongly agree:



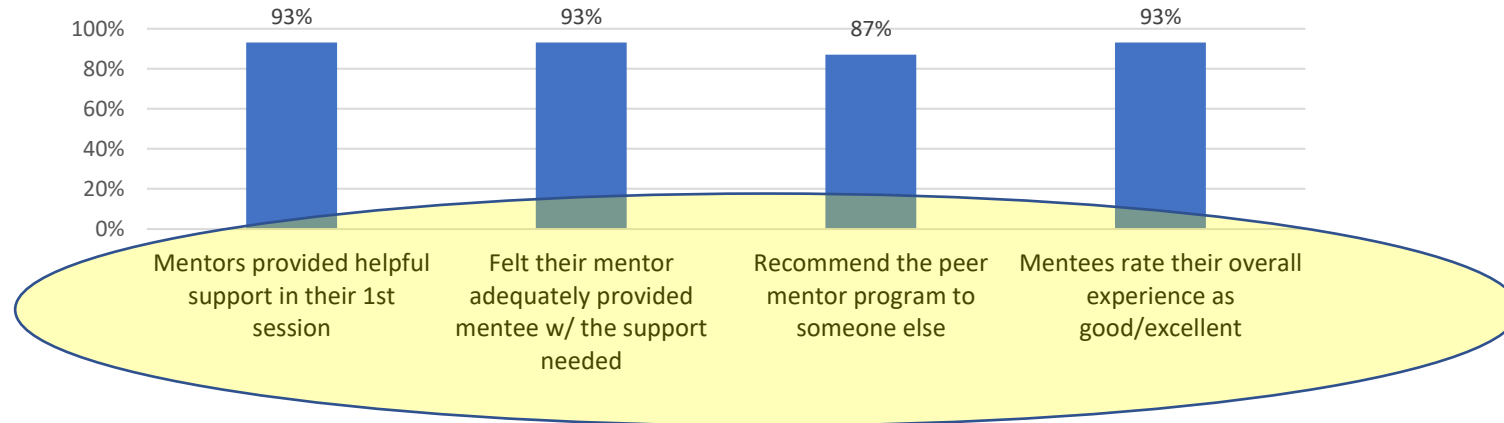
Percent of Mentors who agree/strongly agree:



Percent of Mentees who agree/strongly agree:



Percent of Mentees who agree/strongly agree:



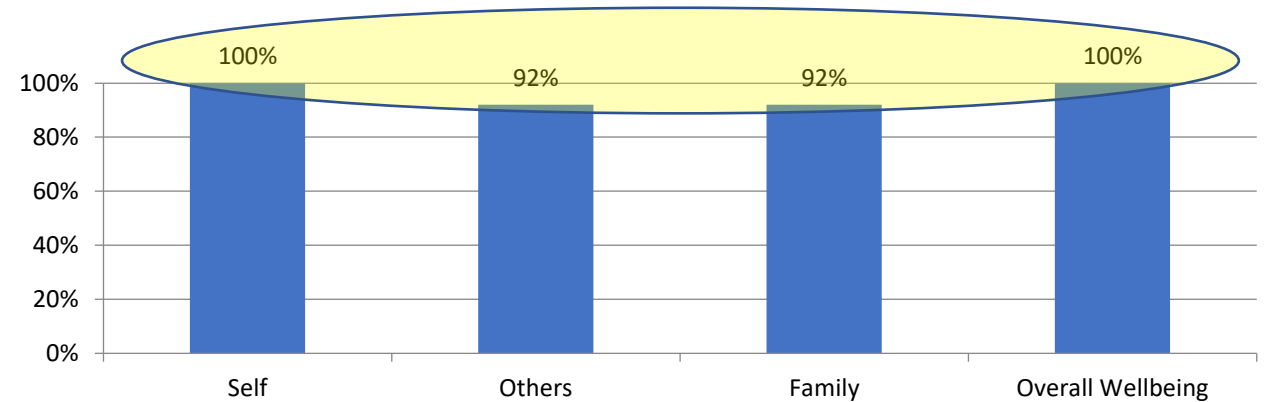
5,037

Number of Family Wellbeing Events
(Duplicated Individuals)

Family Wellbeing Program

Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts & Crafts	49	3
Grief & Loss	42	2
Kid's Hour	49	2
Limited to Limitless	2	3
Spirituality	53	4
Summer Camp	3	5
Teen Hour	31	3
United Family	109	5

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

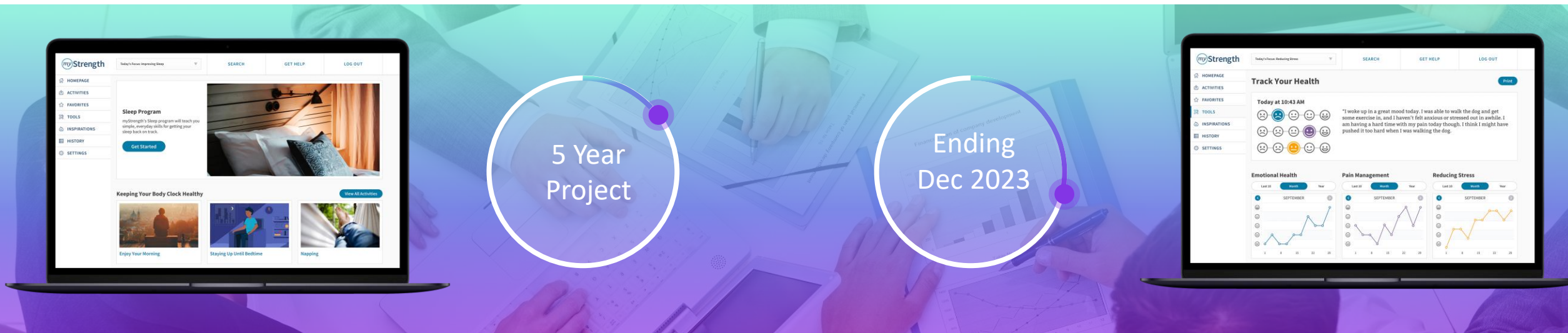


Innovation

1. Help @ Hand
2. Psychiatric Advance Directives

myStrength Project

myStrength, is a web and mobile app full of personalized tools to improve your mood and health and help manage life's ups and downs.



Priority Populations

Transition Age Youth (18-25),
Older Adults (60+), and
monolingual-Spanish
Speakers

5,000 licenses available. Good
through 12/31/2023

Participants will be expected to
utilize the App for at least 30 days
Complete a Pre and Post Survey
provided by UCI

Painted Brain will be utilized
for Peer Support for
participants

“Appy Hours” will be
provided for participants
who need more technical
assistance

Digital Health
Literacy Workshops

Will also be provided
on various topics



Psychiatric Advance Directives Multi-County Collaborative

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.

The psychiatric advance directive allows:

The individual's wishes and priorities to inform mental health treatment.

Psychiatric advance directives are created in a voluntary setting with full consent of the participant.

Goals of the project:

Standardized training on the usage and benefits of PADs by stakeholders.

Peer created standardized PAD template with the facilitation of peers with lived experience.

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

Creation and implementation of a cloud-based technology platform to utilize PADs.

Three Significant Updates

Transferring	Transferring funds from CSS to WET
Transferring	Transferring funds from CSS to CFTN
Revising	Revising NAMI Community Capacity Building program under PEI



Workforce Education and Training

Proposed Transfer From CSS to WET	
Continuation of Loan Repayment Program	\$250,000
Specialized Trainings and Conferences	\$250,000
Total	\$500,000

Capital Facilities and Technological Needs

Proposed Transfer From CSS to CFTN	
Purchase of Building to House Tri-City Staff	\$2,000,000
Total	\$2,000,000



Community Capacity Building



Ending the Silence



NAMI I01

- Purpose of increasing awareness among teachers, staff, parents and students regarding the prevention and early intervention of mental disorders
- Decrease stigma and increase compassion for those who may be showing symptoms of early onset mental illness
- Pomona Unified School District, Bonita Unified School District, and Claremont Unified School District, including the private schools.



Challenge for NAMI Programs

Expenditures

\$35,500 Annually

Fiscal Year	Percentage of Allocation Expended	Notes
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID
FY 2021-22	15%	COVID

Efforts in FY 2021-22

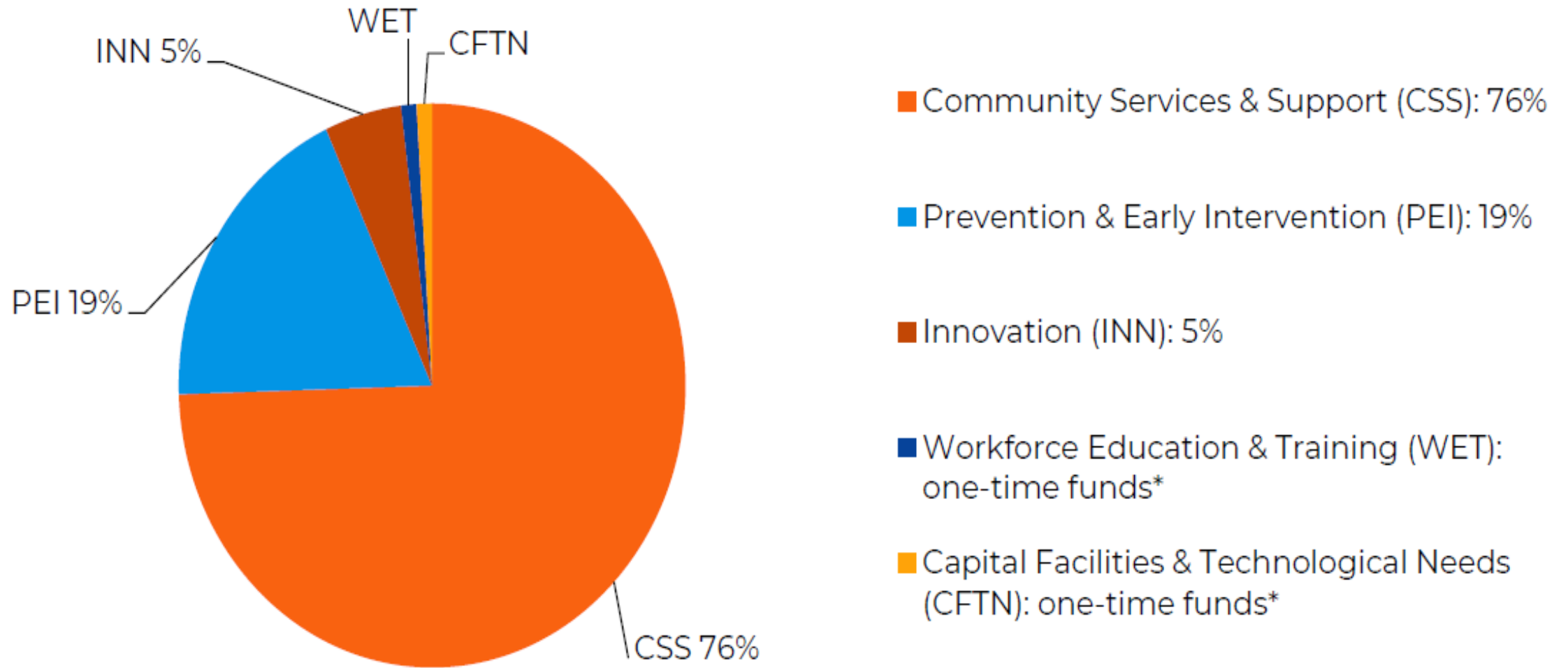
- Staff focused on building and reestablishing relationships within the community and school districts
- Add of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and students.
- Continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings
- NAMI has continued to struggle to expend their allotted funds

Proposed Solution

\$71,000 Other
PEI Programs

	FY 2023-24	FY 2024-24	FY 2025-26	Unspent Funds
Current Plan	\$35,500	\$35,500	\$35,500	\$\$\$\$
Proposed Change	\$35,500			0 ✓

MHSA PLANS AND FUNDING ALLOCATIONS



Financial Summary

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

Five MHSA
Plans

Estimated
Funding

Estimated
Expenditures

Estimated
Unspent Fund
Balance

	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 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years 6/30/23	16,544,291	4,476,308	3,107,758	1,431,643	2,729,658	
2. Estimated New FY 2023/24 Funding	11,178,109	2,794,527	735,402			
3. Transfer in FY 2023/24 ¹	(2,500,000)			500,000	2,000,000	
4. Access Local Prudent Reserve in FY 2023/24						
5. Estimated Available Funding for FY 2023/24	25,222,400	7,270,835	3,843,160	1,931,643	4,729,658	
B. Estimated FY 2023/24 MHSA Expenditures	11,610,705	3,336,066	980,883	611,680	980,700	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,611,695	3,934,769	2,862,277	1,319,963	3,748,958	
2. Estimated New FY 2024/25 Funding	8,942,487	2,235,622	588,322			
3. Transfer in FY 2024/25 ¹						
4. Access Local Prudent Reserve in FY 2024/25						0
5. Estimated Available Funding for FY 2024/25	22,554,182	6,170,391	3,450,599	1,319,963	3,748,958	
D. Estimated FY 2024/25 Expenditures	12,191,240	3,435,578	346,860	642,264	255,700	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,362,942	2,734,813	3,103,739	677,699	3,493,258	
2. Estimated New FY 2025/26 Funding	8,495,363	2,123,841	558,905			
3. Transfer in FY 2025/26 ¹						
4. Access Local Prudent Reserve in FY 2025/26						0
5. Estimated Available Funding for FY 2025/26	18,858,305	4,858,654	3,662,644	677,699	3,493,258	
F. Estimated FY 2025/26 Expenditures	12,800,802	3,605,165	0	674,377	255,600	
G. Estimated FY 2025/26 Unspent Fund Balance	6,057,502	1,253,488	3,662,644	3,322	3,237,658	

Next Steps

Where do we go from here ?



Public Comment



1. Please raise your hand if you would like to speak
2. Complete your comment cards and leave them on your table

THANK YOU!

Dana Barford 
dbarford@tricitymhs.org



AUDIENCIA PÚBLICA DE MHSA 2023

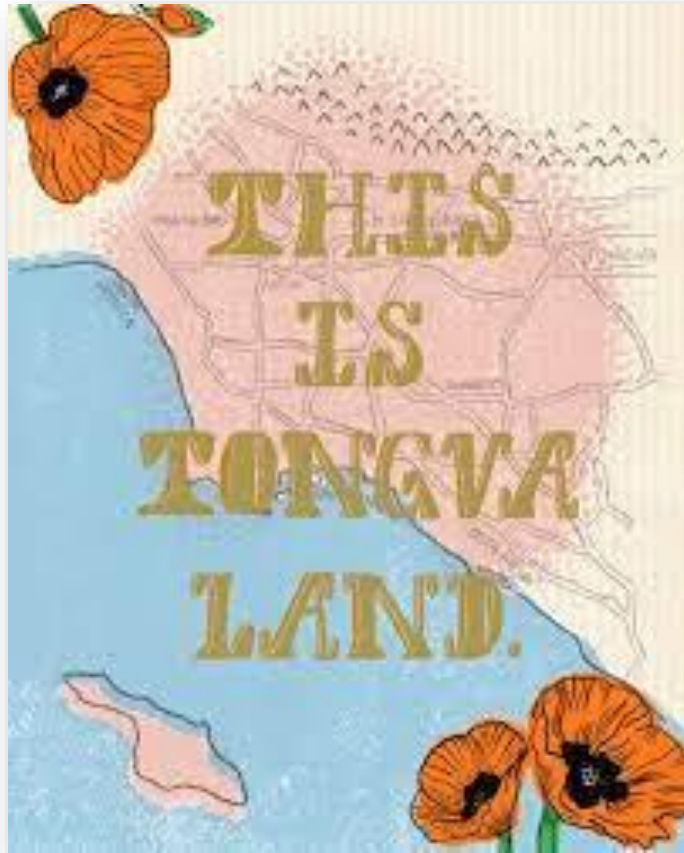
Dana Barford

Directora de MHSA y Servicios Étnicos

11 de abril de 2023

AGENDA

- **Bienvenida y Reconocimiento de la Tierra**
- **Proceso de Planificación Comunitaria**
- **Actualizaciones del Programa MHSA de Tres Años**
- **Tres Cambios para Planificar**
- **Revisión del Plan de Gastos**
- **Presentaciones Especiales**
- **Oportunidad para Comentarios del Público**



Reconocimiento de la Tierra

Tri-City reconoce respetuosamente a los cuidadores originarios de esta tierra, a los pueblos de Tongva y a todos sus ancestros, mayores y descendientes, pasados, presentes, y emergentes.

Tri-City asume el compromiso de mantener un esfuerzo continuo por aprender y comprender de qué manera podemos asociarnos mejor a los pueblos indígenas de esta tierra y asociarnos, empoderar y centralizar las voces de personas que han estado históricamente sub-representadas.



“Existe un inmenso poder cuando un grupo de personas con intereses similares se une para trabajar hacia el logro de las mismas metas.” –

Idowu Koyenikan

El Involucramiento de la Comunidad y los Accionistas es Crítico para el Desarrollo de un Plan



Reuniones de Accionistas



Grupos de Trabajo



Revisión y Comentarios sobre el Plan



Proceso de Planificación Comunitaria

- 4 Reuniones de Accionistas
- 5 Grupos de Trabajo de MHSA
- Encuesta de la Planificación Comunitaria Otoño de 2022
- Recomendaciones Presentadas a los Accionistas

**Invierno
2023**

Hoy

- Audiencia Pública/Reunión de la Comisión de Salud Mental

**Próximo
Paso**

**Otoño
2022**

- Borrador del Programa MHSA de Tres Años y Plan de Gastos para los Años Fiscales 2023-24 a 2025-26
- Publicado el 10 de marzo Durante un Período de 30 días para Comentarios

**Primavera
2023**

- ☐ Aprobación de la Mesa Directiva April 19

Mental Health Services Act (MHSA)
**Three-Year Program
and Expenditure Plan**
FY 2023-24 – 2025-26



La Ley MHSA fue aprobada por los votantes de California en el año 2004 y está financiada por un impuesto del uno por ciento sobre aquellos ingresos personales que excedan de 1 millón de dólares anuales. Está diseñada para expandir y transformar el sistema de salud del comportamiento de California a fin de servir mejor a aquellas personas, y sus familias, que tengan y estén a riesgo de tener serios problemas de salud mental.

Departamento de Servicios de Salud





Componentes del Plan de Tres Años



01

- Autoridad de Salud Mental para Pomona, Claremont y La Verne
- Más de 60 años de Servicios/Valores de Tri-City
- Demografía/Resumen Ejecutivo

02

- Reuniones de Accionistas
- Grupos de Trabajo de MHSA
- Socios Comunitarios
- Alcance e Involucramiento

03

- Servicios y Apoyos Comunitarios (CSS)
- Prevención e Intervención Temprana (PEI)
- Innovación (INN)
- Educación y Entrenamiento de la Fuerza Laboral (WET)
- Instalaciones Captales y Necesidades Tecnológicas (CFTN)

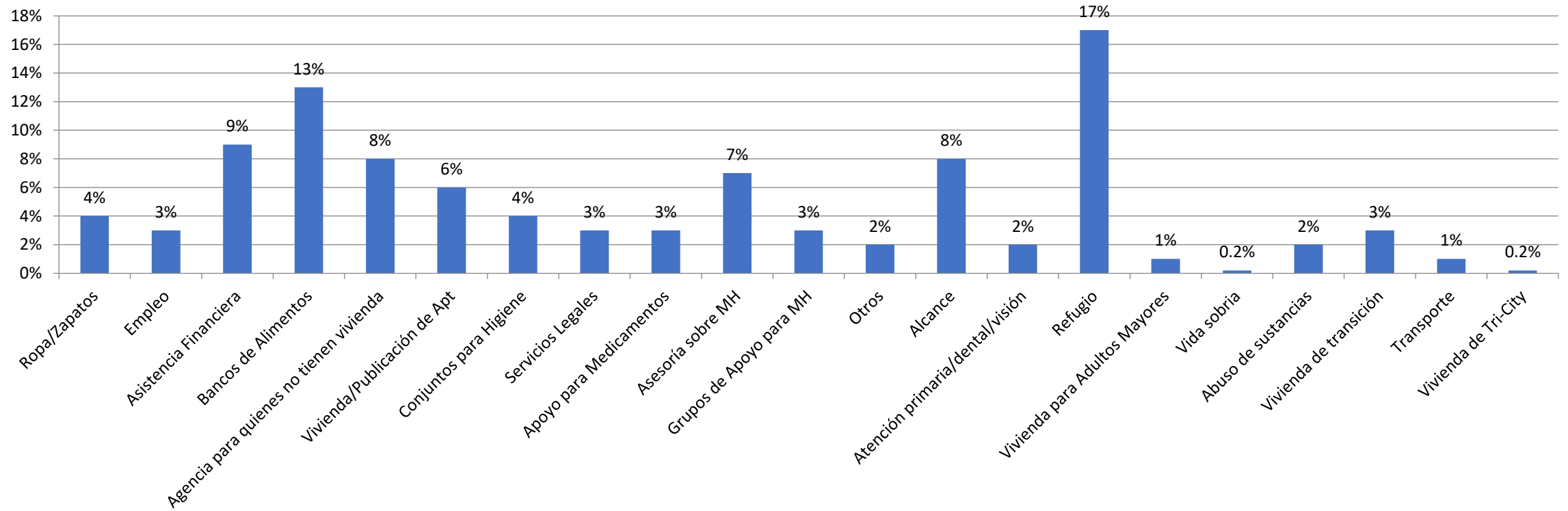
04

- Costo por persona
- Proyección de Tres Años
- Resumen
- Presupuestos Individuales

A photograph of two women in a social setting. The woman on the left, with long dark hair, is smiling and looking down at a smartphone she is holding. The woman on the right, wearing a dark polka-dot top, is looking at the phone. The background is blurred, showing other people and warm lighting.

Servicios y Apoyos Comunitarios

Navegadores Comunitarios

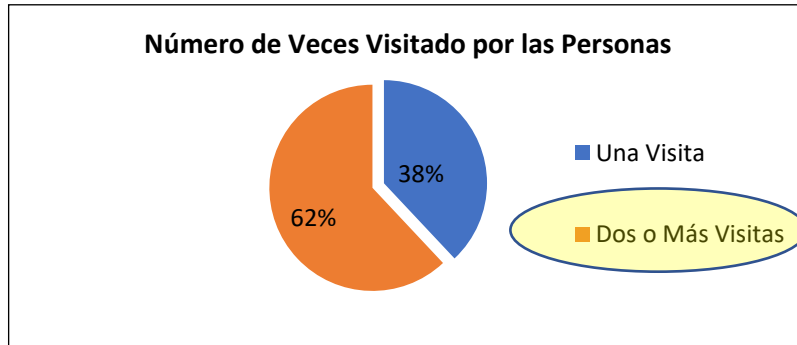




Historial de Éxito del Navegador Comunitario

Centro de Bienestar

16,515
**Número de Eventos de CSS del Centro de Bienestar
 (Individuos Duplicados)**

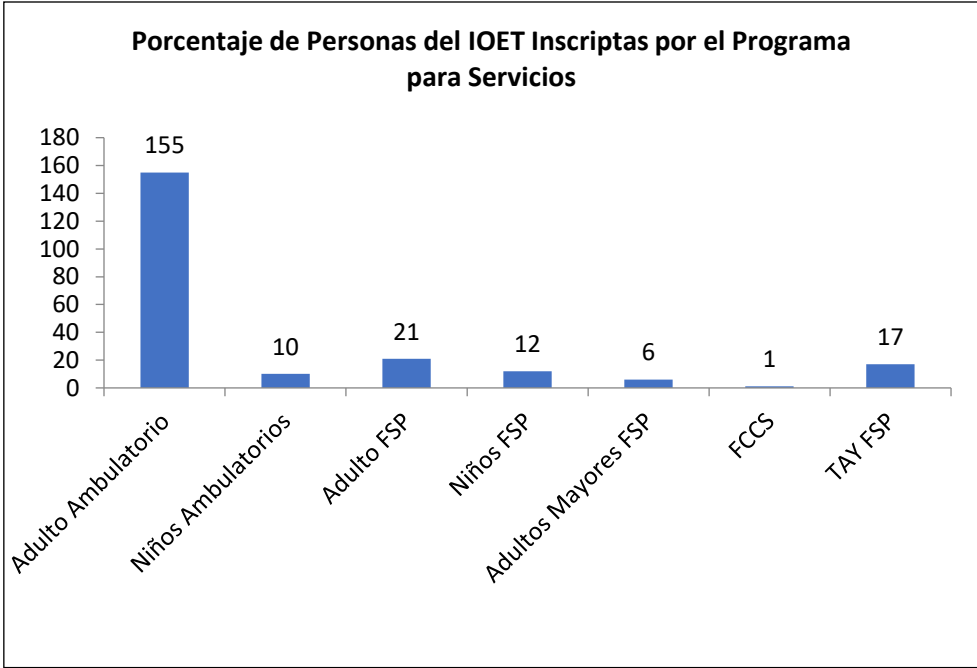
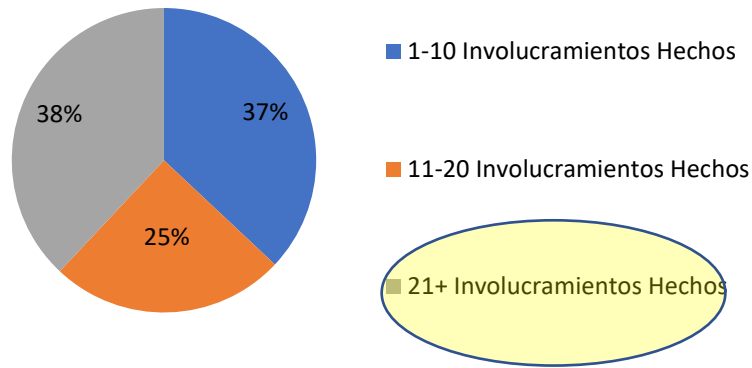


Nombre del Grupo	Número de Veces que el Grupo se Reunió	Número Promedio de Asistentes a un Grupo
Grupo – Manejo del Enojo	63	10
Grupo – Alivio de la Ansiedad	62	5
Grupo – Anónimos de Recuperación Dual	53	5
Grupo – Libertad a Través de la Realidad	58	6
Grupo – Abandone las Tristezas	52	3
Grupo – Depresión en los Hombres	54	3
Grupo – Socialización	50	5
Grupo – Mujeres Fuertes	60	4
Grupo – Autoestima de las Mujeres	49	5
Grupo de Español – Comadres y Compadres	56	2
Grupo de Español – Sobrellevando La Ansiedad	57	3
Grupo de Español – Socialización	55	3
Vocacional – Grupo de Trabajo sobre Empleo	44	2
Vocacional – GED Prep	5	1

Equipo de Alcance e Involucramiento Intensivo

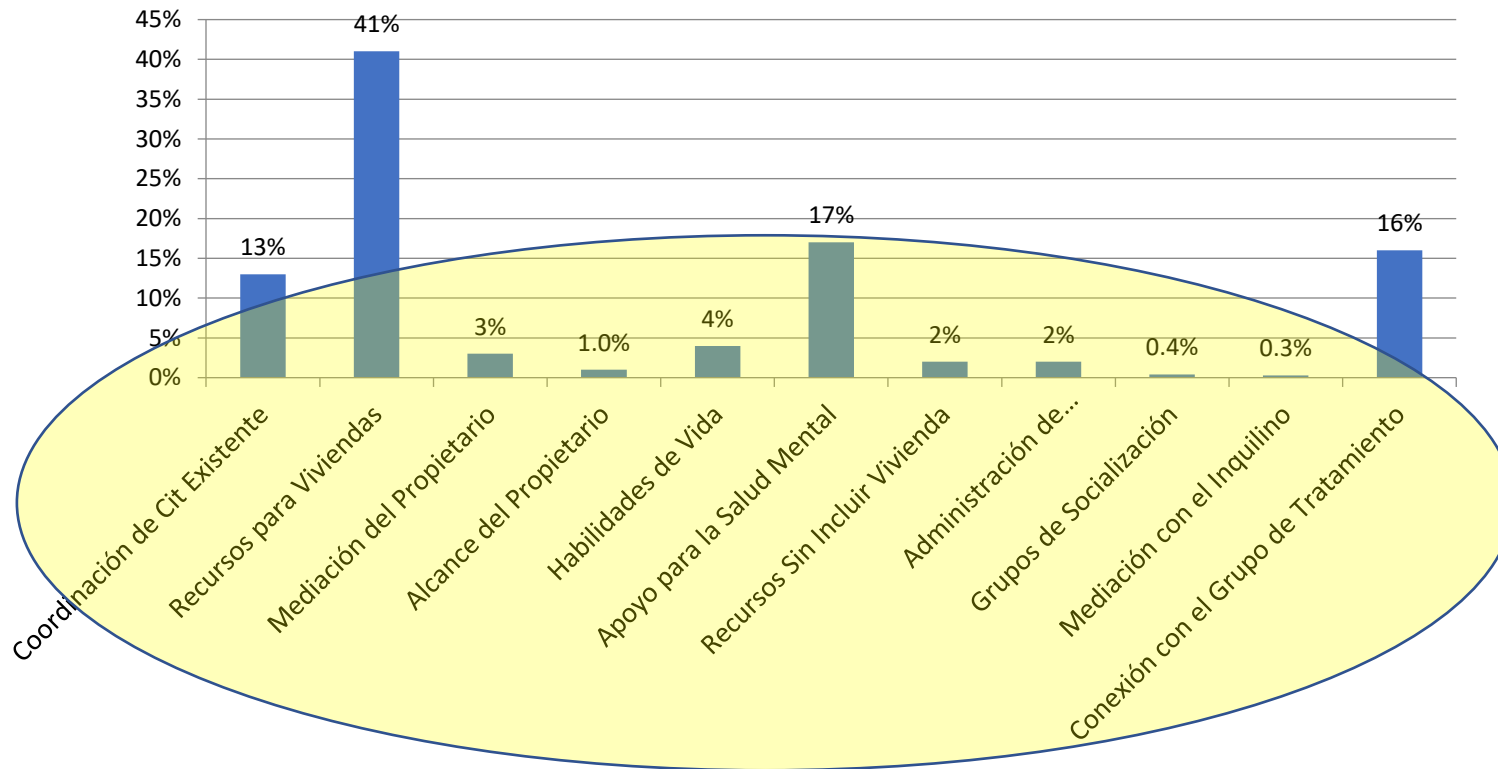
222
Personas del IOET que fueron inscritas para los Servicios en el Tri-City

Porcentaje de Intentos de Involucramiento Hechos por el IOET para Personas que Actualmente están Involucradas:



Vivienda de Apoyo Permanente

Tipos de Servicios Adicionales Proporcionados



937
Acciones sobre
Vivienda

5.4 Años
Período de Tiempo
Promedio que los Clientes
Viven en la Unidad de
Vivienda



Historia Exitosa de la Vivienda de Apoyo Permanente

Actualizaciones sobre Prevención e Intervención Temprana



Concesiones para el Bienestar Comunitario

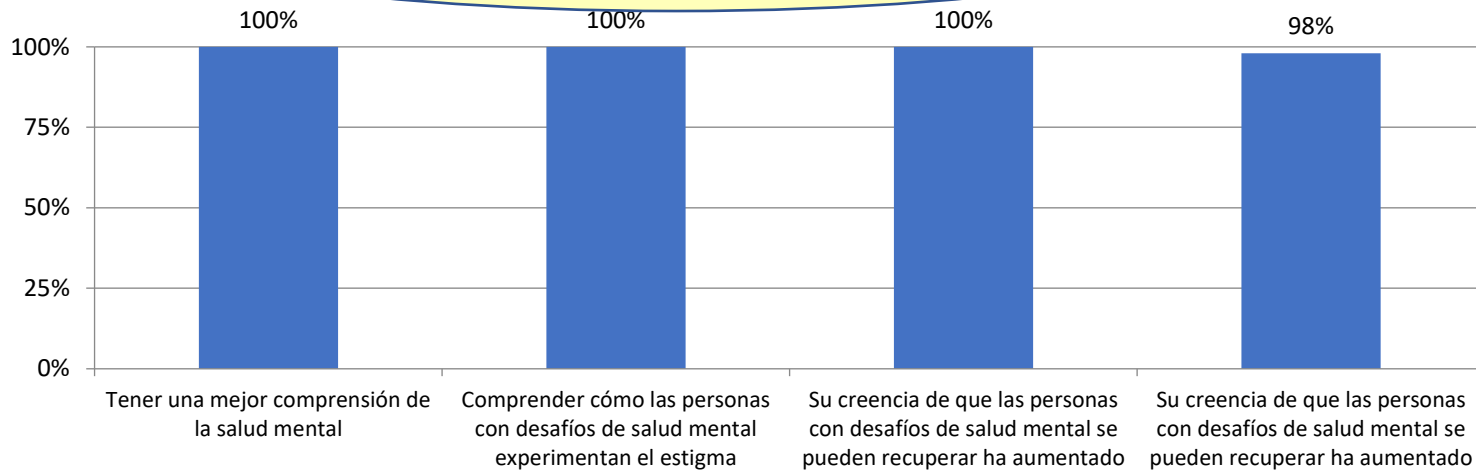


13,489
Número de Personas que se Beneficiaron de las Actividades de Concesionario desde 15 de cada 17 Concesionarios

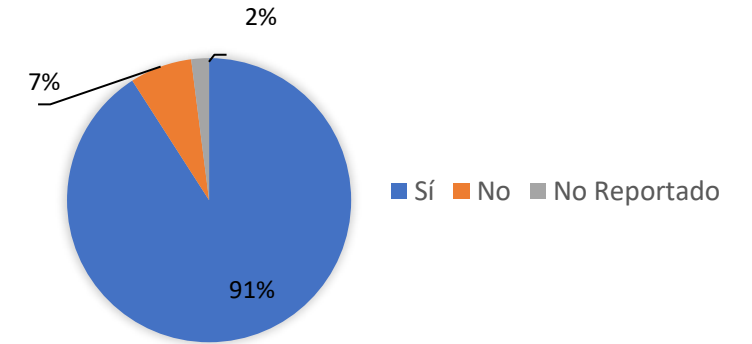
14,792
Miembros de la Comunidad Representados en 15 de cada 17 Concesionarios

Reducción del Estigma

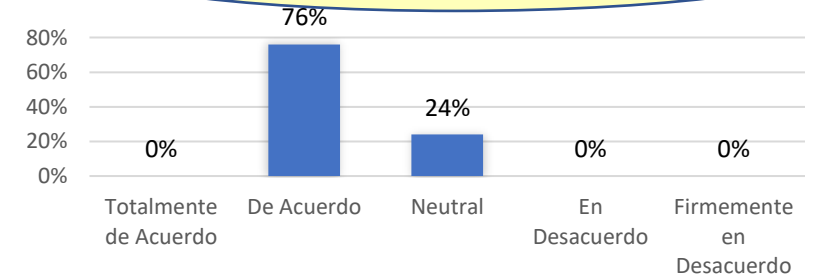
Porcentaje de Personas que Respondieron a la Encuesta de Reducción del Estigma y reportaron como resultado de las presentaciones:



Porcentaje de personas a las que se les preguntó si alguna vez habían experimentado un trauma o enfermedad mental:



Porcentaje encuestados a quienes se les preguntó si la presentación los ayudó a manejar sus síntomas:

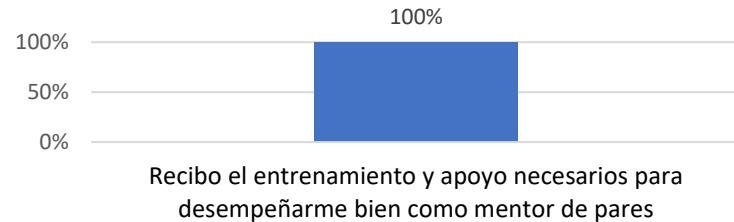




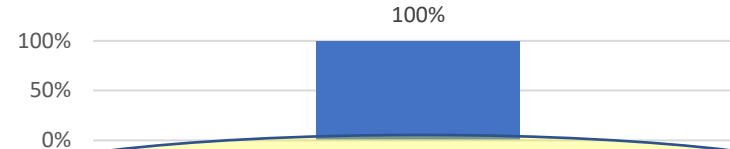
Historia Éxitosa de las Mentes Corajudas

Mentores de Pares y Aprendices

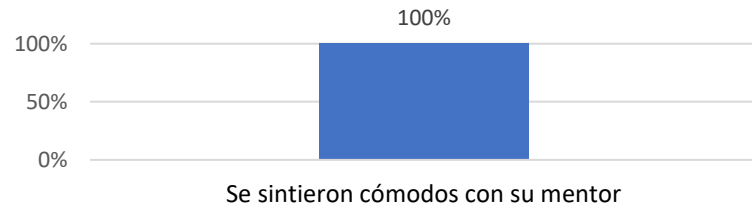
Porcentaje de Mentores que están de acuerdo/muy de acuerdo:



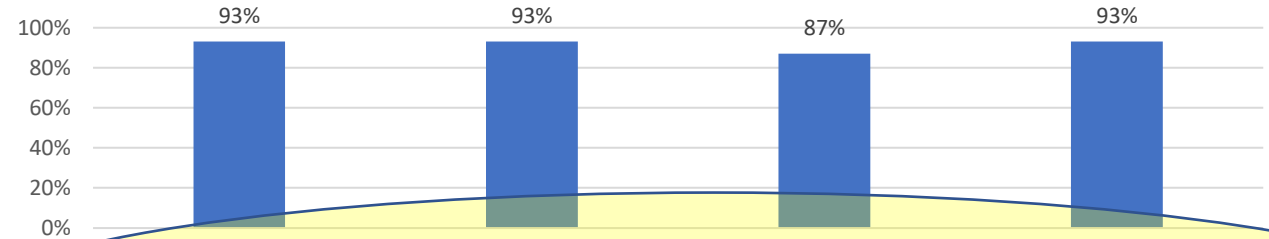
Porcentaje de Mentores que están de acuerdo/muy de acuerdo:



Porcentaje de Aprendices que están de acuerdo/muy de acuerdo:



Porcentaje de Aprendices que están de acuerdo/muy de acuerdo:



Los mentores proporcionaron apoyo útil en su 1a sesión

Sintió que su mentor le proporcionó al aprendiz el apoyo necesario

Recomendó el programa del mentor de pares a alguna otra persona

Los aprendices califican su experiencia en general como buena/exelente

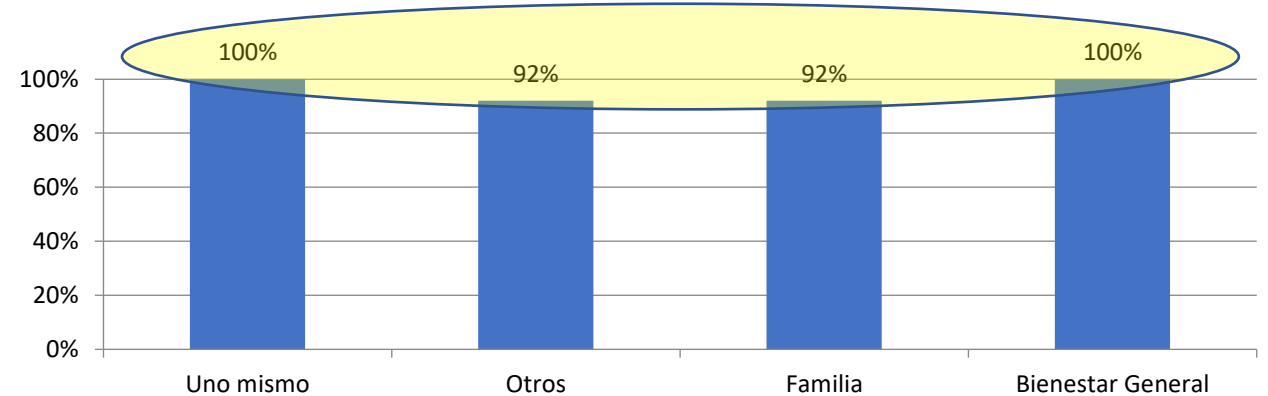
5,037

Número de Eventos de Bienestar Familiar
(Personas Duplicadas)

Programa de Bienestar Familiar

Nombre del Grupo	Número de Veces que el Grupo se Reunió	Número Promedio de Asistentes al Grupo
Artes y Artesanías	49	3
Aflicción y Pérdida	42	2
Hora de los Niños	49	2
Limitada a Sin Límites	2	3
Espiritualidad	53	4
Camping de Verano	3	5
Hora de los Adolescentes	31	3
United Family	109	5

Porcentaje de personas que reportan mejoras en sus relaciones con los siguientes gracias a la ayuda que reciben del Programa de Bienestar Familiar:

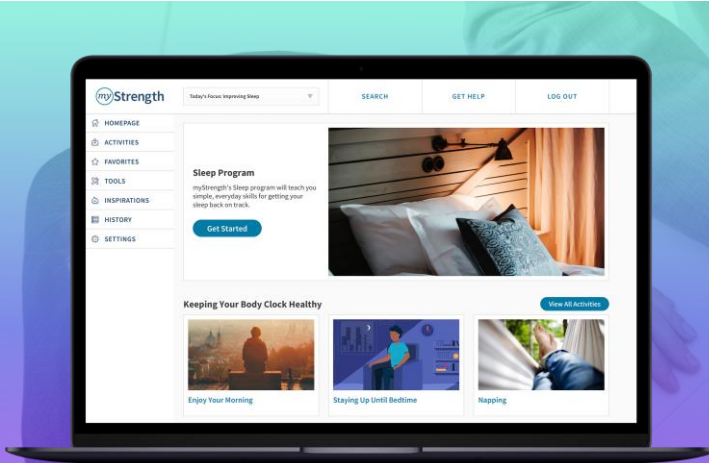


Innovación

1. Help @ Hand
2. Directivas Psiquiátricas Previas

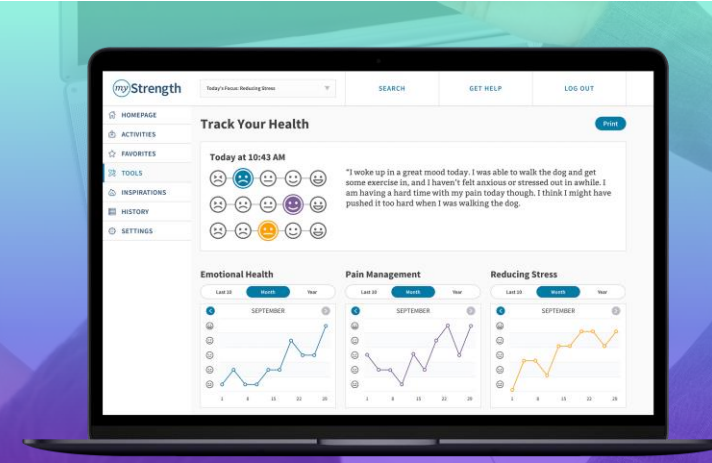
Proyecto myStrength

myStrength, es una aplicación para web y móvil llena de herramientas personalizadas para mejorar su estado de ánimo y salud y para ayudar a manejar las caídas y subidas de la vida.



Proyecto
de 5
Años

Finaliza
Dic 2023



Poblaciones Prioritarias

Edad de transición, Jóvenes (18-25), Adultos Mayores (60+), y Monolingües de habla hispana

5,000 licencias disponibles.
Válidas hasta el 12/31/2023

Se espera que los participantes utilicen la App como mínimo durante 30 días y Completen la Encuesta Previa y Posterior proporcionada por UCI

Painted Brain será utilizado por los participante para apoyo a Pares

“Appy Hours” será proporcionado para aquellos participantes que necesiten más asistencia técnica

Salud Digital
Grupos de Trabajo de Alfabetización

También será proporcionado sobre varios tópicos

Directivas Psiquiátricas Previas Colaboración de Múltiples Condados

Las Directivas de Psiquiátricas (PADs) Previas se usan para:

Apoyar decisiones de tratamiento para personas que podrían no estar en condiciones de dar su consentimiento o participar en decisiones de tratamiento debido a una condición de salud mental.

La Directiva Psiquiátrica Previa permite:

Que los deseos y prioridades de una persona sean informados para el tratamiento de la salud mental.

Las directivas psiquiátricas previas son creadas en un entorno voluntario con el consentimiento total del participante.

Metas del proyecto:

Entrenamiento estandarizado sobre el uso y beneficios de las PADs por parte de los accionistas.

Plantilla de PAD estandarizada creada por pares con asesoramiento de pares que vivieron la experiencia.

Desarrollo de un conjunto de herramientas para entrenamiento (en 9 idiomas) para ser usado en varios países manteniendo la confiabilidad y la consistencia.

Creación e implementación de una plataforma tecnológica con base en una nube para utilizar las PADs.

Tres Actualizaciones Significativas

Transferencia	Transferencia de fondos de CSS a WET
Transferencia	Transferencia de fondos de CSS a CFTN
Revisión	Revisión del programa NAMI de Desarrollo de la Capacidad Comunitaria bajo PEI



Educación y Entrenamiento de la Fuerza Laboral

Transferencia Propuesta de CSS a WET	
Continuación del programa de Repago de Préstamo	\$250,000
Entrenamientos Especializados y Conferencias	\$250,000
Total	\$500,000

Instalaciones Captales y Necesidades Tecnológicas

Transferencia Propuesta de CSS a CFTN	
Compra de un Edificio para Alojar al Personal de Tri-City	\$2,000,000
Total	\$2,000,000





Terminar con el Silencio



NAMI I01

- Propósito de aumentar la consciencia entre maestros, personal, padres y estudiantes acerca de la prevención e intervención temprana en los trastornos mentales
- Reducir el estigma y aumentar la compasión con aquellos que pueden estar mostrando síntomas prematuros de comienzo de una enfermedad mental
- Distrito Escolar Unificado de Pomona, Distrito Escolar Unificado de Bonita, y Distrito Escolar Unificado de Claremont, incluyendo escuelas privadas.



Desafío para los Programas NAMI

Gastos

\$35,500 Anuales

Año Fiscal	Porcentaje Gastado de la Asignación	Notas
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID
FY 2021-22	15%	COVID

Esfuerzos en FY 2021-22

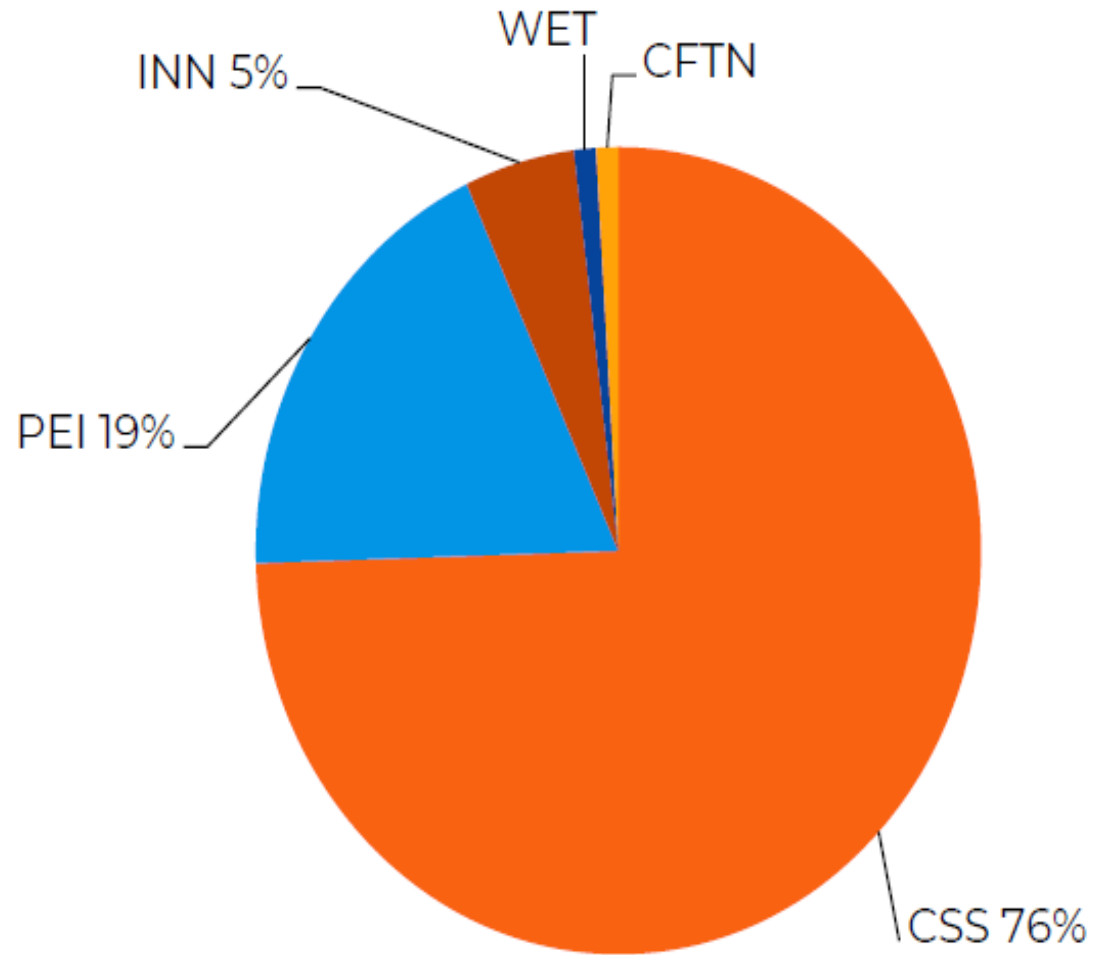
- Personal concentrado en desarrollar y restablecer las relaciones dentro de la comunidad y los distritos escolares
- El agregado de NAMI 101 a los alcances de su trabajo les ha permitido cumplir con las necesidades del programa conciencia de la salud mental más específicamente tanto aquellas de la comunidad como las del personal de la escuela y los estudiantes.
- Continúan los desafíos creados por la pérdida de personal y la falta de interés por parte de los distritos escolares para programar estos entrenamientos
- NAMI ha continuado batallando por gastar los fondos que tiene asignados

Solución Propuesta

\$71,000 Otros Programas PEI

	FY 2023-24	FY 2024-24	FY 2025-26	Fondos No Gastados
Plan Actual	\$35,500	\$35,500	\$35,500	\$\$\$\$
Cambio Propuesto	\$35,500			0 ✓

PLANES MHSA Y ASIGNACIONES DE FONDOS



- Servicios Comunitarios y Apoyo
Community Services & Support (CSS): 76%
- Prevención e Intervención Temprana
Prevention & Early Intervention (PEI): 19%
- Innovación
Innovation (INN): 5%
- Entrenamiento y Educación de la Fuerza Laboral
Workforce Education & Training (WET):
one-time funds* Fondos por única vez
- Capital Facilities & Technological Needs
(CFTN): one-time funds*
Instalaciones Captales y Necesidades Tecnológicas
Fondos por única vez*

Resumen Financiero

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

Cinco Planes
MHSAs

Financiación
Estimada

Gastos
Estimados

Saldo
Estimado de
Fondos no
Gastados

	MHSAs 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 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years 6/30/23	16,544,291	4,476,308	3,107,758	1,431,643	2,729,658	
2. Estimated New FY 2023/24 Funding	11,178,109	2,794,527	735,402			
3. Transfer in FY 2023/24 ^{i/}	(2,500,000)			500,000	2,000,000	
4. Access Local Prudent Reserve in FY 2023/24						
5. Estimated Available Funding for FY 2023/24	25,222,400	7,270,835	3,843,160	1,931,643	4,729,658	
B. Estimated FY 2023/24 MHSAs Expenditures	11,610,705	3,336,066	980,883	611,680	980,700	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,611,695	3,934,769	2,862,277	1,319,963	3,748,958	
2. Estimated New FY 2024/25 Funding	8,942,487	2,235,622	588,322			
3. Transfer in FY 2024/25 ^{i/}						
4. Access Local Prudent Reserve in FY 2024/25						0
5. Estimated Available Funding for FY 2024/25	22,554,182	6,170,391	3,450,599	1,319,963	3,748,958	
D. Estimated FY 2024/25 Expenditures	12,191,240	3,435,578	346,860	642,264	255,700	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,362,942	2,734,813	3,103,739	677,699	3,493,258	
2. Estimated New FY 2025/26 Funding	8,495,363	2,123,841	558,905			
3. Transfer in FY 2025/26 ^{i/}						
4. Access Local Prudent Reserve in FY 2025/26						0
5. Estimated Available Funding for FY 2025/26	18,858,305	4,858,654	3,662,644	677,699	3,493,258	
F. Estimated FY 2025/26 Expenditures	12,800,802	3,605,165	0	674,377	255,600	
G. Estimated FY 2025/26 Unspent Fund Balance	6,057,502	1,253,488	3,662,644	3,322	3,237,658	

Próximos Pasos

¿Adónde ir de aquí en adelante?



Comentarios del Público



1. Por favor levante la mano si desea hablar
2. Complete sus tarjetas de comentarios y déjelas sobre la mesa

THANK YOU!

Dana Barford 
dbarford@tricitymhs.org

Mental Health Services Act (MHSA)
**Annual Prevention and
Early Intervention
Report**
FY 2023-24



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Prevention and Early Intervention (PEI)	3
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Peer Mentor Program	34
Wellness Center PEI Programs Transition Age Youth and Older Adults	45
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Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) Plan focuses on prevention and early intervention services and supports, in addition to stigma reduction 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 and NAMI 101
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

New Program – First date of service _____

Continued from prior year plan or update

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.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	6,280	3,979	286	9	0	10,554

Program Update

The Community Wellbeing Grant program received a total of 30 applications of which 17 grantees were awarded grants for FY 2021-2022. All 17 new grantees provided an array of services/activities such as afterschool learning activities, student meal delivery program, gardening, support groups, creative arts, teen clothing, mental health workshops, wellness website, art in open spaces, and LGBTQ+ Youth Health & Education Mentorship program that improved the wellbeing of their communities and also the underserved populations. These grantees also network and collaborate with each other to continue to provide services to the underserved populations. In addition, the Community Wellbeing Program collaborates with previous grantees that provide services to the underserved and unserved communities.

All programming was still conducted through virtual platforms such as RingCentral and Zoom including Information Night, Bidder's Conference, application reviews, interviews, orientation, one on one sessions with grantees and cohort meetings. Program staff were able to meet with a few grantees at their locations which allowed grantees to provide tours and talk about how their projects are doing. In addition, program staff had an opportunity to meet with members of their community and hear about their participation in the project.

Challenges and Solutions

Program staff challenges

One of the Community Wellbeing Grant obligations is for grantees to complete a survey twice during the fiscal year. This survey helps program staff identify and capture any challenges and successes each grantee experiences during their grant year. Grantee feedback stated that it's difficult to complete the survey at once because survey monkey doesn't have an option to save their work and finish later. In response, program staff connected with Program Analyst and a PDF form of all the survey questions is now available to all grantees.

Grantee challenges

Grantees shared difficulty engaging their clients/participants during their virtual meetings. Clients/participants have their camera off and are on mute for most of their meetings. In order to address this challenge, the grantees collaborated with other grantees in the cohort to learn how they engage their clients/participants in virtual meetings. These suggestions included hosted drive-thru events to maintain COVID regulations, utilized giveaways during their virtual meetings as prizes (ex: scavenger hunt, icebreakers etc.), mailed participants/clients wellness packets that included supplies, worksheets, arts/crafts etc.in preparation for their virtual meetings.

Cultural Competence

Throughout the grant year, grantees receive information/resources via email of any upcoming Tri-City programs, services, webinars, mental health trainings that address these barriers. Grantees share this information/resources with their communities to bring awareness of the services/programs at Tri-

City. During one-on-one meetings and cohort meetings, grantees also receive presentations from various Tri-City staff members who discuss their programs/services and how grantees can connect their clients/participants to Tri-City services.

All promotional materials such as flyers and social media postings are available in English and Spanish. Program staff are bilingual in English and Spanish to assist in answering any questions about the Community Wellbeing Program.

Program staff can speak and write in English and Spanish and can provide support in translating flyers, brochures, documents, social media posts etc. Program staff also assists in interpreting for webinars/trainings/presentations to accommodate those who are monolingual Spanish. Program staff are also members of the ¡Adelante! Hispanic & Latino Wellness Committee. ¡Adelante! members share ideas on how to improve wellbeing for Latino and Hispanic families and communities.

Community Partners

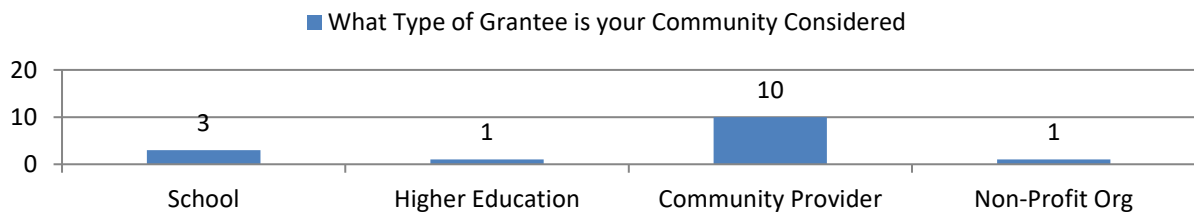
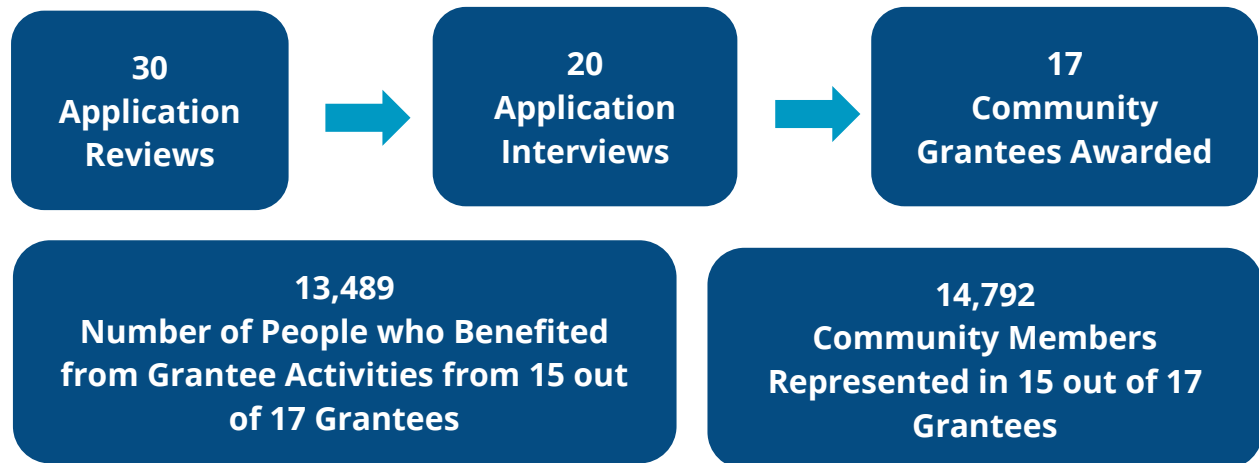
The Community Wellbeing Program collaborates with the following agencies: Assistance League of Pomona Valley, Boys and Girls Club of Parkside, Bright Prospect, Casa Colina Hospital and Centers for Health, House of Ruth, City of Knowledge, Claremont USD, dA Center for the Arts, God's Pantry, Health Bridges, Just Us 4 Youth, Latino, Latina Roundtable, Oasis KGI Commons, Pomona Pride Center, PFLAG Claremont, Pomona Students Union and Pomona Hope. All of these agencies were awarded a Community Wellbeing Grant in FY 2021-2022

Success Story

Grantee, Assistance League of Pomona Valley, focuses on children ages 13-18 years of age. Each student receives a weeks' worth of new school clothing. Their goal is to help empower students to succeed in school and increase self-esteem by providing these basic essentials. The Assistance League of Pomona Valley completed their project in the second quarter by clothing a total of 140 high school students utilizing their full grant amount. This was 30 more students than they had originally projected.

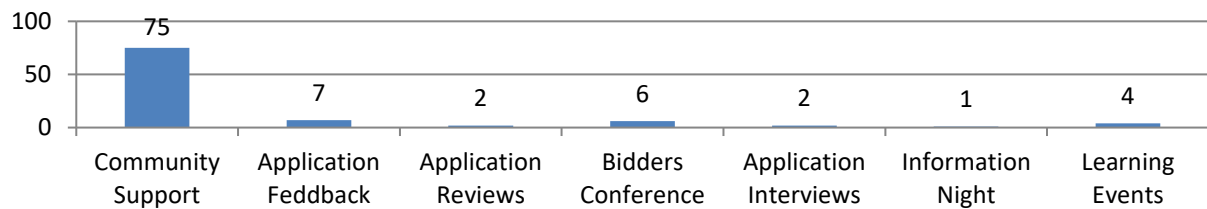
Program Summary

How Much Did We Do?

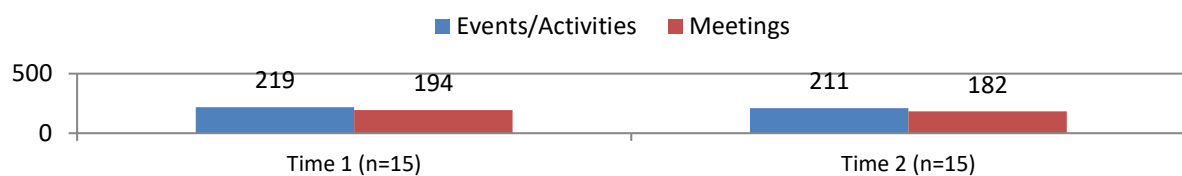


Number of Events Held by Community Capacity Organizer

393 Attendees for these Events

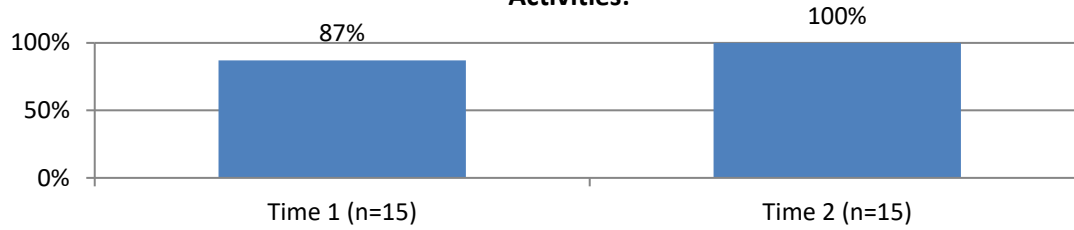


Number of Events/Activities and Meetings Hosted by Grantees

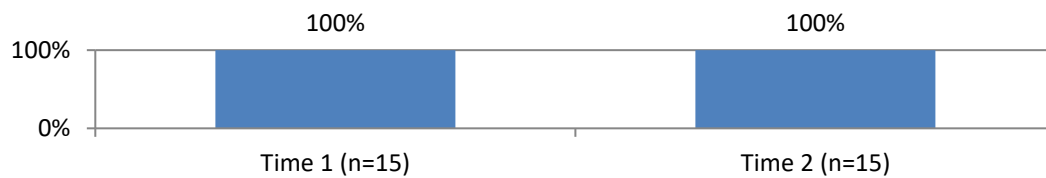


How Well Did We Do It?

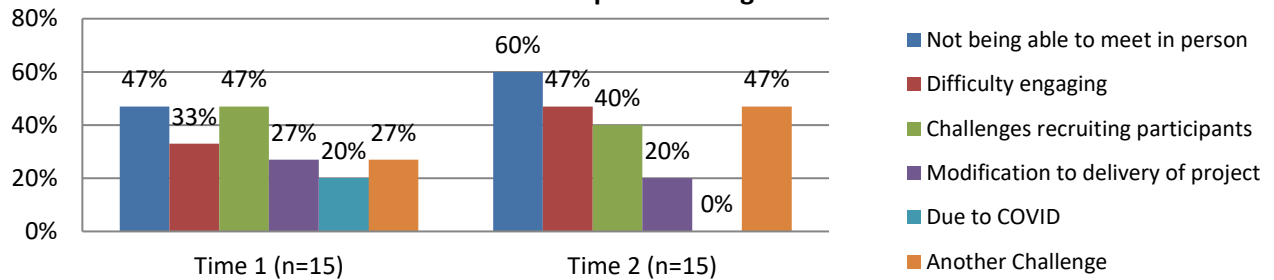
Percentage of Grantees who Report Successful in their Community's Activities:



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

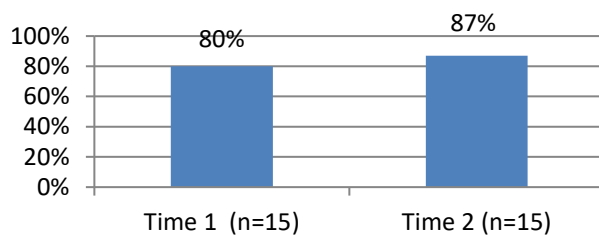


Percent of Grantees who report challenges their communities faced?

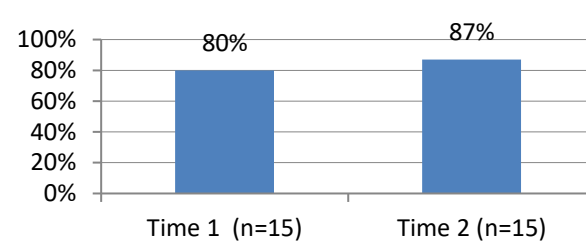


Is Anyone Better Off?

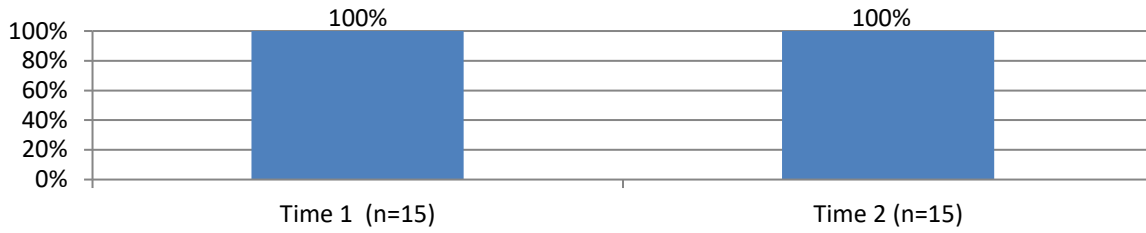
Percentage of Grantees who Report Improvement in Supporting Each Other



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

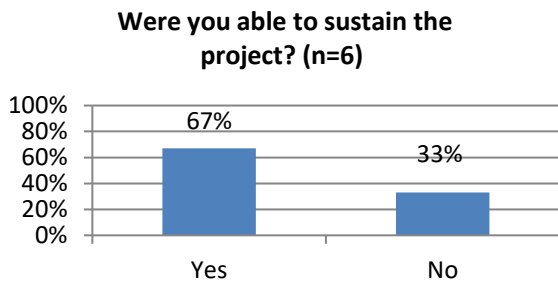


Percentage of Grantees who Report They know how to access additional support for services from Tri-City when needed

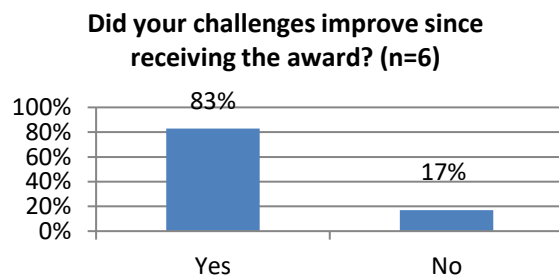


Grantee Follow-Up Survey (From FY 2020-21)

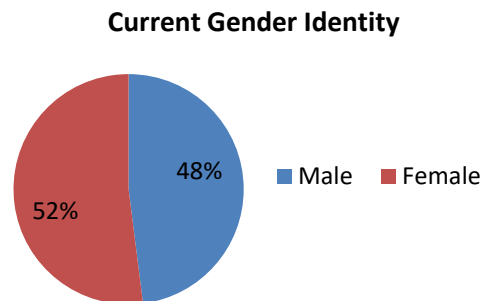
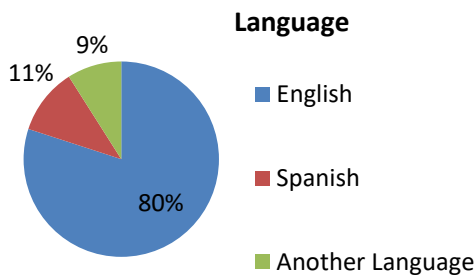
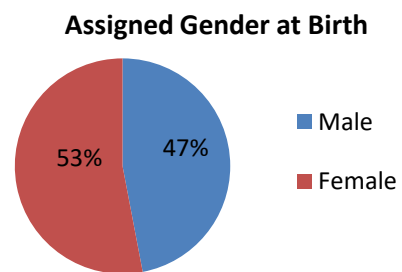
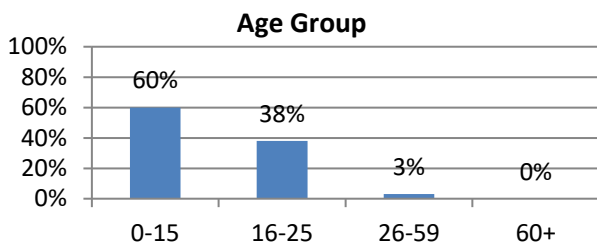
Percentage of Grantees who Report Improvement in Supporting Each Other

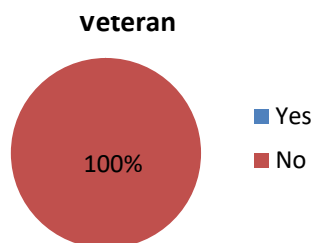
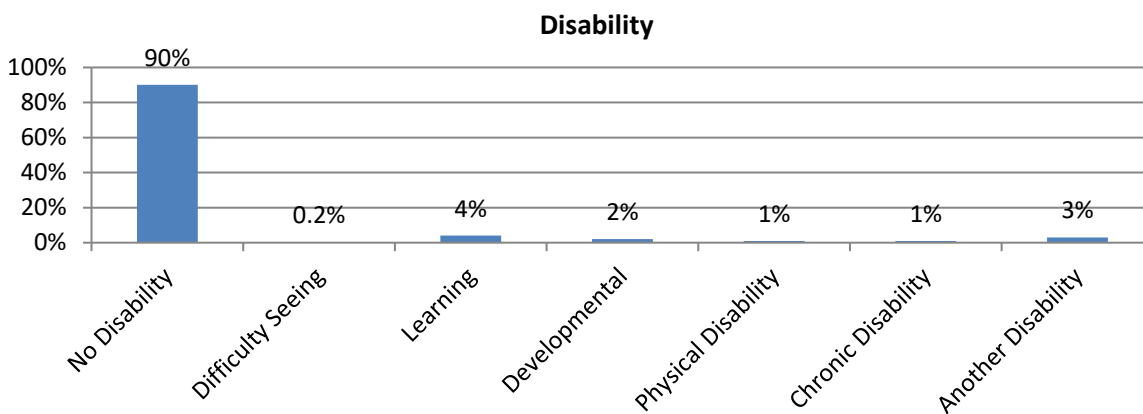
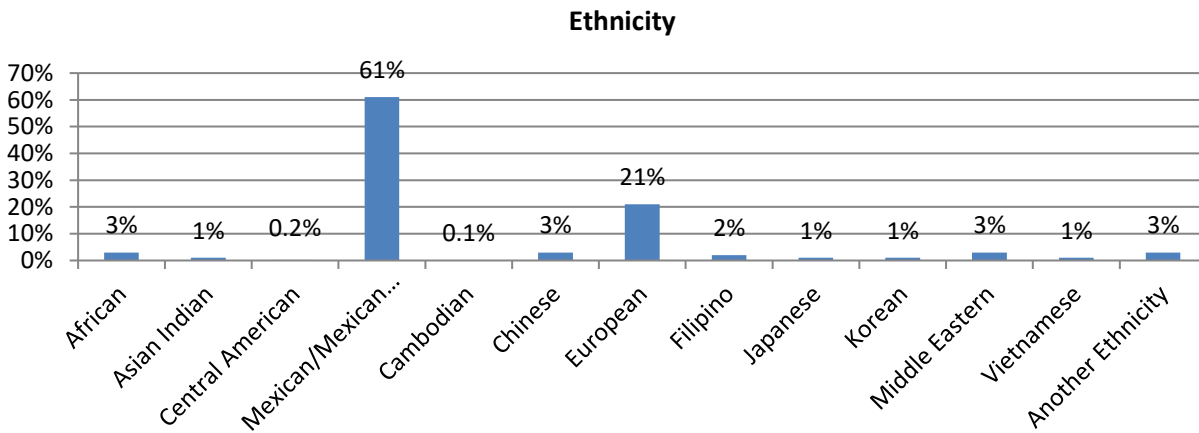
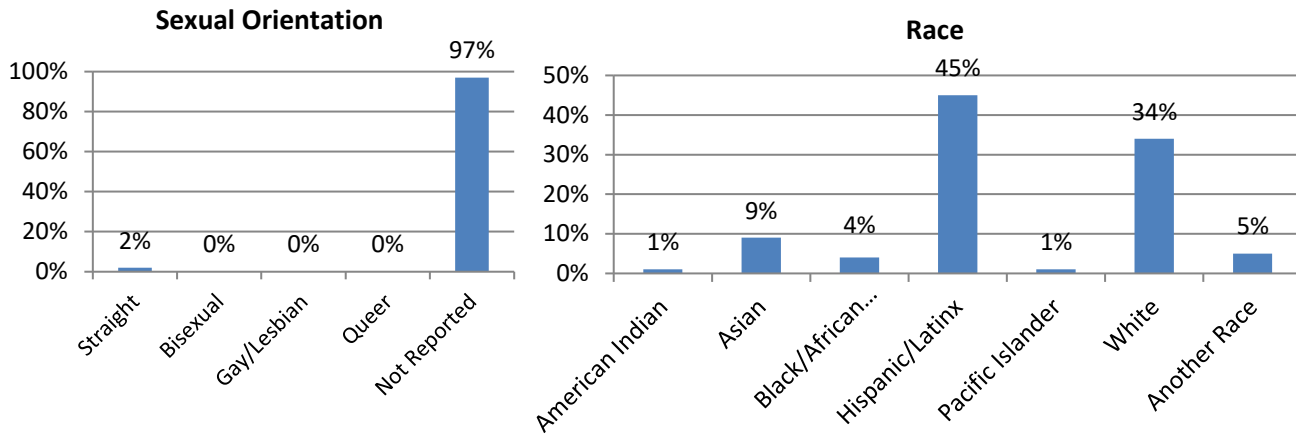


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together



Grantee Community PEI Demographics (15 grantees completed Time 1 survey)





Number of Potential Responders	14,792
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>

Timely Access to Services for Underserved Populations Strategy

There were 0 MHSA referrals to Community Wellbeing Program.

Community Capacity Building

Community Mental Health Trainings/Trainers

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	37	36	136	14	1,117	1,340

Program Update

During FY 2021-2022 the Community Mental Health Trainers (CMHT) provided 70 workshops, trainings, and presentation to over 1,300 attendees. All presentation were provided virtually. In addition to the standard training of Mental Health First Aid, Community Resiliency Model, Adverse Childhood Experiences, and Motivational Interviewing, community members and partners requested additional presentations focusing on compassion fatigue, burn out, stress management, self-care, and transition back to work or school. Future efforts include developing more mental health and wellness [self-care] webinars and creating social media content for anyone to view on Facebook and Instagram that provides tips, resources, and 30 second videos to promote mental health and wellness.

Challenges and Solutions

Challenges during this fiscal year include adhering to COVID protocols and safety measures which were still in place and meant no in person meetings, trainings, presentations, or community outreach. All communication was via phone, email, or virtual platforms, with no in-person/face-to-face contact/communication. This was a challenge because in-person contact and communication is a significant component for the success of this program.

Another challenge was having participants attend virtual trainings for more than 2 hours. Attendance to virtual presentations were inconsistent and many who did attend did not seem engaged during the presentation [cameras off, on mute, no participation in the chat/Q&A virtual features]. In response to this, virtual presentations/trainings were reduced to no more than 2 hours unless requested by agency/organization. Virtual presentations were offered on various days and times of day to accommodate schedules [work, school, personal time]. A series of presentations were scheduled in advance so participants could plan accordingly. Staff also partnered with other agency/organizations to plan trainings for their staff that fit their schedule during work hours. In addition, offering give-aways/raffles to those who attended/participated in trainings proved effective as did creating content that met the specific needs of the community/organization.

Cultural Competence

Activities provided to target underserved populations were provided in Spanish and translated into other languages if needed/requested. Program staff also collaborated with agencies/organizations that provides services to the same underserved populations to offer additional trainings, presentations, and resources.

Specific barriers addressed through this program include mental health stigma; lack of knowledge and/or understanding of mental health that can impact anyone, in particular communities who have language barriers; and lack of access to services, supports and education around mental health. Trainings are mindful of how an individual's culture, language, customs and religion may influence their views/beliefs on mental illness, and stigma can limit or prevent one to speak openly about their mental health challenges or seek supportive care when needed.

When creating outreach materials, the community is always the primary focus. Content is available in both English and Spanish, and uses images that are culturally inclusive, representative of the communities we serve, and use language that is relatable and easy to understand.

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.

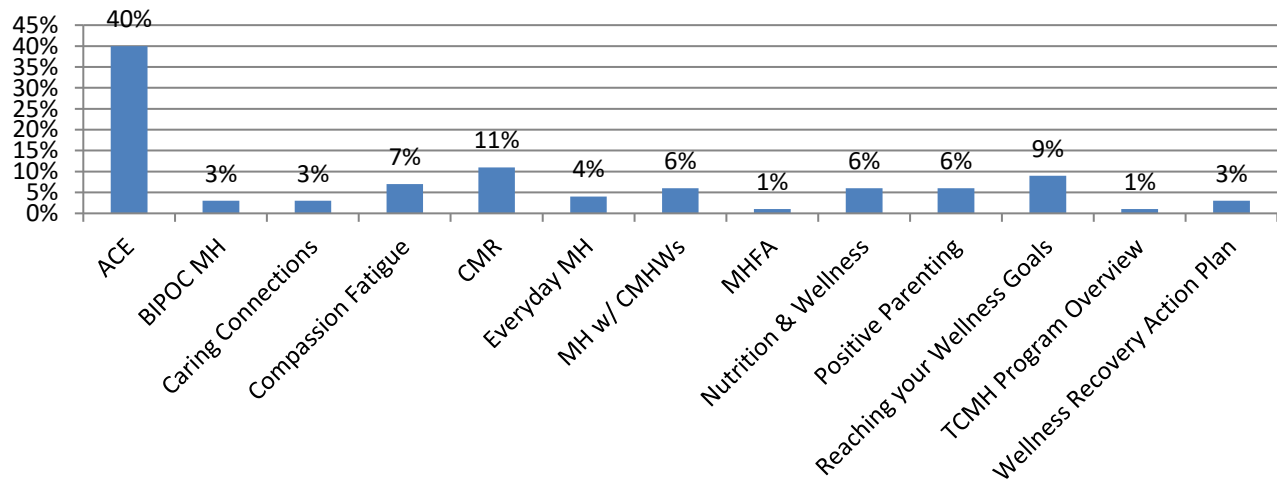
Other agencies/organizations requesting trainings included Bonita, La Verne, and Pomona School Districts, University of La Verne, Scripps College, City of Claremont, Bright Prospect, Park Tree Health Center, and San Gabriel Valley-Pomona Regional Center.

Program Summary

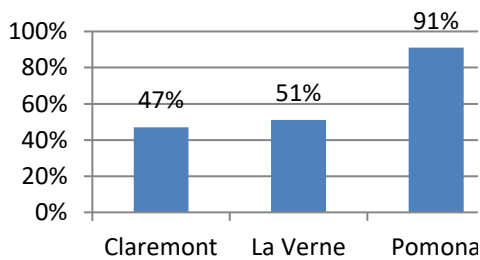
How Much Did We Do?



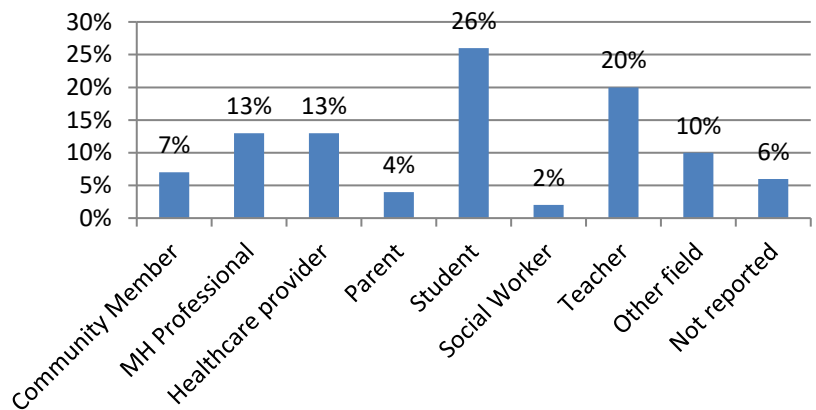
Community Mental Health Presentations



City of Attendees

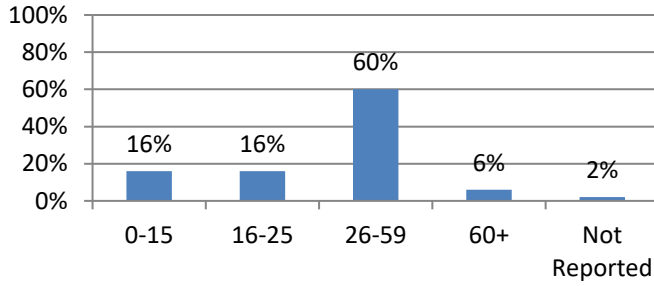


What field/profession are you in:

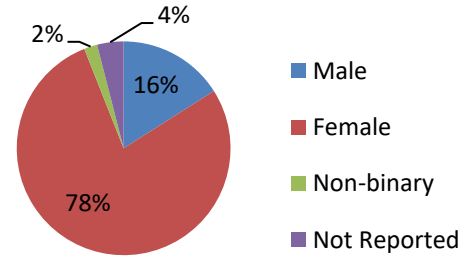


PEI Demographics from Surveys (Survey Responses = 228)

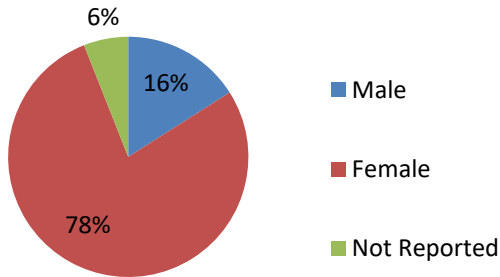
Age Group



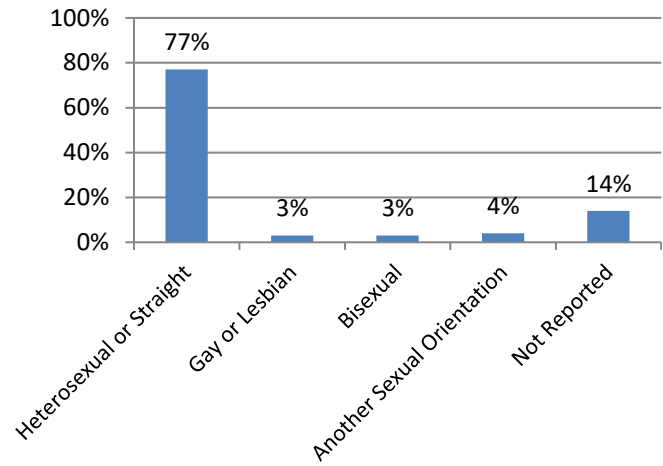
Current Gender Identity



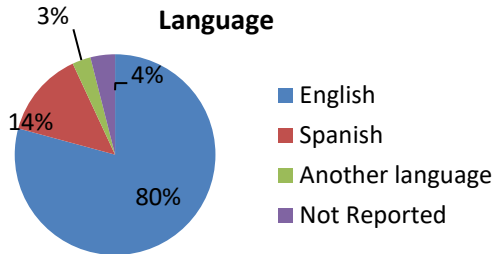
Assigned Gender at Birth



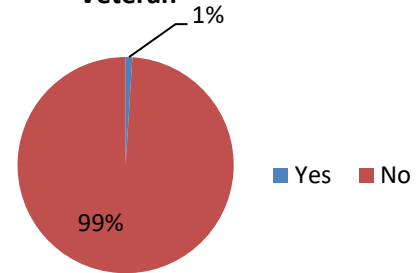
Sexual Orientation



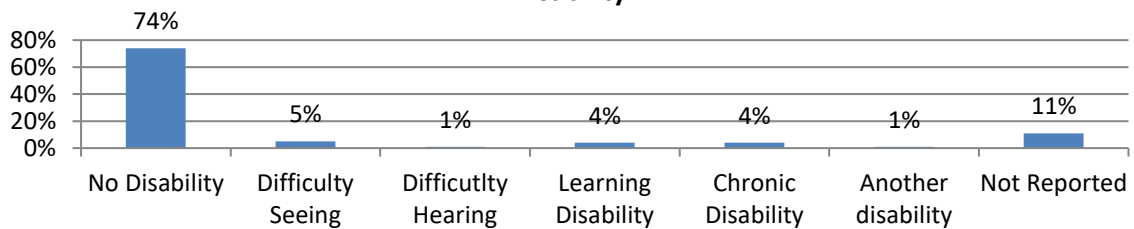
Language

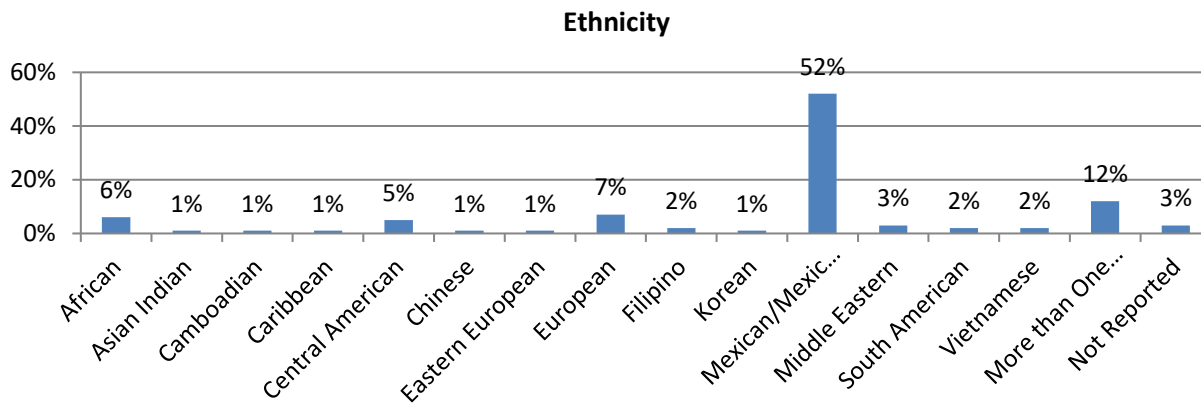
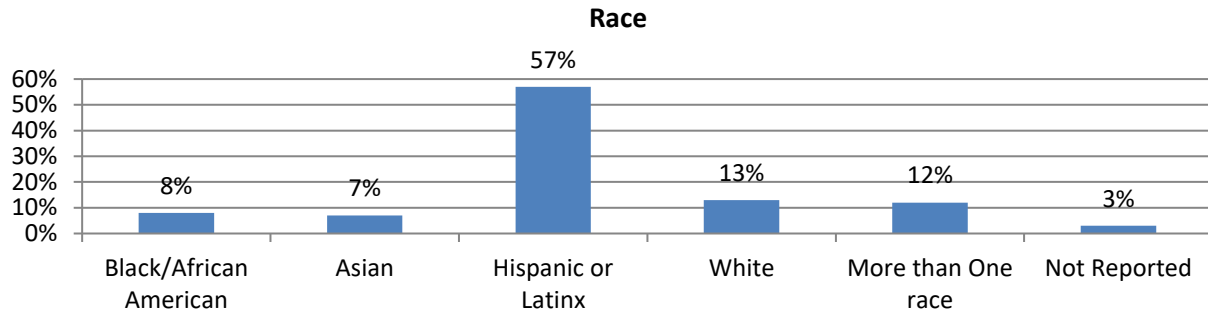


Veteran



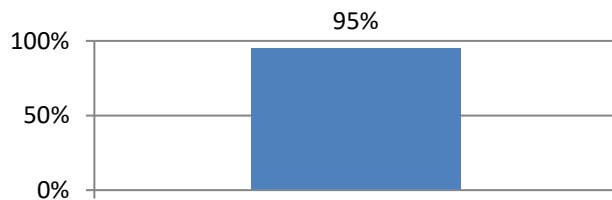
Disability



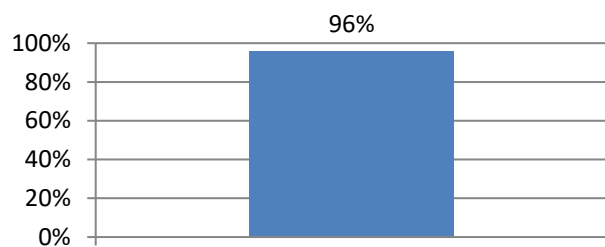


How Well Did We Do It?

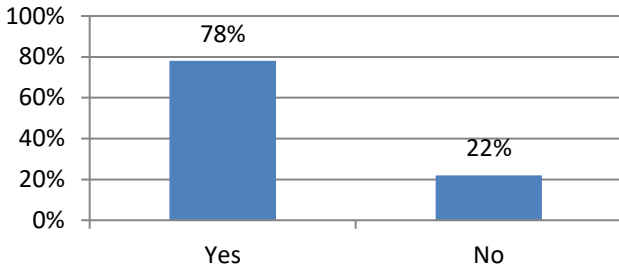
Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others:



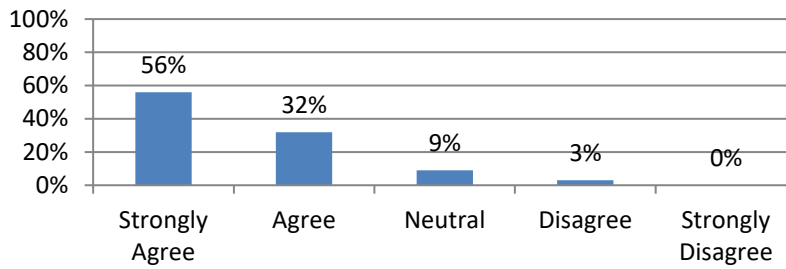
Percentage of participants who rated the presentation as good or excellent:



At any time in your life, have you experienced a traumatic event or mental health challenge?

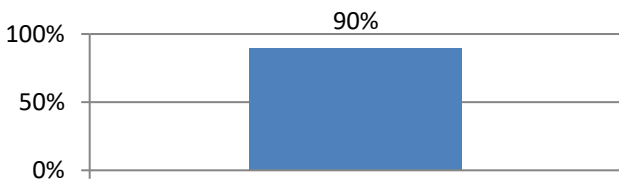


If so, has this presentation provided the support to manage your wellness or recovery?

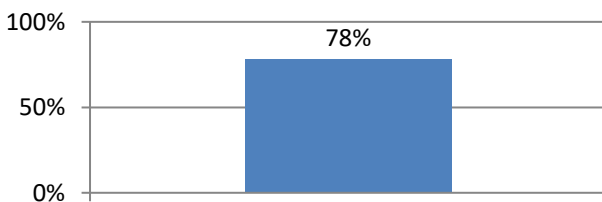


Is Anyone Better Off?

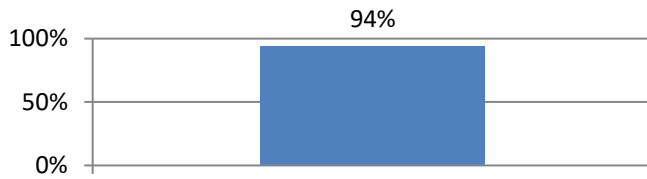
Percentage of participants who report feeling confident in using or applying the information they learned in the presentation:



Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use challenge or crisis:



Percentage of participants who would recommend presentation to someone else:



Number of Potential Responders	1,340
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, Faith Based Organizations, Community Based Organizations, Service Providers 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

PEI Demographics Based on Referrals

There were 0 MHSR referrals to the CMHT Program

Community Capacity Building

Stigma Reduction and Suicide Prevention

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	1	27	31	1	294	354

Program Update

During fiscal year 2021-22, the Stigma Reduction and Suicide Prevention program continued to host a variety of activities designed to continue to efforts to reduce the impact of mental health stigma and reduce the risk of suicide in our three cities. These activities included:

Suicide Prevention Awareness Month/Week – During the month of September, program staff launched a social media campaign to bring suicide prevention awareness and distributed toolkits to local school sites, Tri-City, and community members. Each toolkit included a suicide prevention resource poster, pens, informational cards about Know the Signs, bracelets, and stickers.

Green Ribbon Week (GRW) is an annual recognition during the third week of March that aligns with the Tri-City stigma reduction campaign, Room4Everyone, and encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educates community members, clients, and participants about stigma, the impact it has on our mental health, and how to take action to fight against the stigma within our community.

May Mental Health Awareness Month – Program staff hosted an interactive lunch activity at high schools and colleges to help promote mental health awareness and Tri-City's mental health services. In addition, there were virtual workshops hosted in collaboration with community partners to talk about mental health. At the school sites, program staff hosted art workshops where many of the art submissions created by students were showcased at Creative Minds Art Gallery, a community art gallery where local artists of every skill level can display their art to help promote mental health and wellness.

Black, Indigenous People of Color (BIPOC) Mental Health Awareness Month – In the month of July, program staff launched a social media campaign to discuss BIPOC mental health by sharing the history of how BIPOC started, promoted community events, and informed the community with data and statistics on BIPOC mental health. Additionally, program staff collaborated with Tri-City Diversity, Equity and Inclusion (DEI) staff and with community organizations to host local events where community members spoke about BIPOC mental health and ways to better support their community.

Challenges and Solutions

Due to COVID-19 restrictions, all the stigma reduction and suicide prevention programming continued to be on a virtual platform. Some of the challenges were being able to engage with the community virtually and being able to familiarize virtual tools to help stigma reduction programs sustain during the pandemic.

Program staff utilized virtual tools such as Canva to help launch a few social media campaigns that helped promote stigma reduction and engaged with the community. Program staff also learned how to use Zoom meetings and webinars features that incorporated more interactive activities with the audience. Lastly, program staff fostered meaningful community partnerships that helped host collaborative events that became successful.

Cultural Competence

The majority of stigma reduction programming is designed to target underserved populations such as the stigma reduction presentations, Creative Minds Art Gallery, Courageous Minds Speaker's Bureau, and the social media campaigns. Program staff also collaborated with Tri-City's Cultural Inclusion and Diversity Committees through collaborative workshops, events, and social media campaigns. Program staff also received informative materials from CalMHSA translated in different languages and utilizes them by providing them to community members.

Program staff plan accordingly if there is a need for translation assistance in presentations and outreach materials. In the past, there has been collaboration with other Tri-City staff who are bilingual who can attend presentations that require an interpreter. CalMHSA also provides outreach materials in Spanish that has been beneficial for Tri-City community members who are non-English speaking.

Community Partners

Program staff collaborate regularly with outside agencies and entities, including CalMHSA and Directing Change; Just Us 4 Youth, the Pomona Youth Prevention Council, the Latino/a Roundtable, Uncommon Good, K-12, Colleges, and Graduate Colleges in the Tri-City area.

Success Story

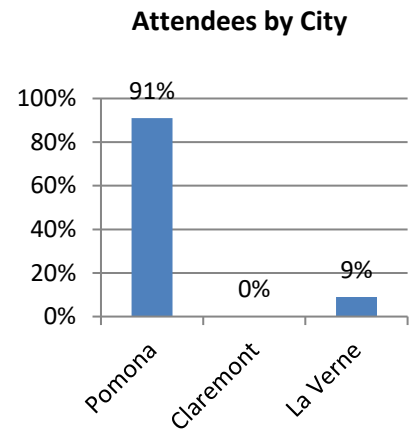
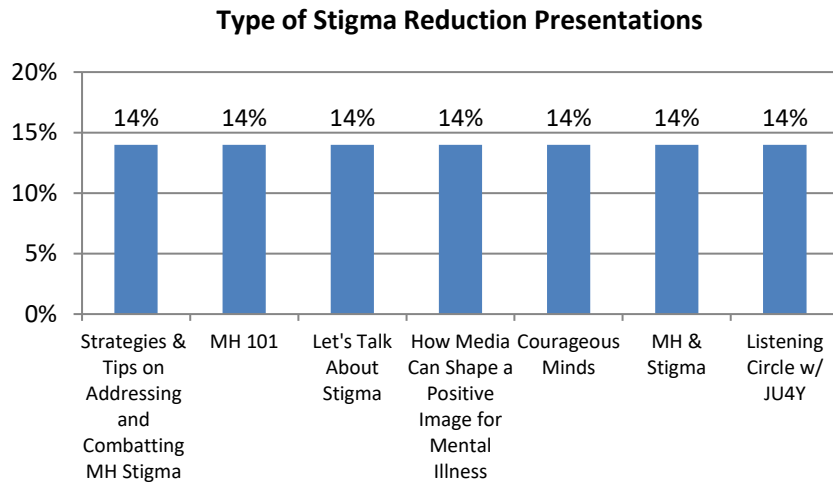
In May of 2022, during Mental Health Awareness Month, program staff received recognition by the Pomona Unified School District for partnering with Garey High School and their Peer Counseling Program. In their newsletter, Garey High School expressed gratitude to staff for providing an interactive lunch activity and art workshop to help spread mental health awareness with the students.

Program Summary

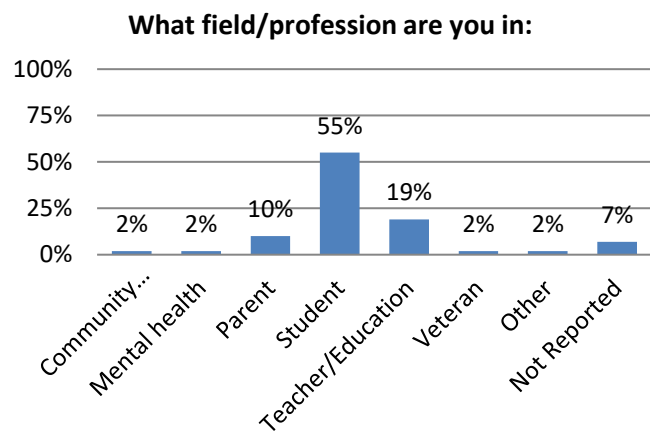
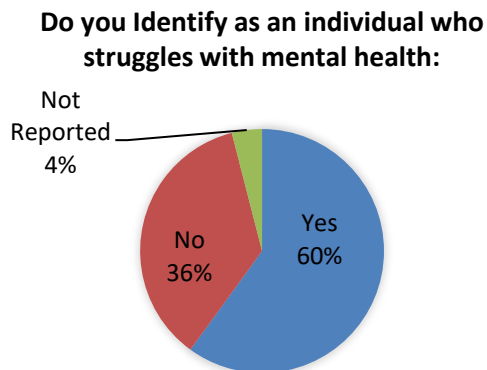
Stigma Reduction

How Much Did We Do?

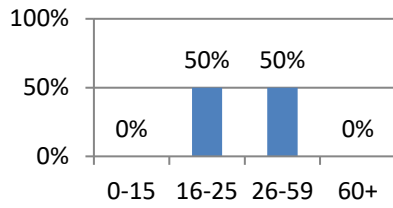
7 Presentations **3 Active Courageous Minds Speakers** **58 Attendees for Stigma Reduction Presentations**



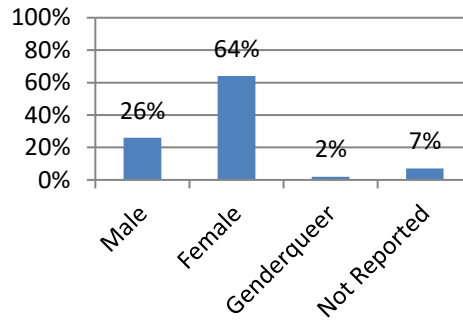
PEI Demographics from Stigma Reduction Surveys (Survey Responses = 42)



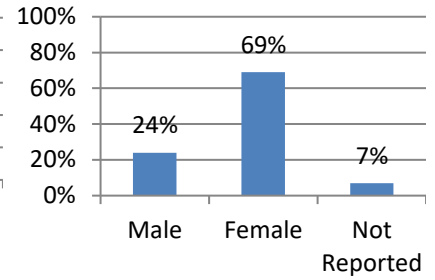
Age Group



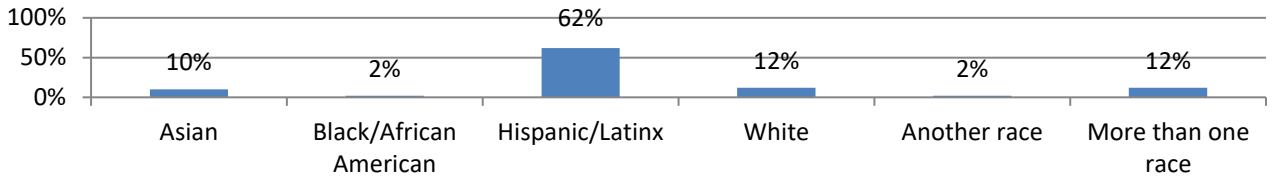
Current Gender Identity



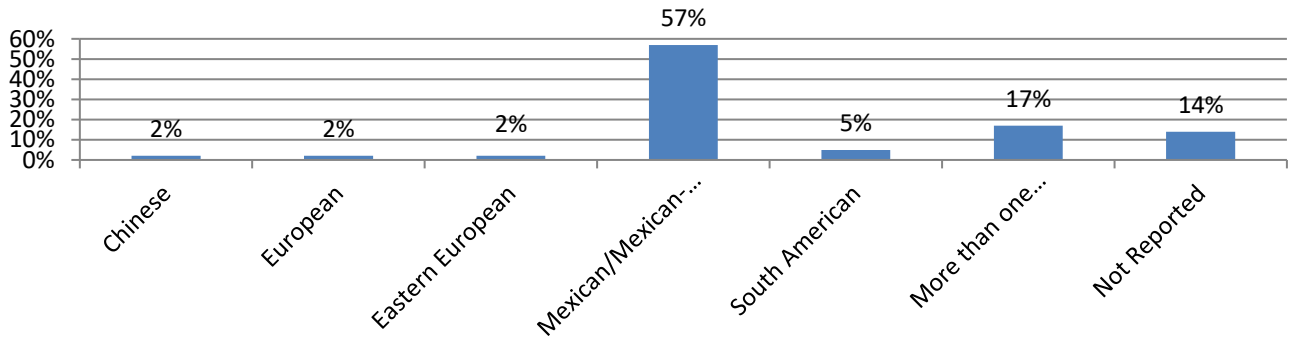
Assigned Gender at Birth



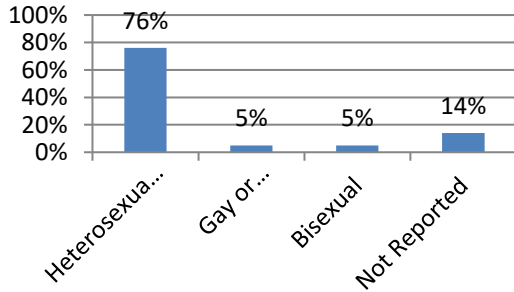
Race



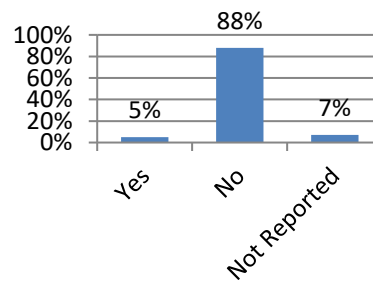
Ethnicity



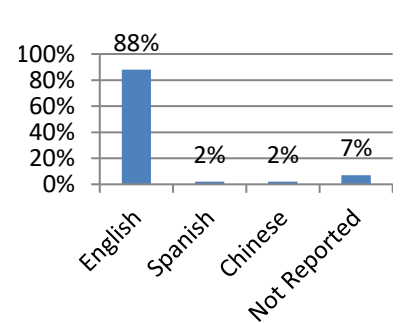
Sexual Orientation



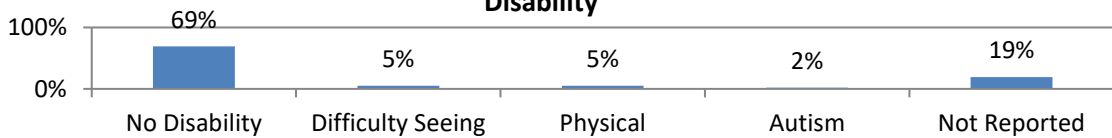
Veteran



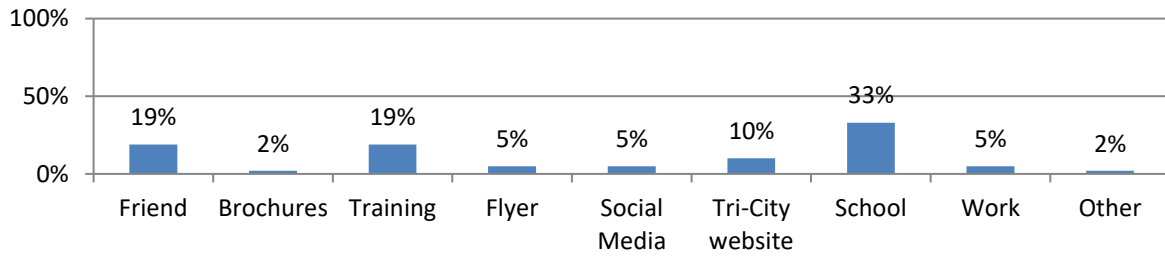
Primary Language



Disability



How did you hear about Stigma Reduction Presentations



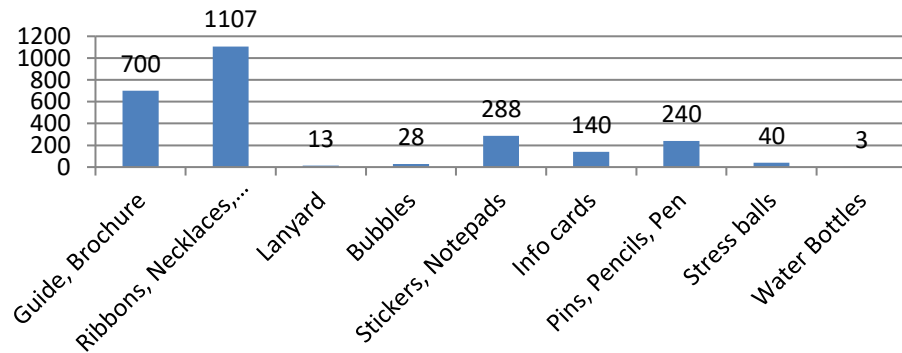
How Well Did We Do It?

58
Individuals Outreached for Stigma Reduction Presentations

Promotional Materials & Social Media Engagement for Stigma Reduction

2,559
Promotional Materials

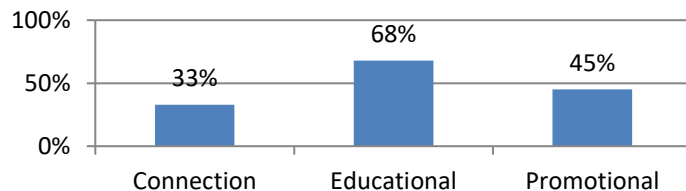
Type of Promotional Materials



4,231
Instagram accounts Reached for Social Media Engagement

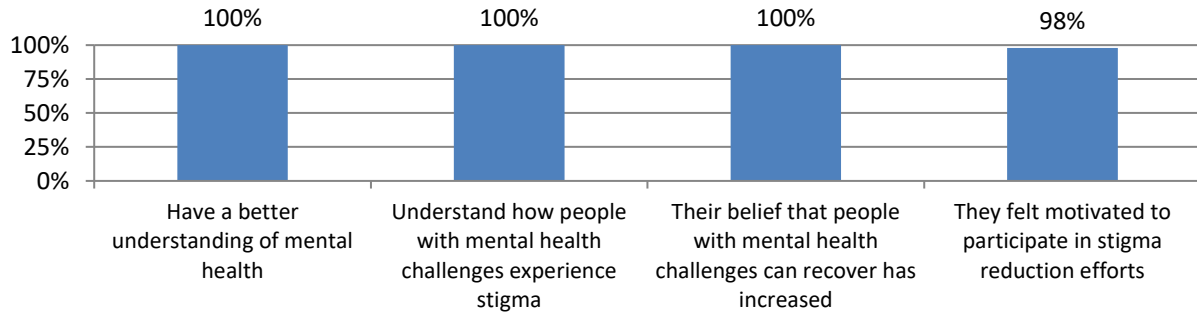
Type of Social Media Engagement

40 post/stories on social media

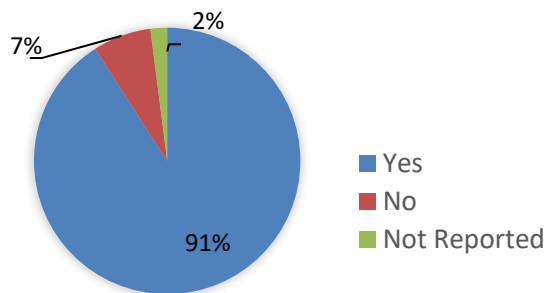


Is Anyone Better Off?

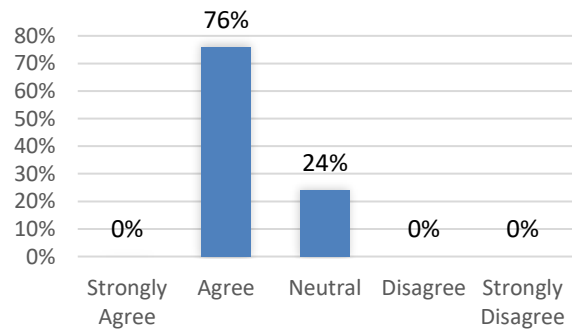
Q1 Percentage of Stigma Reduction Survey Respondents who reported, as a result of the presentations:



Q2 Percentage of Respondents who were asked if they ever experienced trauma or mental illness:
(n=42)



Q3 Percentage of Respondents who were asked if the presentation helped them manage their symptoms:
(n=38; Only those whose response was "Yes" to Q2)

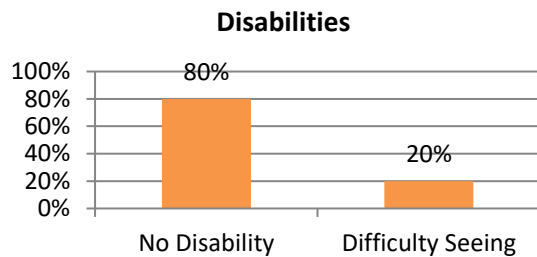
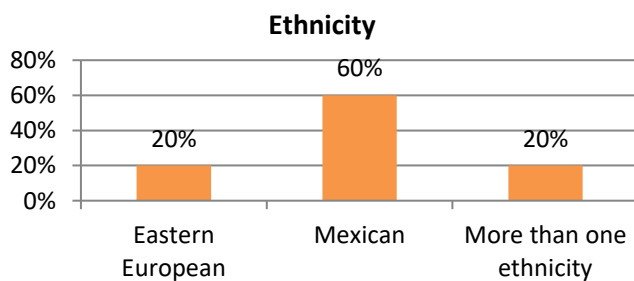
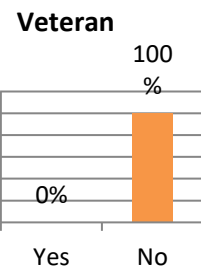
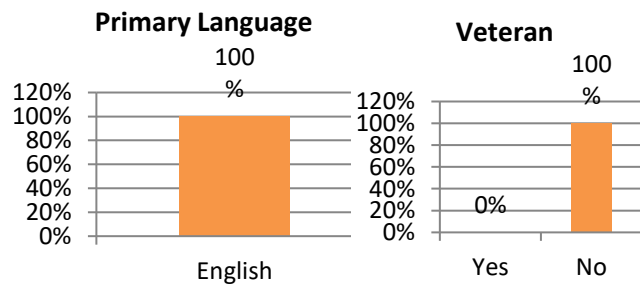
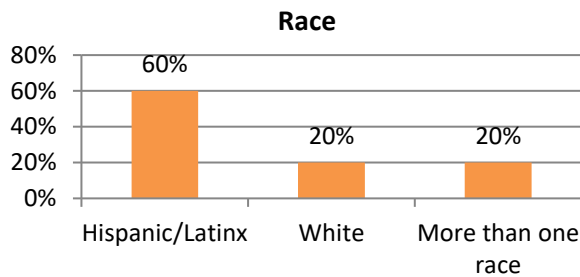
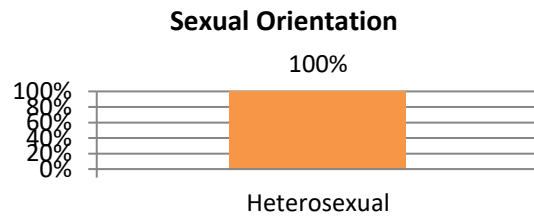
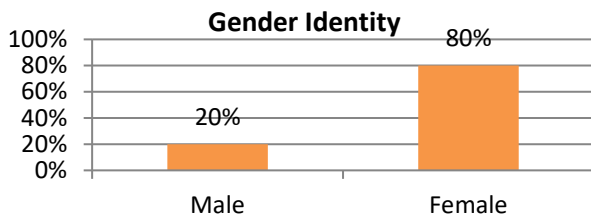
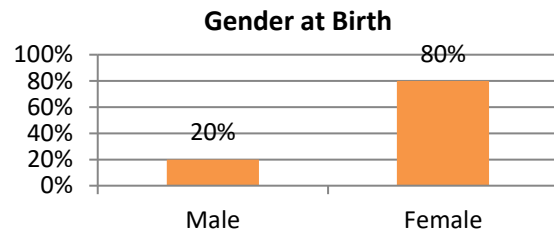
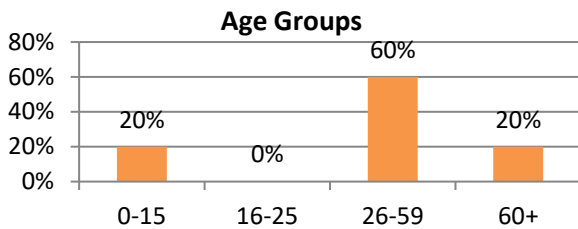
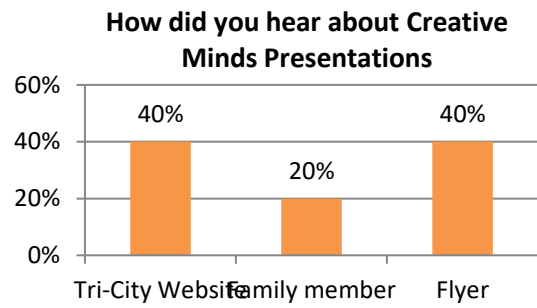
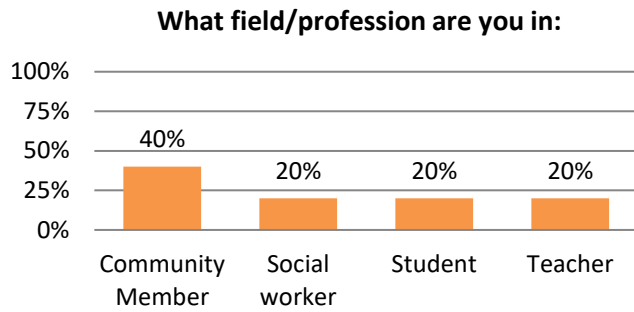


Creative Minds Art Gallery

How Much Did We Do?



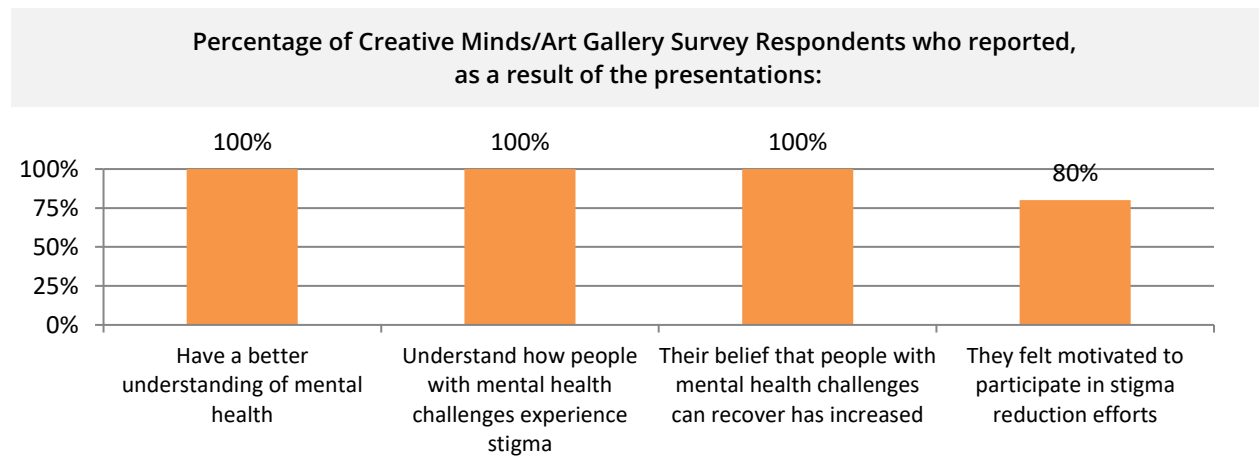
PEI Demographics from Creative Minds Presentation (Survey Responses = 5)



How Well Did We Do It?

228
Individuals Outreached for
Art Gallery/Creative Minds

Is Anyone Better Off?



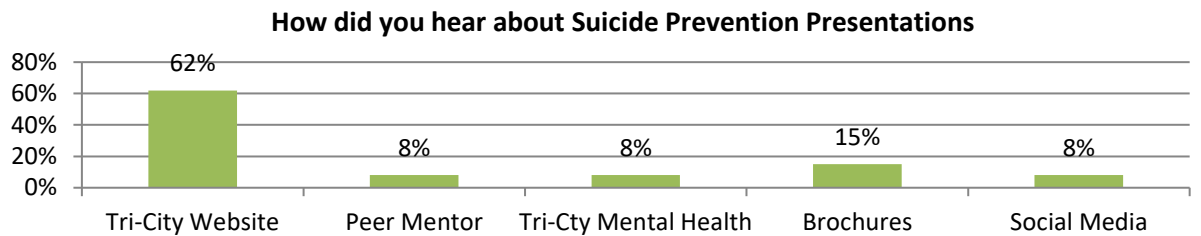
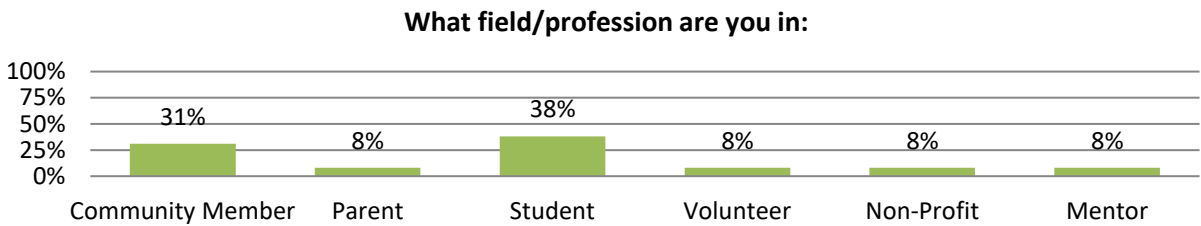
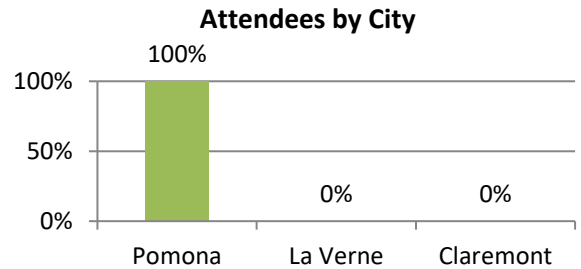
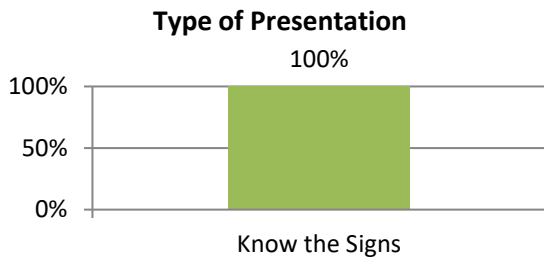
80%
Creative Minds Respondents report art
helps them manage/cope with their
symptoms

Suicide Prevention

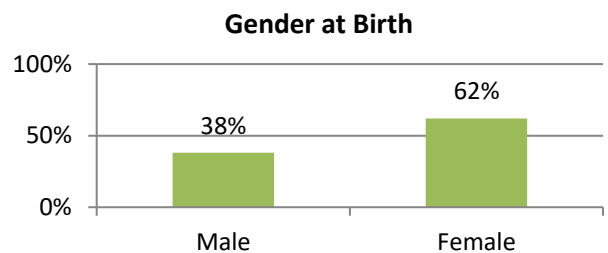
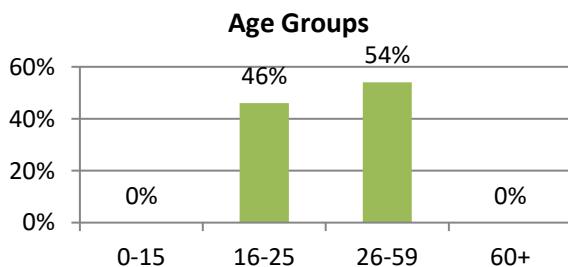
How Much Did We Do?

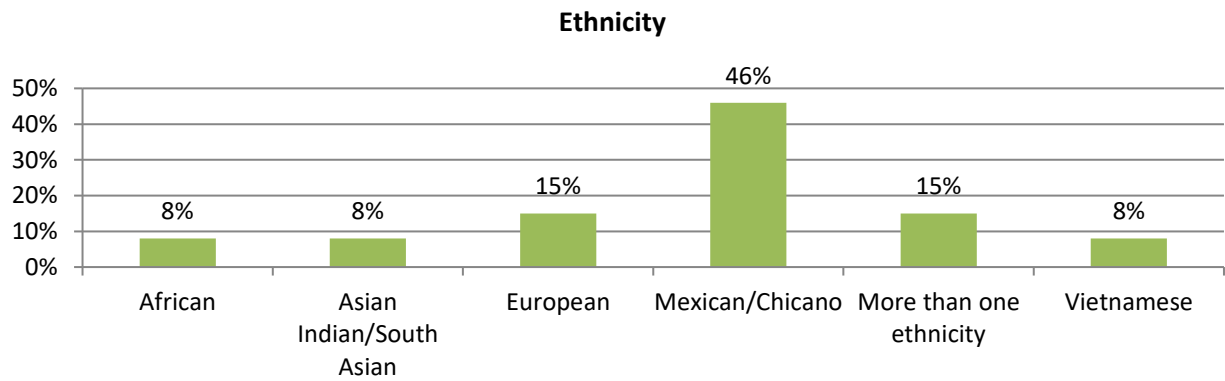
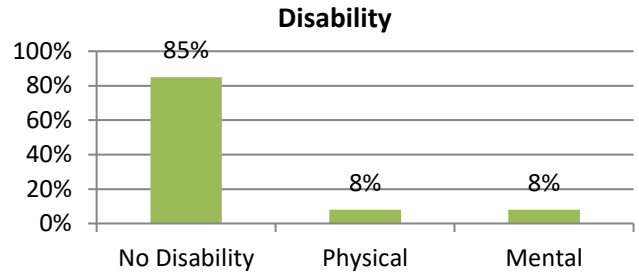
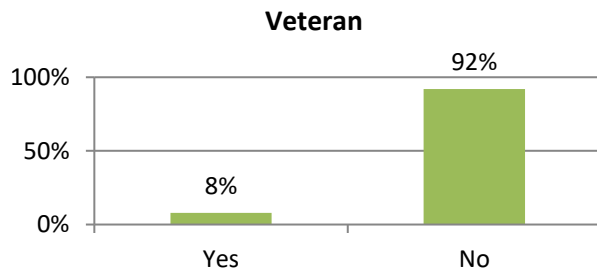
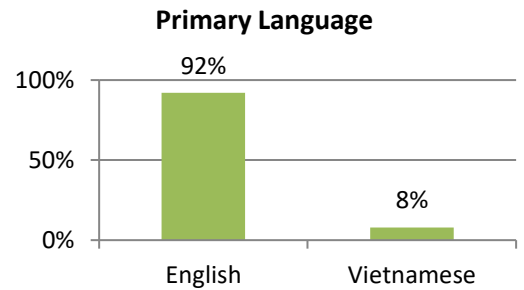
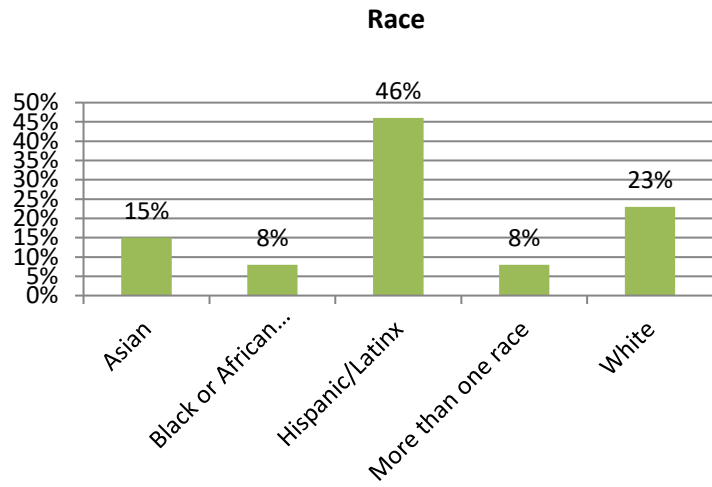
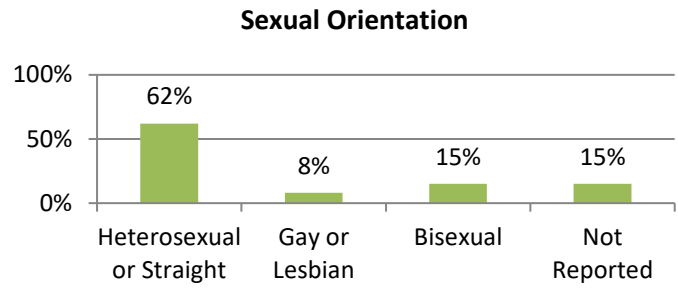
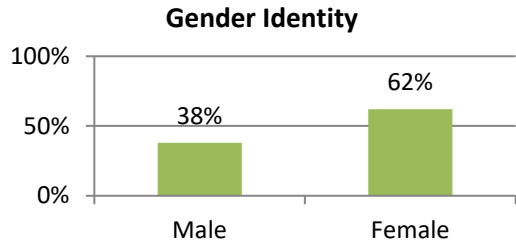
3
Presentations

68
Attendees for Suicide Prevention Presentations



PEI Demographics from Suicide Prevention Surveys (Survey Responses = 13)



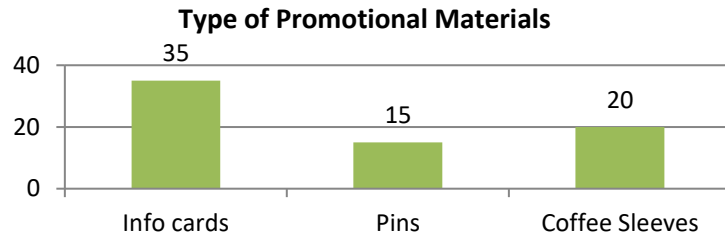


How Well Did We Do It?

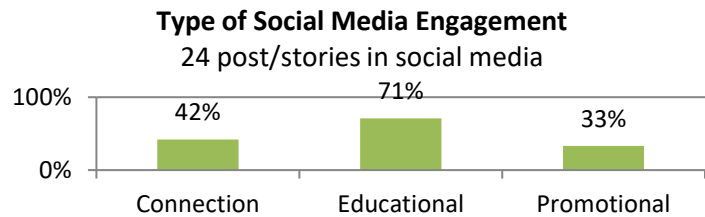
68
Individuals Outreached for
Suicide Prevention Presentations

Promotional Materials & Social Media Engagement for Suicide Prevention

70
Promotional Materials

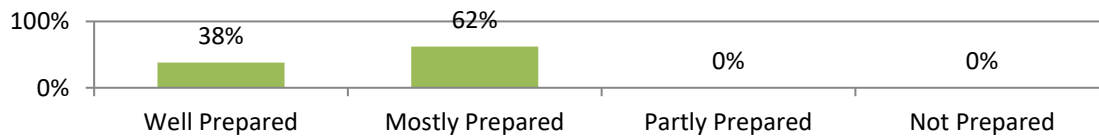


2,580
Instagram accounts
Reached for Social
Media Engagement

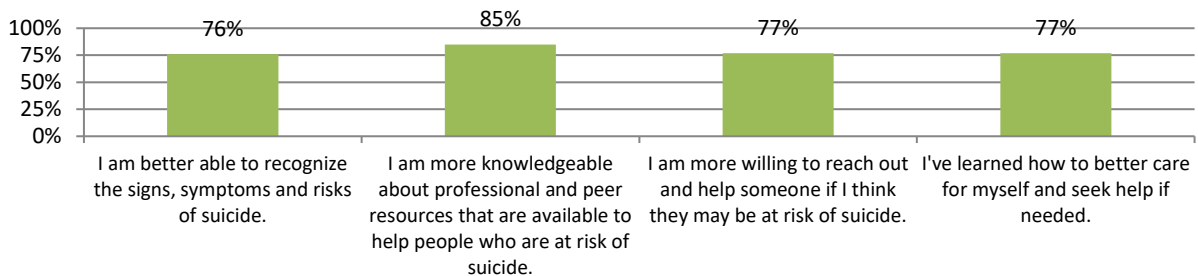


Is Anyone Better Off?

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



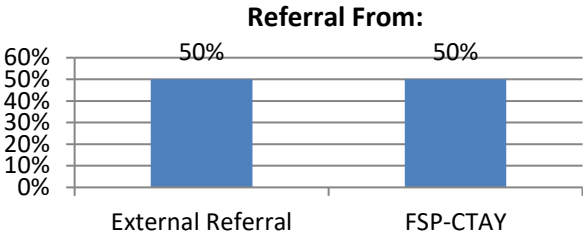
Percentage of Suicide Prevention Survey Respondents who reported, as a result of the presentations:



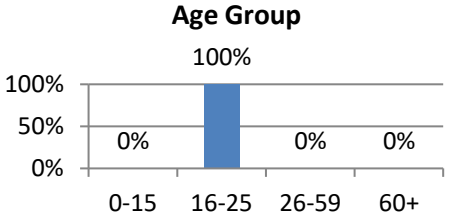
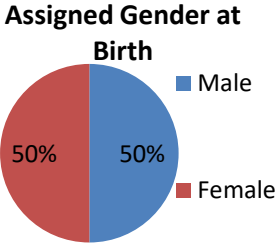
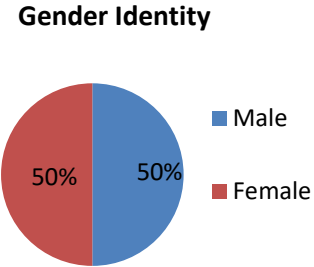
Number of Potential Responders	354
Setting in Which Responders were Engaged	Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged	TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those 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

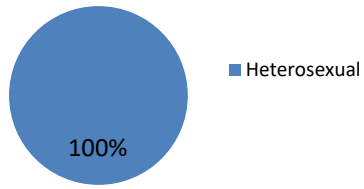
2
MHSA Referrals to Stigma Reduction/ Suicide Prevention Programs



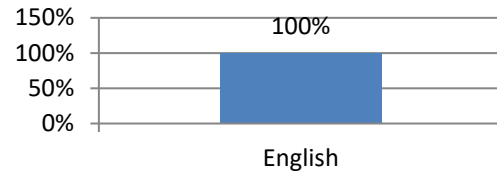
PEI Demographics Based on Referrals



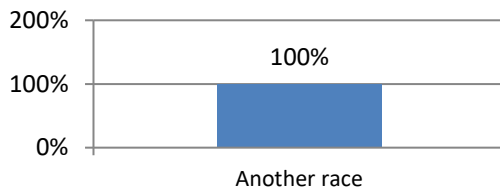
Sexual Orientation



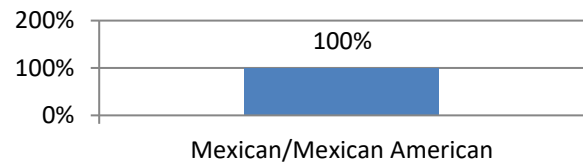
Language



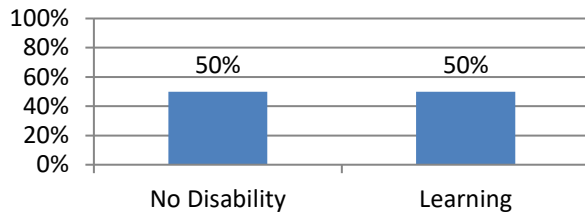
Race



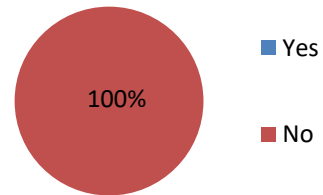
Ethnicity



Disability



Veteran



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

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	0	12	12	5	0	29
Cost Per Person	N/A	\$1,339	\$3,067	\$3,067	N/A	N/A
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	18	26	14	0	58

Program Update

In FY 21-22 the Peer Mentor program had 29 active Mentors who provided one-on-one support to 58 Mentees. Providing this support, Peer Mentors completed 440 service-learning hours. During the year the Peer Mentors were committed to learning how to serve the Mentees by attending 16 mentor meetings and trainings. In assessing how the Peer Mentor program has made a positive impact, 100% of the Mentors agreed that it made a positive impact in their lives since participating in the program. With all their training and support, mentors are looking to apply these skills to professional employment.

To outreach and engage community members, the Peer Mentor program utilized Tri-City's social media accounts to recruit new mentors and remind our partners of the services the program provides to increase mentee referrals.

Over the next three years, the Peer Mentor program hopes to increase services to not only include one-on-one meetings but to also offer a range of services in the communities such as support groups, roundtables, and wellness activities.

The Peer Mentor program also hopes to both assist current mentors and recruit new mentors to the program. The program anticipates supporting existing mentors with connecting to virtual support by offering them a borrowed device and/or internet services. The program also plans to recruit additional mentors to the program, specifically from underserved populations such as TAY and Older Adult mentors, Spanish-speaking, and parent populations.

Challenges and Solutions

With COVID safety and protocols in place, the Peer Mentors were only able to attend meetings/trainings virtually as well as only connect with their mentee via phone. Although mentors wanted to go back to in person engagement, due to safety concerns the program remained virtual.

With Tri-City's COVID vaccination policy, all Peer Mentors had to follow agency guidelines and provide proof of vaccination to remain an active member of the program. Due to various reasons, not all Peer Mentors were able to comply with agency policy, therefore those Peer Mentors had to resign from the program.

To encourage new and returning Peer Mentors to participate in the program, the monthly stipend Mentors earn to cover gas and cell phone expenses increased from \$30 to \$50 per month. The Peer Mentors appreciated the increase, and it helps with the cost of inflation that's impact all individuals.

Cultural Competence

In direct work with Mentors who provide services to mentees in the community, there are multiple trainings per year that teach mentors how to support people from underserved populations in the service area. A vast number of Mentors themselves also identify as being part of underserved communities, having diversities within the mentors helps to reduce stigma and helps participants

feel more comfortable receiving services. The following statistics are indicative of diverse mentor cohort: Fifty seven percent of Mentors are either an older adult or are TAY; Twenty three percent of Mentors say they have a disability; Three percent of Mentors identify as being part of LGBTQI+ community; Twenty percent of Mentors speak a language other than English; Three percent of Mentors are veterans. Twenty percent of Mentors speak a language other than English.

In the future, the Peer Mentor Program hopes to enhance practices by providing all outreach materials available in a variety of languages beyond Spanish.

Community Partners

- **Therapeutic Community Garden (TCG)** – Through collaboration with program staff, TCG programming is used as a resource mentors can provide to their mentees. TCG participants are also referred to Peer Mentoring as mentees for additional support.
- **Navigators** – Through collaboration with program staff, the Navigator program is used as a resource for mentors to provide to their mentees for linkage and referral. The Navigator program is also used to recruit new mentees to the program.
- **Wellness Center (WC)** – Through collaboration with the Wellness Center staff, WC is used as a resource mentors can provide to their mentees. Wellness Center participants are also referred to Peer Mentoring as mentees for additional support, as well as to become mentors.
- **Stigma Reduction** – Through collaboration with the Community Capacity Organizer, Peer Mentor staff attend outreach events where mentors can potentially be recruited.
- **Workforce Education and Training (WET)** – Through collaboration with WET staff, opportunities are provided to mentors to increase their skills related to preparing for employment both in and outside of Tri-City.

Success Story

A Peer Mentor who has been with the program since 2018, was able to use the skills learned in the program to gain employment with the San Gabriel/Pomona Regional Center.

An unhoused Mentee was referred from Tri-City's Adult Outpatient services to be connected with a Mentor. After a few months in the program, the Mentee was able to move to a lower level of care while being supported by their Mentor. The Mentee currently reports that they are in a stable status.

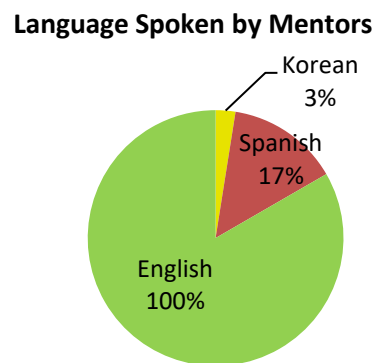
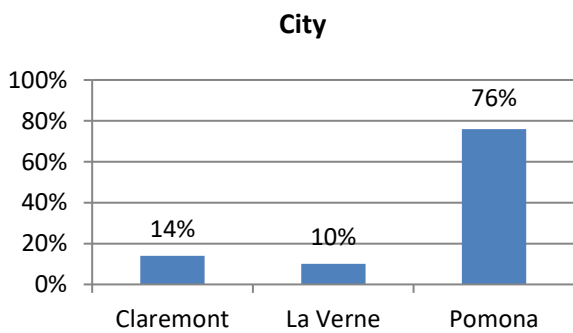
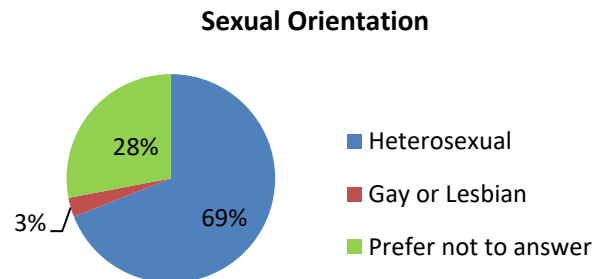
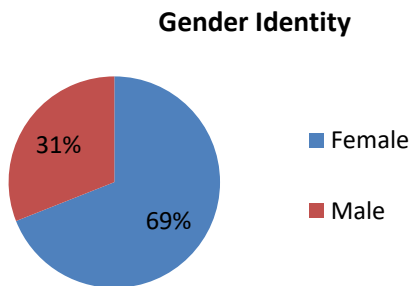
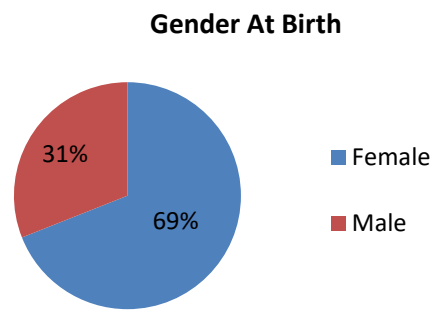
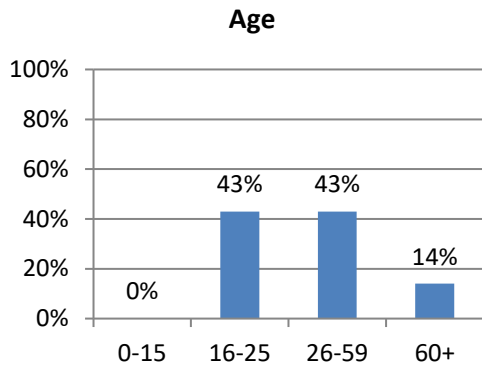
Program Summary

How Much Did We Do?

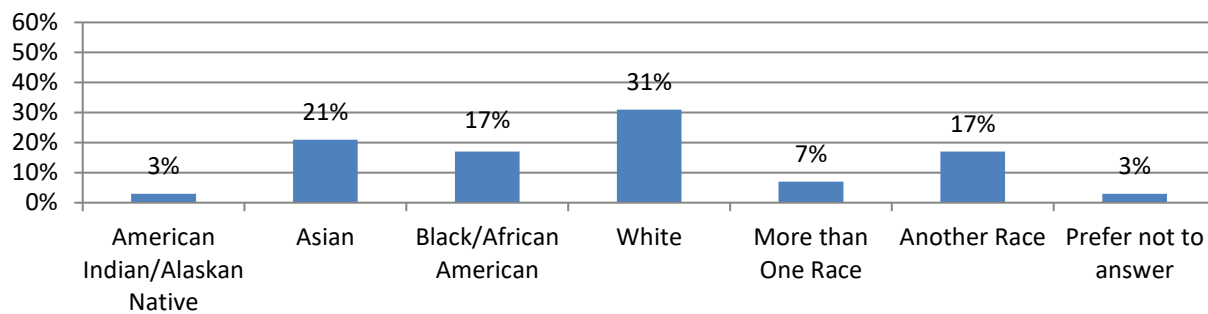
Peer Mentors

29
Active Peer Mentors

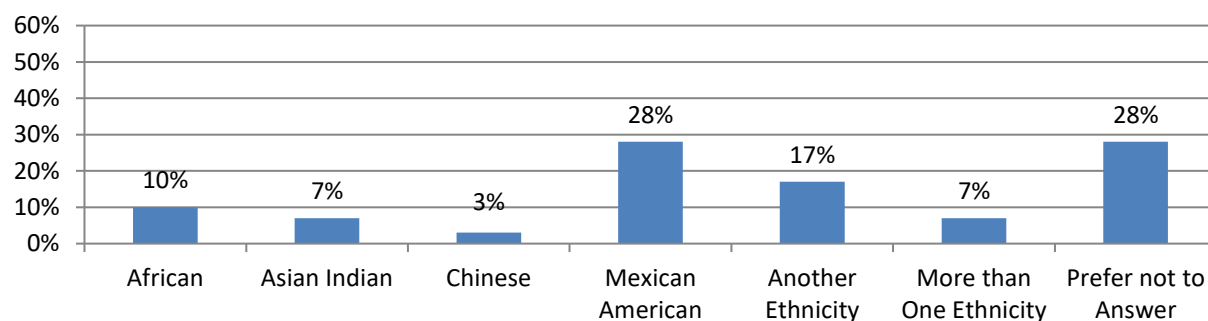
16
Peer Mentor Meetings/Trainings



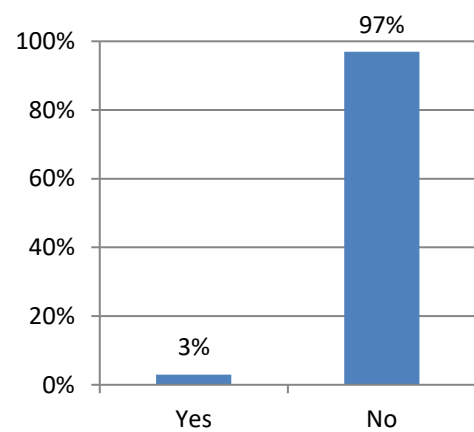
Race



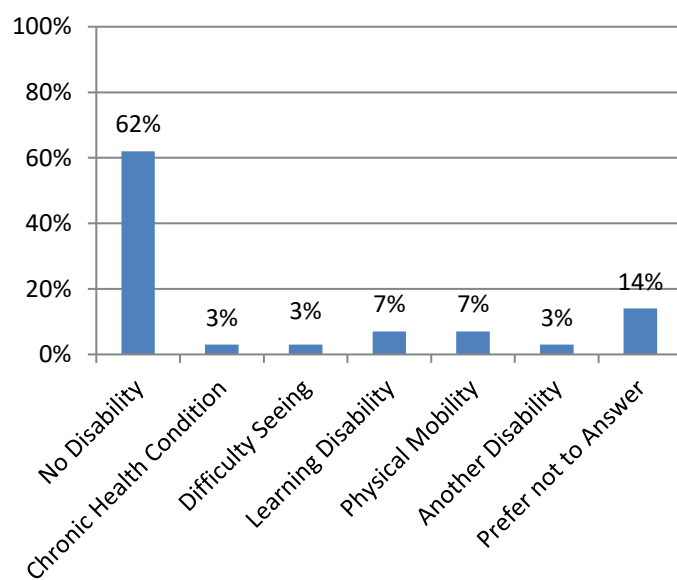
Ethnicity



Veteran

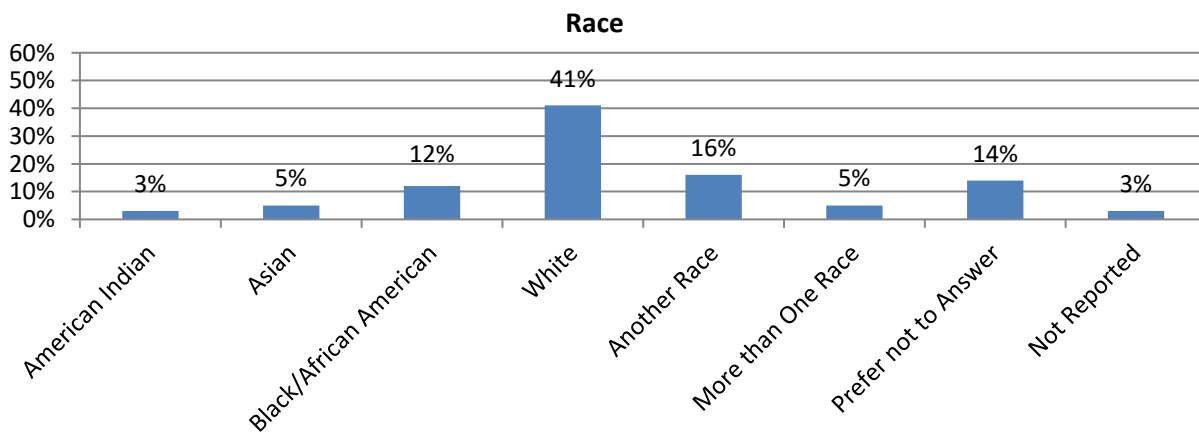
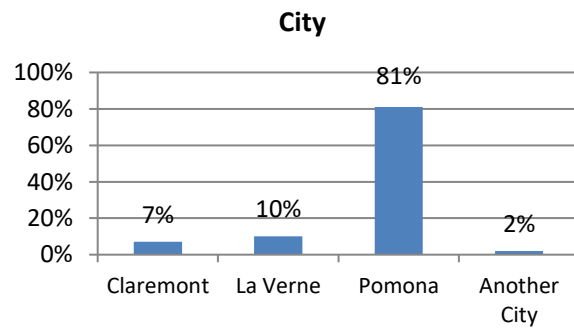
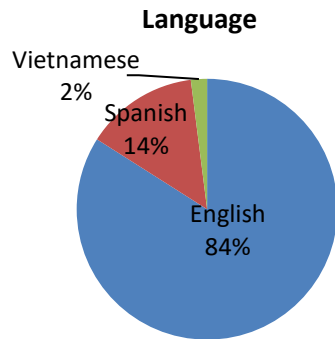
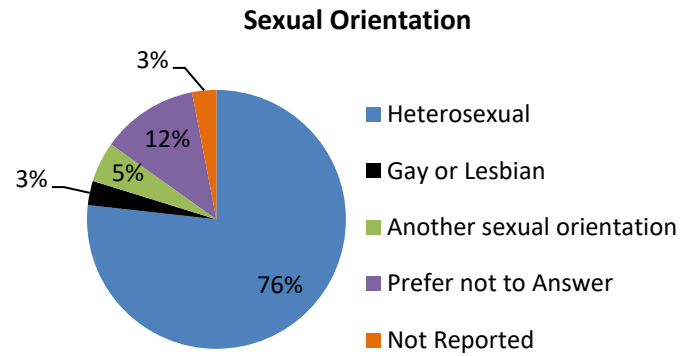
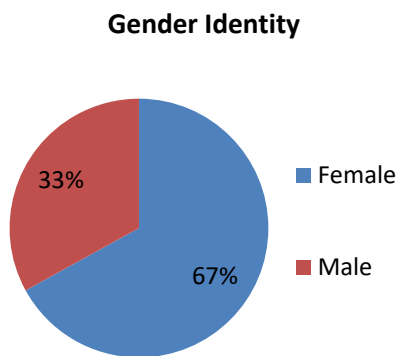
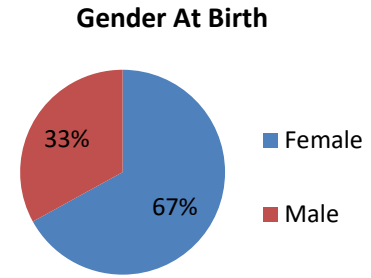
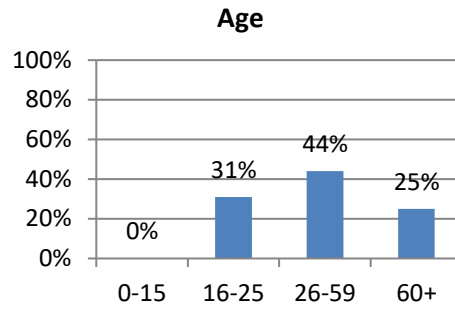


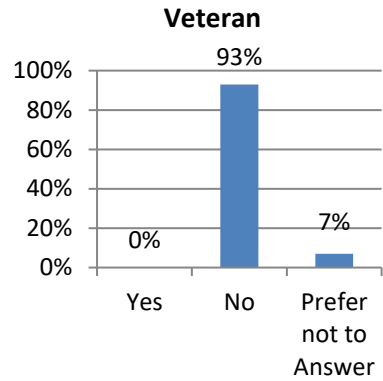
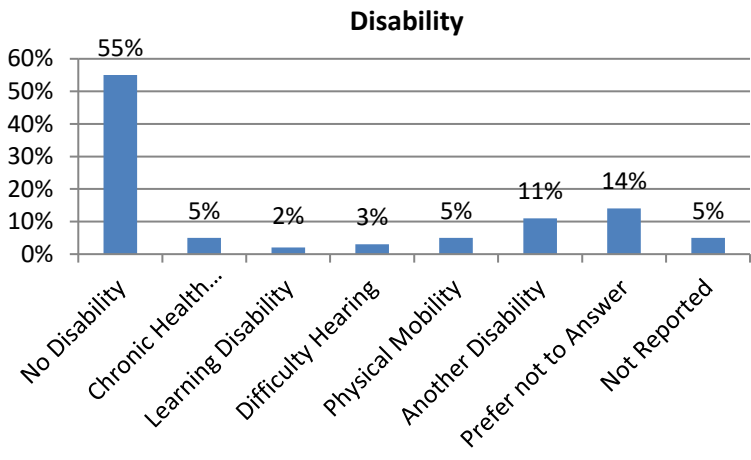
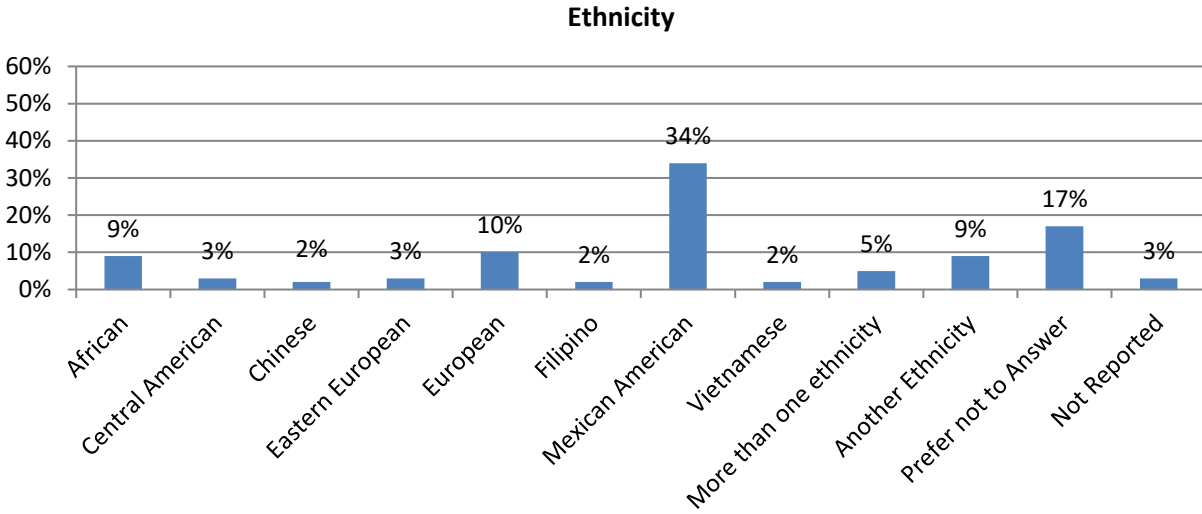
Disability



Peer Mentees

58
Mentees
Served

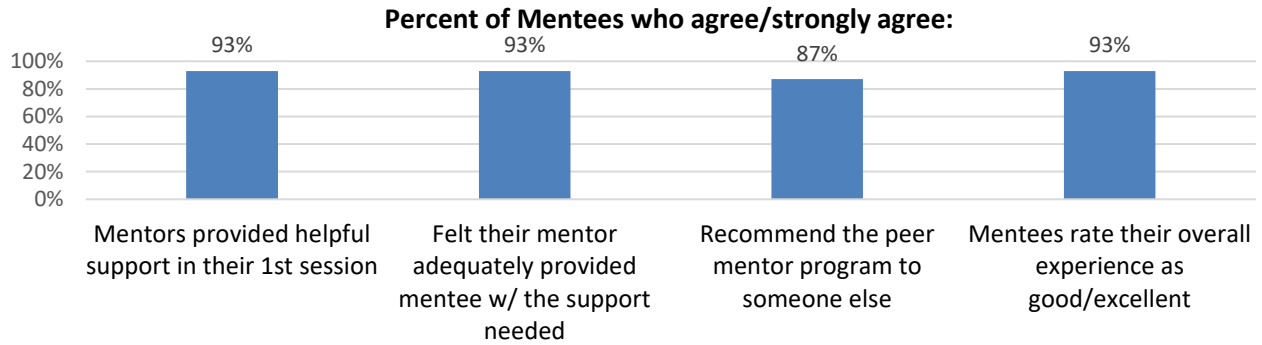
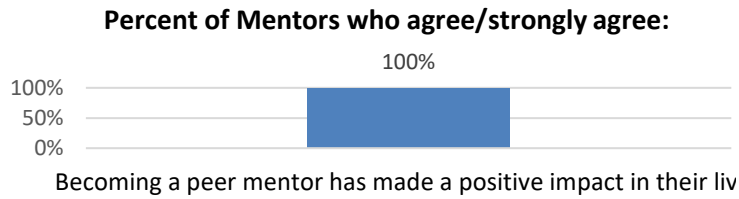




How Well Did We Do It?

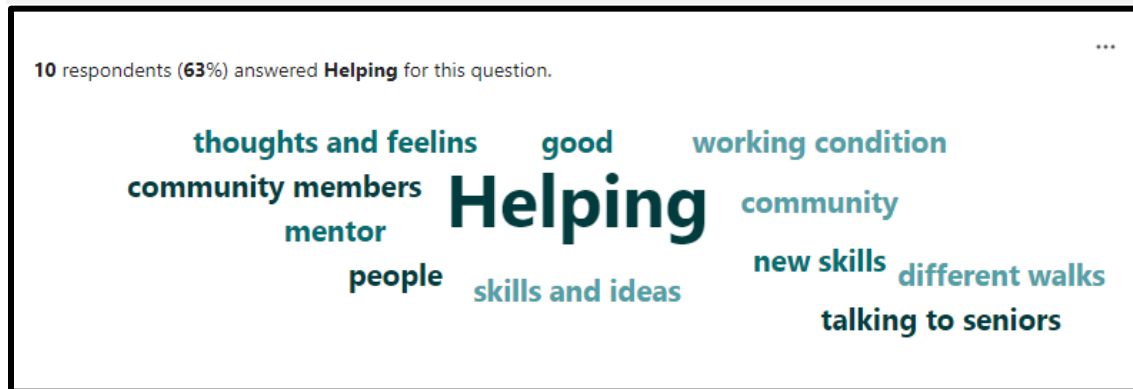
<p>38%</p> <p>18 out of 48 Peer Mentee Referrals Became Mentees</p>	<p>440</p> <p>Service Learner Hours Completed by Peer Mentors</p>	<p>16</p> <p>Peer Mentors Self-Identify with Lived Experience</p>	<p>100%</p> <p>Peer Mentors Agree/Strongly Agree They Received the Training and Support Needed to Do Well as a Peer Mentor</p>	<p>100%</p> <p>Mentees Agree/Strongly Agree They Felt Comfortable with Their Mentor</p>
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Is Anyone Better Off?

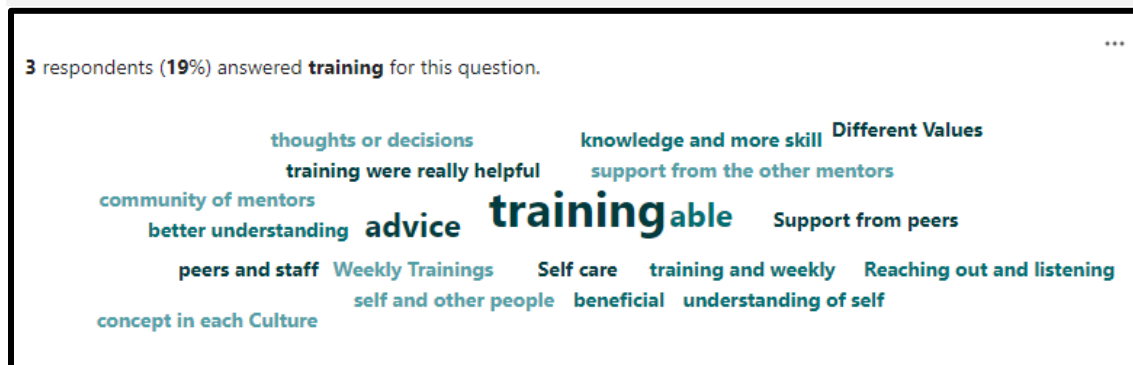


Peer Mentor Open-Ended Questions

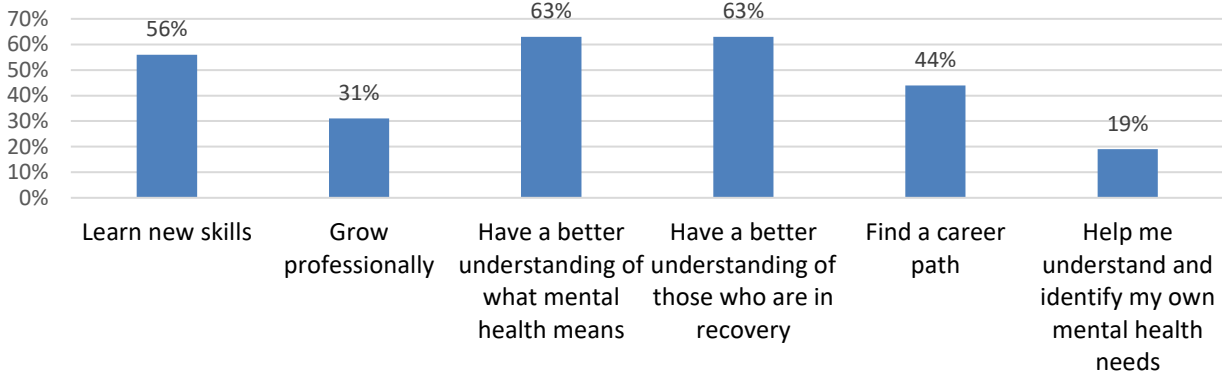
What was your favorite part of being a mentor? (15 total respondents)



List one thing from the peer mentor program you feel was most beneficial (15 total respondents)



How has the program helped you personally as Mentor: (Check all that apply)



Mentee Open-Ended Questions

List one thing from the mentee program you feel was most beneficial (15 total respondents)

1 respondents (17%) answered **vent then get feedback** for this question.

objective listener listener in my life
students vent then get feedback new perspective
friend coping skills knowledgeable grandmother

Number of Potential Responders	87
Setting in Which Responders were Engaged	Virtual platforms, Phone, 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.

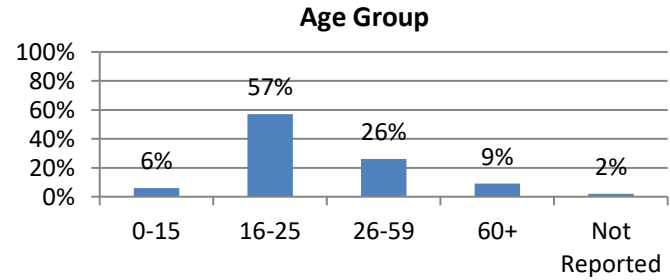
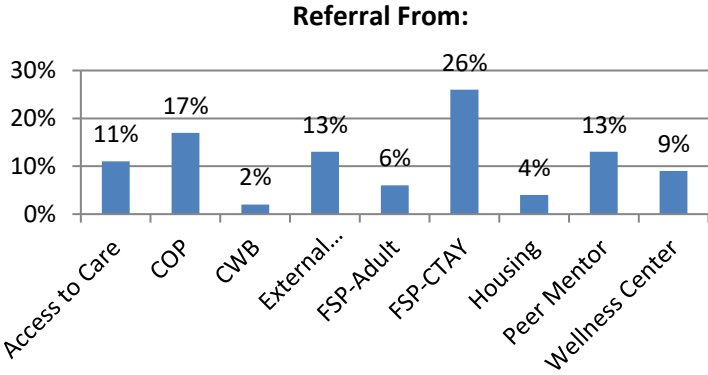
Timely Access to Services for Underserved Populations Strategy

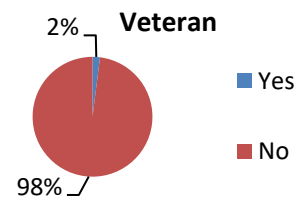
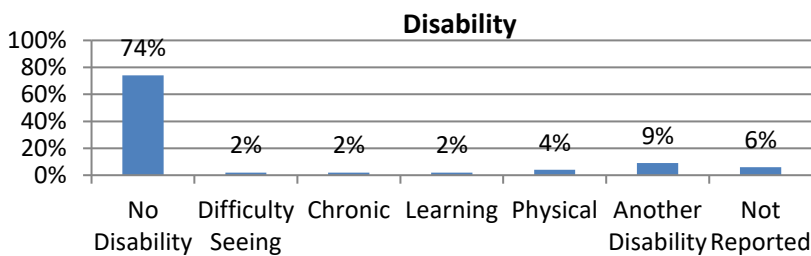
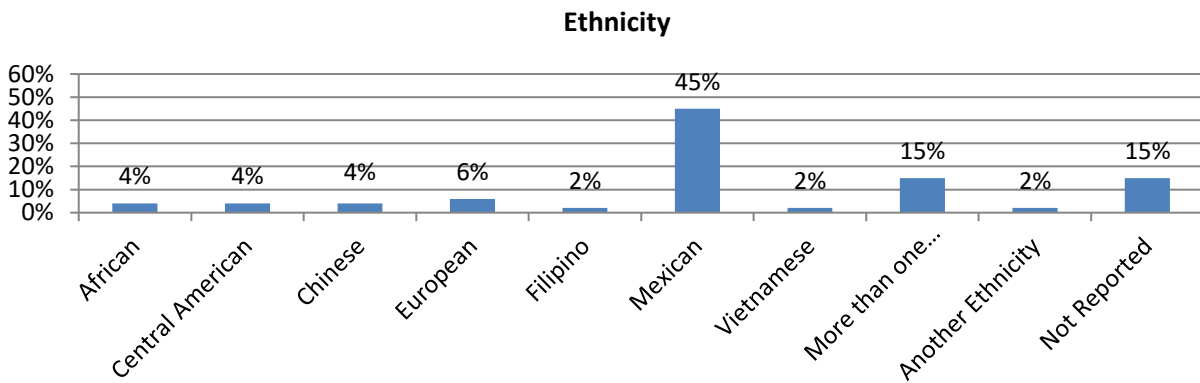
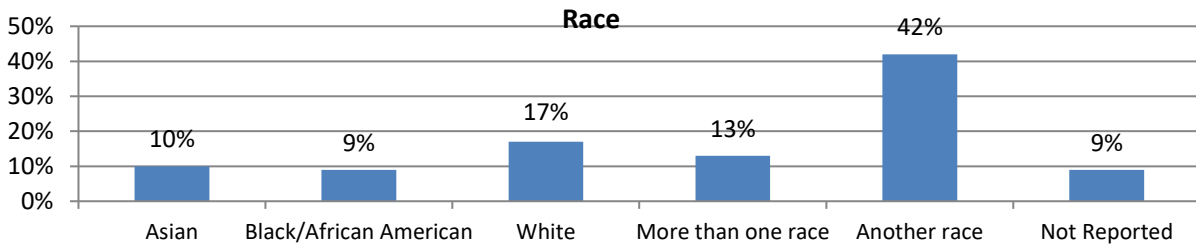
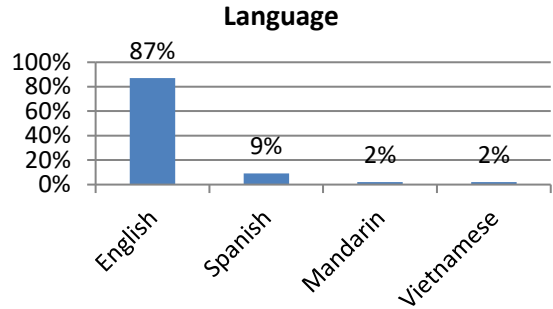
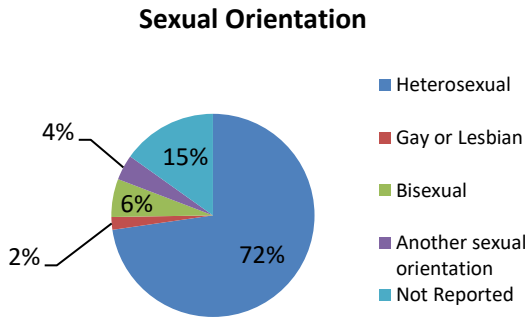
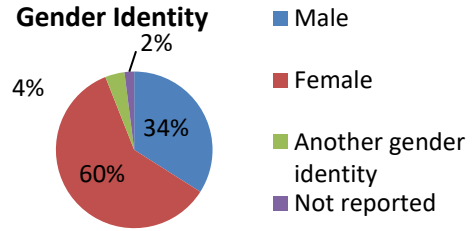
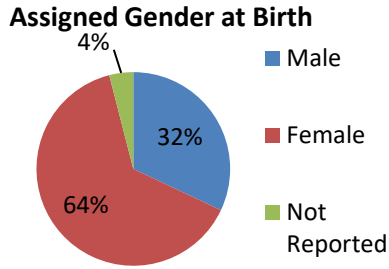
PEI Demographics Based on Referrals

48
MHSA Referrals received by Peer Mentor program

18 out of the 48
Referrals became mentees

2 Days
Average Time between Referral and becoming a mentee





Wellness Center PEI Programs

Transition Age Youth and Older Adults

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Individuals attending the Transition age youth (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) 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 2021-22	2	1,484	39	9	4	1,538
Cost Per Person	\$587**	\$587**	\$587**	\$587**	\$587**	\$587**

**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.

Program Update

All Center TAY groups were transitioned to a hybrid format, consisting of both in person and virtual. Hours of operation continued to mirror the rest of the agency.

The Transition Age Youth (TAY) team held multiple “welcome back to in person” events throughout the year based on guidelines and regulations. Workshops were offered in collaboration with: America’s Job Center; David & Margaret’s Compass Center; Claremont’s Youth Activity Center; as well as internal events such as the holiday classic, Warm Wishes in December. Similarly, the Older Adult programming started facilitating in person events for our seniors to address isolation caused by the

pandemic lockdowns. Following all protocol and guidelines, seniors were invited to in person events such as the senior retreats, harvest festivals, as well as monthly support groups like, “Sip & Paint”.

All Center TAY groups were transitioned to a hybrid format, consisting of both in person and virtual. Hours of operation continued to mirror the rest of the agency.

The Center and community long await the return to in person services in the next FY. Based on the hybrid model, all groups will return in person. Over the next three years, the Center plans to return to its original extended hours of operation to increase the accessibility to the community.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. Participants frequently ask when the Center will re-open for in person services.

The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the year, the Center was able to offer a limited amount of in person events while adhering to the Cal OSHA max room occupancy guidelines. A handful of groups has been taking place in person since then.

Cultural Competence

As the need arises, the Center quickly responds to implementing specific groups to target LGBTQ, Spanish monolingual and TAY and senior communities. The Center offers linguistic services to meet the various language needs of our stakeholders and offer support for all age groups. Efforts also include recruiting staff from minority populations that are representative of the community.

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. We create spaces where individuals experience safety, feel heard and intrinsically valued.

Tri-City attempts to engage with hard-to-reach populations through our peer approach. A high percentage of Wellness Center staff have lived experience which helps to make more effective and authentic connections with participants.

Materials are printed and disseminated in the local threshold languages.

Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent’s support; AlaNon for family AA support; local Community-Based Organization (CBOs) for specific age-related services such David & Margaret for TAYs and senior centers in the three cities’ parks & recreation centers.

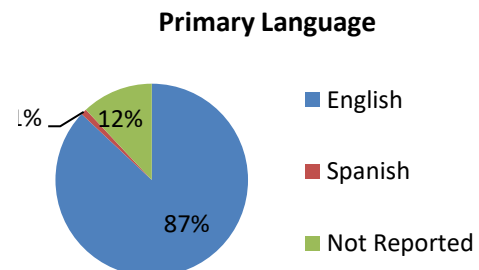
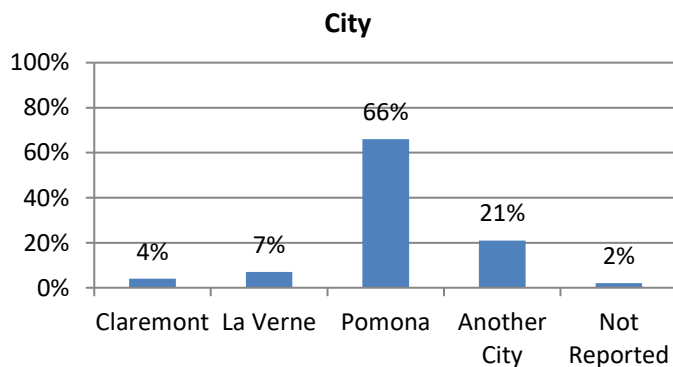
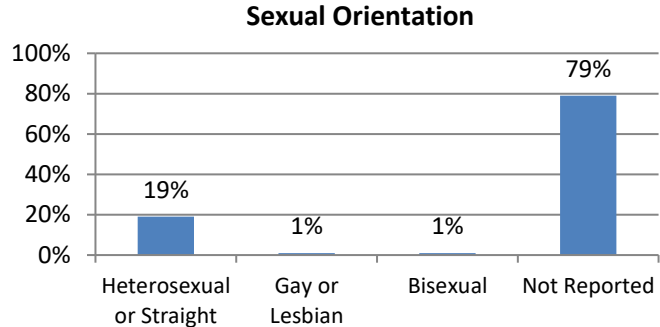
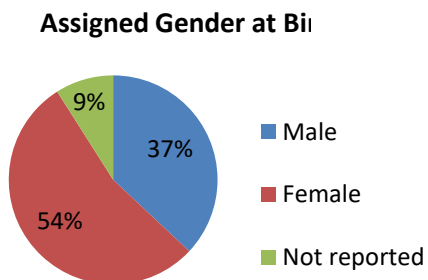
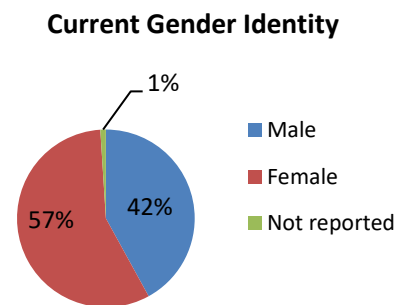
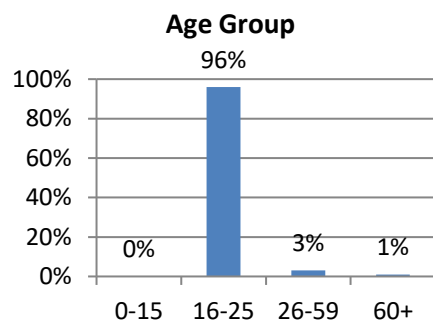
Success Story

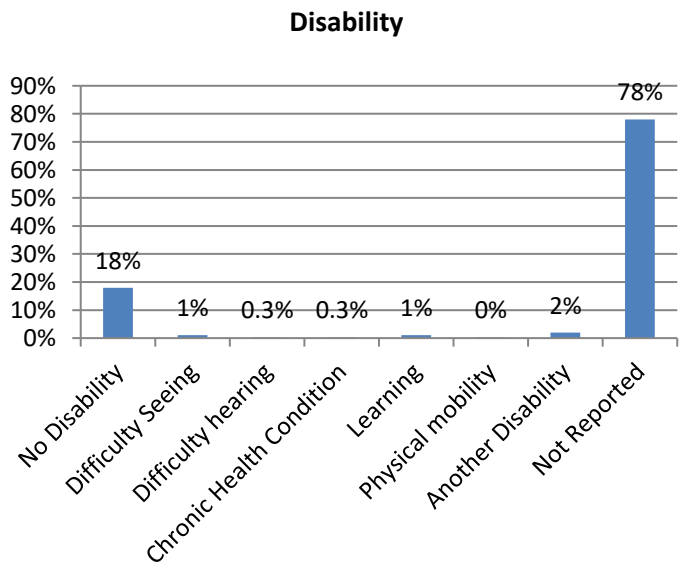
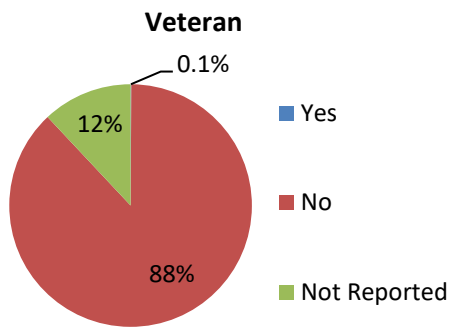
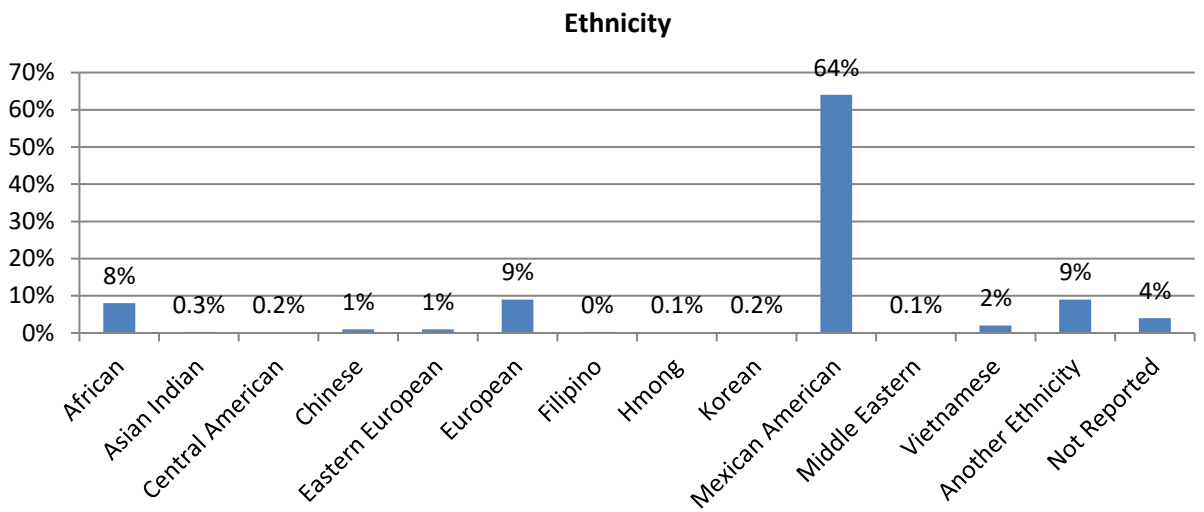
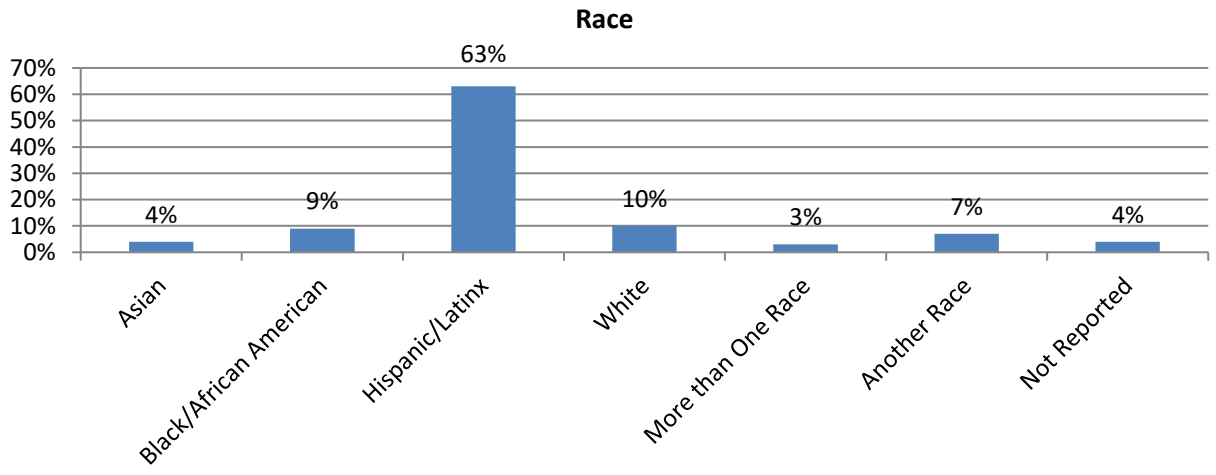
One of the TAY participants would only participate in events with their sister present due to anxiety. Since attending the TAY activities at the Wellness Center, the TAY participant is now able to engage in events and/or groups without their sister and is now able to attend school and complete activities independently.

Program Summary

How Much Did We Do?

1,538
Individuals
attending
Wellness Center
TAY/Senior





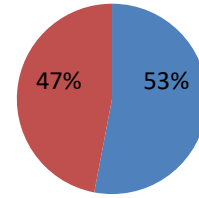
How Well Did We Do It?

4,912
**Number of Wellness Center PEI:
 TAY/Senior Events
 (Duplicated Individuals)**

Number of Times People Visited

■ One Visit

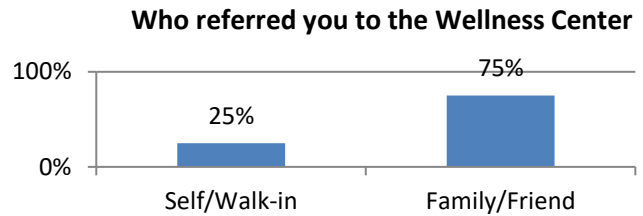
■ Two or More Visits



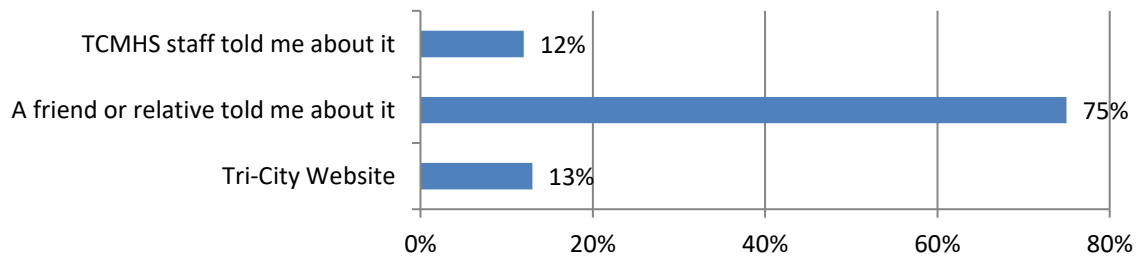
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos	45	2
Senior Calm	46	3
Senior Socialization	47	2
Senior Bingo	20	2
Senior Virtual Vacation	10	3
TAY - Friendly Feud	33	2
TAY - Breakfast Club	9	2
TAY - PPL	19	1
TAY - Stress Me Not	4	1
TAY - Together We Stand/Fun with Friends	20	2
TAY - Teleconfusion	2	1
TAY - Peace of Mind	32	1
TAY - Real Talk	19	1

Contacts by Type	Number of Times Contact was Made
TAY - Attendance Letter	4
TAY Events	4
TAY - Phone Call - Wellness Calls	4,296

100%
Satisfied with the “help I get
at Wellness Center”

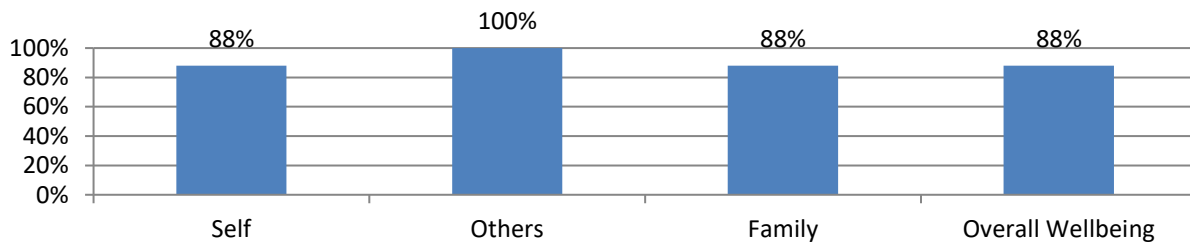


How Did You Learn About the Wellness Center Programs?



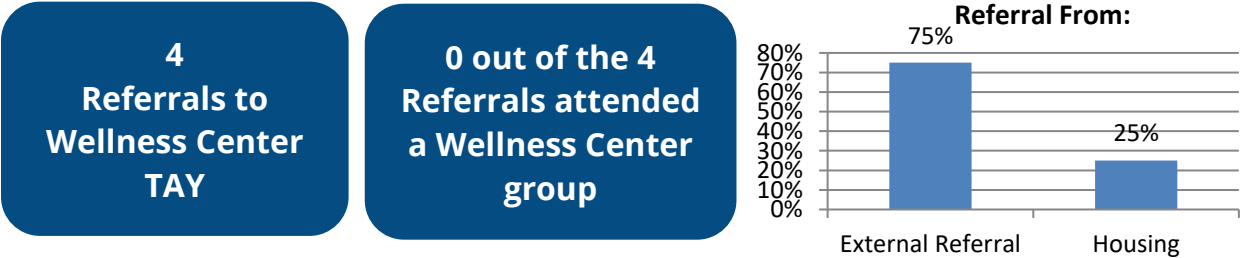
Is Anyone Better Off?

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

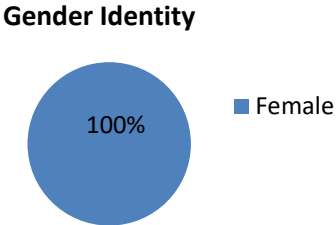
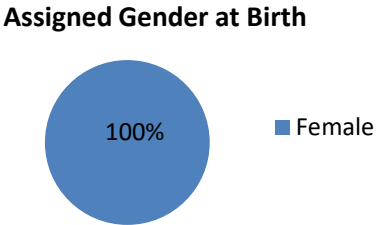


Number of Potential Responders	1,538
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native 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.

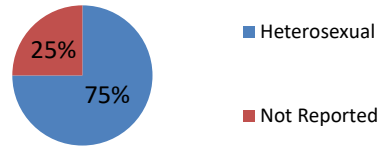
Timely Access to Services for Underserved Populations Strategy



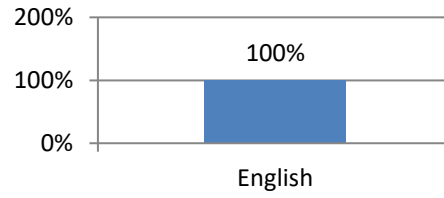
PEI Demographics Based on Referrals



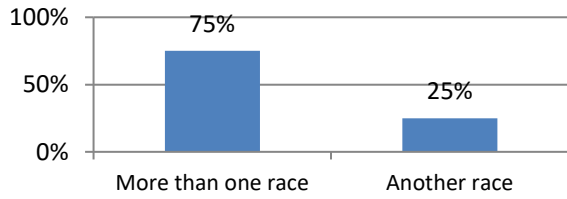
Sexual Orientation



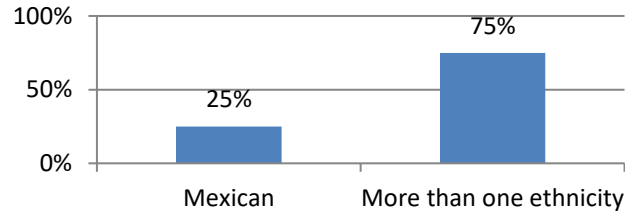
Language



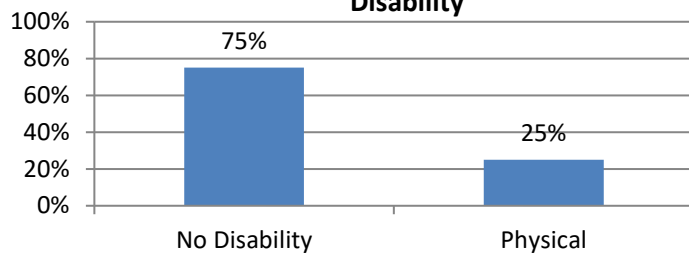
Race



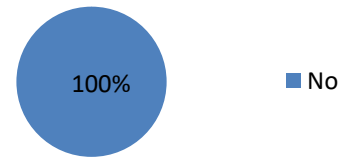
Ethnicity



Disability



Veteran



Family Wellbeing Program

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	84	65	231	26	12	418
Cost Per Person	\$206**	\$206**	\$206**	\$206**	\$206**	\$206**

**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.

Program Update

The Family Wellbeing Program (FWB) continued to provide consistency for kids and families in the community. During FY 2021-22, the program hosted many of the events that have made it a hallmark of the Center. There were events held in collaboration with community-based organizations (CBOs), and educational partners. Many families were recipients of giveaways both during Thanksgiving and Christmas. The annual tree lighting event culminated the entire year. The FWB program also continued its collaboration with the Southern CA Consortium of Social Work Schools to offer 6 internship slots to first and second-year students.

The Center staff and community long await the return to in person services in the next FY. One fourth of all Center groups were transitioned to a hybrid format and later to in person. Over the next three

years, the center plans to return to its original extended hours of operation to increase the accessibility to the community.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the 2021-22 year, the Center was able to host in-person events adhering to the Cal OSHA max room occupancy guidelines.

Cultural Competence

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. The Center attempts to engage with hard-to-reach populations through our peer approach. Those that have lived experience to each one reach one.

We look forward to the day when all restrictions and limitations are lifted so that staff can effectively meet the needs of the community.

Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; MSW consortium for workforce development; local Community-Based Organization (CBOs) for specific age-related services.

Success Story

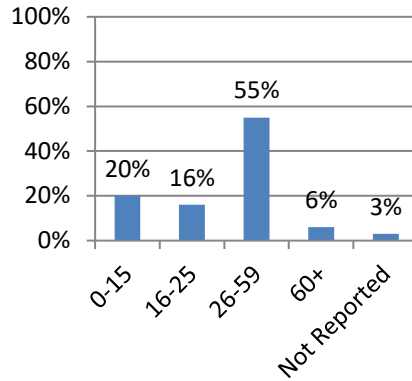
A pair of Summer Camp participants who are related and reside together during the summer months heard about this service through a friend. From the very beginning each child was extremely grateful to be in the camp and each week thanked staff for the bags and supplies provided. Staff were able to connect with the mother to offer various resources in the community for food banks and assistance with bills. Both participants got along extremely well with the other campers and participated in all the activities each week. In addition, they both decided to join the Kids Zone group every week and were actively engaged in that group.

Program Summary

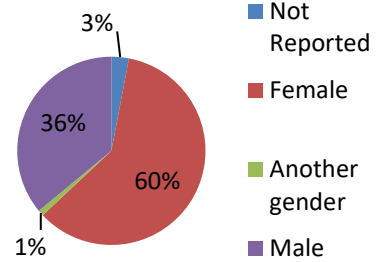
How Much Did We Do?

418
Individuals
attending
Family
Wellbeing

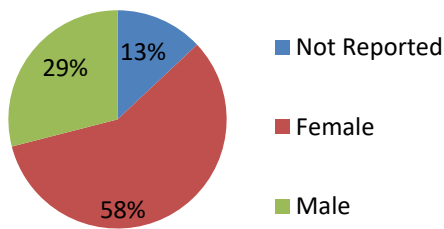
Age Group



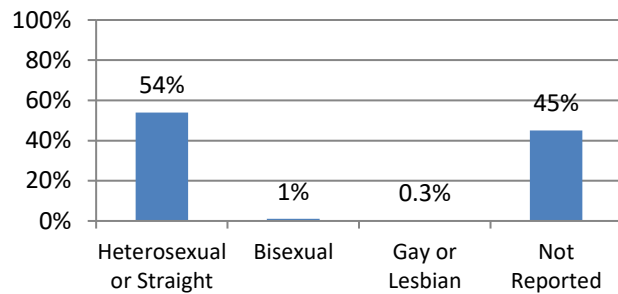
Current Gender Identity



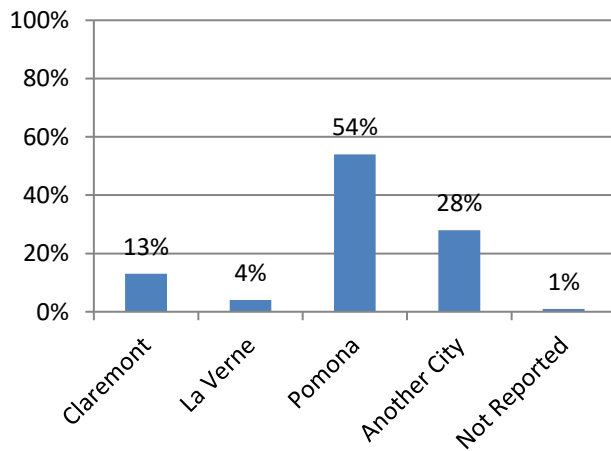
Assigned Gender at Birth



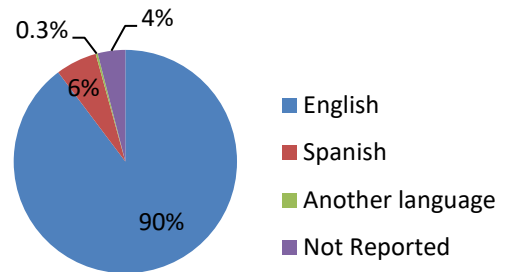
Sexual Orientation

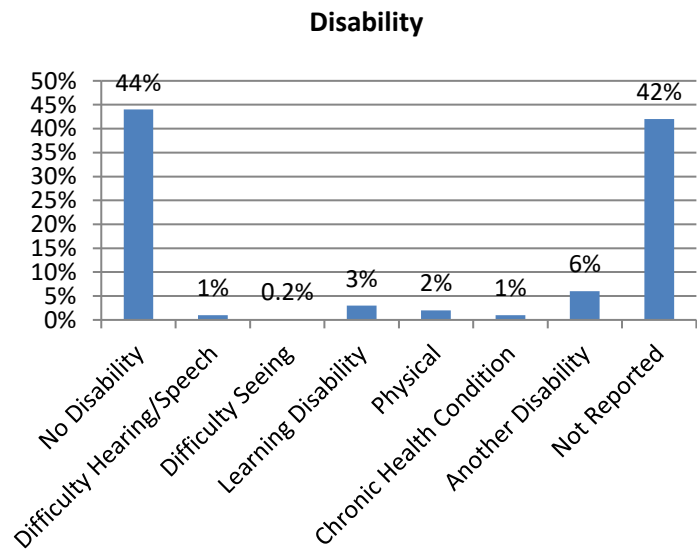
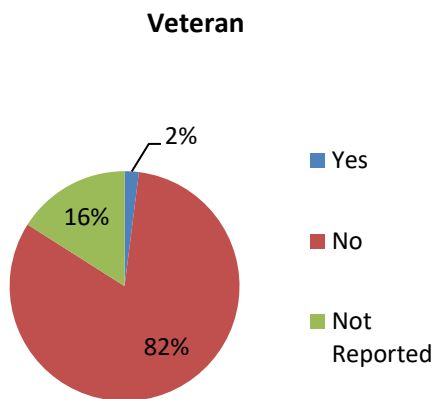
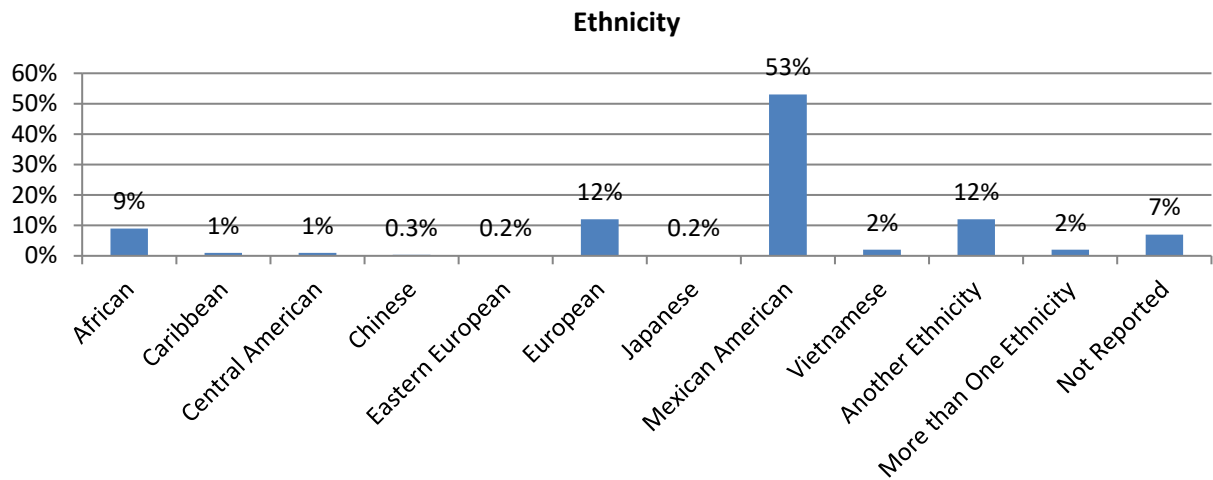
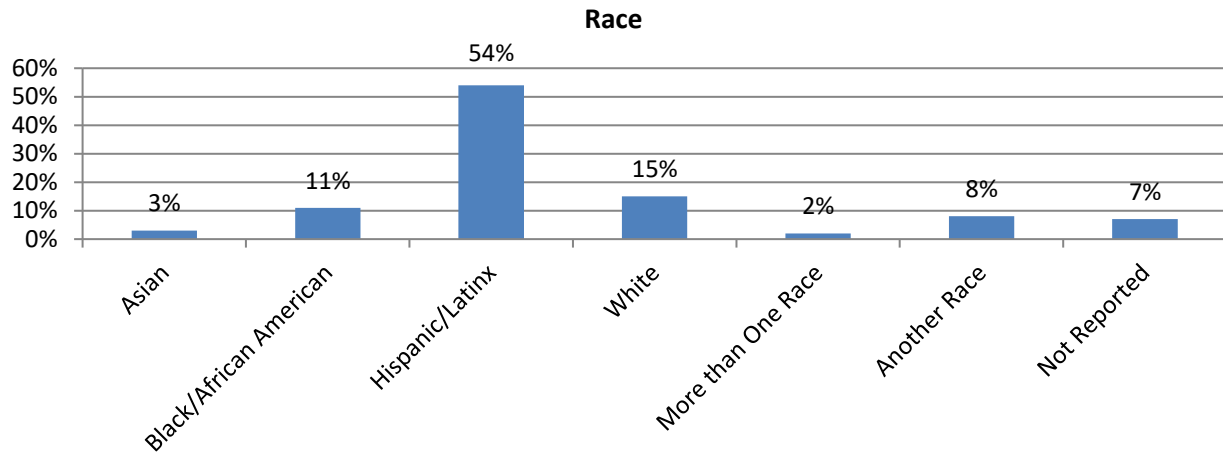


City



Language

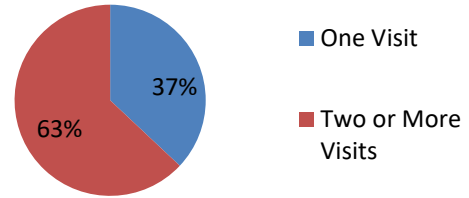




How Well Did We Do It?

5,037
Number of Family Wellbeing
Events
(Duplicated Individuals)

Number of Times People Visited

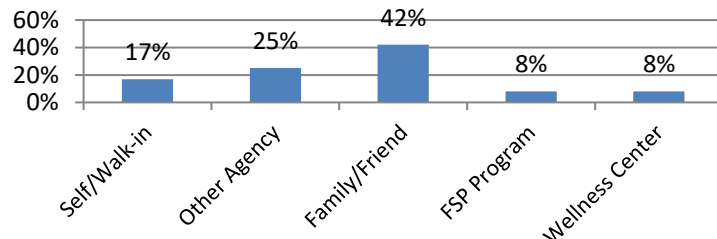


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts and Crafts	49	3
Grief & Loss	42	2
Kid's Hour	49	2
Limited to Limitless	2	3
Spirituality	53	4
Summer Camp	3	5
Teen Hour	31	3
United Family	109	5

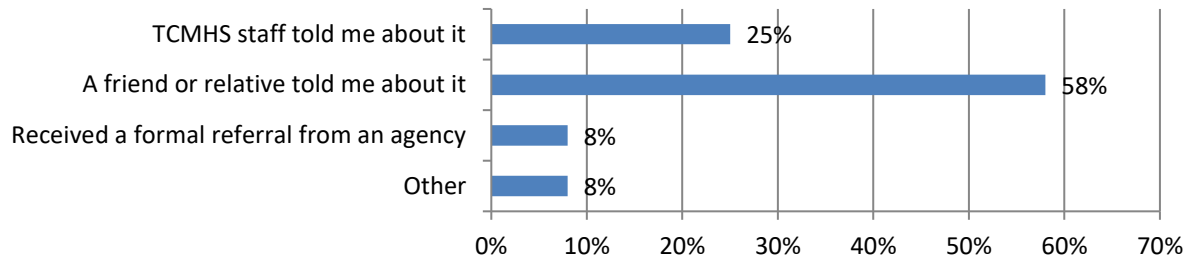
Contacts by Type	Number of Times Contact was Made
Attendance Letter	139
One-on-One	9
Other	114
Phone Call/Email	3,445
FWB Event	35

100%
Satisfied with the
"help I get at Family
Wellbeing Program"

Who referred you to the Wellness Center

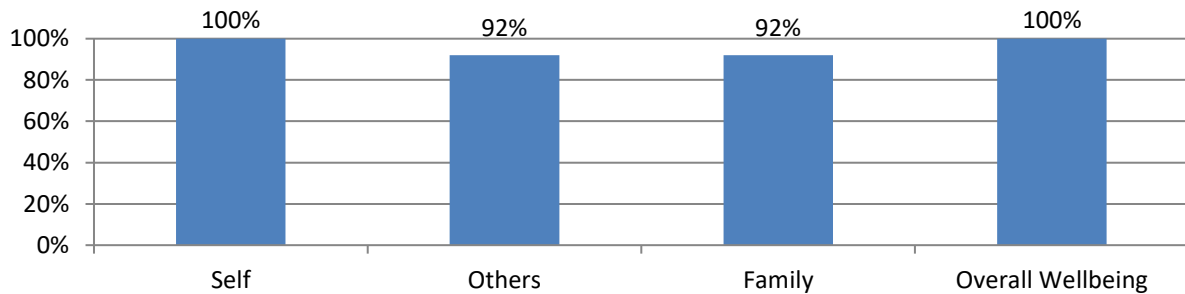


**How Did You Learn About the Family Wellbeing Program?
(Choose All that Apply)**



Is Anyone Better Off?

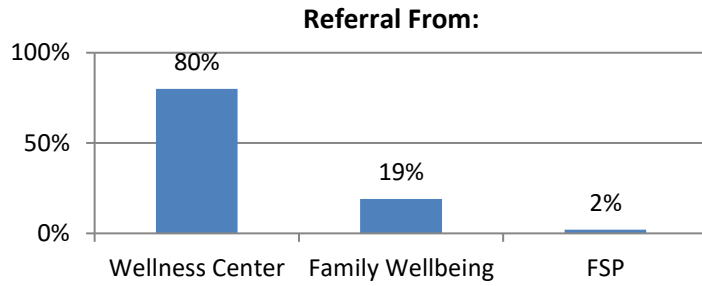
Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



Number of Potential Responders	418
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
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.

Timely Access to Services for Underserved Populations Strategy

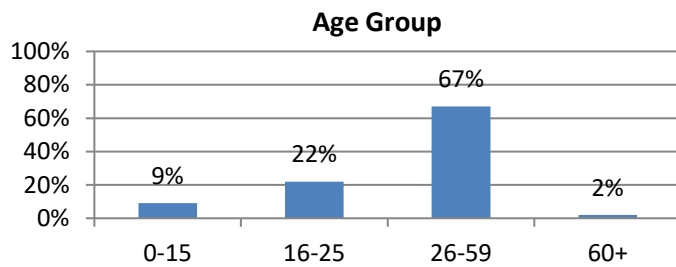
54
MHA Referrals coming into Family Wellbeing



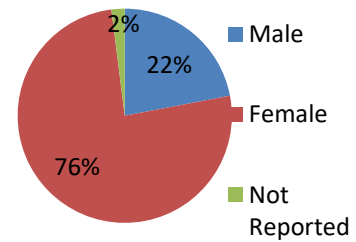
53 out of 54 Referrals
Participated in Family Wellbeing Program

13 Days
Average Time between Referral and Participation in Family Wellbeing Program

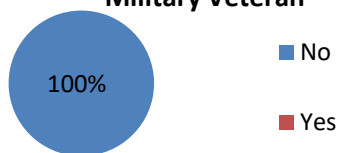
PEI Demographics Based on Referrals



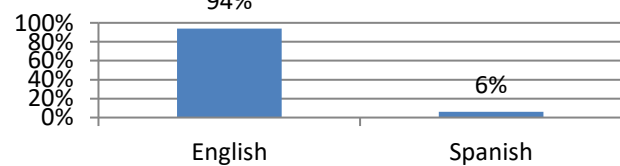
Assigned Gender at Birth



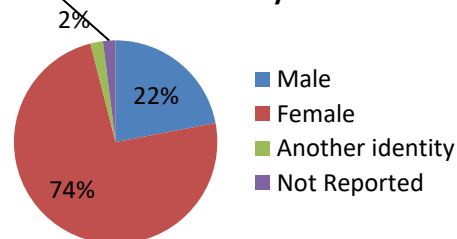
Military Veteran



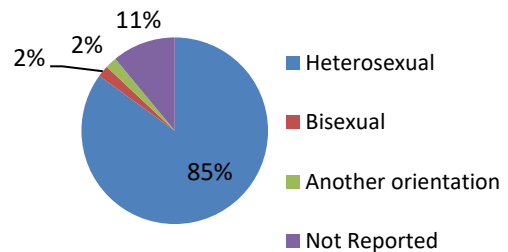
Language

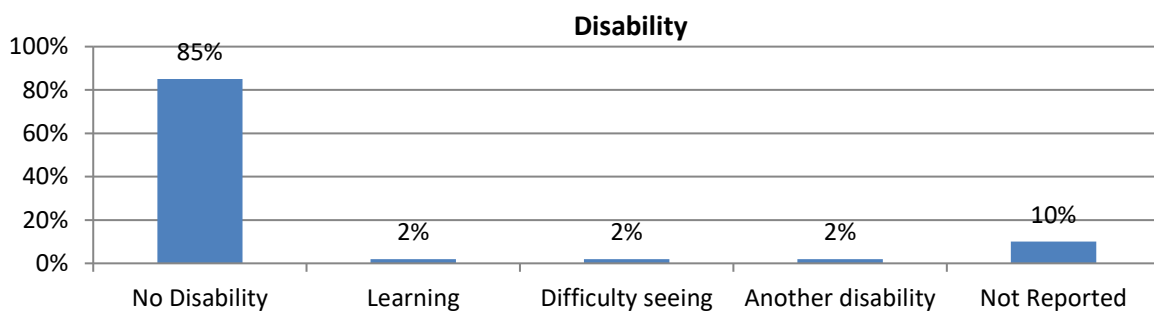
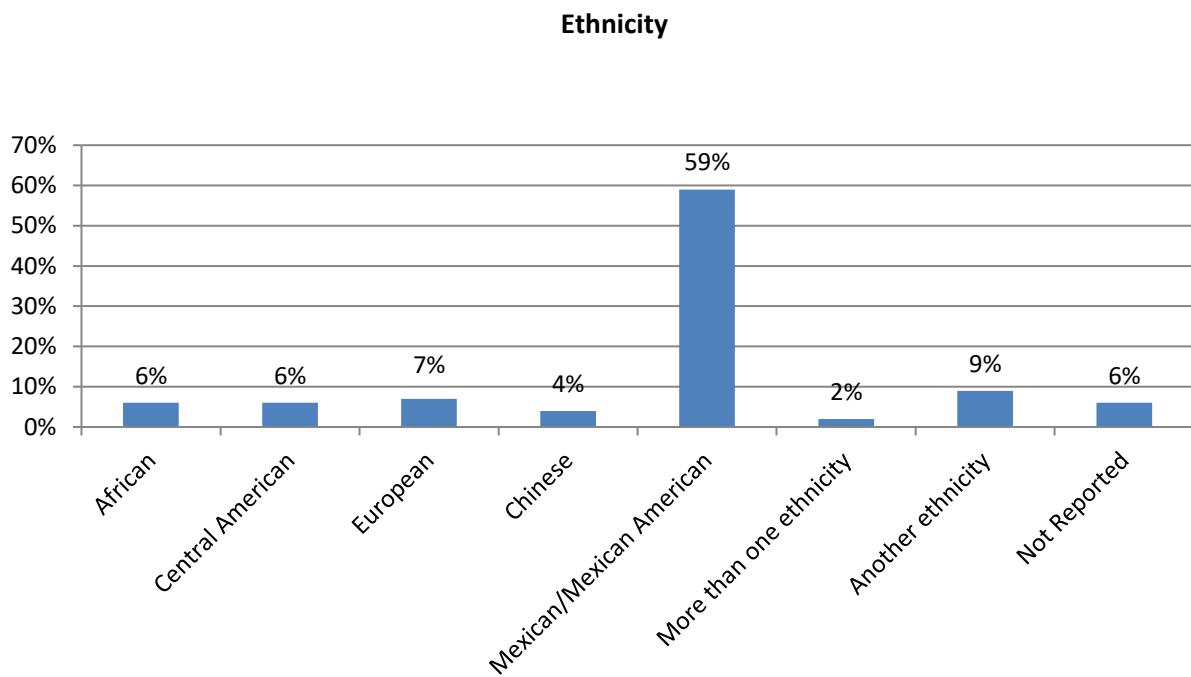
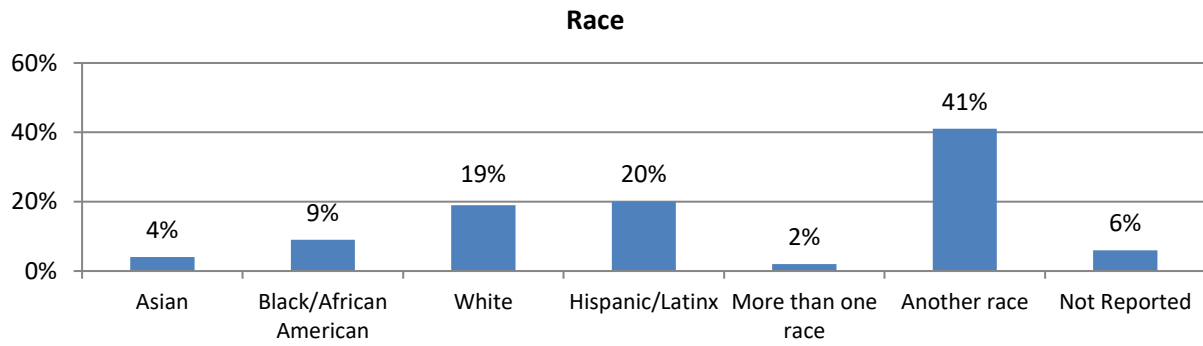


Gender Identity



Sexual Orientation





Community Capacity Building

NAMI Ending the Silence and NAMI 101

New Program – First date of service _____

Continued from prior year plan or update

Program Description

The Ending the Silence and NAMI 101 programs provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

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.

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is; how to maintain wellness; how to identify symptom triggers; how to identify a support system; mental health warning signs; empathy; boundary setting; and self-care.

Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	2	Total Number Served FY 2021-22	23
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Program Update

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to more specifically, meet the mental health awareness needs of both the community and school staff and students.

Challenges and Solutions

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and

students. However, the continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings, NAMI has continued to struggle to expend their allotted funds resulting in \$55,000 in unused dollars.

The following chart reflects the changes in expenditures over time.

Fiscal Year	Percentage of Allocation Expended	Notes
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID-19
FY 2021-22	15%	COVID-19

Therefore, NAMI Greater Los Angeles County (GLAC) and Tri-City Mental Health have agreed to amend this program’s funding structure to expand the time to expend the \$35,500 from annual to over a three-year period. The goal for this adjustment is to allow NAMI to have a longer period of time to expend the funds while providing Tri-City the option to reallocate funds to other PEI programs.

In addition, capacity is a challenge, as they have seen more presenters moving on to other ventures. In addition, there is the continued challenge of having to rebuild relationships from scratch, as roles at organizations have been revamped, eliminated or previous contacts have moved on.

Solutions to these challenges include outreaching and adding more volunteers to the list of presenters to enable NAMI to accommodate more presentations. Another focus is on recruitment of Spanish speaking volunteers to accommodate more parent presentations.

Cultural Competence

The lead and peer presenters are from diverse backgrounds that reflect the community. This is a valuable trait and supports relatability, especially when presenting to communities of color. This also allows for conversation about those differences in response to mental health to be discussed. In addition, some peer presenters are a part of the TAY population, so they can directly relate to TAY audience members.

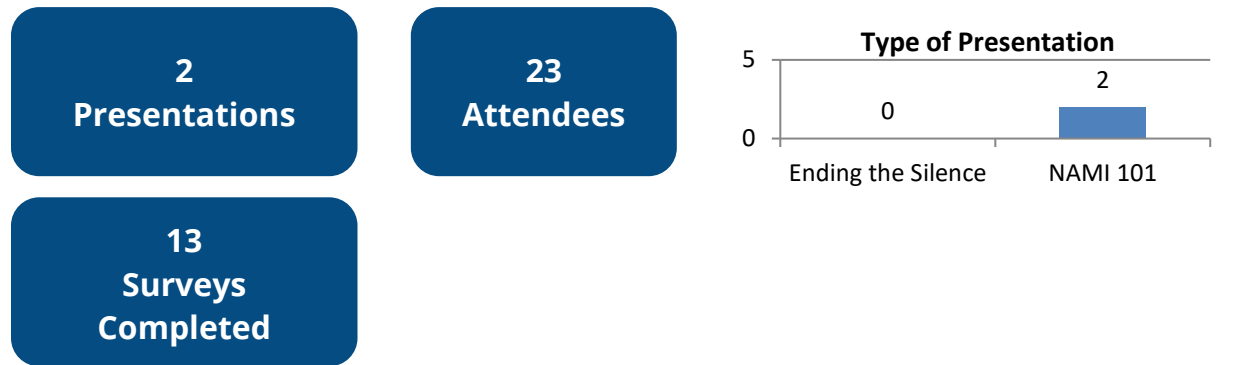
Spanish translations of slides and outreach materials are available for community members who are non-English speaking.

Success Story

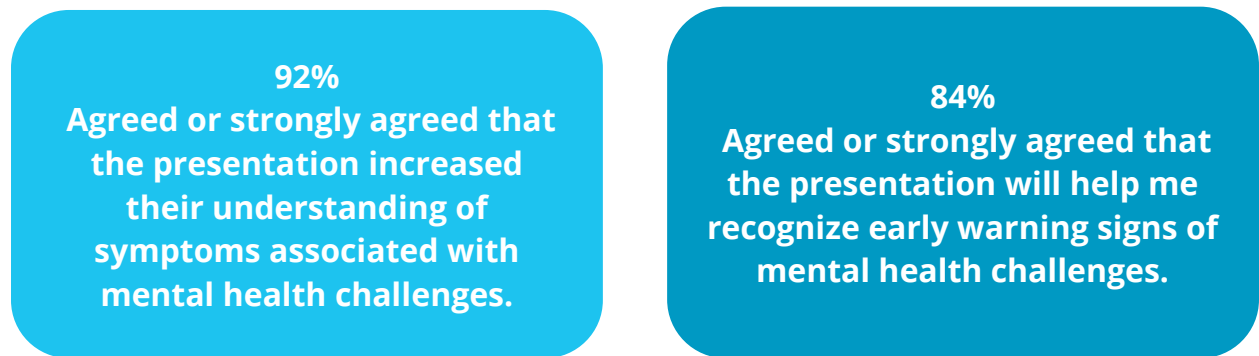
Through these presentations, NAMI staff have been able to connect students (and subsequently their families) to therapeutic resources which help to improve their ability to connect with each other. As a result of these presentations, parents have shared the changes they’ve made and ways they’ve found to connect better with their teens while still finding ways to find quiet time for own rejuvenation.

Program Summary

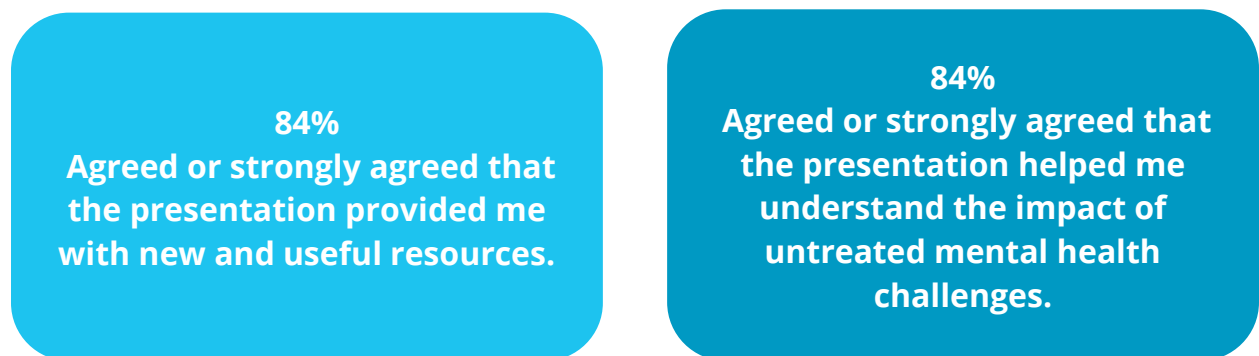
How Much Did We Do?



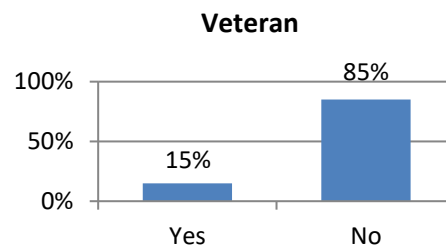
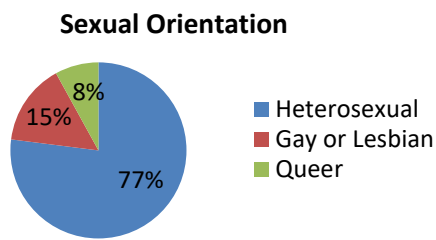
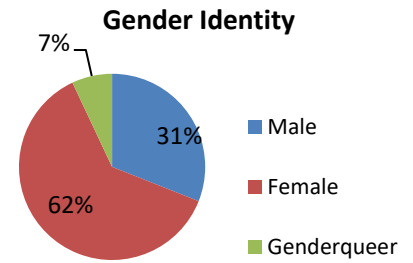
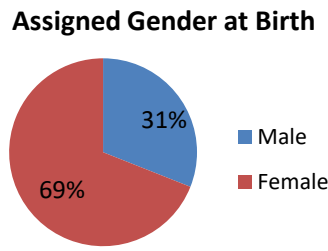
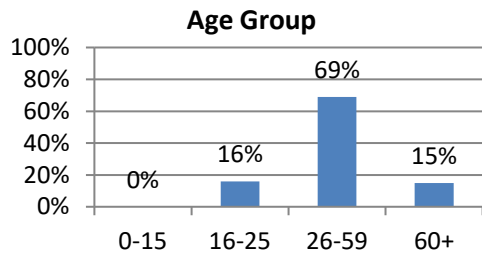
How Well Did We Do It?



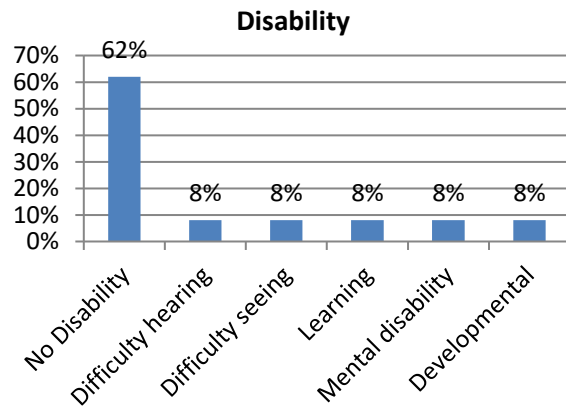
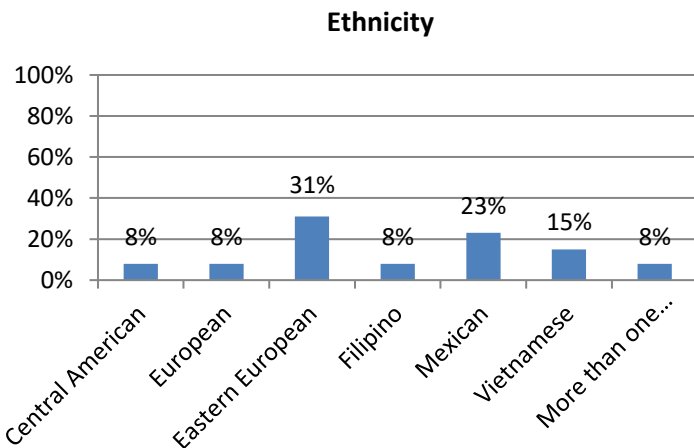
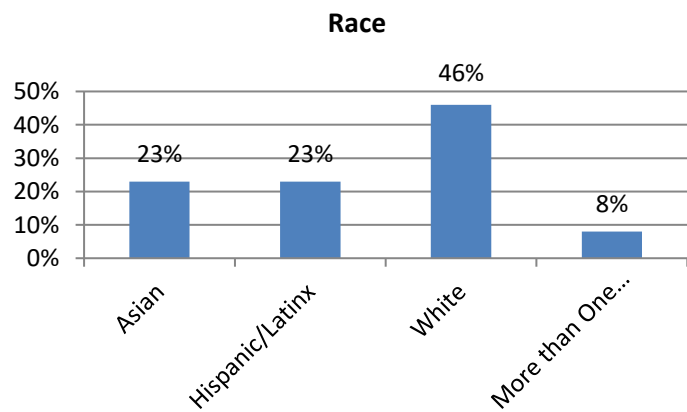
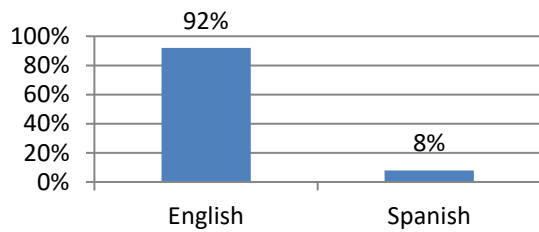
Is Anyone Better Off?



Demographics from Surveys Completed by Participants



Language Spoken by Participants



Number of Potential Responders	23
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	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 0 MHSA referrals to NAMI.

Housing Stability Program

New Program – First date of service _____

Continued from prior year plan or update

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.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	1	11	6	5	23

Program Update

FY 2021-22 was a year of learning and understanding housing from another perspective. The housing team connected with landlords who priced their units below fair market rates. Staff inquired with these landlords to identify why they had such affordable units when the market is prime for higher prices. The echoed response from them was that they learned that tenants stay longer and take better care of the units when their rental prices are reasonable. The tenants had been in those units for years and had not given them anything to be concerned about until the pandemic. They recognized these tenants were truly in a bind and did not want them to be penalized for circumstances that were out of their control. This information was a different perspective than that of other landlords who feel they need to raise their rents to price out people who could potentially be difficult tenants.

Other updates included:

- **Introduction to National Good Neighbor Day** – An acknowledgment day where staff highlighted the importance of getting to know your neighbor to strengthen communities.
- **Reintroduction of Landlord events/outreach** – Staff hope to have landlords share about the benefits of keeping rents affordable, such as longer-term tenants who take care of their units. Staff would like to have them share their experiences with other landlords in the hopes of making this way of thinking more prevalent for the collective benefit of our communities.
- **TAY-focused event for first-time renters** – Staff plan to edit the Good Tenant Curriculum and tailor the information to the TAY population. This would include condensing the curriculum to a 1-day course and offer it to schools and community centers where TAY seem to gather and will be easier to engage.

Challenges and Solutions

There have been a lot of changes with landlords and housing providers, which has made it more difficult for staff to maintain constant contact and engagement. Staff are also struggling with landlords and providers who may have stigma towards with Section 8 Housing Choice Vouchers. Some landlords will intentionally increase their rents to price out applicants with vouchers.

Hopefully, by returning to in-person events with lunch provided, the Landlord Hour monthly group will be reinstated where staff can increase attendance to inform landlords of changes in the law, reduce housing stigma and provide mental health and housing education to local providers, all while building vital relationships and resources to support Tri-City clients.

Cultural Competence

All flyers and brochures are available in both English and Spanish. In addition, staff have access to a language line if a participant speaks a language staff is not fluent in. In-person assistance for older adults is available while recognizing when technology can be a barrier.

Future efforts include assistance from the agency in helping monolingual staff learn additional consumer languages to improve community outreach.

Community Partners

- The Wellness Center allows housing staff to use their rooms for groups like Good Tenant Curriculum.
- Staff receive support from other MHSAs programs to present resources in the landlord meetings.

- Worked closely with Community Mental Health trainers who developed the Everyday Mental Health training for landlords and housing providers.
- Outside contact: 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, House of Ruth.
- Housing provider meetings continue to be held virtually. Staff share about their programs and reach out to other partners when they identify a resource they can share with the community.

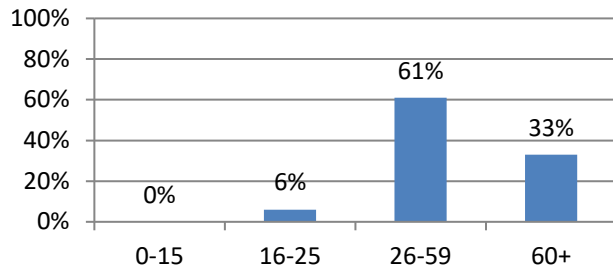
Program Summary

How Much Did We Do?

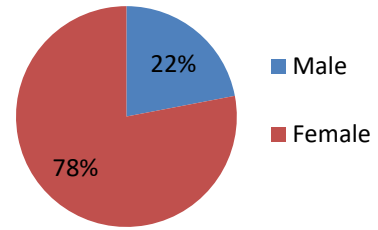


PEI Demographics Including Housing Participants

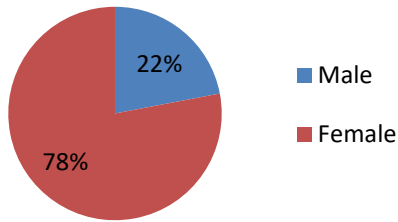
Age Group



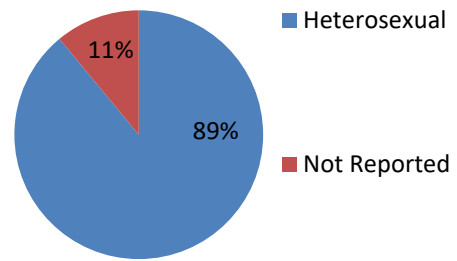
Assigned Gender at Birth



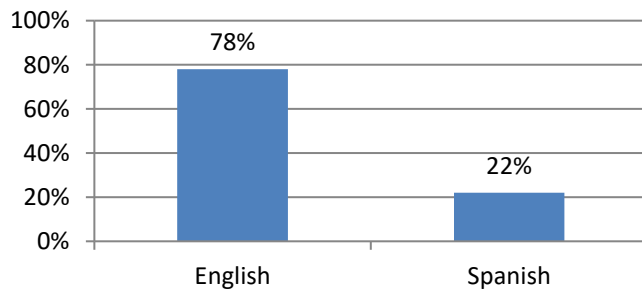
Gender Identity



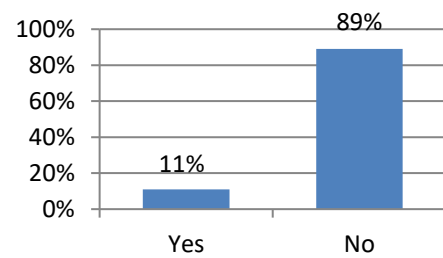
Sexual Orientation

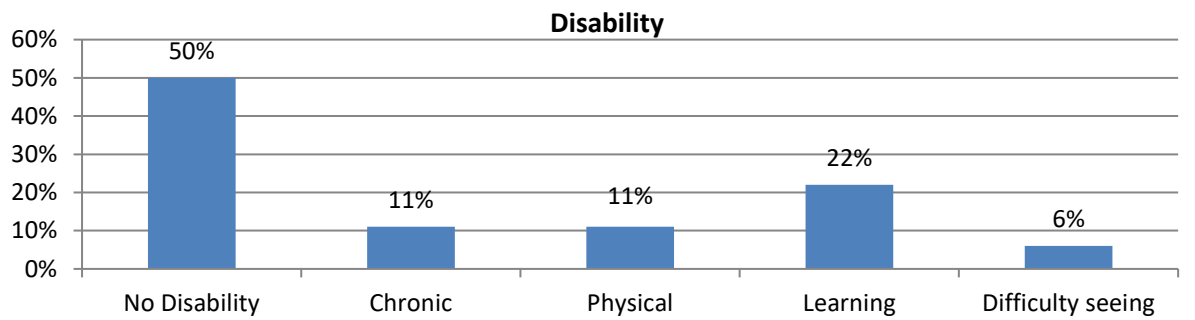
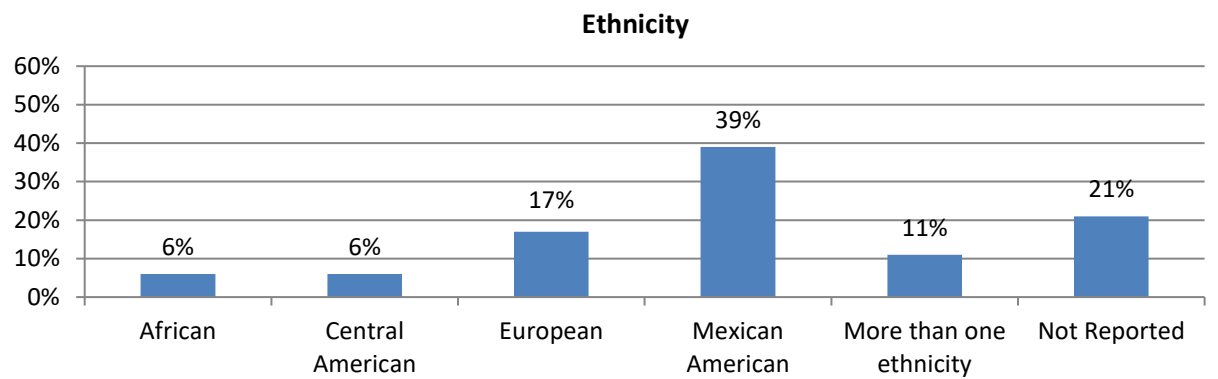
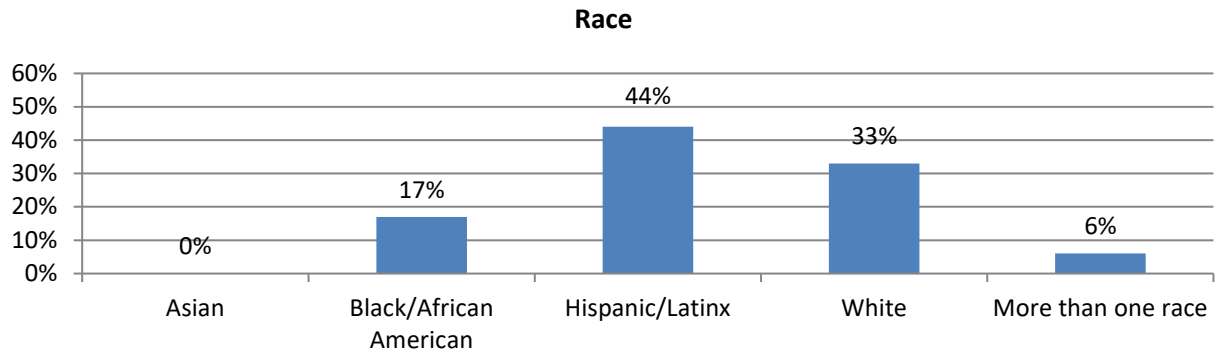


Primary Language



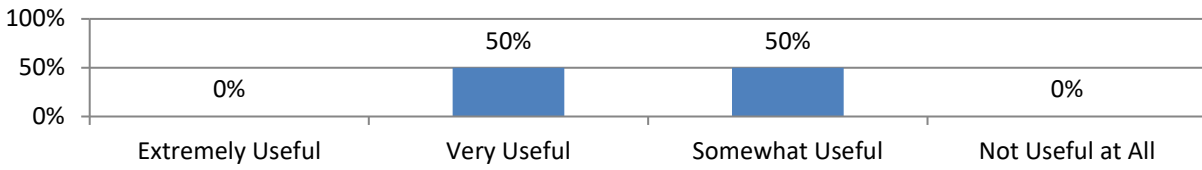
Veteran



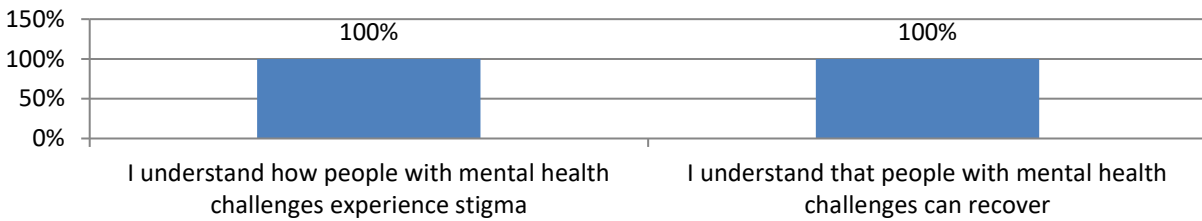


How Well Did We Do It?

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



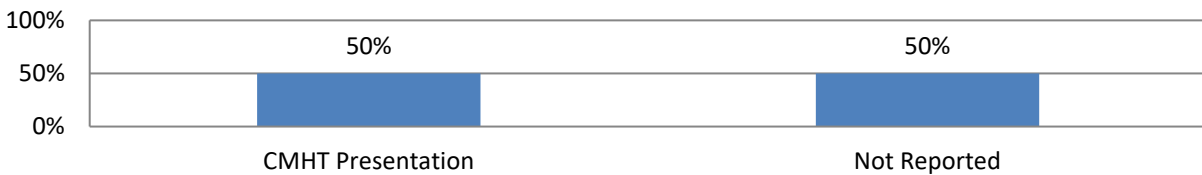
Percent of Landlords that agree or strongly agree with the following:



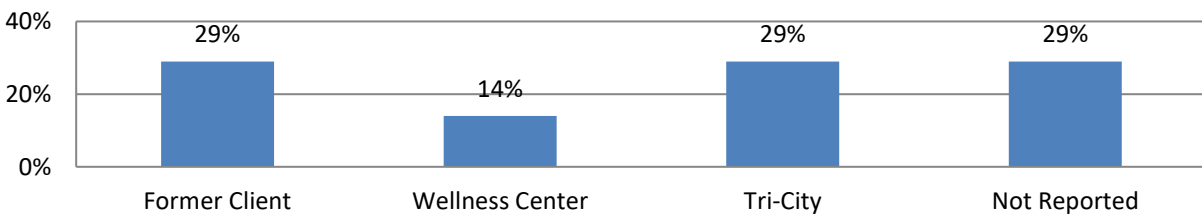
100%
Housing Curriculum participants
would recommend this
curriculum to others

100%
Housing Curriculum participants
reported the presenter was
engaging and approachable

Landlord - How did you hear about us:

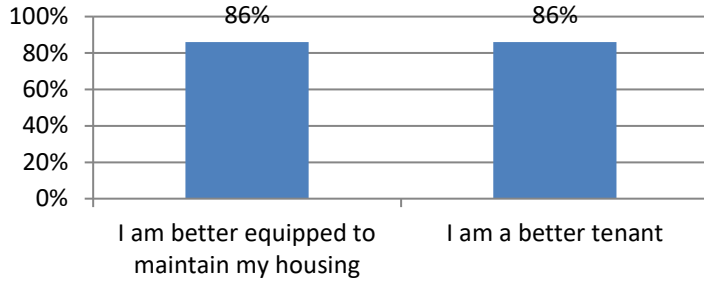


Housing Curriculum - How did you hear about us:



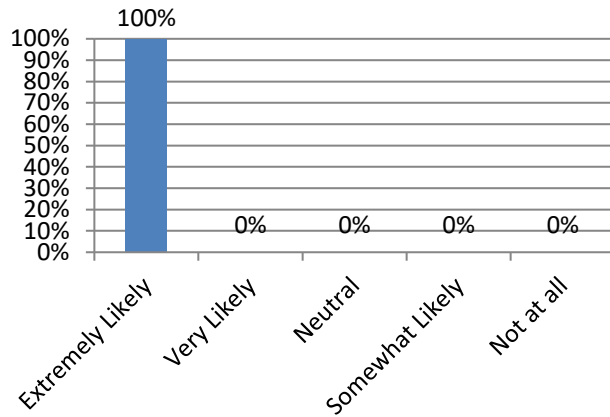
Is Anyone Better Off?

Percent of participants, as a result of this training:

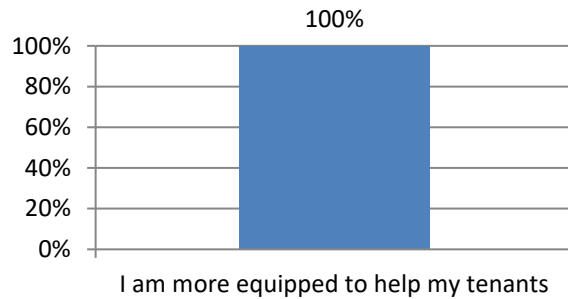


100%
Housing Curriculum participants reported that staff helped them obtain the information needed so that they could accomplish their housing goals

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



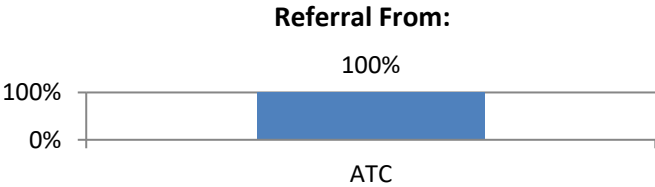
Percent of participants, as a result of this training:



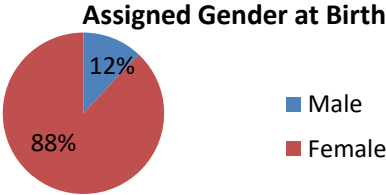
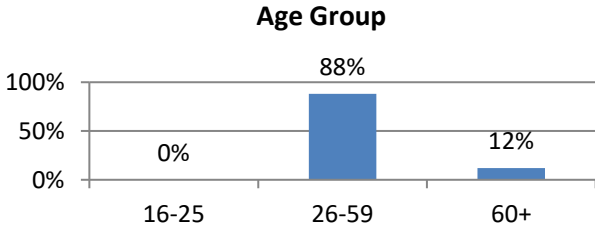
Number of Potential Responders	21
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged 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

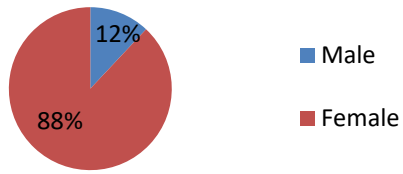
**8
MHSA referrals to Housing Stability**



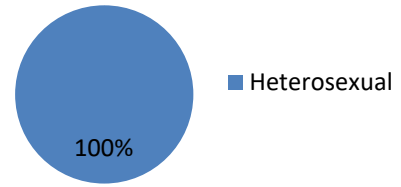
PEI Demographics Based on MHSA Referrals



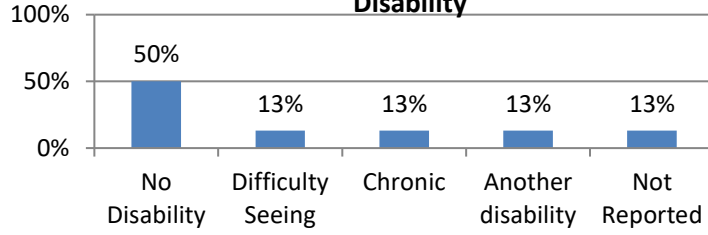
Gender Identity



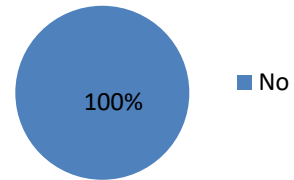
Sexual Orientation



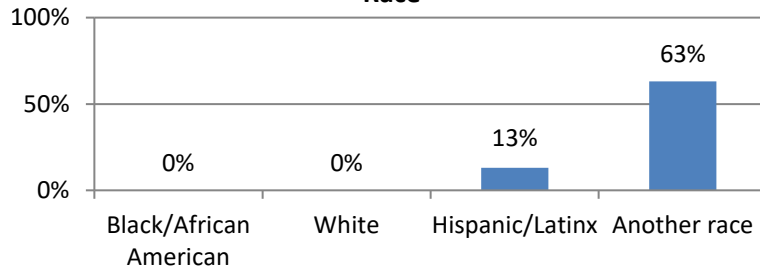
Disability



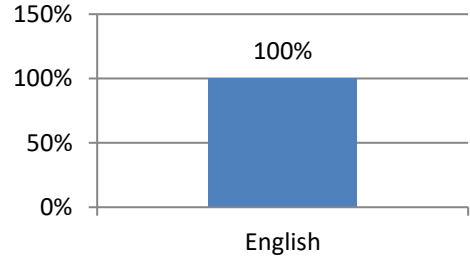
Veteran



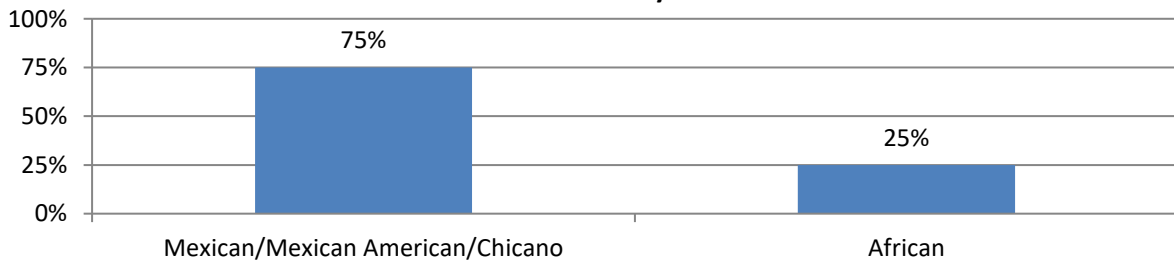
Race



Primary Language



Ethnicity



Therapeutic Community Gardening

New Program – First date of service _____

Continued from prior year plan or update

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 2021-22	6	28	48	19	162	263
Cost Per Person	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**

**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.

Program Update

The majority of groups for the Therapeutic Community Garden (TCG) program in FY 2021-22 were held virtually. A new position (Clinical Therapist) was added to TCG, and this program continued to be fully staffed with 1 Clinical Program Manager, 2 Clinical Therapists, Mental Health Specialist and Community Garden Farmer.

The TCG beautification project that is currently in the works will assist with improving ADA accessibility for individuals who may have mobility issues or not be fully ambulatory. The beautification project will

allow for easy access to the garden gate, classroom, the garden beds, and mobility throughout the entire garden.

Additional activities for this program included providing food security to Al-Anon participants by providing the harvest grown in the garden, providing workshops for medical students, and allowing medical resident students the ability to shadow TCG groups to learn about therapeutic horticulture.

The TCG collaborated with outside agencies and held virtual and in-person workshops (i.e., Joslyn Center, Mt San Antonio, Sustainable Claremont, etc.). The TCG continued to offer groups to various demographics (i.e., 0-25, TAY population, Veterans, underserved populations).

The TCG provided donations to Inland Valley Hope Partners food bank as well as providing harvests of fruit and vegetables to participants and community members all year long. Staff continued the food insecurity program (provided harvest to those in need) and donated harvests for the Pop-up clinic held at Tri-City's adult clinic.

Challenges and Solutions

Staffing shortage due staff on leave and another staff member taking on a new position in a different department. Due to being short-staffed, the majority of groups from February 2022 to May 2022 were put on hold. Due to surges with COVID 19 pandemic in-person groups needed to be put on hold.

Other issues included the transition age youth population continued to be difficult to outreach, enroll and maintain in our groups. There was low attendance in the Spanish adult group. Extreme inclement weather (heat or cold) continues to be a barrier for holding groups in the garden and for providing harvests for community and participants. Finally, the garden experienced periodical break-in after hours or on the weekends

After groups were put on hiatus during February 2022 to-May 2022 (with the exception of the ReConnect Garden group), TCG has slowly brought back the majority of virtual TCG groups.

During COVID surges, TCG staff continued to host groups and workshops virtually. Despite harsh weather, TCG was still able to provide fresh and bountiful harvests to participants.

Cultural Competence

TCG collaborates with community colleges to serve low-income students by providing educational workshops of therapeutic horticulture with the addition of mindfulness techniques. TCG often incorporates curriculum focused on diversity and inclusion and translates TCG material based on language needs of participants (i.e., Spanish Group). TCG staff is part of the RAINBOW Advisory Council, bringing inclusion and diversity while other staff participates in events that bring awareness to diversity and inclusion.

TCG also modifies activities for person with learning impairments (as needed) Group curriculum includes discussions around diversity, culture and relates this back to the garden. TCG has a full time Spanish speaking Mental Health Specialist, bilingual groups (English and Spanish), as well as materials available in Spanish (waivers, enrollment sheet, referral, questionnaires, flyers, how to garden

handouts, recipes, curriculum PowerPoints). Materials are translated into other languages as needed and the use of interpretation services are available.

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.

Success Story

This success story highlights TCG's Mindfulness Through Virtual Garden (MTVG) group. Within the last nine months, MTVG has seen an increase in attendees and dialogue during every session. During the check-in part of the group, participants highlighted connections between the garden and their lives. For example, one participant reports caring for their gardens/plants has given her a different understanding of growth, patience, and hope for the future. Additionally, another individual shared being able to manage the holiday blues by tapping into her senses and using her rosemary plant to practice mindfulness. She reports the skills gained from the Therapeutic Community Garden groups have assisted in better managing hard times in her life. These and other examples continue to demonstrate that the modality of Therapeutic Horticulture can parallel participant's lives in many ways. The team was delighted to hear that participants continue to gain opportunities for wellness by attending TCG groups every week.

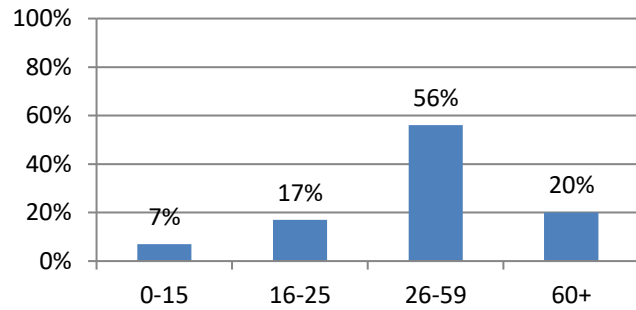
Program Summary

How Much Did We Do?

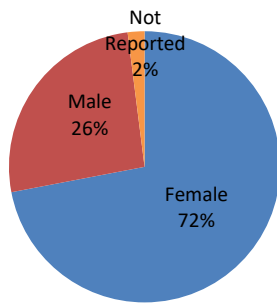
86
Participants Served

12 Months
Average Length of Time
Participants Enrolled in TCG

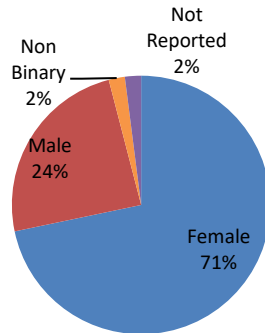
Age Group



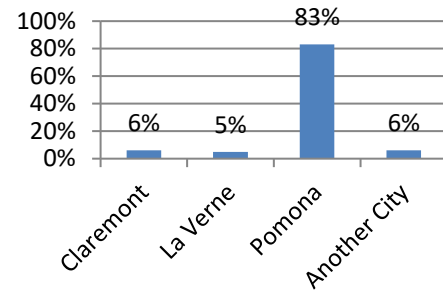
Assigned Gender at Birth



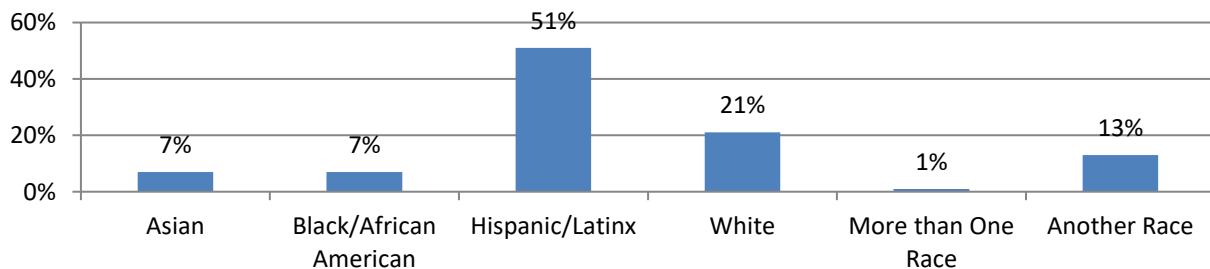
Current Gender Identity

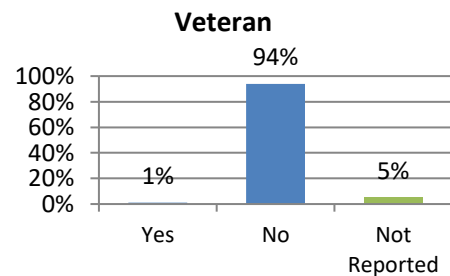
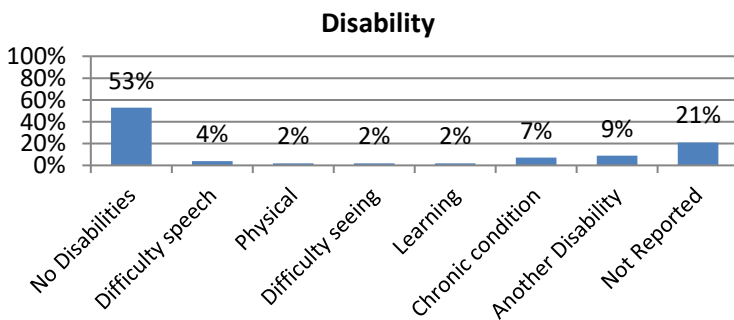
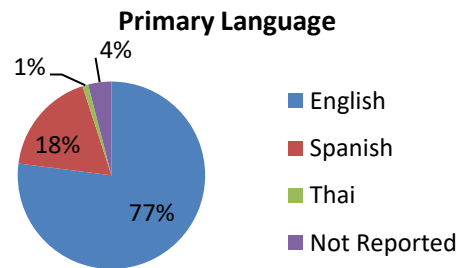
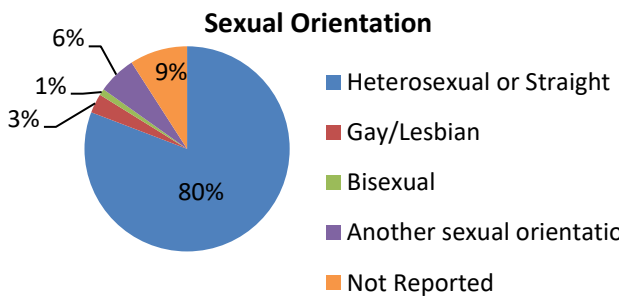
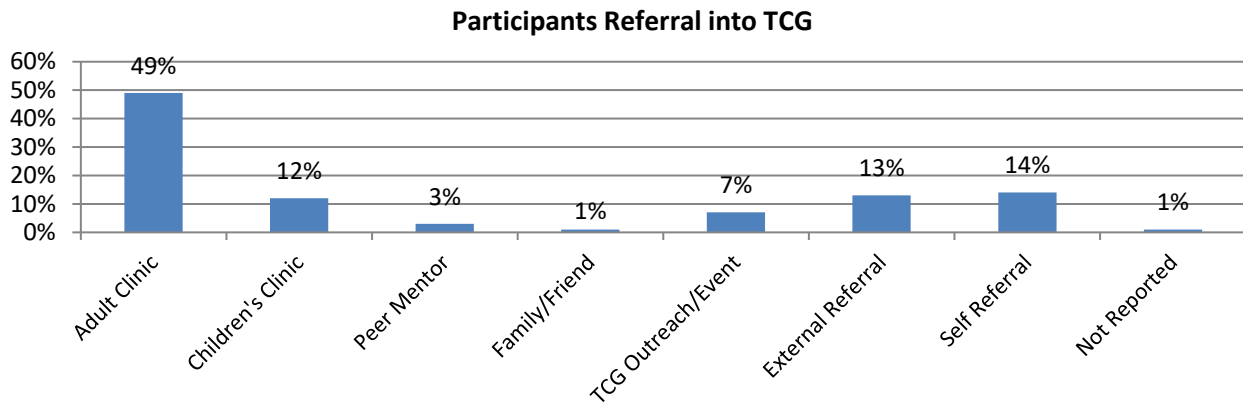
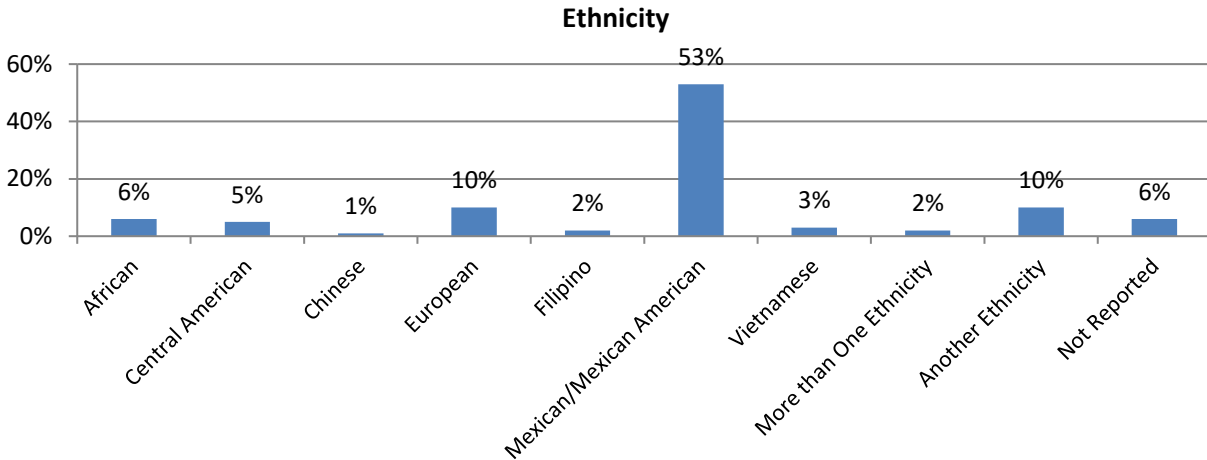


City



Race



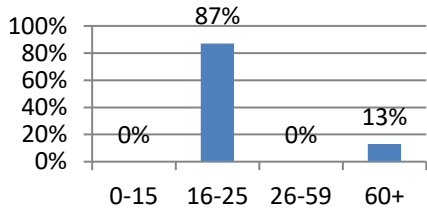


TCG Workshop/Events (Survey Demographics n=15)

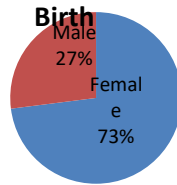
13
Workshop/Events

177
Attendees

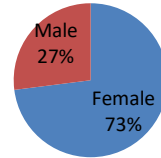
Age Group



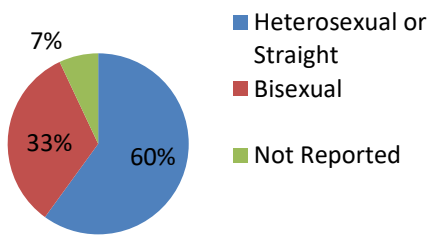
Assigned Gender at Birth



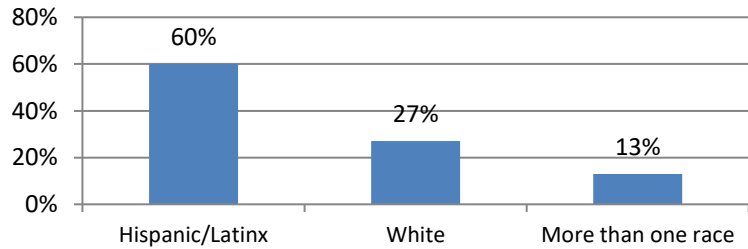
Current Gender Identity



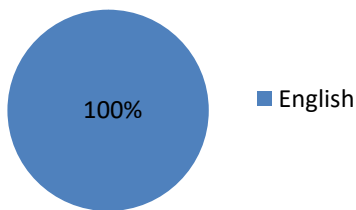
Sexual Orientation



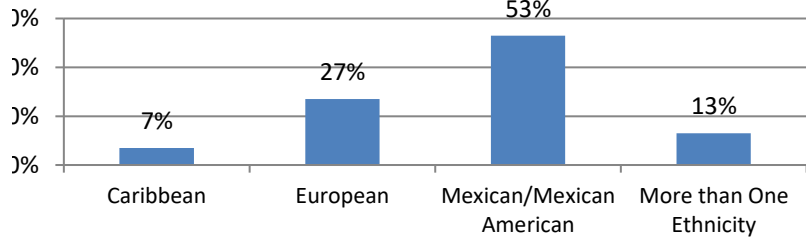
Race



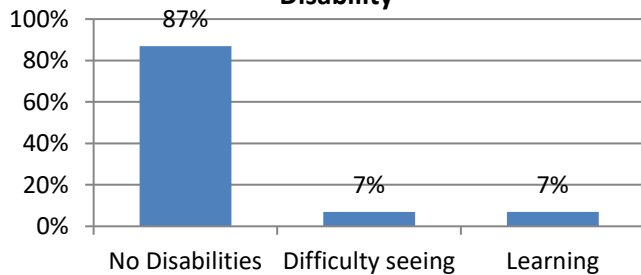
Primary Language



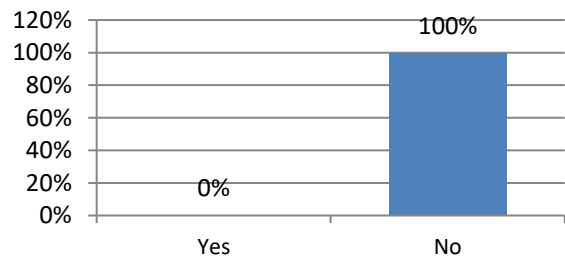
Ethnicity



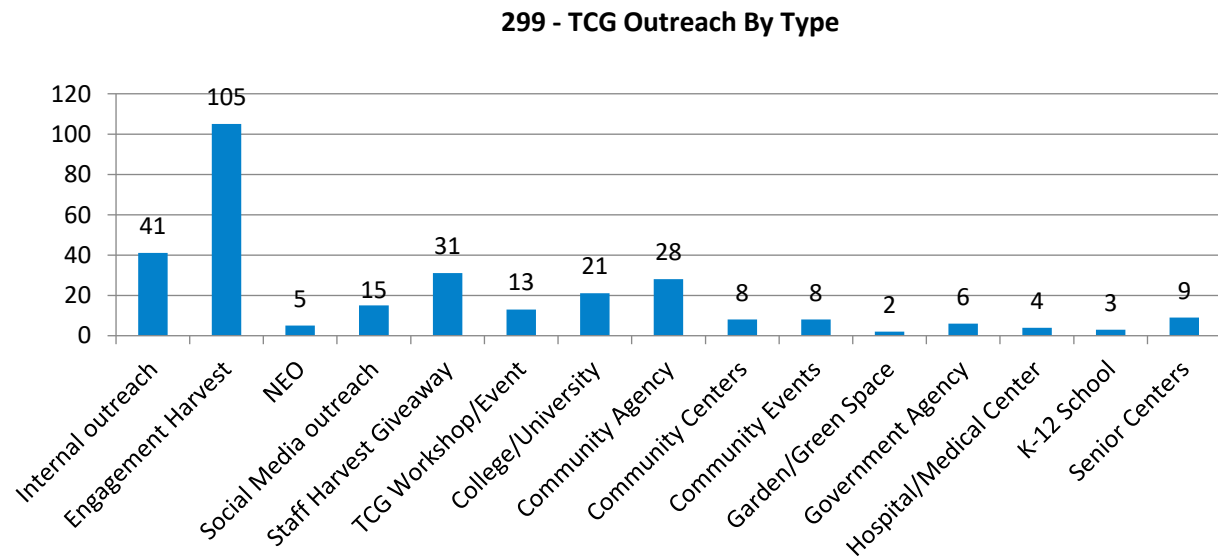
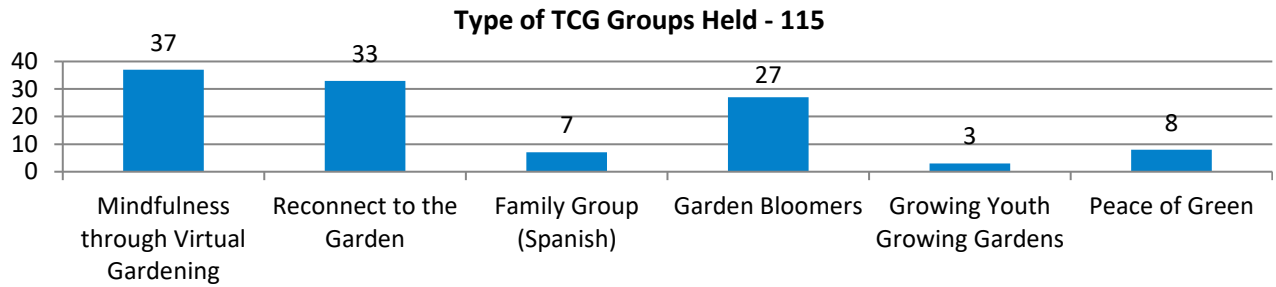
Disability



Veteran

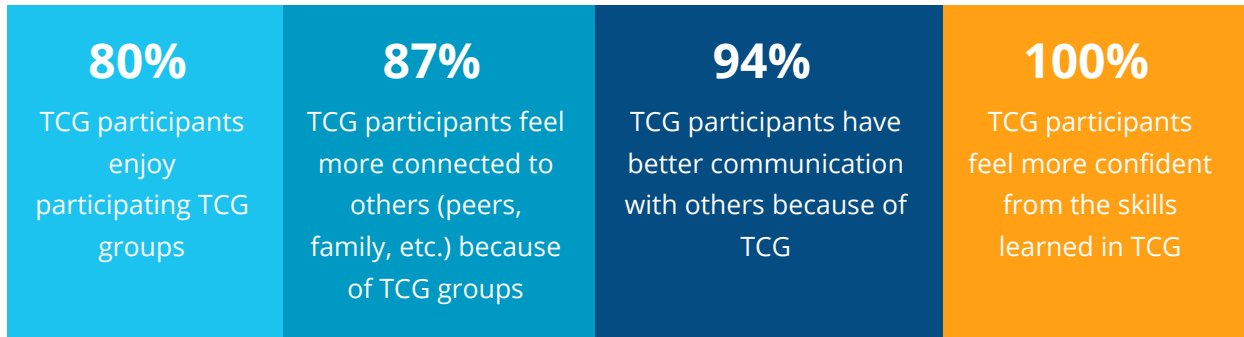


How Well Did We Do It?



Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=15)



TCG Workshop Survey Responses Based on Completed Surveys (n=15)



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

Learned new skills such as communication.	Benefitted from groups and my knowledge about other people.
The gardening skills have been very helpful.	TCG has helped me improve my confidence and connecting to other people
I feel more motivated learning and doing activities with others. I love being outside surrounded by nature.	I connect more with my mom about what we discuss in the groups.
It gets me out, get me talking to others, and I enjoy it all the time!	Building confidence, talking to others.
I realized that something I took for granted is actually one of the most fascinating subjects.	Managing pain, breathing, relaxing, and gained self-confidence.
I learned to keep calm and let things go.	I learned a lot about myself.

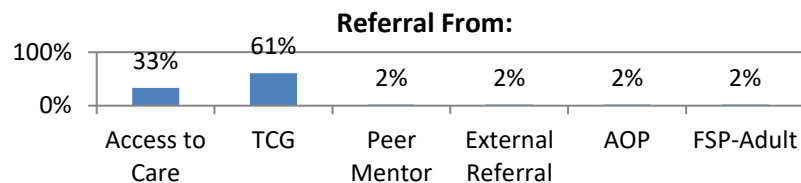
TCG Participant – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:

I enjoy the meeting and the knowledge that I gain, especially learning about Progressive Muscle Relaxation.	I would prefer to have these in-person.
I feel being involved with the garden I am able to express myself and share the feelings I have and people are able to do the same, in this way we all become more united.	The women that run the garden group are always encouraging and motivate me to continue doing my best.
TCG is a comfortable and casual place where you're not feeling judged or judgmental. A one hour to engage and appreciate good healing conversation. Thank You.	I really like the sound presentation. Have more garden groups like these. I think they are great and I wish we could get more people in.
it's very helpful.	I love this group.
Just continue with concepts that help with anxiety, so you're not feeling beat down, same as above.	

Number of Potential Responders	86
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

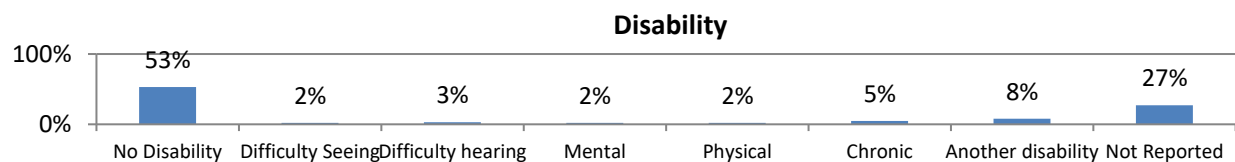
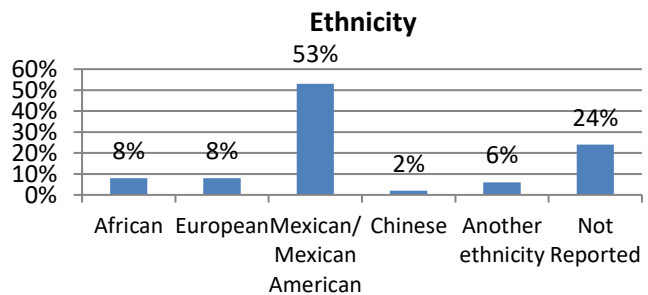
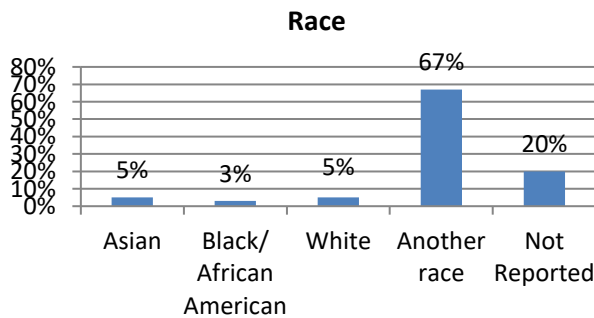
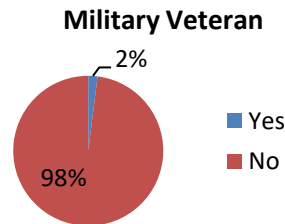
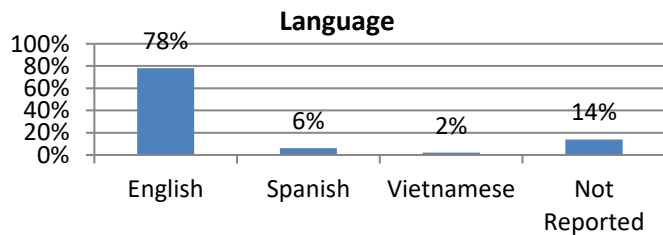
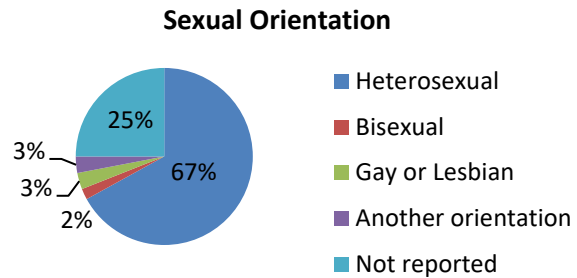
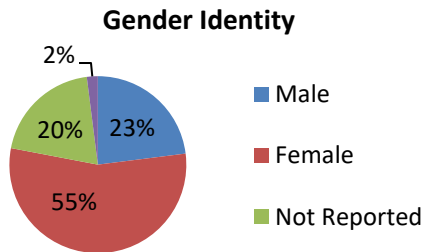
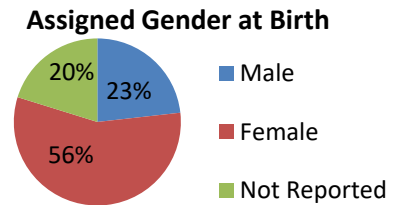
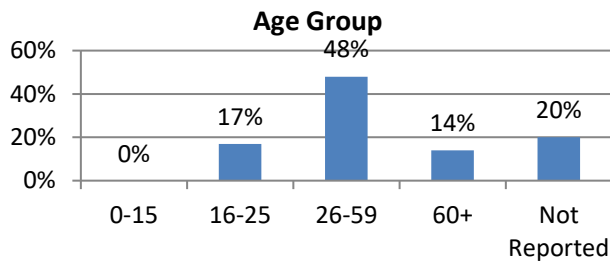
64
MHSA Referrals to TCG Program



32
MHSA Referrals Participated in
TCG Program

5 Average Days
Between Referral and TCG
Participation

PEI Demographics Based on MHSA Referrals



Early Psychosis Program

- New Program – First date of service _____
- Continued from prior year plan or update

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 2021-22	0	6	24	0	13	43
Cost Per Person	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**

**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.

Program Update

The focus for the Early Psychosis included increasing referrals and enhancing the main component of this program, the Multi-Family Group (MFG). The MFG was able to launch with 4 to 5 families in regular attendance. In addition, a Spanish speaking MFG was created to support our monolingual speaking participants.

The program saw an increase in referrals in FY 2021-22 as internal staff grew more familiar with identifying candidates who fit the criteria. This increase also extended to local school partners who had also become more familiar with the program.

Due to changes in staff, the EP team became smaller and more defined which helped to improve collaboration and treatment. Having one centralized smaller group help with engaging families, encouraged staff to gain ownership of program, and increased clients understanding of the program and overall connection with the treatment team.

Future efforts include creating virtual webinars and utilizing social media to publicize information and bring awareness. In addition, adding more diversified groups and increasing staff access to psychiatry and nurses.

Challenges and Solutions

Creating groups during the pandemic and virtually was a challenge. The PIER model, which this program is based on, was initially created for in-person groups and treatments, thus there needed to be several adaptations to telehealth. Connection and support are primary components of the group, and this was challenging to develop virtually. Families were hesitant to participate in group via telehealth and staff had a difficult time with engaging families in treatment. In addition, the turnover and change in staffing created issues with consistency.

The referral sources were confused about criteria for program (this program is for individuals with early onset or warning signs of psychosis not already experiencing or receiving treatment for psychosis). As a result, some referrals were not appropriate or the referral did not meet criteria for the program.

Finally, coordinating an internal documentation process for the documentation of all the services provided in the Early Psychosis Program has been challenging while trying to navigate the electronic health record, medical and Prevention and Early Intervention (PEI) guidelines.

Possible solutions include scheduling the MFG groups in afternoon/evenings and hosting groups for specific populations to address need and concerns that are age-appropriate for participants.

The team hosted several virtual workshops to engage families and help them become at ease with joining group. In addition, adaptations were made throughout to adjust to the engagement needs of clients, in person appointments, one on one pre-coaching to help clients/families feel at ease with joining group.

Cultural Competence

There is a Spanish MFG group to address Spanish Speaking (Refugee/immigrant families and TAYs). The EP staff ensures that clients are addressed by preferred pronouns and names to affirm client's gender identity. Staff are bilingual and bicultural staff with literature/material regarding the clinic in threshold languages (Spanish, Vietnamese, English)

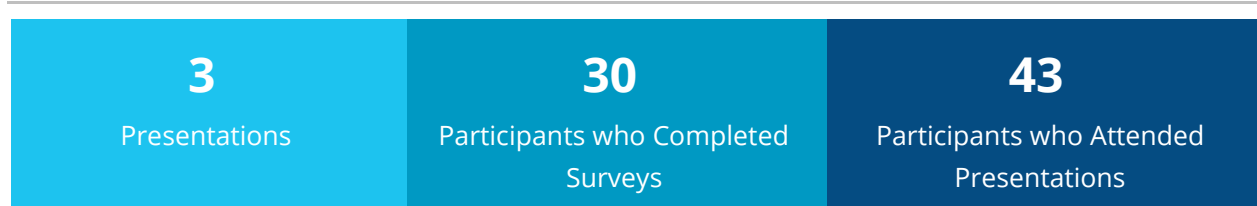
The material on webinars and handouts includes pictures of diverse families. All MFG material has been translated to Spanish to accommodate the need for the Spanish speaking group. Webinars have been provided in Spanish as well as services.

Community Partners

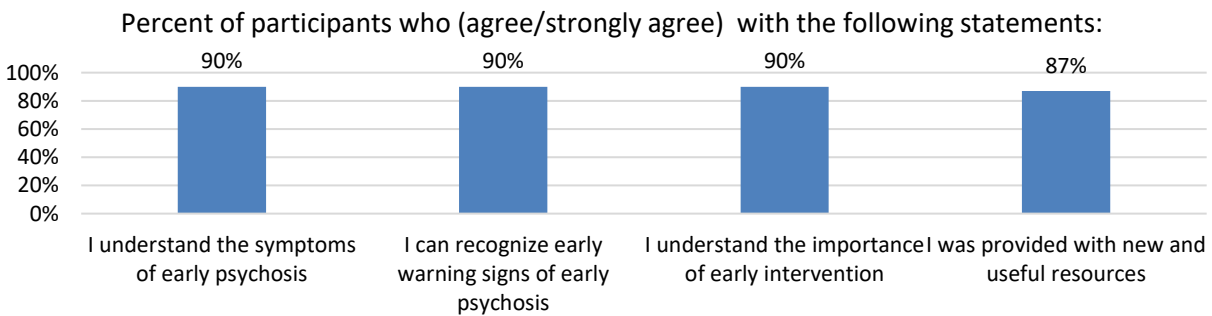
Local schools are the primary community partners for this program. In FY 2020-21, the EP team provided a virtual presentation to the Pomona Unified School District during one of their staff development days. Twenty-five teachers attended and received training on the early warning signs of psychosis.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

Program Summary

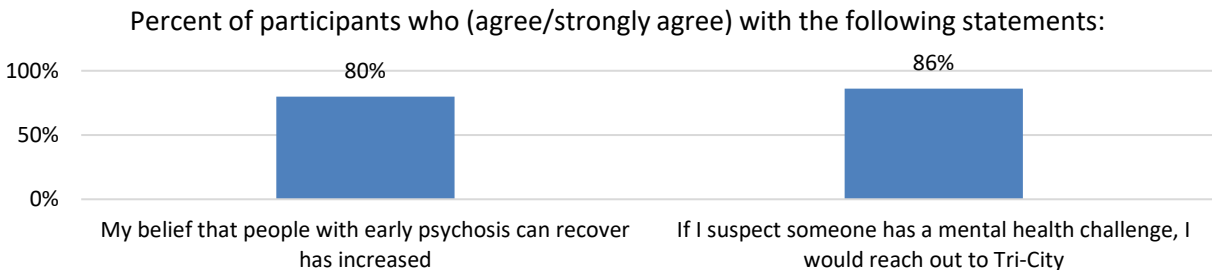
How Much Did We Do?



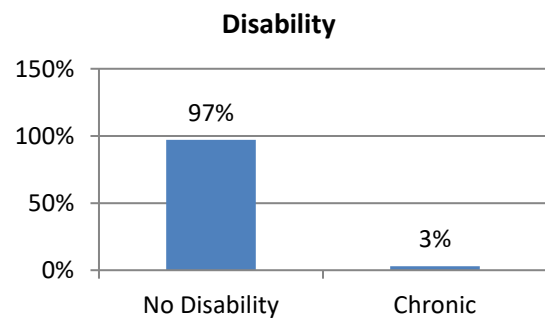
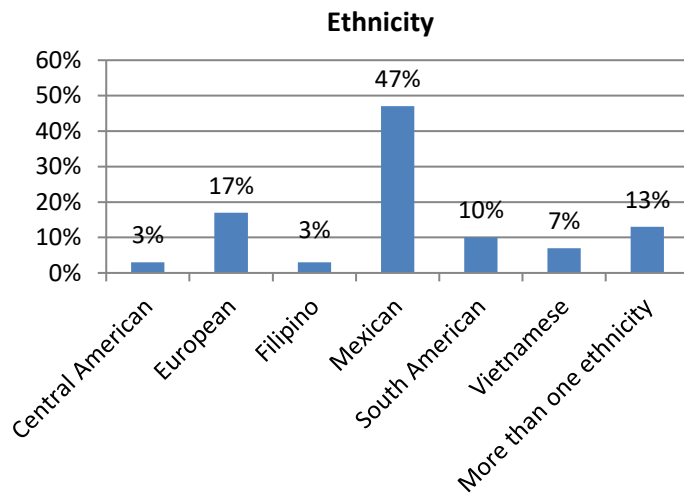
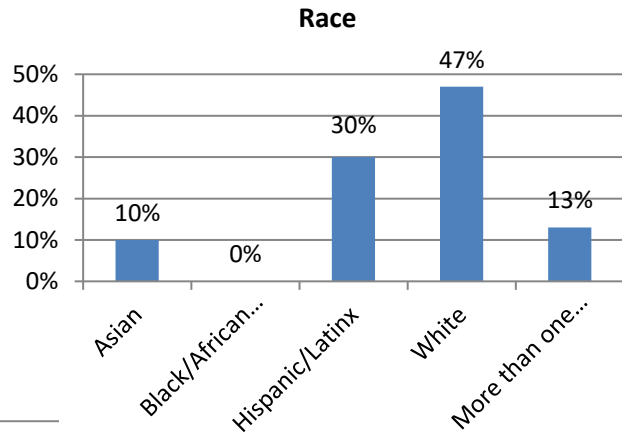
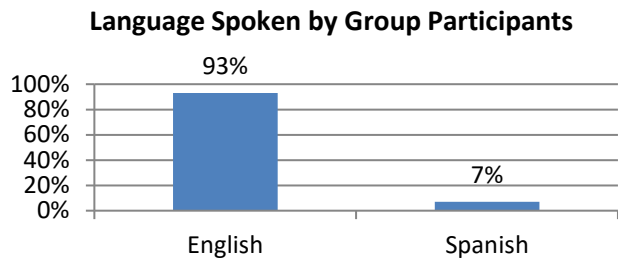
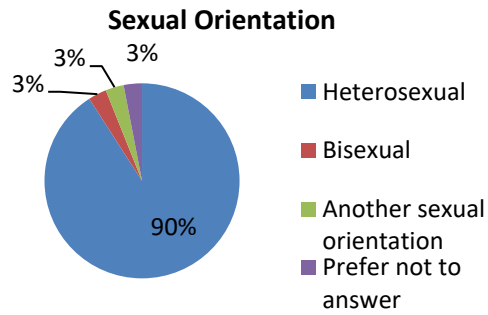
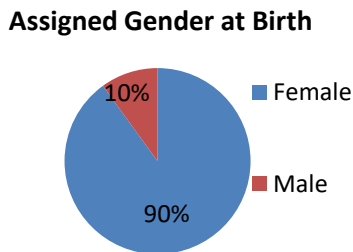
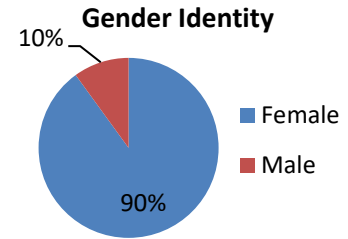
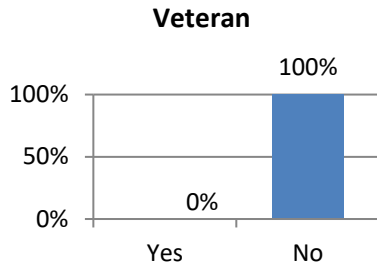
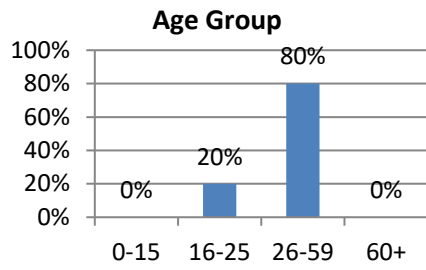
How Well Did We Do It?



Is Anyone Better Off?



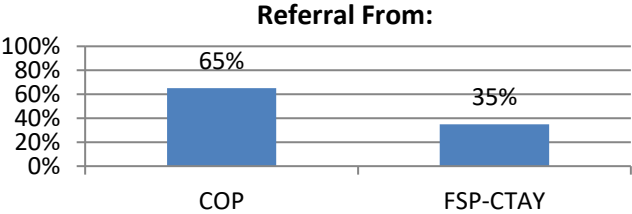
PEI Demographics



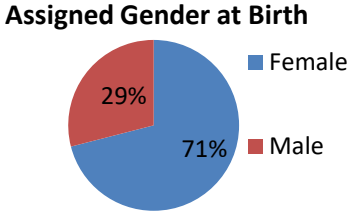
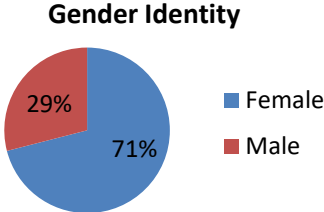
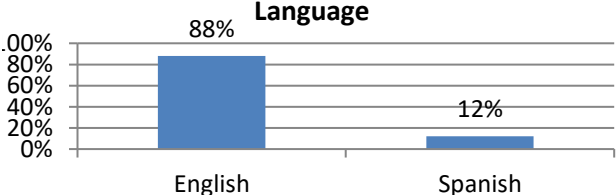
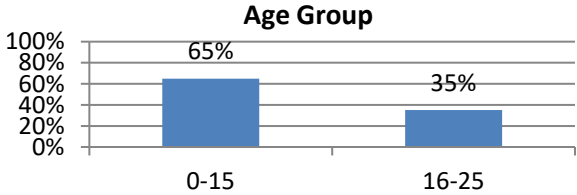
Number of Potential Responders	43
Setting in Which Responders were Engaged	Community, schools, health centers and workplace
Type of Responders Engaged	Community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.
Access and Linkage to Treatment Strategy	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

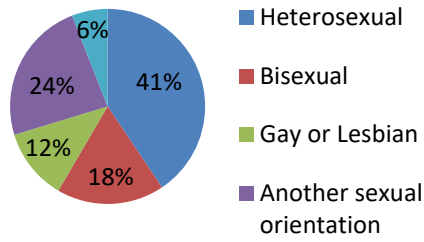
17
MHSA Referrals to Early Psychosis Program



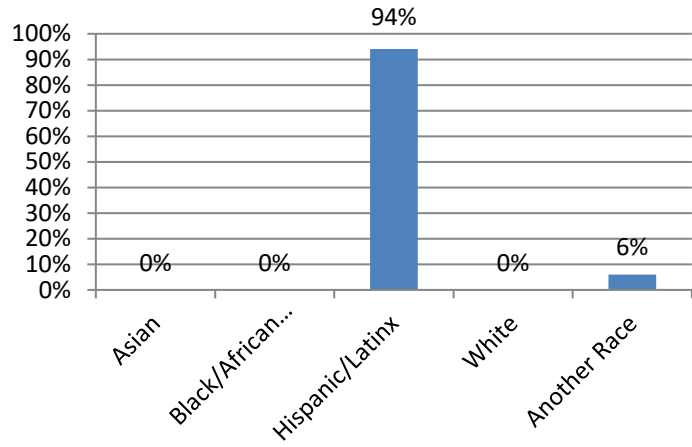
PEI Demographics Based on MSHA Referrals



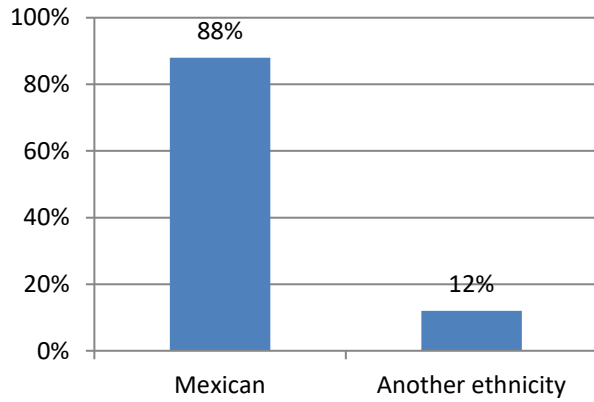
Sexual Orientation



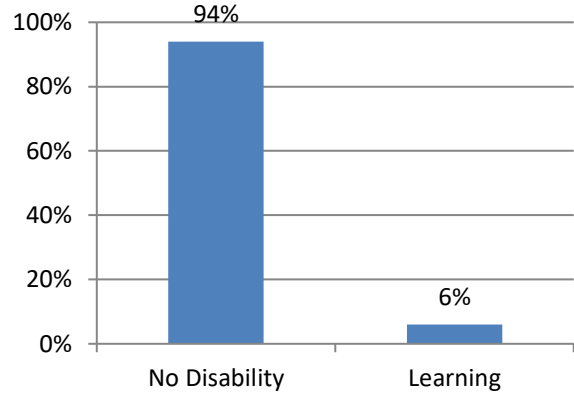
Race



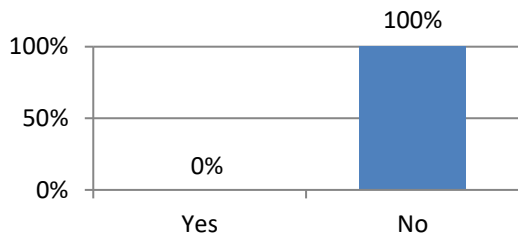
Ethnicity



Disability



Veteran





PEI BUDGET FY 2023/24

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	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	94,178	94,178				
2. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
3. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	448,367	448,367				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	216,468	216,468				
7. School Based Services Program	570,478	570,478				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
12. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
13. Therapeutic Community Gardening	326,676	326,676				
14. Early Psychosis	192,926	192,926				
15. School Based Services Program	570,478	570,478				
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	523,328	523,328				
PEI Assigned Funds	94,000	94,000				
Total PEI Program Estimated Expenditures	3,336,066	3,336,066	0	0	0	0

Mental Health Services Act

Annual Innovation Project Report FY 2023-24





Innovation (INN)

The Innovation (INN) Plan consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system. INN projects are designed to evaluate the effectiveness of new or changed approaches that can inform current and future mental health practices, with a primary focus on learning.

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
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

Innovation

During FY 21-22 program staff created the Innovation Idea Survey to help stakeholders develop and share their ideas for new innovation projects. In addition, a second survey was created, Introduction to Innovation, for stakeholders who are new to the innovation process. The survey and the Introduction to Innovation presentation are both posted on Tri-city's website year around for stakeholders to view and submit ideas.

Upon the launch of the idea survey and the start of a new community planning process season, 13 new ideas were submitted. These ideas were brought forth during Innovation workgroups where stakeholders discussed each one. In addition, staff also shared with participants the various multi-county collaboratives that were available to join. The stakeholders voted to join the Psychiatric Advanced Directive (PADs) Multi-County Collaborative but continue to develop ideas submitted through the idea survey. On May 23, 2022, the plan to join the PADs Multi-County collaborative was presented to the MHSOAC and was approved for the amount of \$789,360.

Help@Hand

Due to staffing shortages in October 2021 Tri-City discontinued the plan to launch a pilot of myStrength for the Help@Hand project. However, staff continued to monitor other counties usage of myStrength with their priority populations that were similar, such as older adults and monolingual Spanish speakers. In January 2022, after reviewing data and information collected from other counties who piloted myStrength, staff decided to move forward with a full implementation of myStrength within our 3 cities. Tri-City contracted with Painted Brain for Peer support during the implementation process. We also contracted with Uptown Studios for marketing and social media support and Jaguar for our technology and device distribution. Tri-City launched the implementation of myStrength on June 6th, 2022.

Tri-City will continue to invite community members and clients to utilize myStrength through December 2023. Staff will also begin to implement the project PADs. Staff are planning to partner with local first responders, law enforcement, crisis teams, and hospital staff as well as local colleges to look at how staff can effectively roll out PADs to the community.

Challenges and Solutions

Challenges faced during FY 2021-2022 included staffing shortages and minimal communication among all the parties involved with Innovation. The issues with staffing prohibited us from moving forward with the pilot of myStrength. Staff also faced issues with understanding all the necessary parties who needed to approve various aspects of the project to move forward with implementation.

Staff also experienced difficulties engaging stakeholders in Innovation workgroups and project development. It appears many stakeholders felt burnt out on virtual meetings and are missing the in-person meetings from the past.

Due to COVID-19 limitations staff developed the Innovation idea survey to help engage stakeholders and allow them to share ideas at any time. Staff also set up a virtual introduction presentation that stakeholders could view on their own time. Workgroup meetings were held at various times throughout the week which included both a morning and an evening session to ensure stakeholders could join at a time most convenient for them.

Cultural Competence

Innovation is all about creating new programs or adjusting to current programs to help serve the underserved populations. Staff take into consideration the feedback received from the community

planning process as well as feedback from stakeholders and workgroup members in order to develop new plans and ideas that focuses on helping serve the underserved communities in the 3 cities.

Innovation is built to help address barriers to accessing mental health. For the Help@Hand innovation project, Tri-City purchased 60 tablets to help participants bridge the gap of technology and still be able to utilize the app as needed. These tablets will be available for participants who do not have access to a smartphone or computer. Staff have also ensured that all of materials are available in English and Spanish, the two primary languages for this project. The landing page for this project is also translated into Spanish as well as all written material and social media post.

All flyers and outreach materials are available in both English and Spanish. In addition, all social media posts have been translated to Spanish and digital health literacy workshops are available in Spanish.

Community Partners

Innovation has partnered with Painted Brain to assist with the implementation of myStrength and to act as the peer support specialists for this project. They will assist with recruiting participants as well as hosting digital health literacy workshops and “Appy” hours for participants to sign on and ask questions as needed.

Tri-City has also partnered with Uptown Studio Marketing to assist us with marketing and social media development for the myStrength launch. Uptown will create flyers, social media post, and a community partner toolkit to help promote our myStrength implementation. In addition, staff partnered with Jaguar to help with technology and device distribution. Jaguar will be responsible for downloading all the necessary software onto tablets and assisting with any IT questions that come up while participants utilize the tablets to access myStrength.

Success Story

In September 2021, Tri-City launched the Innovation Idea survey. During the community planning process, the survey was promoted at stakeholder meetings and Innovation workgroups as well as through flyers in the community and social media posts. Almost immediately after launch, staff received 13 new idea submissions. This was a success since it seemed as though community members were enjoying the ease in which they could share their ideas for future innovation plans.

In March 2022, staff held two focus groups with the help of a marketing partner to understand the needs of the priority populations. There was a focus group for Spanish speakers and for TAY. Both focus groups were a huge success. The feedback received from both groups helped to develop the marketing tools needed for the launch of the myStrength application.



Innovation Annual Budget FY 2023-24

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	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. #05 Help @ Hand	388,311	388,311				
2. Psychiatric Advance Directive (PADs) Multi-County Collaborative	519,366 0	519,366 0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
INN Administration	73,206	73,206				
Total INN Program Estimated Expenditures	980,883	980,883	0	0	0	0

Appendix

CalMHSA Support for *City and County's* MHSAs 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 an introduction to the section, followed by local response to focus on City/County-specific efforts.

FY 21/22 (July 2021 – June 2022):

Overview

“Innovation is about transforming the system. You are trying to climb and move that mountain at the same time.” as described by Dr. Brian Sala to the Help@Hand Collaborative. Help@Hand is a statewide collaborative Innovation project that provides an opportunity to develop and assess new mental health models that have the potential to become future best practices. The project began in 2018 with 14 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, questions, and lessons to grasp. 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 that are guided by five learning objectives. 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 consumers and their data,
- Incorporating Stakeholder Feedback - the project has countless 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 within the collaborative learned from what participants have done and implemented the elements that are valuable to that City/County?

Impact

Help@Hand Project Dashboard

The [Help@Hand Project Dashboard](#) launched June 2022 to provide stakeholders additional visibility into the project and the progress made. Dashboard data will include information about project spending, implementations, and the people involved. Participant testimonials provide a snapshot of how County and City community members are benefiting from the Help@Hand project, and the impact being made. Additionally, hyperlinks to stakeholder events such as webinars and UCI Evaluation reports are available to assist understanding of the Help@Hand project is about and how well it is progressing.

Products Launched

Summary of products launched as a pilot or full implementation

Product	City/County	Date
Mindstrong	Orange – May 2020 LA (UCLA Harbor) December 2018	2018 – 2020
Headspace	Los Angeles – May 2020 San Francisco – March 2021 San Mateo – September 2020 Santa Barbara – October 2021 Berkeley – October 2021	2020 – 2021
TakemyHand	Riverside	April 2020
myStrength	Marin – March 3021 Berkeley – October 2021 Mono – April 2022	2021 – 2022
iPrevail	Los Angeles	June 2021
A4i	Riverside	November 2021
Thraysis	Los Angeles	March 2022
Wysa	San Mateo – April 2021, May 2021, March 2022	2021 – 2022

Additionally, Kern closed their Help@Hand project in October 2020. and Modoc concluded theirs in April 2021. There are Cities/Counties still participating in the Help@Hand project that have completed launches while pursuing work on multiple projects. San Francisco and Marin are planning Phase 2 myStrength product launches to add more members of an existing target group. Los Angeles added an additional app to launch for a new target group. And San Mateo used the same app to reach a variety of target groups. In each case, Cities/Counties were motivated by the success of previous launches to expand their efforts to increase access to mental health care.

Planning and Implementation

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 collaborate with vendors outside of the RFSQ when the vendors currently available do not meet the City/County needs.

One example of this innovation is the use of screening tools. Monterey county is working with CredibleMind to develop a digital screening tool used to refer residents to potential mental health services. Electronic screening tools are also in development by Marin and Orange County to assist with participant eligibility and product fit. Another innovation example is the creation of TakemyHand, a Peer-Chat app that was developed by Riverside and extended for use across the Collaborative.

Cities and Counties are also using various approaches for 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. Additionally, the creation of kiosk technology that includes a kiosk map locator that aids participants in target populations such as the Deaf and Hard of Hearing (DHoH) community in finding Help@Hand technology resources.

COVID-19 Impact

The COVID-19 pandemic played a significant role in the work that cities and counties conducted on Help@Hand in 2020 and 2021. After the initial wave of COVID-19, a second wave fueled by the Omicron variant extended the challenges Cities and Counties faced planning and implementing Help@Hand projects. Mental health care was in high demand but lacked enough providers to serve the general population. According to the American Psychological Association, in an article published October 2021, there was an increase in referrals for the treatment of anxiety and depression from 37% in 2020 to 62% in 2021. [1] More than 4 out of 10, or 41% of psychologists receiving referrals were unable to meet the demand. As the article describes what psychologists encountered as a “mental health tsunami” since the start of the pandemic, Cities and Counties faced a similar challenge to provide services to all residents. One solution was for Help@Hand Collaborative members to shift from an in-person to a virtual engagement with their community members and stakeholders. However, a gap was discovered where older and remote participants lacked the ability to understand how to navigate technology to participate virtually and lacked access to broadband. In response, Digital Mental Health Literacy (DMHL) training was provided to the older population to educate on using technology. While hotspots and discounted Broadband were investigated, it was discovered that accessing Wi-Fi within local community resources such as libraries was the most reliable solution. Another challenge faced by Collaborative members was the reduced access to technology such as tablets, smartphones, or computers. This was due to supply-chain roadblocks that caused shortages in devices as well as device chips.

Stabilization

As project technology and services “go-live” and become available for target group consumption, the system development lifecycle enters a final phase, and the stabilization period begins. Stabilization occurs when technology and consumer issues are resolved, and consumers become competent and comfortable using the product and services. Stabilization also means that implementation support by the product team has transitioned or is transitioning to ongoing operational support within Counties and Cities, and with product vendor resources. During this period, it becomes clear whether adoption was achieved by analyzing whether the implementation contributed to answering the learning objectives:

- Detect and acknowledge mental health symptoms sooner
- Reduce stigma associated with mental illness by promoting mental wellness
- Increase access to the appropriate level of support and care
- Increase purpose, belonging and social connectedness of individuals served
- Analyze and collect data to improve mental health needs assessment and service delivery

We are proud to acknowledge the following counties and cities that have achieved project stabilization over the last two years. This table may be found in the UCI Year 3 Report. [2]

County/City	2020	2021	2022
-------------	------	------	------

Berkeley		Headspace, myStrength	myStrength
Los Angeles	Headspace	iPrevail	Thrasys
Marin		myStrength	
Orange	Mindstrong		
Riverside	TakemyHand		
San Mateo	Headspace	Wysa	Wysa
Santa Barbara		Headspace	
Tri-City			myStrength

Project stabilization for these counties and cities involved activities to streamline and improve processes such as product distribution, provide easier internet access and additional support, such as digital literacy training. Stabilization also involved the ability to leverage acquired knowledge and experience to choose technology outside of the initial list provided by Help@Hand. Counties and cities increased proficiency in conducting needs assessments and their understanding of technology improved their ability to provide the most beneficial mental health solution to meet consumer needs.

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 Cities and 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 Older Adult Community (Marin County)

Peers provide support to City and County Help@Hand work in diverse 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 County in supporting local stakeholders and community members to engage in the project and the use of technology. One telling example of how critical peer support is for consumers during implementation occurred in Marin County. A myStrength Older Adult consumer observed that the Peers were so well trained, they could respond to any questions about how to use the technology to access mental health care. As a result, the myStrength implementation provided a positive consumer engagement. As one consumer explained about the technology, *“It kind of opens things up a bit where, especially when you’re alone, you have kind of tunnel vision on what’s going on in your life, but when you look at myStrength, you kind of get a broader perspective on a lot of different aspects of what’s available there. And it kind of opens your eyes, which is a good thing”* [2] (See the Help@Hand UCI Evaluation Year 3 Annual Report for more information).

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
- 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 of 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 Cities/Counties, provided training, provided follow up training and individual coaching for Cities/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	CalMHSA revised the contracting template and negotiation process to	Year 1 Annual Report

consistent information on project performance.	integrate data needs early in the discussion.	
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 the 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
Translate and vet communications for linguistic and cultural appropriateness.	Counties provided additional funding for translation of communication into Spanish and American Sign Language.	Year 3 Annual Report
Continue creating screening tools to determine participant eligibility and fit.	Cities and Counties planned and developed several screening tools and needs assessments to determine participant clinical eligibility and telehealth needs for county residents and behavioral health clients.	Year 3 Annual Report
Continue to provide budgetary updates to counties and stakeholders.	CalMHSA created a Budget Presentation to be conducted quarterly during Tech Lead meetings to increase awareness of Collaborative spending.	Year 3 Annual Report

Success Stories

Digital Support During COVID: Rapid Response – We are Prepared

In the previous reporting cycle, Help@Hand noted that several Cities and Counties used Help@Hand innovations to quickly meet the needs of communities during the COVID-19 pandemic through 2020 and 2021. Since Governor Newsom announced that California was no longer under pandemic conditions in February 2022, counties have continued to maintain their drive to make mental health services available to community members. As a result, Counties and Cities are prepared to respond to consumer needs associated with COVID-19 variants

such as Omicron, should they invoke pandemic-phased responses through social distancing, and other restrictions. Through the Rapid Response approach, cities and counties have successfully established processes to assess community need, identify the appropriate technology for use by a target population and can deliver digital health training to ensure inclusion for members facing technology challenges. Cities and Counties are prepared to respond to a future where technology is leveraged to reach and engage community members experiencing isolation and heightened stress.

[Help@Hand Leading the Way in the Mental Health Care Crisis](#)

In March 2022, President Biden announced a strategy to address the national mental health crisis in his State of the Union Speech as part of his Unity Agenda. The strategy will “strengthen system capacity, connect more Americans to care, and create a continuum of support”. This effort will include tasks such as building a national peer certification program, expanding access options to telehealth or virtual health care, and instituting online protection practices for children and young people. So much more is included in the document found on the White House Briefing Room web page titled: [FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union](#). While the White House is planning to improve access to mental health care using innovative solutions, the Help@Hand Collaborative has been progressively improving its ability to resolve the issue since the beginning of the Help@Hand Innovation project in 2017 with the help of Prop 63 funding. The Help@Hand project’s innovative pursuits and timing of discovery took place prior to the national movement led by the White House.

[Peer Support Certification Program Senate Bill 803](#)

In 2020, California Senate Bill 803 was approved and signed into law prompting the Department of Health Care Services (DHCS) to seek federal approval to recognize Peer Support as a unique provider type for Medi-Cal. The Bill approves a statewide certification program for Peer support specialists that is optional for counties to implement. This benefit became available January 1, 2022 and is a phenomenal win for Peers in California with the advent of increased employment opportunities. It’s also a win for counties that seek Peer resources to support mental health projects and for the residents they serve. Today, Peers may earn the Medi-Cal Peer Support Specialist Certification that recognizes them as Medi-Cal providers. They can receive reimbursement for services as Peer support to promote recovery, resiliency, wellness and many other services. To learn more about becoming a certified Peer support specialist, go to the CalMHSA [Medi-Cal Peer Support Specialist Certification](#) site.

[Peer Presence and Participation](#)

One of the greatest successes reported by Cities/Counties was the observed benefits Peers gained from the Help@Hand project. Peers work as liaisons between project teams and consumers. They have an intimate view of implementation challenges and the behavioral health app user experience. Peers are foundational to the success of Help@Hand projects. They are the community-facing representatives of each City/County, helping to:

- Receive and deliver DMHL training

- Test products
- Pilot technologies
- Create materials such as those for virtual presentations and peer support
- Conduct outreach to the community
- Provide tech support and peer support to participants
- Distribute devices

Their lived and personal experience in the Help@Hand project has afforded peers the insight to participate in local decision making and shape outgoing communication. Survey results of Peer Successes may be found in the UCI Year 3 report on the [Help@Hand](#) website. Peers provide invaluable knowledge about the challenges people face accessing mental health care and are one of the Collaboratives greatest resources.

Help@Hand Learnings

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 2019 CalMHSA developed a Digital Mental Health Literacy curriculum and 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.

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 Connect, 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 TakemyHand while developing and deploying the platform.

Providing Access

Language Translation of Videos into American Sign Language (ASL)

One of Help@Hand's objectives is to increase access to the appropriate level of support and care. Included in this initiative is ensuring language access. In the fall of 2021 Riverside decided to solicit a vendor to translate the Digital Mental Health Literacy Videos available on the Help@Hand website in American Sign Language (ASL). Riverside collaborated with their vendor to develop ASL translated videos to incorporate interpreters alongside the video. Now in addition to transcripts, and subtitles, the videos have ASL embedded. This initiative to center

the deaf and hearing-impaired community in Riverside now provides access to anyone utilizing these tools on helpathandca.org.

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 Cities and Counties have worked to address. A survey was conducted to understand the impact device distribution has on Help@Hand projects; the results will be shared in the Year 4 UCI Evaluation Report.

In the meantime, counties/cities are doing what they can to provide the much-needed resources to participants. For example, Riverside and Santa Barbara were able to work with their local departments and community partners to support device access for 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.

Policies and Procedures

Collaborative Processes

CalMHSA has demonstrated agility in managing the Help@Hand project and continues to address needs associated with policies and procedures to support the Collaborative. The Help@Hand Collaborative is comprised of 14 Counties and Cities that have varying goals for the project at the local level. CalMHSA processes continue to evolve over the lifecycle of the Help@Hand project to provide clear direction and promote efficiency as circumstances arise such as the Pandemic or making the website a dynamic communication tool for the Collaborative and the public. Early in 2022, a policy was established by CalMHSA to manage County and City access to the Help@Hand website.

CalMHSA developed a Website Acceptable Use Policy for the Help@Hand website, helpathandca.org. This policy is a part of best practices for any website domain, and it outlines that Cities/Counties may not use the Help@Hand site outside of its intended purpose, and that anyone developing, or updating the website agrees with the terms provided. This policy mitigates the evolving use of the website. Originally the Help@Hand Collaborative gave direction for the development of a simple landing page for the project. Over time the Collaborative Cities and Counties identified the need for a more robust website which was developed by the CalMHSA team. This new development included the additional option for Counties and Cities to have their own webpage under this domain. This created an environment where additional access points to the domain were needed by Cities/Counties

and were requested. The Website Acceptable Use Policy addresses expectations and constraints for the use of a domain to prevent use issues, and outline conditions to maintain the image, and integrity of the Help@Hand website.

Challenges

Evaluation Statement of Work (SOW) Amendment

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. However, the new scope of work will include work for all 14 participating Cities and Counties. The evaluation SOW amendment is currently being discussed between CalMHSA and UCI. Topics include a process to review reports produced by UCI and language for an existing vendor’s data use agreement (DUA). Additionally, conversations focus on extending terms into December 2024 and revising dollars to a new maximum total UCI contract amount for the duration of the Help@Hand project.

UCI is a strong partner for CalMHSA that provides critical feedback to the Collaborative. This commitment ensures that project outcomes are measurable, and that improvements and successes are captured by the evaluation team. But the amendment requires careful review and assessment of all contracts in their entirety for both parties.

County Capacity and Other Variances Amongst the 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 meeting 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.

Business Associate Agreements (BAA) & Participation Agreements (PA) – Approvals

Counties and Cities sometimes experience challenges getting contracts signed and submitted because of the interdependency between departments. Many government agencies have legal, finance, compliance and information departments that should be consulted or be approvers of certain activities identified in a Business Associate Agreement (BAA) in a Participation Agreement (PA). A BAA is an agreement between counties/cities and CalMHSA designed to protect health information as defined by HIPAA. A PA is an agreement between Counties/Cities and CalMHSA that describes responsibilities required for participation in the Help@Hand program. Counties and Cities have recently experienced the need to identify which departments should be included in Help@Hand activities earlier in their projects to avoid delays in implementation. This issue became evident when the Help@Hand project team was

impacted by the policies and procedures of other County or City departments that delayed approval of documentation and/or timely feedback. In response, CalMHSA updated the County and City Onboarding material to include a table that aids in identifying agency departments earlier in the project, their services and how they may support Help@Hand project activities. With this additional information, we are hopeful that this helps to address the challenge counties and cities may experience getting agreements approved. To view the table, click the [“Possible County/City Roles and Responsibilities”](#) link.

Works Cited

- [1] S. Bethune, "Press Release: Demand for mental health treatment continues to increase, say psychologists," American Psychological Association, 19 October 2021. [Online]. Available: <https://www.apa.org/news/press/releases/2021/10/mental-health-treatment-demand>. [Accessed 23 May 2022].
- [2] P. Dara H Sorkin and P. Dana Mukamel, "Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation: Help@Hand Statewide Evaluation:," University of California Irvine, Irvine California, Year 3 Report.

FY 19/20 Report

Impact:

During FY 19-20 the Help@Hand project had many successes and challenges. Some of the most notable impacts of the project during this time were work with the Peer community and the Cities' and Counties' exploration of mental health products to find those that best fit the needs of their stakeholder community.

Peers

Peers identified and raised the need for Digital Mental Health Literacy (DMHL) to empower California communities to make informed decisions about how they engage with technology. Listening sessions were held by the Peer and Community Engagement Manager to gather topics that would facilitate understanding and adoption of technology. There were 20 Digital Mental Health Literacy discovery sessions held in eleven different Counties with over 300 stakeholders from June – November 2019. These sessions led to the development of a DMHL video series, and a DMHL Curriculum that includes smaller coaching sessions (Q1-Q3 '19 & '20). Additionally, there were two Peer Summits held, in May and September 2019, to support Collaboration of Peer Leads from across the state for project learning, connection, and problem solving (Q1 2019). Monthly Peer Collaboration meetings were held by CalMHSA to serve as a space for Peers to connect and share County/City project updates.

Technology Exploration

In early 2020 after the results of the Request for Statement of Qualifications (RFSQ) were released, the Collaborative Cities and Counties began engaging their community stakeholders and conducting focus groups to explore new technologies available to the project and receive additional feedback on products that would be a good fit for their communities.

Success Stories

The Help@Hand Collaborative worked on many activities in FY 19-20 laying the groundwork for implementing behavioral health solutions in their individual Cities and Counties. Some of the major successes during the 19-20 fiscal year include:

Using Working Groups to Move Forward

Roadmap Workgroup – One of the keys to success on any project is ensuring there is a consistent view of the result and the steps it will take to get there. A project with 14 unique Cities and Counties amplifies the need for consistency and alignment. In June 2019, the Roadmap workgroup was formed by CalMHSA to help identify and document the shared expectations of project participants. The workgroup consisted of representation from large and small and regionally diverse Cities and Counties, as well as those with varying target audiences. The workgroup also included Peer participation. The group met several times throughout the fiscal

year to develop the roadmap and present it to the overall Collaborative for feedback and approval. The workgroup held regular check-ins to monitor progress of the roadmap initiatives.

Risk and Liability Workgroup - In October of 2019, the CalMHSA project management team established the Risk & Liability workgroup. The goal of this workgroup is to review project management, implementation, and product feature updates that need to be considered for specific attention, or project pivots. This workgroup offers the time and space needed to prepare for any upcoming or potential hurdles that the project needs to address or prepare for.

Branding

During a series of working sessions stakeholders provided input on the artwork and theme for the Help@Hand project. It was important to all the Collaborative members that direction for the aesthetics of the project come from the communities they intended to serve. After the artwork and branding guidelines were finalized (including logos, colors, and illustrations) they were approved by the Help@Hand Leadership committee in quarter four of 2019.

More Technology Options

A Request for Statement of Qualifications (RFSQ) brought 93 new vendors for the Collaborative Counties and Cities to explore. The project opened a RFSQ process in September 2019 for technology companies to apply to be part of the suite of apps Help@Hand considers. Approving 93 additional products for the project opened new opportunities for Cities and Counties to select products that meet community interest and needs.

Stakeholder Engagement

During a CAMHPRO/ACCESS Webinar on November 12, 2019, the Peer and Community Engagement Manager presented an update on the Help@Hand Project. ACCESS, formerly known as CAMHPRO, is a statewide stakeholder group. The objective of this presentation was to provide background and Context on Innovation and the Help@Hand Project; share project lessons learned and respond to frequently asked questions; explain where the project is going and how to stay involved; and discuss the role and activities of Peers on the Help@Hand Project.

Help@Hand published the first Stakeholder Update report on September 30, 2019. This was an important step not only to improve visibility into the project and help answer questions for stakeholders, but it also created a channel for stakeholders to receive the latest updates on the project and have a voice into the work by submitting questions to be updated in the report that was updated in March 2020. In addition to the written reports, Help@Hand offered a webinar where stakeholders learned about more of the work that is happening throughout the project. The webinar was held on February 21, 2020.

In January 2020 helpathandca.org was launched by CalMHSA, the website was a product of the Collaborative's vision and input for sharing project wide information. This site makes it easy for the Collaborative members to share updates and sources to stakeholders and their respective communities. Both Stakeholder Update Reports and Reports to the MHSOAC were

added to the site, as well as a featured section for the Digital Mental Health Literacy video series.

Budget Structure

An updated budget structure was established by CalMHSA to provide Collaborative Counties and Cities with clarity around expenses and local dollars. In December 2018, Cohort One approved a budget for the Collaborative. This is the budget that Help@Hand had been operating under since inception. As the project progressed, cohort members expressed a need to utilize project funds at the local level and so, a new DRAFT budget concept was developed. This concept was previewed with Cohort Members that attended the October 24, 2019, In-Person Collaborative meeting. The new concept was presented at the November 7, 2019, Leadership meeting and the motion to approve the new model was passed during the November 21, 2019, Leadership meeting.

Contract Management

In conjunction with the budget structure updates, Help@Hand recognized the need for enhanced contracting and contract management processes for engaging and managing technology vendors. The rapid advancements of the technology industry highlight the importance of a procurement and vendor management process that addresses the nuances and challenges that may arise. Help@Hand partnered with an industry-recognized legal expert to update the contract template that enhances protections for the consumers who use the products as well as the financial interest of the Cities and Counties, and the Collaborative.

In-person Collaborative Events

Help@Hand facilitated two in-person Collaborative events. In both August 2019 and October 2019, the project had the opportunity to bring the Collaborative Counties and Cities together to talk through project work, idea sharing, lessons learned, planning, and education. These events were an essential part of creating connections between Collaborative members. Unlike remote meetings, these in-person events reduced distractions, eliminated networking hurdles, and offered the opportunity to build more trust to boost creativity and involvement.

Collaborative Tools Developed

- Digital Behavioral Health Questionnaire - Understanding each technology product is very important to the Collaborative. During FY 19-20 a Digital Behavioral Health Questionnaire (DBHQ) was developed by CalMHSA to assess the products from the RFSQ to help the Collaborative Counties and Cities define the needs of their consumers and what considerations need to be at the center of their assessment.
- Vendor Security Questionnaire - The Vendor Security Questionnaire was also created by CalMHSA. This tool was used by Cities and Counties to better understand the security measures each vendor used and put in place to collect, store, and protect data. The information from both of these tools assisted Cities and Counties in making product selections that best fit their community's needs.

Challenges

There are many things to consider when integrating technology into existing systems of care. The Help@Hand Collaborative has addressed many challenges in this work. Some of the challenges experienced by the Collaborative during FY 19-20 include:

COVID-19

The beginning of 2020 brought significant challenges to Help@Hand Cities and Counties due to the COVID-19 pandemic. Many Collaborative members' capacity changed quickly in March 2020 as they were asked to respond to evolving pandemic response request and care needs in their local communities.

Rapid Response - The early months of the pandemic saw Cities and Counties challenged to understand how they could quickly leverage mental health technology to meet growing community needs. Help@Hand worked quickly to develop a streamlined approach that supported Cities and Counties in launching a technology to their respective communities in direct response to growing mental health needs related to quarantine and COVID-19. Each step of the technology selection, readiness and deployment process is essential. Therefore, the rapid response approach did not reduce or eliminate critical steps but streamlined them by working to establish common features and functionality with the vendors and reducing variation among Cities and Counties. This effort is ongoing.

Collective Learning

During FY 19-20 Cities and Counties had the opportunity to select products from additional vendors and began developing implementation plans for their individual communities. As the project expanded, determining which decisions were to be made collectively and which should be taken locally was at times a challenge for the Collaborative. For example, different products presented opportunities and challenges for each City and County. A product that was a good fit for one, may not be for another. Through collective sharing of local efforts, lessons learned and the development of tools such as the Vendor Security Questionnaire, Digital Behavioral Health Questionnaire and the pilot process the Collaborative built a process that allowed for transparency and trust as each County determined their unique product selection. The Collaborative also asked whether risk incurred by one County could be transferred to the Collaborative or other Counties and appropriate Collaborative crisis response protocols and social media engagement strategies. While Collaborative decision-making processes have been established, the nuances of integrating behavioral health technology into Counties evolving systems of care continued to present unique questions to the Collaborative. The use of social media and crisis response protocols and expectations varied throughout the Collaborative.

Peer Chat Apps

Many Cities and Counties outlined their goal to use Peer Chat apps in their OAC plans for the Help@Hand project however, through the RFSQ process the Collaborative discovered there are few Peer chat apps that adequately meet the County's needs. Only 10 of the 93 RFSQ

approved products were Peer chat apps, and many did not share the same definition of Peer as defined by the project. This has posed challenges for the Cities and Counties to meet their community's interest in using Peer chat platforms. Additionally, during FY 19-20 the Collaborative ended their contract with the original Peer chat app vendor selected for the project.

Languages

A goal for many Help@Hand participating Cities and Counties was to reach monolingual communities across California. As the Collaborative began exploring new products during FY – 20 many discovered that most behavioral health technologies are not translated/ trans adapted and validated as culturally competent in the languages Counties need. An ongoing challenge for the Help@Hand Collaborative has been finding products that are adequately adapted in languages other than English and are ready to be implemented throughout diverse communities. The cost and time needed to translate products as well as the vendor community's interest in doing so has proven to be a challenge for the Help@Hand project.