TRI·CITY
Mental Health Services

MENTAL HEALTH SERVICES ACT
PROPOSITION 63 CALIFORNIA

Mental Health Services Act

Annual Update FY 2019-20

TABLE OF CONTENTS

MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director	**Program Lead**
Name: TONI (ANTONETTE) NAVARRO	Name: RIMMI HUNDAL
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E-mail: anavarro@tricitymhs.org	E-mail: rhundal@tricitymhs.org
County Mental Health Mailing Address: 1717 N. Indian Hill Boulevard, Suite B Claremont, CA 91711	

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

This Annual Update 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 Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on May 15, 2019.

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

All documents in the attached annual update are true and correct.

Toni (Antonette) Navarro

Local Mental Health Director/Designee (PRINT)

County: TRI-CITY MENTAL HEALTH AUTHORITY

Signature   Date

MHSA County Fiscal Accountability Certification

County/City: TRI-CITY MENTAL HEALTH AUTHORITY

— Three-Year Program and Expenditure Plan
X Annual Update FY 2019-20
— Annual Revenue and Expenditure Report

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Toni (Antonette) Navarro	Name: Diana Acosta
Telephone Number: (909) 623-6131	Telephone Number: (909) 451-6434
E-mail: anavarro@tricitymhs.org	E-mail: dacosta@tricitymhs.org
Local Mental Health Mailing Address: 1717 N. Indian Hill #B, Claremont, CA 91711	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update <u>or</u> Annual Revenue and Expenditure Report 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.

Toni (Antonette) Navarro_____
Local Mental Health Director

Signature 6/11/19
Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Diana Acosta_____
County Auditor Controller / City Financial Officer

Signature 5/20/19
Date

Message from the Executive Director

On behalf of Tri-City Mental Health Authority (TCMHA), it is my honor to present to you this year's Mental Health Services Act (MHSA) Annual Update. Fiscal year 2019-2020 represents a decade's worth of collaboration, partnership, development and implementation that has created a full continuum of mental health supports and services - from prevention activities to intensive treatment interventions to well-being maintenance programs. Fiscal year 2009-2010 was the first year in which TCMHA implemented its Community Navigators, Full-Service Partnership, Field-Capable Services for Older Adults, Wellness Center, and Supplemental Crisis Services programs. These programs, funded under the MHSA Plan of Community Supports and Services (CSS), focus on treatment for persons already experiencing mental health symptoms and in immediate need of outreach, linkage and referral, and more intensive intervention. Ten years later all of these services, together with several other funded MHSA programs focusing on Prevention and Early Intervention, Innovation, Workforce Development and Housing, comprise what is known as the Tri-City System of Care.

TCMHA is grateful for the commitment and dedication of its three cities' residents, partners, community leaders, Mental Health Commissioners, and Governing Board Members - identified in this document as the "MHSA Stakeholders". Looking back at the first Tri-City MHSA Plan, dated April 2009, many of the agencies, organizations, and individual stakeholders listed in that document remain active and vital collaborators and contributed to this MHSA Annual Update dated March 2019, as well. More importantly, the quality and connection of the MHSA Stakeholder relationships have become better and stronger over the years - both with TCMHA and to each other. This improvement and strengthening of relationships has resulted in the improvement and strengthening of the TCMHA System of Care - with the ultimate goal of improving and strengthening the overall well-being of the three cities' communities.

Thank you for your participation in the Stakeholder process and your contribution to the mental health and wellness of the residents of Claremont, La Verne, and Pomona by taking the time to review the TCMHA 2019-2020 MHSA Annual Update.

Sincerely,

Antonette (Toni) Navarro, LMFT
Executive Director
Tri-City Mental Health Authority

Mental Health Services Act

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

☐ **Community Service and Supports** (CSS approved in 2009) This plan 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.

☐ **Prevention and Early Intervention** (PEI approved in 2010) These programs focus on early intervention and prevention services in addition to anti-stigma efforts.

☐ **Workforce Education and Training** (WET approved in 2012) The WET efforts focus on strengthening and supporting existing staff and caregivers through trainings while also focusing on attracting new staff and volunteers to ensure future mental health personnel.

☐ **Innovation** (INN approved in 2012) Innovation consists of short–term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

☐ **Capital Facilities and Technology Needs** (CFTN approved in 2013) This plan focuses on improvements to facilities, infrastructure and technology of the local mental health system.

Tri-City Mental Health Authority's Annual Update for FY 2019-20 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2017-18.

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 three 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 service providers; faith-based community representatives; representatives from the LGBTQ community; representatives from LACDMH and other county agencies; and many others. Stakeholders participate in all aspects of the Mental Health Services Act, including policy development, planning, implementation, monitoring, improvement, evaluation, and budget allocations.

Introduction
to Tri-City Mental Health Authority

Introduction to Tri-City Mental Health Authority

In 1960, Tri-City Mental Health Authority (TCMHA) was formed under a Joint Powers Authority adopted by the cities of Claremont, La Verne, and Pomona. Through this collaborative effort, TCMHA has been the designated mental health authority for a population, which exceeds 219,000. With a commitment to providing the highest quality and culturally inclusive behavioral health care treatment, TCMHA understanding the needs of our consumers and families and acknowledge their strengths and ability to contribute to the development of their path to recovery.

This orientation toward building a community's capacity for wellbeing, recovery, and mental health is the foundation of TCMHA's MHSA programming. All of these programs are bolstered by formal and informal community supports that help community members maintain and improve their mental health with or without formal services provided directly by TCMHA.

TCMHA serves the three-city population of Claremont, La Verne and Pomona with Pomona being the largest of the three cities. According to the U.S. Census (2010), 57% of the population is Latino, 26% is White, 9% is Asian Pacific Islander, 6% is African American, 2% is multiracial and less than one percent is American Indian. Forty-three percent of the population has an income that is less than 200% of the federal poverty threshold. Roughly, 48% of the Tri City population speaks monolingual English, while 42% speaks Spanish as the primary language at home. Another 6.7% speak an Asian Pacific Islander language as the primary language, and 3.5% of the population speaks a language other than the ones already named. Forty-nine percent of the population is male, and 51% is female. While these demographics describe the area as a whole, there are distinct differences in demographics of each of the cities as demonstrated in the following tables:

Table 1: Ethnic Distribution by City
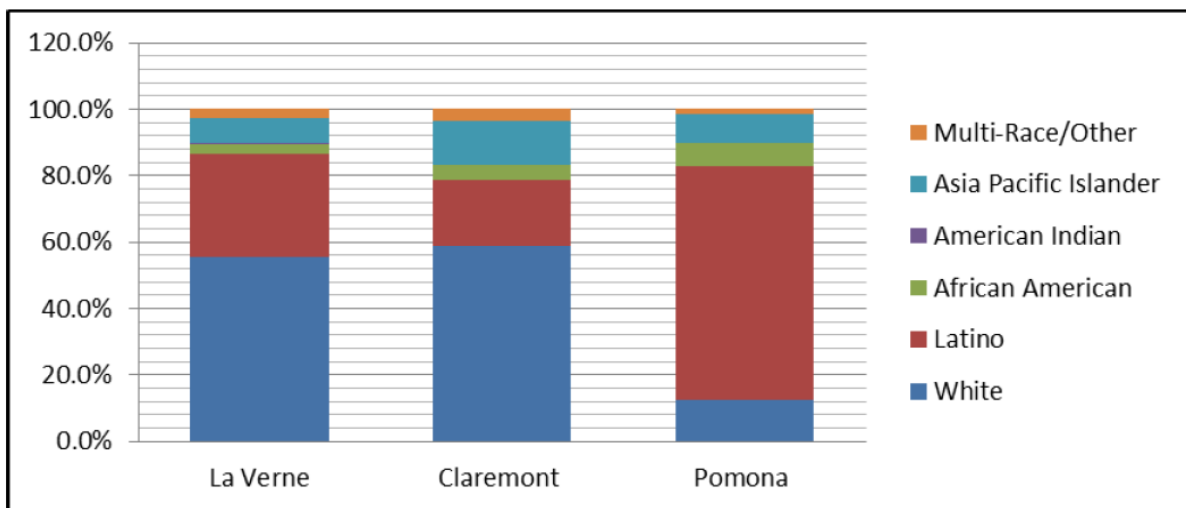
Table 1: Ethnic Distribution by City

	La Verne	Claremont	Pomona
White	55.4%	58.9%	12.5%
Latino	31.0%	19.8%	70.5%
African American	3.2%	4.5%	6.8%
American Indian	0.2%	0.2%	0.2%
Asia Pacific Islander	7.6%	13.0%	8.4%
Multi-Race/Other	2.6%	3.6%	1.6%
Total	100.0%	100.0%	100.0%

Table 2: Age Distribution by City
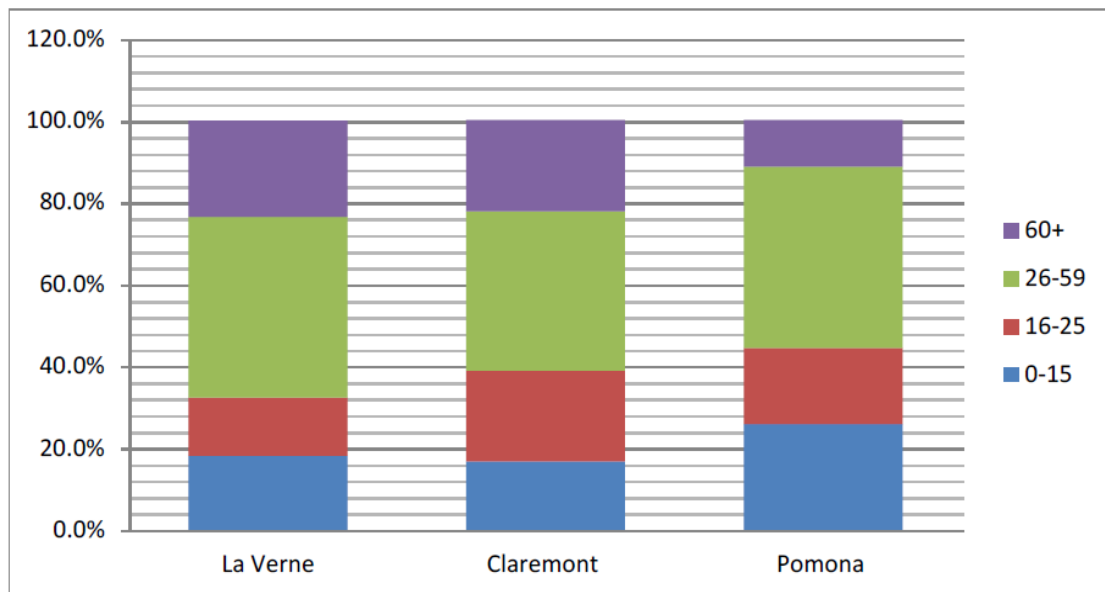
	La Verne	Claremont	Pomona
0-15	18.1%	16.7%	25.9%
16-25	14.2%	22.2%	18.6%
26-59	44.2%	38.9%	44.3%
60+	23.5%	22.3%	11.3%
Total	100.0%	100.1%	100.1%

Table 3: Primary Language Distribution by City
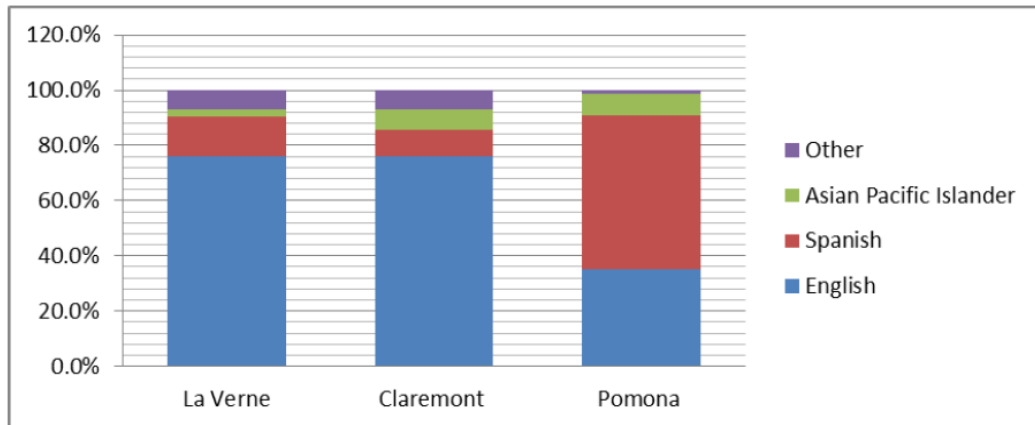
	La Verne	Claremont	Pomona
English	75.9%	76.1%	35.0%
Spanish	14.6%	9.4%	55.8%
Asia Pacific Islander	2.5%	7.7%	8.1%
Other	6.9%	6.7%	1.1%
Total	99.9%	99.9%	100.0%

Table 4: Population in Poverty by City
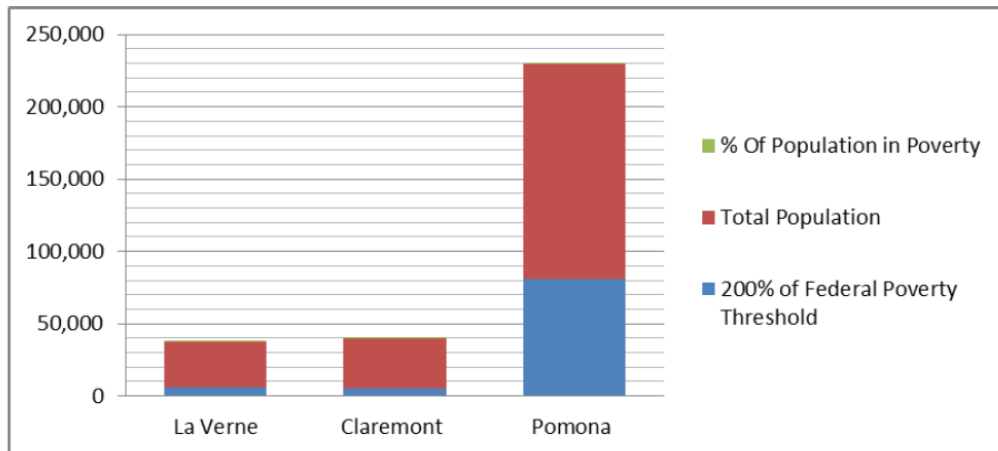
	La Verne	Claremont	Pomona	Total
200% of Federal Poverty Threshold	6,165	5,197	80,600	91,962
Total Population	31,063	34,926	149,058	215,047
% of Population in Poverty	19.8%	14.9%	54.1%	42.8%

Community Planning Process

To arrive at this Annual Update, TCMHA engaged stakeholders in an eight-month program review, evaluation, and planning process. Beginning in September 2018, 75 stakeholders attended one or more of the MHSA stakeholder meetings and they represented the following constituencies: TAY, adults, and seniors with severe mental illness; families of children, adults, and seniors with severe mental illness; providers of services; law enforcement agencies; education; TAY; seniors; community members from the three cities; and individuals served or targeted by prevention and early intervention services.

In November 2018, three workgroups were organized to review the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) programs including reports and data from each project and made recommendations for no-cost 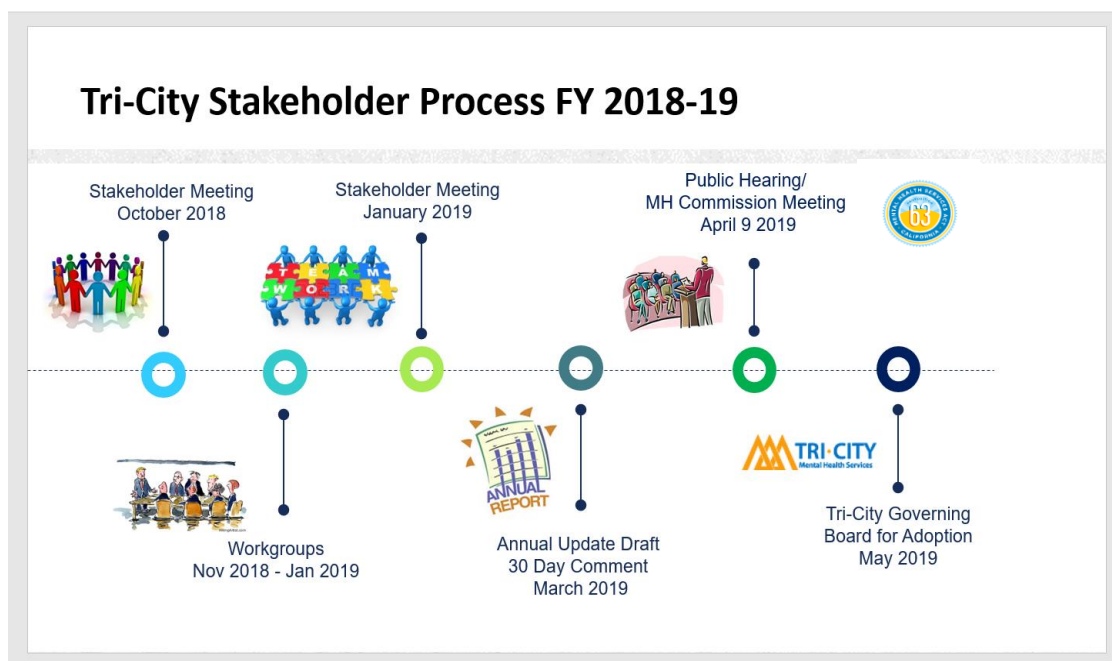and low-cost improvements. One of these workgroups focused on a proposal to exchange the current NAMI Community Capacity Building program, Parents and Teachers as Allies (PTAA), for a second NAMI program entitled Ending the Silence. Stakeholders learned that Ending the Silence was an expansion of the previous program, PTAA, but included a stronger focus on suicide prevention. This proposal was endorsed by stakeholders and is included in this Annual Update.

Stakeholder Meetings and Workgroups:
- Stakeholder Meetings September 25 and October 3, 2018 (75 attendees)
- Community Services and Supports Workgroup: November 14, 2018 (14 attendees)
- Prevention and Early Intervention Workgroup: November 13, 2018 (12 attendees)
- NAMI Community Capacity Building-Parents and Teachers as Allies: January 15, 2019 (10 attendees)
- Stakeholder Meetings: January 30 and 31, 2019 (59 attendees)
- MHSA Public Hearing: April 9, 2019 (57 attendees)

Tri-City Stakeholder Process FY 2018-19

Stakeholder Meeting October 2018

Stakeholder Meeting January 2019

Public Hearing/ MH Commission Meeting April 9 2019

Workgroups Nov 2018 - Jan 2019

Annual Update Draft 30 Day Comment March 2019

TRI·CITY Mental Health Services

Tri-City Governing Board for Adoption May 2019

Community Stakeholder Meetings

To encourage attendance and accommodate the schedules of participants, Tri-City offers two stakeholder meetings-one in the morning and a second duplicate presentation in the evening. This attitude of flexibility by Tri-City has proven to be effective in allowing for as many attendees as possible. During the September and October stakeholder meeting, participants were provided with an orientation to the Mental Health Services Act as well as an overview of the stakeholder process.

Below is a list of agencies and organizations represented at the stakeholder meetings:

African American Museum	La Verne Heritage Foundation
Bonita Unified School District	LACOE-Gain program
Bridges Rehabilitation Center	Los Angeles County Probation
Cal Poly Pomona	Loveland Church
Casa Colina Hospital and Center for Healthcare	MSW Interns
City of Claremont Commission on Aging	NAMI – National Alliance on Mental Illness
City of Knowledge School – Pomona	PHFE WIC program
Claremont Community Members	Pomona Community Members
Claremont Community Senior Services	Pomona Unified School District
Claremont Unified School District	Pomona's Promise
Community Senior Center	Purpose Church
David and Margaret Youth and Family Services	Service Learners – volunteers
Fist of Gold Youth Center	Tri-City Mental Health Authority
House of Ruth Domestic Violence Shelter	Tri-City Mental Health Commission Members
Kennedy Austin Foundation	University of La Verne
La Verne Community Members	

MHSA Planning Process Survey Results:

The MHSA Planning Process Survey was presented to participants during the September and October stakeholder meetings where they were encouraged to share their thoughts and concerns regarding the availability of support services. In addition, this survey was presented to several community groups including the Community Wellbeing grantees, Cultural Competency Committee, and Peer Mentor program where multiple demographic categories were

represented within these groups. The survey included questions regarding the needs of the community, perceived barriers to services and suggestions or recommendations for future services or programs that may not currently be offered. Eighty-eight individuals completed this survey and the results were presented to the workgroup for consideration during the planning process. Survey results continue to indicate the need for housing and homeless support and school services. Groups identified as a priority include older adults, individuals with disabilities, children, teens and TAY.

What are the unmet needs of your community?
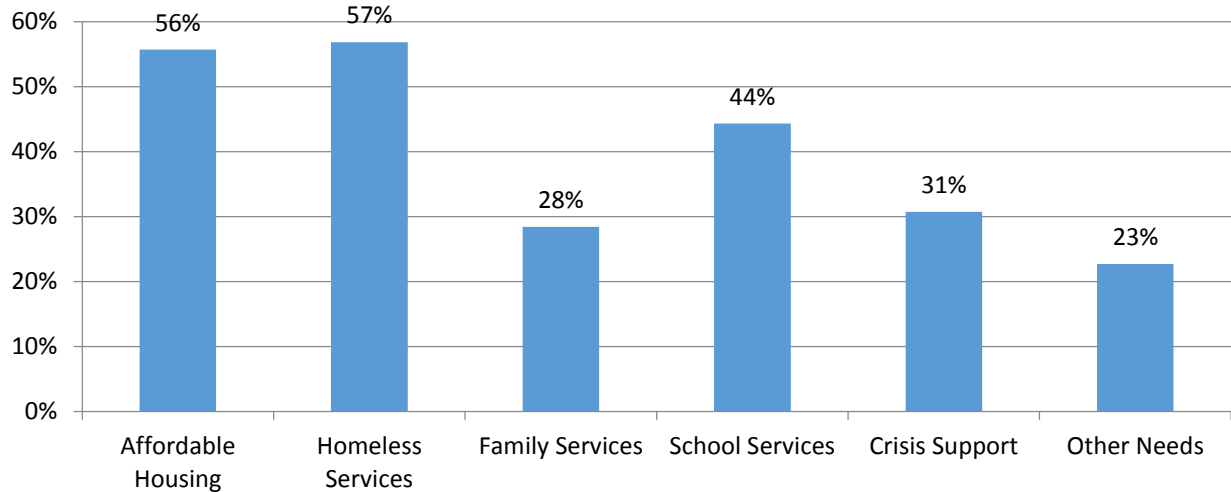
Considering your community's unmet needs, which of the following groups are most important to you?
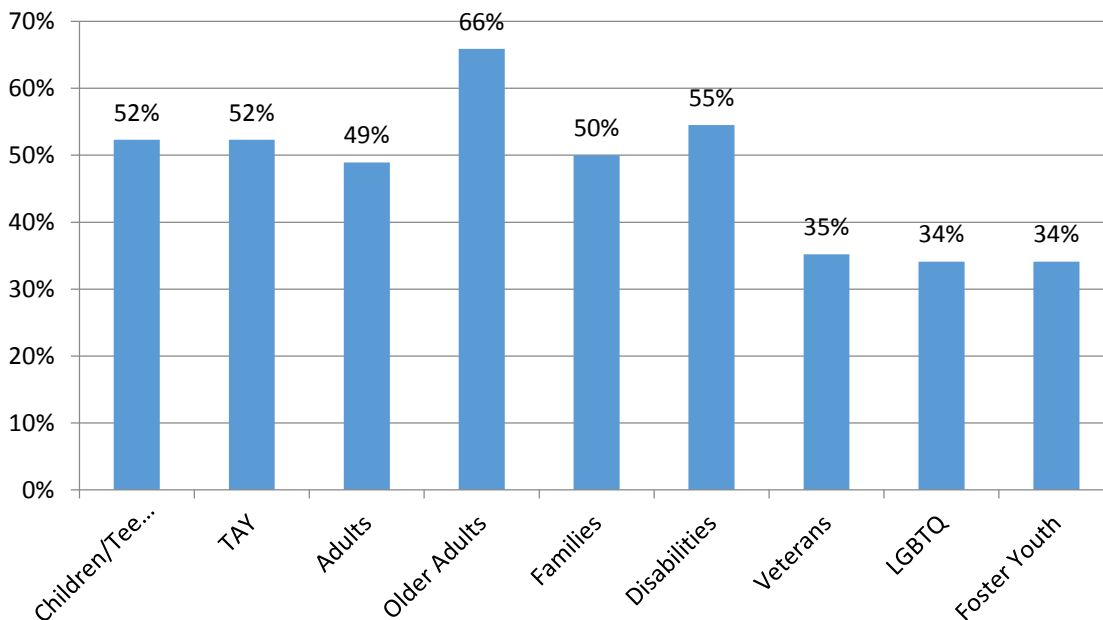
Complete survey results and demographics are included in the appendix.

MHSA Annual Update and Public Hearing

During the Stakeholder review process used to prepare this Annual Update, stakeholders reviewed the available performance outcome data which is tracked for each program through our Results-Based Accountability process (RBA). Through the RBA process, TCMHS developed indicators to help us track the answers to the following three questions: 1) How much did we do, 2) How well did we do it, and 3) Is anybody better off? The performance data included in this plan is the same data that our stakeholders and staff reviewed.

The MHSA Annual Update for FY 2019-20 was posted on March 4, 2019, and the required minimum 30-day review process ended on April 9, 2019. Staff circulated a draft of the annual update by making electronic copies available on TCMHA 's website and providing printed copies at various public locations (Tri-City's Wellness Center, public libraries, City Hall, etc.). Several methods of collecting feedback were available including phone, fax, email, mail, and comment cards.

The MHSA Public Hearing was held on April 9, 2019 hosted by Tri-City's Mental Health Commission at Taylor Hall Community Center in Claremont. At that time, the Mental Health Commission recommended approval of the MHSA 2019-20 Annual Update. The Tri-City Governing Board acted on this recommendation and adopted the Annual Update on May 15, 2019.

MHSA Workgroup Recommendations

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and we continue to value and empower them throughout the community planning process. During the January stakeholder meetings, attendees were presented with a summary of the workgroup program updates and recommendations. The Stakeholders endorsed the proposed recommendations which are included in this MHSA FY 2019-20 Annual Update. Based on feedback provided by these delegates, the following is a brief summary of the recommendations made and endorsed through the stakeholder process:

> **Community Services and Supports (CSS)—This plan provides funding to support direct services for individuals with severe mental illness.**

Full Services Partnership: Full Service Partnerships (FSPs) are for people who experience severe mental illness and at risk of homelessness or other devastating consequences. The program uses a "whatever it takes" approach to help people recover. The plan can include all needed services, including but not limited to traditional mental health services and safe housing.

- Continue program in current format.
- Continue to improve standardization of processes to provide efficient and quality care.
- Continue to improve collaboration with outside entities and families to increase clients' support system.
- No additional recommendations.

Community Navigators: Community Navigators assist individuals in the Tri-City area connect to local resources, including informal community supports and available formal services. Navigators also provide education and stigma reduction services to local communities and organizations.

- Continue program in current format.
- Consider revising method for tracking individuals who are seeking services by including individuals who make repeat requests.
- No additional recommendations.

Wellness Center: The Wellness Center is a community hub for activities that promote 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. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners.

- Continue program in current format.
- Consider revising method of tracking individuals who attend groups.
- No additional recommendations.

Supplemental Crisis Services: The Supplemental Crisis Services program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMHC services. On-call staff clinicians offer support to the person in crisis, police personnel, and others as appropriate. Crisis walk-in services are also available during business hour at Tri-City's clinic location.

- Continue program in current format.
- No additional recommendations.

Intensive Outreach and Engagement: This adjunct service to the Supplemental Crisis program consists of a team of highly trained mental health professionals dedicated to supporting individuals who may have experienced a crisis and need assistance with connecting to formal or informal services. This mobile team is able to meet individuals where they are in the community and perform assessments in the field, as needed.

- Continue program in current format.
- No additional recommendations.

Field Capable Clinical Services for Older Adults: Through this program, TCMHC staff members provide mental health services to older adults where they are, such as in their homes, senior centers, and medical facilities.

- Continue program in current format.

- No additional recommendations.

Permanent Supportive Housing: Permanent supportive housing units are short-term living spaces where people who are homeless or at risk of homelessness and who suffer from one or more mental illness can receive an array of services designed to support their recovery.

- Continue program in current format.
- Create educational tools for clients who have difficulty acclimating to their new structured environments.
- Present opportunities for clients to connect with others looking to combine their income to qualify for more suitable housing.
- No additional recommendations.

Prevention and Early Intervention (PEI)—This plan provides funding to help recognize the early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination.

Community Wellbeing Program: This program provides small grants and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole.

- Continue program in current format.
- Implement a communication system whereby participating communities can contact each other directly and offer support.
- No additional recommendations.

Stigma Reduction/Suicide Prevention: Tri-City's stigma reduction efforts consist of three main components: Room4Everyone, Courageous Minds/Creative Minds, and Green Ribbon Week. Suicide prevention efforts include offering the safeTALK alertness training which provides participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

- Continue program in current format.
- No additional recommendations.

Older Adult Wellbeing/Transition Age Youth Wellbeing (Peer Mentor and WC Programs): The Peer Mentor program trains volunteers from the Tri-City area who want to learn how to provide support to peers (mentees) who are in emotional distress. Individuals attending the TAY and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

- Continue program in current format.
- No additional recommendations.

Family Wellbeing: In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who experience mental illness.

- Continue program in current format.
- Expand MSW internship program to include both first and second year track.
- Increase staff development to include lead and supervisor opportunities as precepts.
- Continue to develop partnerships with local agencies who serve families.
- No additional recommendations.

Parents and Teachers as Allies (NAMI): Parents and Teachers as Allies provides in-service trainings for school professionals and families to help participants better understand the early warning signs of mental illnesses in children and adolescents.

Effective January 1, 2019, NAMI National will no longer support the NAMI program, Parents and Teachers as Allies. This program has been replaced with NAMI Ending the Silence for school staff and Ending the Silence for Families. The current NAMI funding allocation of $35,500.00 annually shall remain the same and transfer to the replacement program.

- NAMI Pomona Valley is requesting stakeholders and Tri-City Governing Board approval to replace the current NAMI/PEI funded program, Parents and Teachers as Allies, with another NAMI program, Ending the Silence, effective July 1, 2019.

- No additional recommendations.

Housing Stability Program: The Housing Stability Program is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing.

- Continue program in current format.
- Create a "Housing Fair" where local property owners, landlords and sober living managers, can attend and present housing openings and facilitate the application process immediately with potential tenants. In addition, provide resources from the Housing Incentive and Rapid Rehousing programs.
- No additional recommendations.

Therapeutic Community Gardening: The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises.

- Continue program in current format.
- No additional recommendations.

Prudent Reserves:

On March 20, 2019 The California Department of Health Care Services (DHCS) released Information Notice No. 19-017. The purpose of this notice was to provide information and guidance on requirements pursuant to Senate Bill (SB) 192. See page 117 for details.

TRI·CITY
Mental Health Services

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 2017-18 by age group, number of clients served and average cost per person are highlighted in each program summary.

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.

Community Services and Supports (CSS)

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

Full-Service Partnership

Program Description: Full Service Partnerships (FSPs) are for people who are experiencing severe mental illness and at risk of homelessness or other devastating consequences. The program uses a "whatever it takes" approach to help people recover. The plan can include all needed services, including but not limited to traditional mental health services and safe housing.

Target Population: Unserved and underserved individuals targeting four groups: Children ages 0-15, Transition Age Youth ages 16-25, Adults ages 26-59 and Older Adults ages 60 and over, with severe and persistent mental illness.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
Number Served FY 2017-18	72	131	251	28	482
Cost Per Person	$15,544	$8,878	$7,979	$10,748	N/A
Estimated Number Served FY 2018-19	69	98	204	15	386

Full Service Partnerships (FSP) represents a strong foundation for support provided under the Community Services and Support Plan. Services offered through the FSP programs promotes a "whatever it takes" philosophy and focuses on individuals in specific age groups who are severely ill and at risk of homelessness or other devastating consequences.

The Child/TAY, Adult, and Older Adult FSP programs serve individuals with mental health, co-occurring medical conditions and substance use disorders. This program works with a multidisciplinary team to help stabilize high-risk cases as efficiently as possible so that clients can begin the process of recovery. This is possible through intensive individual and family therapy, skill building, case management, medication support services, and collaboration with inter and intra agency resources. This program strives to help consumers access their natural supports (i.e. family) as well as build community support systems (i.e. attending groups). The process of recovery is challenging to walk through independently and connecting with a community that can support consumers' success is a priority.

Program Update:

A focus for the past fiscal year is to help reconnect or build clients' support system to improve long-term recovery and success. This was accomplished by improving the provision of family therapy services and successfully linking clients with internal resources such as Tri-City's Therapeutic Community Garden groups as well as external resources including substance abuse treatment, Social Security Income (SSI) and the local Regional Center.

Linking clients to family and/or community supports is key. Every client conversation, such as housing, financial needs, and mental health treatment, including identifying a support system outside of TCMHA to sustain their recovery. Lessons learned include that when TCMHA is the only support system, the recovery process takes longer and can sometimes lead to regression. For clients without the benefit of family supports, linking them with groups in the community becomes critical.

The FSP CTAY program has worked diligently to standardize procedures with the goal of providing efficient care that is both quality and equitable. Additional concentration has been placed on tracking funding for clients who are in long-term housing along with developing standardized tips for managing crises when staff are experiencing high appointment cancellations.

In an effort to expand the training for this important program, staff in the children's department created a curriculum designed to prepare new staff members on how to work effectively and more efficiently with this high-need population in a shorter timeframe.

Challenges Experienced:

Challenges for the FSP population includes co-occurring mental health and substance use. In response to this concern, TCMHA hosted a two ½-day all-staff training focusing on this high profile issue. Supporting individuals who have persistent cognitive decline following substance use as well as mental health issues is a major concern as resources and knowledge around this population continues to be limited.

Ongoing staff discussions and trainings planned for this next fiscal year will focus on expanding the clinical skills and understanding of how effectively to treat dual-diagnosis clients. In addition, staff are encouraged to discuss any preconceived bias or perceptions they may have with supervisors.

Homelessness continues to be a barrier when treating FSP clients. Consistent contact and attendance can be challenging when the client is not in stable housing. Limited supportive housing options in the area contribute to this problem. Many of the supportive housing options offered are not prepared to support those with severe and persistent mental health concerns. As a result, this population often experiences eviction within a few weeks. In the past fiscal year, meetings between housing managers, clients and staff were initiated in the beginning stages, which encourages a shared understanding of potential triggers, coping skills and expectations.

Collaboration with other TCMHA programs such as the Intensive Outreach and Engagement Team has proven to be helpful when attempting to locate and reengage transitory clients. Providing clients with a realistic expectation of the level of services and support available is also an important component to maintaining the FSP client relationship. Developing a partnership with community partners such as Youth Coordinated System of Entry has proven to be helpful with increasing access to housing resources for clients. Through these partnerships, clients who move into this service area are linked with culturally and clinically appropriate services.
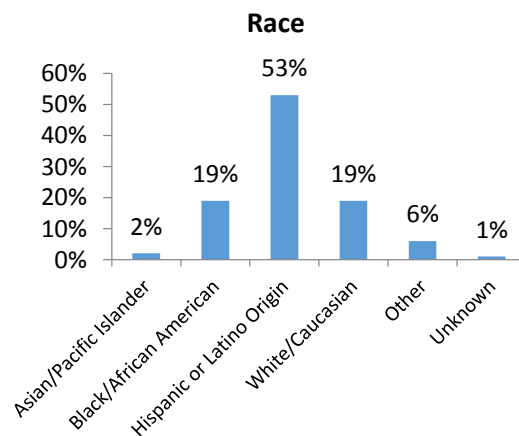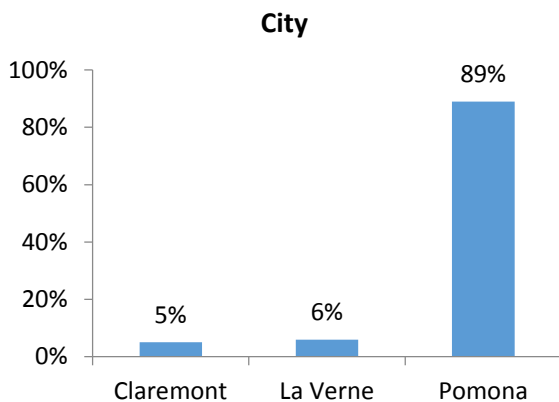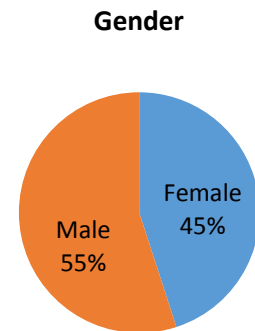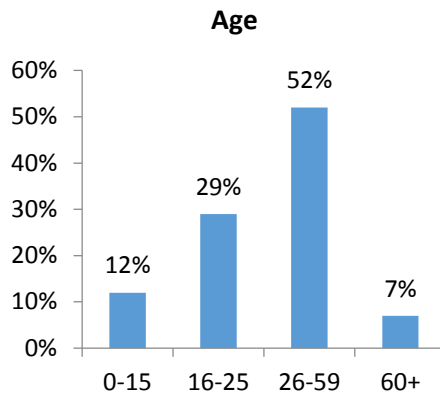
Young adults graduating from TAY services remain difficult to engage. This includes individuals with dual diagnosis of mental health and substance use issues. Collaborating with Wellness Advocates, individuals with lived experience who support clients and staff, has shown to be effective in making a connection. By continuing to build collaborative relationships with local substance treatment agencies, TCMHA has seen an improvement in this area.

Program Data:

PROGRAM: Full Service Partnerships (FSP)
FY 2017-18 saw an increase in the number of TAY (from 119 to 139 in FY 2017-18) and Older Adults (from 26 to 35 in FY 2017-18) served through Full Service Partnerships.

HOW MUCH DID WE DO?

482 Individuals Served

Age

Age	Percent
0-15	12%
16-25	29%
26-59	52%
60+	7%

Gender

Gender	Percent
Male	55%
Female	45%

City

City	Percent
Claremont	5%
La Verne	6%
Pomona	89%

Race

Race	Percent
Asian/Pacific Islander	2%
Black/African American	19%
Hispanic or Latino Origin	53%
White/Caucasian	19%
Other	6%
Unknown	1%

Enrolled in Program
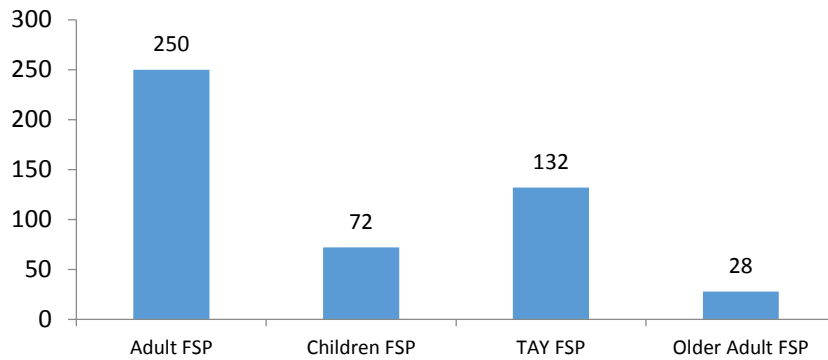
HOW WELL DID WE DO IT?

FSP-Adult   **FSP-CTAY**
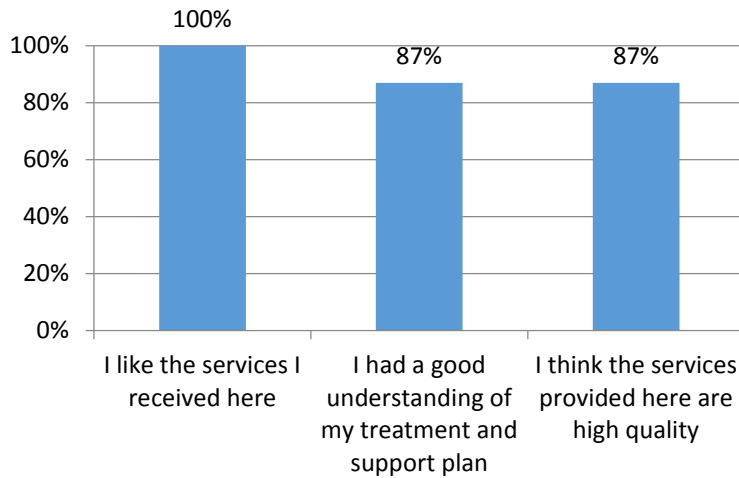
Percent of clients (Strongly Agree/Agree) to the following statements

Percent of clients and parents (Strongly Agree/Agree) to the following statements
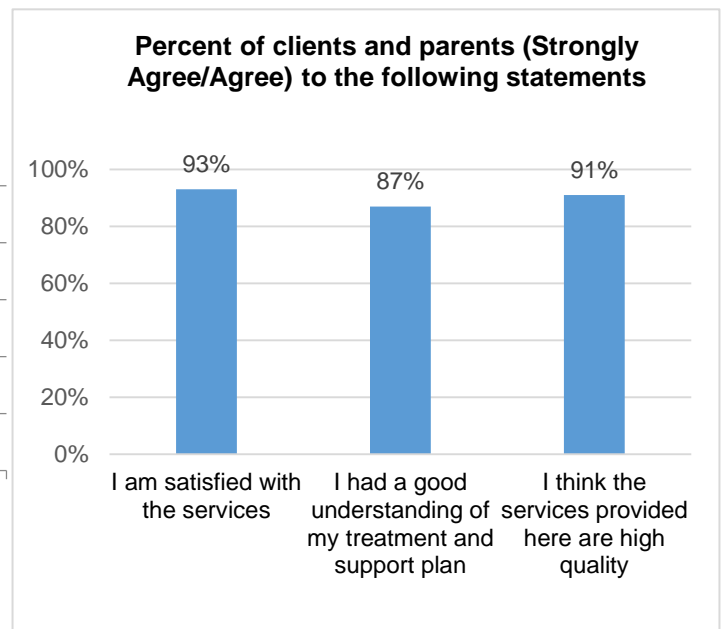
IS ANYONE BETTER OFF?

As a direct result of the services I received:

FSP-Adult	FSP-CTAY
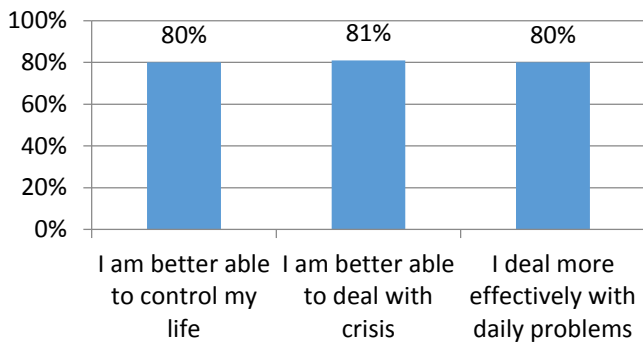
Percent of clients (Strongly Agree/Agree) to the following statements

- I am better able to control my life — 80%
- I am better able to deal with crisis — 81%
- I deal more effectively with daily problems — 80%

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

- I get along better with family members — 82%
- I am better able to cope when things go wrong — 85%
- I have people that I am comfortable talking with about my problem(s) — 81%
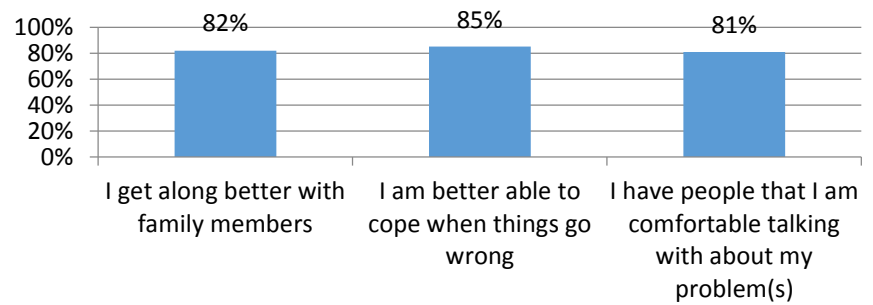
Community Navigators

Program Description: Community Navigators provide a connection to local resources, including informal community supports and available formal services. Navigators also provide education and stigma reduction services to local communities and organizations.

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

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	82	124	1,513	228	3	1,950
Cost Per Person	$220	$220	$220	$220	$220	$220

Community Navigators are a crucial component of Tri-City's structure of support. These bilingual and bicultural individuals engage with people in need of services to quickly identify available resources, including formal and informal supports that are tailored to culture, ethnicity, age, and gender identity. They also provide education and stigma reduction services to local communities and organizations. By building strong collaborative relationships, the Community Navigators are able to provide resources and support to community members as well as community partners including mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters, and others.

Program Update:

Community Navigators (CN) continue to promote mental health awareness along with the services offered through Tri-City's system of care, with an emphasis on outreach to the Spanish speaking community. In addition, community-based organizations and other community groups are engaged to become part of an active support network for individuals in need of assistance, including those with mental illness.

A second focus has been the efforts made by CN's to encourage collaboration among Tri-City's own inter-agency departments to cross-promote programs, services and events in the community, including health and resource fairs, community meetings, food banks, shelter, inter-governmental agencies, local organizations, faith based organizations, and community centers.

Teaming up with Tri-City's Intensive Outreach and Engagement Team has improved the engagement rate for individuals referred into mental health services. In addition, collaborating

with local shelters, along with a new homeless service center, has proven to be beneficial when working to identify housing options within the three cities. Through building strong relationships with other agencies involved in the planning of the new homeless service center, the CN's were able to use a team approach when working together to assist individuals in the shelter.

Challenges Experienced:

Individuals of Hispanic and Asian cultures continue to present a challenge when attempting to engage these individuals. Stigma and cultural bias related to mental illness continues to be a contributing factor. However, CN's are working to identify local areas that have a high population of Spanish speaking individuals and focusing their outreach efforts there. In addition, CN's hosted community wellbeing discussions promoting culturally appropriate support services available through Tri-City. To expand these efforts, the CN program is in the process of recruiting a monolingual volunteer that will assist with these outreach efforts and possibly act as a cultural broker for difficult to engage populations.

Homeless families are another population that has proven to be difficult to engage due to the limited amounted of resources and housing that is available. Another challenging group are those in need of substance abuse treatment due in part to limited resources which are not always immediately available. The CN's continue to work with local shelters and agencies that provide substance abuse treatment to identify ways to better support dual-diagnosis clients.

Finally, access to resources and services is paramount and addressing barriers includes finding solutions to issues such as limited transportation, medication support and meeting specific requirements from different agencies. Emergency medication is a difficult request due to the lack of resources in the service area. This can often lead to individuals accessing local emergency rooms to meet this need. This will continue to be a resource that is tracked and addressed.

Outcomes:

PROGRAM: Community Navigators

FY 2017-18 saw a slight decrease in the number of unique individuals served. However, Community Navigators continue to experience challenges with engaging the Hispanic and Asian communities and have made these important populations the focus for this next fiscal year.

HOW MUCH DID WE DO?

1,950 Unique Individuals Served

Gender
Male 39%
Female 61%

Language
Vietnamese 0.1%
Spanish 16%
English 84%

Age
0-15: 4%
16-25: 6%
26-59: 78%
60+: 12%

Race

Asian/Pacific Islander: 3%
Black/African American: 13%
Hispanic or Latino Origin: 59%
White/Caucasian: 21%
Other: 3%
Unknown/Not Reported: 1%

City

Claremont: 3%
La Verne: 5%
Pomona: 71%
Other: 20%
Unknown/Not Reported: 1%

Locations by Type

Agencies: 23%
Community Meetings/Events: 27%
Faith-Based: 15%
Government: 11%
Health: 8%
Other: 16%

Events by Type

- Linkages - In Person: 72%
- Linkages - By Phone: 28%

Linkages by Type   n=2,520

Basic Needs: 42%
Health: 3%
Mental Health: 39%
Other: 1%
Shelter and Housing: 16%

6,198	140	4,510
Total Community Members engaged by Navigators through Outreach	Locations Outreached by Navigators	Contacts made to Community Navigators

HOW WELL DID WE DO IT?

Referral Type

Internal — 10%
External — 90%

Internal Referrals by Type

Type	Percent
Adult Outpatient	20%
Adult FSP	13%
Children...	4%
Children FSP/TAY	38%
Housing	1%
OD	1%
PEI	1%
TCG	1%
Wellness Center	20%

External Referrals by Type

Type	Percent
Agency	10%
Community Event	3%
Faith Based	1%
Food Bank	12%
Government Agency	1%
Health Agency	1%
Palomares Park	4%
Schools	1%
Self	62%
Senior Agency	2%
Washington Park	3%

Percentage of Participants Reporting <u>Satisfaction</u> with Services Provided

Q2 — 92%
Q4 — 95%
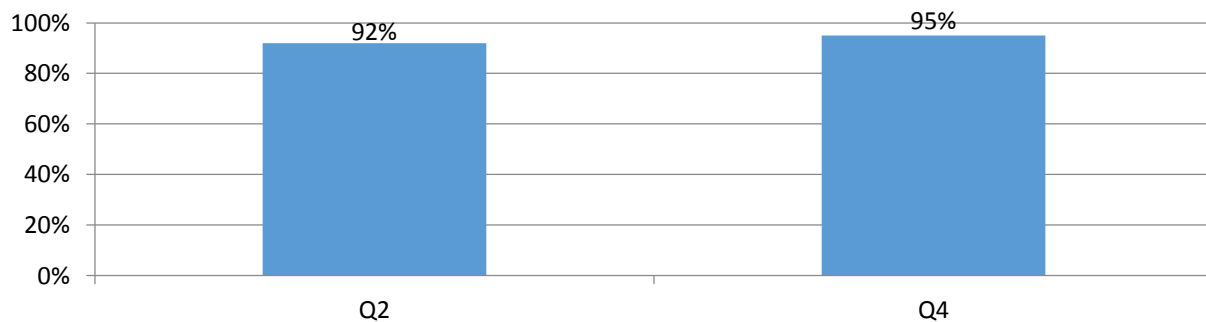
Q1 and Q3 were not administered.

IS ANYONE BETTER OFF?

Percentage of Community Partners Reporting <u>Finding it Easy to Identify/Use Resources</u> in the Community

Q1 and Q3 were not administered.

Wellness Center

Program Description: The Wellness Center 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.

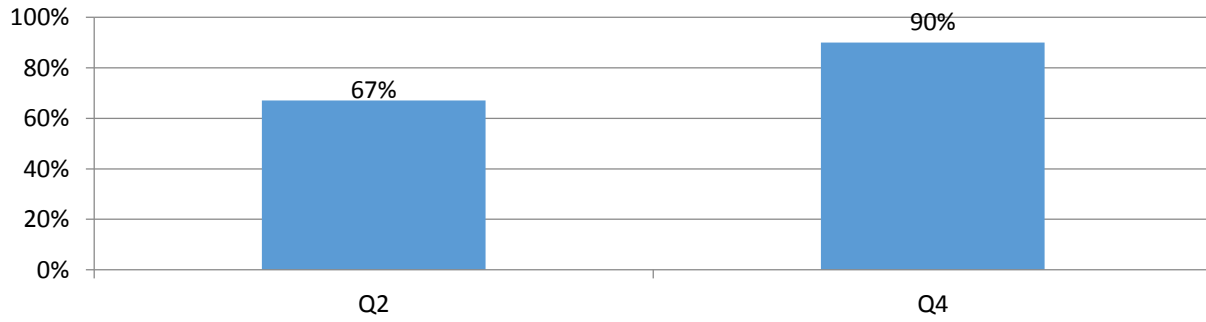**Target Population:** The Wellness Center promotes recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families.

Wellness Center CSS Programs

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	111	645	1,384	189	50	2,379
Cost Per Person	$530	$530	$530	$530	$530	N/A

Wellness Center (PEI TAY and Older Adults)

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
Number Served FY 2017-18	85	172	62	95	414
Cost Per Person	$530	$530	$530	$530	N/A

The Wellness Center (WC) was conceived as a place of support for people who struggle with mental health issues so that they could accelerate their movement toward independence, recovery and wellness. The Wellness Center provides self-help groups, peer and family support services, educational resources, recreational and cultural activities, assessment and linkage services, and other services to promote increasing independence. It also provides specialized services for transition age youth (TAY) and older adults.

Acting as a "dynamic hub" for activities for the three cities of Claremont, La Verne and Pomona, staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person and family-centered services and supports designed to promote independence and increase wellness.

Program Update:

Notable highlights for the Wellness Center includes the increase engagement of older adults from the city of Claremont. The program supervisor for this group is a member of the Claremont Committee on Aging and facilitated a month long support group at a local senior center. Older

adult support services at the Wellness Center includes groups that focus on the needs and experiences of this at-risk population. During the holidays, the senior programing facilitated a support group entitled "Beating the Holidays Blues" at a local senior center.

The Wellness Center supports the community by providing turkeys during the holidays in collaboration with a local church, an annual tree lighting events, and providing toys for children during a screening of Charlie Brown's Christmas. Additional community involvement includes hosting an annual talent show in recognition of Mental Health Awareness Month where over 16 contestants (clients and community members) were able to display their talents of song and comedy.

The employment team hosted several monthly hiring events during FY 2017-18 yielding an increase of job placements from 99 to 121. Additional trainings include an expungement workshop where participants are able to address previous legal issues that may be creating a barrier to employment. The Wellness Center hosted an annual job fair where over 20 employers and 260 potential employees were connected resulting in 162 immediate offers/lead for employment.

Since 2010, the Wellness Center has supported the Los Angeles NAMI Walk through staff participation and volunteer fundraising activities. Through the use of Wellness Center vans, Tri-City was able to provide transportation for participants and made it possible for 18 individuals to attend the Walk. Participants included students, staff members, consumers and family members.

Additional community support efforts included the "Great American Smoke Out" campaign called "Bye Bye Butts". This one-day challenge to stop smoking is an important effort to help improve the statistics of mental health consumers and the negative impact smoking has on their health and recovery.

Challenges Experienced:

Challenges for the Wellness Center includes engaging Transition Age Youth (TAY). Although the WC has a dedicated TAY space and activities targeting this important population, attendance continues to be low. However, efforts focused on engagement continue and new strategies are planned for increasing attendance this next fiscal year. These efforts include promoting the benefits of continuing education and employment along with the support needed to sustain these goals.

Another challenge for staff includes individuals who attend the Wellness Center while under the influence of drugs or alcohol. Although no formal services are provided at the Wellness Center, dual recovery support groups are offered and referrals are made for those who are seeking treatment through an outside provider.
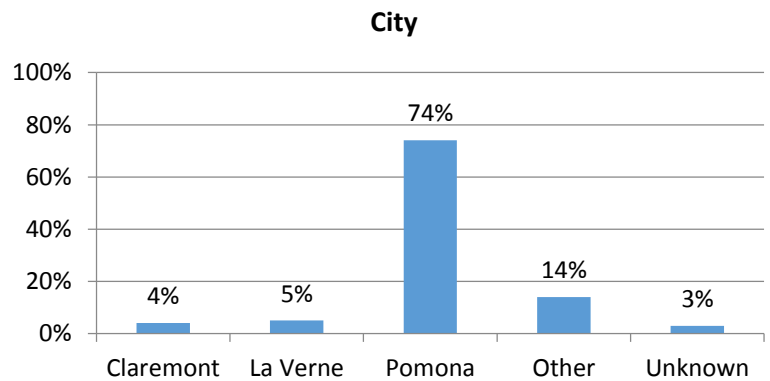
Outcomes:

PROGRAM: Wellness Center

The total number of unique individuals served (2,267 in FY 2016-17) as well as the number of attendees for Wellness Center events (20,570 in FY 2016-17) remain steady with a slight increase in FY 2017-18. There was also an increase in the number of individuals securing employment going from 105 (FY 2016-17) to 121 (FY 2017-18).

HOW MUCH DID WE DO?

2,379 Unique Individuals Served

Age

- 0-15: 5%
- 16-25: 27%
- 26-59: 58%
- 60+: 8%
- Unknown: 2%

Gender

- Unknown 2%
- Male 42%
- Female 55%

Language

- Other 0.0%
- Unknown, 11%
- Spanish 6.0%
- English 82%

Race

- Asian/Pacific Islander: 3%
- Black/African American: 17%
- Hispanic or Latino Origin: 56%
- White/Caucasian: 16%
- Other: 5%
- Unknown: 2%

City

- Claremont: 4%
- La Verne: 5%
- Pomona: 74%
- Other: 14%
- Unknown: 3%
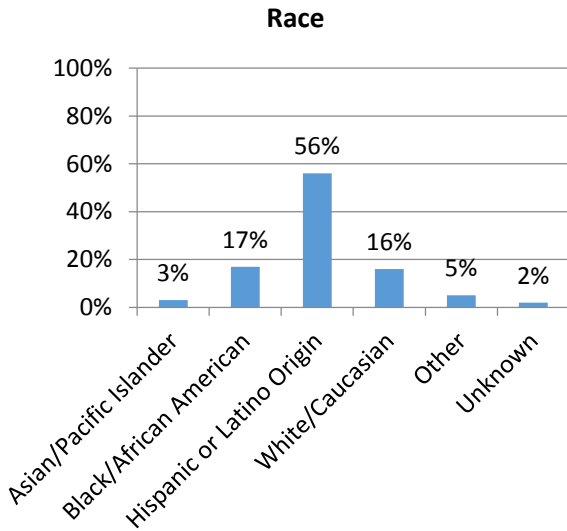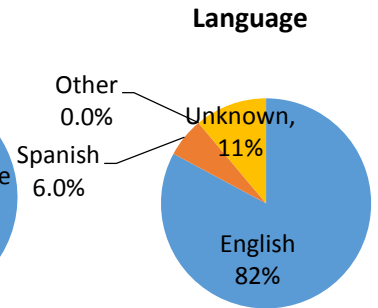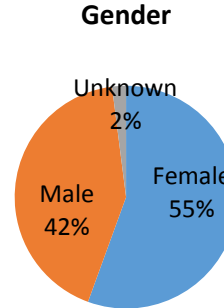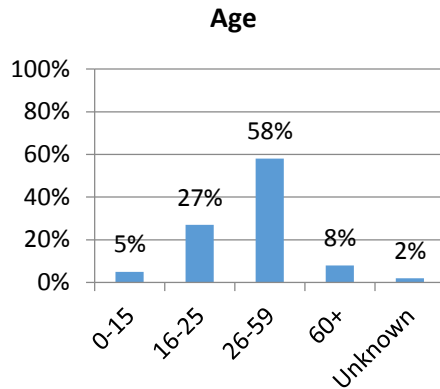
HOW WELL DID WE DO IT?

20,745 Number of Attendees at Wellness Center Events (Duplicated Individuals)

Number of Times People Visited

- 44%
- 56%

■ One Visit ■ Two or More Visits

The average number of visits per day was 76, this includes those who take a tour, visit the PC lab or attend a group.

Group Attendance by Group Type

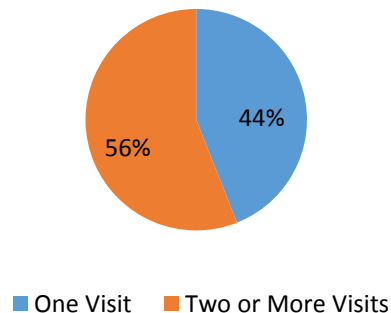| Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Blank Events	4	1	1	1
Group - Adult Orientation	7	1	1	1
Group - Anger Management	98	1	15	12
Group - Anxiety	52	1	14	11
Group - Anxiety (Havenly)	1	1	1	1
Group - Anxiety Relief	49	1	14	9
Group - Dual Recovery Anonymous	148	1	13	6
Group - Freedom Through Reality	48	1	9	5
Group - Lose the Blues	47	2	15	10
Group - Men's Depression	52	1	10	6
Group - One-On-One	21	1	3	1
Group - Positive Direction	48	1	11	4
Group - Socialization	51	1	13	5
Group - Strong Women	51	1	14	9
Group - Tranquility	46	1	8	4
Group - Women's Self-Esteem	14	6	13	10
Group - Yoga	11	1	8	5
Group (Español) - Direccion Positivia	51	1	8	3

Group (Español) - Sobrellevando La Ansiedad	50	1	8	4
Group (Español) - Socialization	48	1	9	3
Other	221	1	80	4
Other - Meeting	25	1	8	2
Other - PC Lab	253	1	52	27
Other - Tour	208	1	7	3
Other - Volunteer	5	1	10	3
TAY - Anger Management	57	1	9	4

TAY - Anxiety	46	1	8	4
TAY - DRA	44	1	7	3
TAY - Hope	46	1	9	4
TAY - One-on-One	46	1	4	1
Vocational - Clase de Manejo	24	1	1	1
Vocational - Computer Classes (Advanced)	27	1	3	2
Vocational - Computer Classes (Intermediate)	30	1	11	3
Vocational - Computer Classes Beginner	84	1	32	5
Vocational - Driver's Ed	1	1	1	1
Vocational - Educational/School	73	1	3	1
Vocational - Employment Workshop	155	1	13	6
Vocational - Financial Aid	3	1	1	1
Vocational - GED Prep	35	1	4	2
Vocational - Hiring Event	26	1	32	11
Vocational - IRS Tax Credit	26	1	3	1
Vocational - Job Search	259	1	35	12
Vocational - Literacy group	36	1	5	2
Vocational - Money Management	13	1	10	4
Vocational - One-on-One	139	1	4	1
Vocational - Resume/Interview	68	1	3	1
Vocational - Yarn Skills	1	1	1	1

121

Individuals Secured Employment

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

Maintain Employment

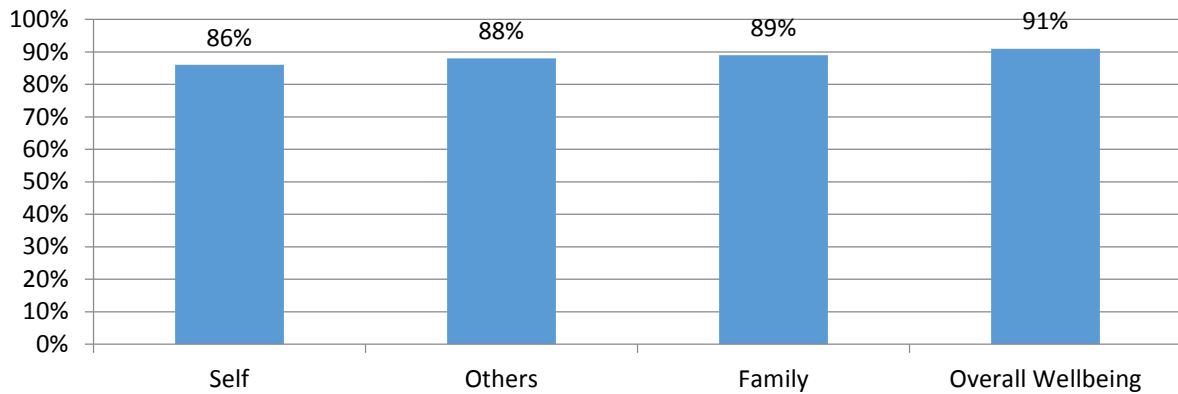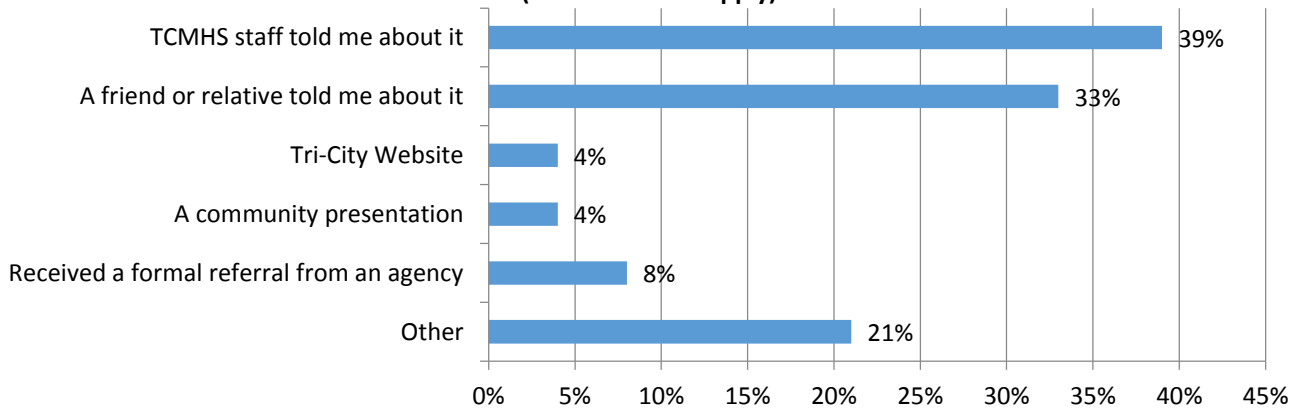| 30 Days	60 Days	90 Days
89%	76%	69%
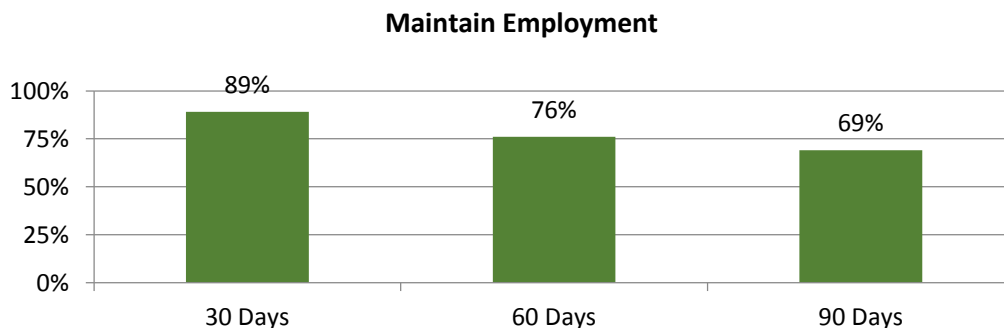
IS ANYONE BETTER OFF?

> **96%**
>
> **Satisfied with the Wellness Center Programs**

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

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

PROGRAM: Wellness Center – PEI-TAY and Older Adults

FY 2017-18 saw a slight decrease in the number of unique individuals served (443 in FY 2016-17) However, there was an increase in the number of attendees for Wellness Center events going from 1,954 in FY 2016-17 to 2,147 in FY 2017-18.

HOW MUCH DID WE DO?

414

Unique Individuals

Age
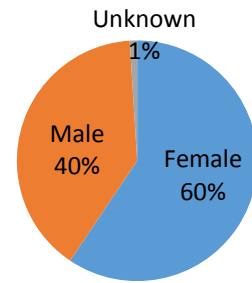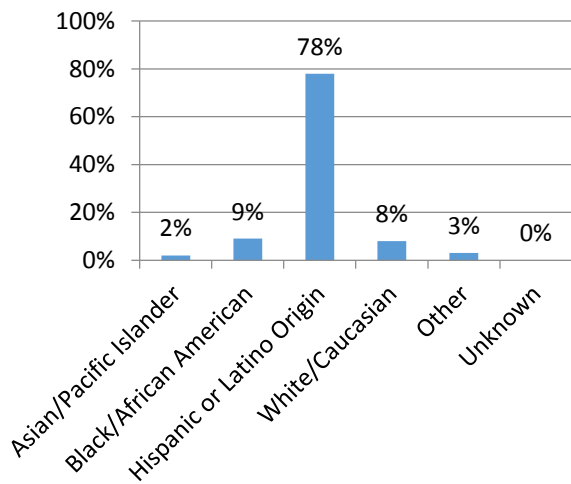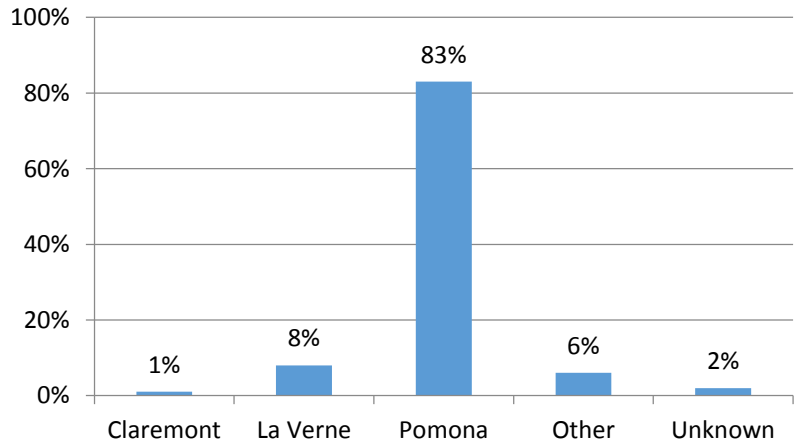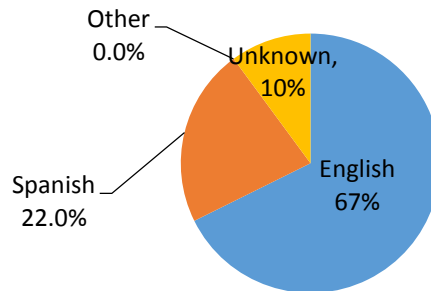
Age	Percent
0-15	21%
16-25	42%
26-59	15%
60+	23%
Unknown	0%

Gender

- Unknown 1%
- Male 40%
- Female 60%

Race

Race	Percent
Asian/Pacific Islander	2%
Black/African American	9%
Hispanic or Latino Origin	78%
White/Caucasian	8%
Other	3%
Unknown	0%

City

City	Percent
Claremont	1%
La Verne	8%
Pomona	83%
Other	6%
Unknown	2%

Language

- Other 0.0%
- Unknown, 10%
- Spanish 22.0%
- English 67%

HOW WELL DID WE DO IT?

2,147

Number of Attendees at Wellness Center Events

(Duplicated Individuals)

Number of Times People Visited

43% 58%

■ One Visit ■ Two or More Visits
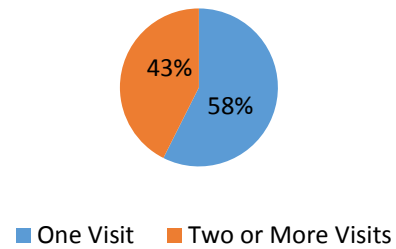
The average number of visits per day was 9, this includes those who visit the PC lab or attend a group.

Group Attendance by Group Type

Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Group - Senior Socialization	77	1	8	4
Group (Español) - Comadres y Compadres	66	1	33	8
TAY - Arts & Crafts	2	1	5	3
TAY - Cooking Class	12	1	12	6
TAY - Dance/Music	1	2	2	2
TAY - Employment	25	1	4	2
TAY - Fair	1	20	20	20
TAY - Friendship Circle	9	1	5	4
TAY - Gaming Group	2	3	4	4
TAY - Karaoke	14	1	6	3
TAY - Money Management	35	1	9	3
TAY - PC Lab	204	1	5	2
TAY - Positive Painting	3	3	6	4

TAY - PPL	12	1	8	4
TAY - Pride	9	1	6	3
TAY - Sacred Heart	6	5	30	19
TAY - Socialization	19	1	3	2
TAY - TCB	41	1	8	3
TAY - Volunteer	1	1	1	1
TAY - Walking group	38	1	6	3
TAY- TAY pride	20	1	5	2

IS ANYONE BETTER OFF?

> **80%**
>
> **Satisfied with the Wellness Center Programs**

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

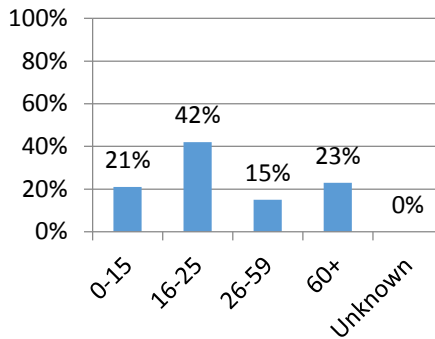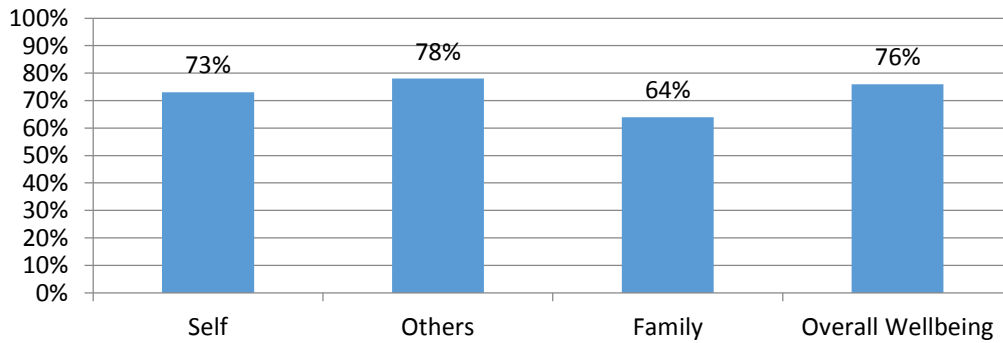**How Did You Learn About the Wellness Center Programs? (Choose All that Apply)**
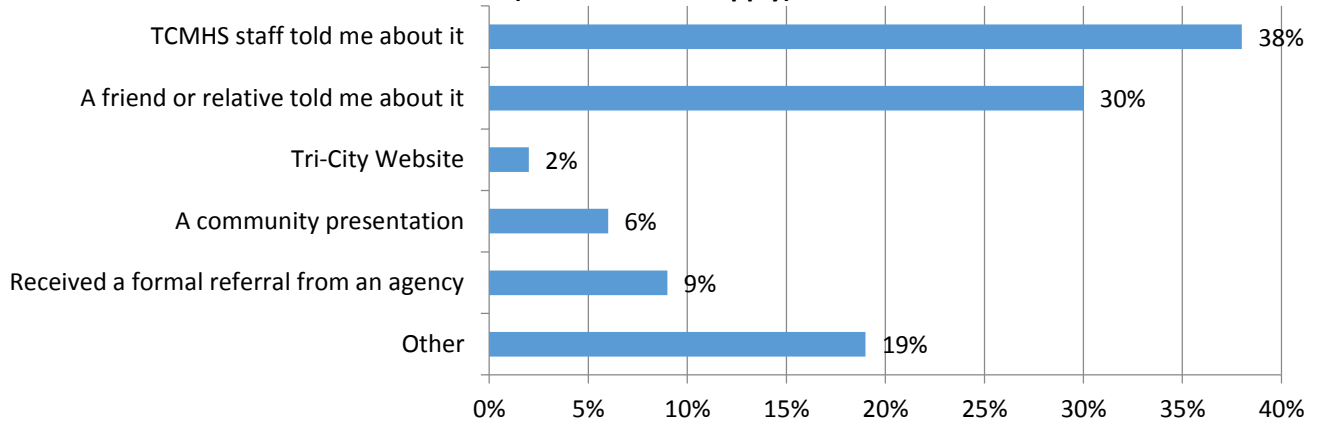
Supplemental Crisis Services
(Crisis Calls, Crisis Walk-Ins, and IOET)

Program Description: The Supplemental Crisis Services (SCS)program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMHC services. Crisis walk-in services are also available during business hour 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 are able to 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 Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	29	83	436	65	40	653
Cost Per Person	$858	$858	$858	$858	$858	N/A

The SCS program serves residents both inside and outside of the Tri-City catchment area. Calls are received from a broad spectrum of individuals. The uniqueness of the Supplemental Crisis Services team is the engagement of not only individuals in need, but also their family members, law enforcement, hospitals, health care providers, and in general, any collateral support system.

Program Update:

Outreach and engagement of community partners has been a strong focus for this past fiscal year. Highlighting this valuable service with local law enforcement, health care providers as well as general support agencies has resulted in a steady increase in the number of calls received during FY 2017-18. The SCS program received 110 after-hour calls compared to 54 in FY 2016-17.

Improving response time has also been an important focus for the SCS team. Direct engagement takes place when calls are received and each responding clinician strives to make a meaningful connection with each caller. Every contact is then followed-up with a courtesy call the following business day, even if the situation was resolved. In addition, all SCS calls are referred to the Intensive Outreach and Engagement Team, who is able to follow-up with these individuals quickly, most often times by the next business day.

The Supplemental Crisis Services program continues to evolve and with an increase in staff, this team has the ability to be mobile and support individuals out in the community, if the situation requires that level of triage.

Challenges Experienced:

Crisis Walk-In services experienced a slight decrease in FY 2017-18 going from 94 individuals to 70. This change may be due in part to the city of Pomona establishing their own form of crisis support services for their law enforcement personnel.

There were no major gaps in service noted for this program during FY 2017-18. The ability for SCS staff to refer directly to other services increased over the last 6 months of 2018 and helped to preserve continuity of care for these individuals.

Outcomes:

PROGRAM: Supplemental Crisis Services
FY 2017-18 saw an increase in the number of Supplemental Crisis calls going from 54 (FY 2016-17) to 110 (FY 2017-18). This growth in calls may be the result of the increase efforts in outreach and engagement of community partners to create a heighten awareness of this valuable service.

HOW MUCH DID WE DO? *Supplemental Crisis Calls*

110 Supplemental Crisis Calls

Age

Age	Percent
0-15	1%
16-25	6%
26-59	62%
60+	11%
Unknown	20%

Gender

- Unknown 5%
- Female 39%
- Male 56%

Language

- Spanish 5%
- Unknown 11%
- English 84%

Race

Asian/Pacific Islander	10%
Black/African American	5%
Hispanic or Latino Origin	26%
White/Caucasian	34%
Other	6%
Unknown/Not Reported	19%

City

Claremont	5%
La Verne	5%
Pomona	46%
Other	36%
Unknown	8%
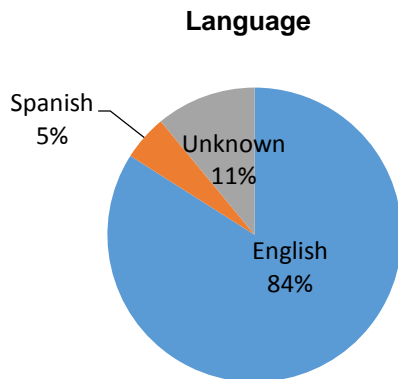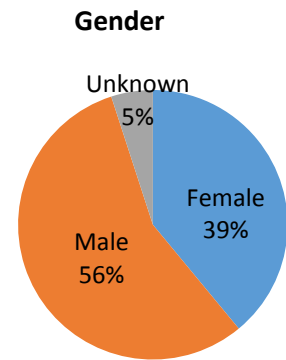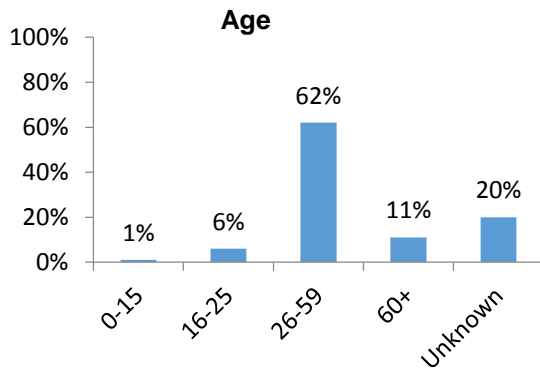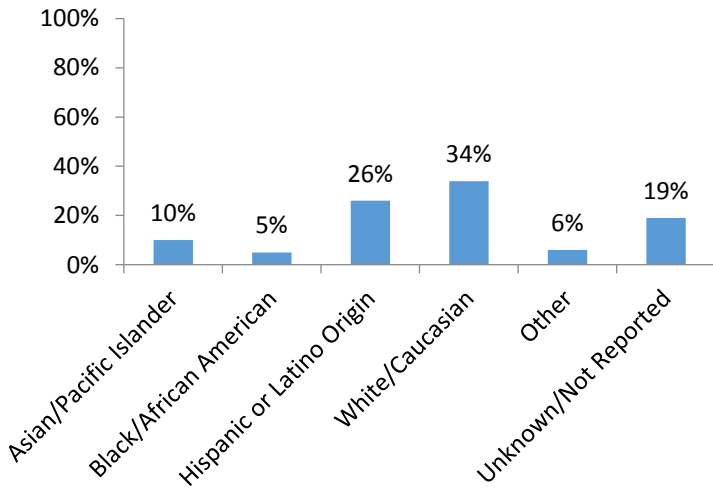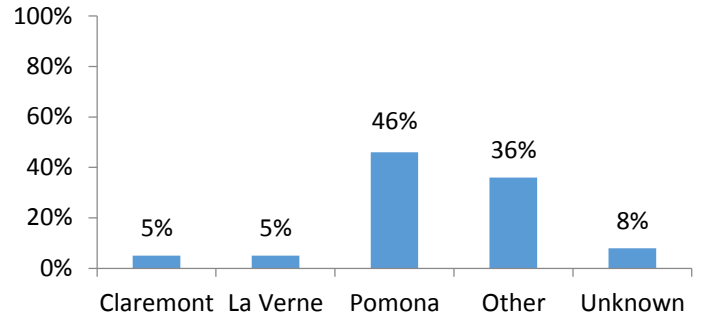
Crisis Walk-In

70 Individuals Served

Age

0-15	7%
16-25	11%
26-59	79%
60+	3%

Gender

Female 36%
Male 64%

Race

Asian/Pacific Islander	10%
Black/African American	17%
Hispanic or Latino Origin	46%
White/Caucasian	17%
Other	6%
Unknown/Not Reported	4%

City

Claremont	2%
La Verne	0%
Pomona	94%
Other	4%
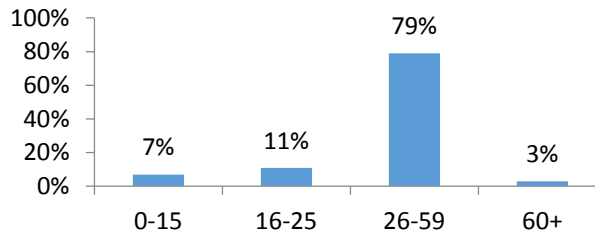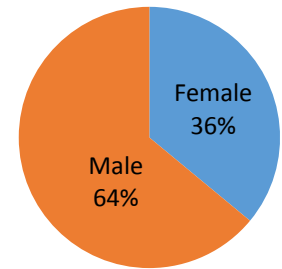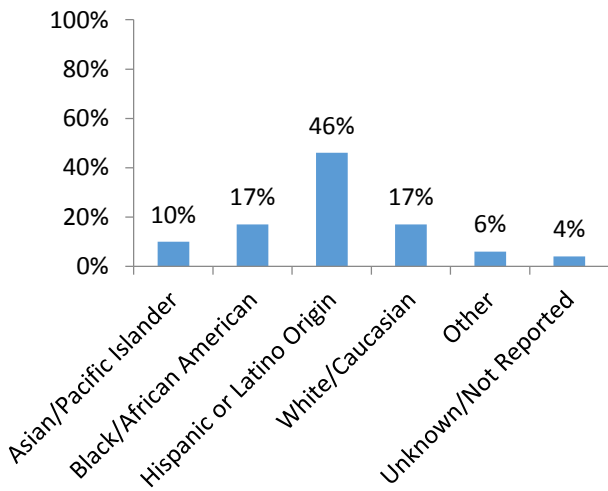
67% Crisis walk-ins also outreached by the Intensive Outreach and Engagement Team

Intensive Outreach and Engagement Team

The Intensive Outreach and Engagement Team (IOET) remains an essential part of the Supplemental Crisis Services (SCS) program. The IOET serves as the conduit to the population at large in the communities we serve who are unable to access mental health and other services on their own.

Through efficient coordination with other departments within Tri-City's system of care, the IOET's support begins when an individual calls or comes into the agency in crisis and are assessed and hospitalized, if needed. The IOET connects with the individual after discharge and reassesses them for services, proactively working with them over a period of time until they are ready to enroll in treatment. Through the follow-up efforts of IOET, the SCS program is also able to help prevent early discharge of individuals from formal services.

Program Update:

A *Bridging* component was added to the Intensive Outreach and Engagement Team (IOET) during FY 2017-18. Based on an identified need, this clinical component helped to ensure that any participant enrolled into the Adult FSP and CTay programs stays with the IOET for the first 30-45 days of treatment. This helped to address the high acuity needs of participants and increased the length of treatment compliance while decreasing the dropout rate within the first 30 days of enrollment.
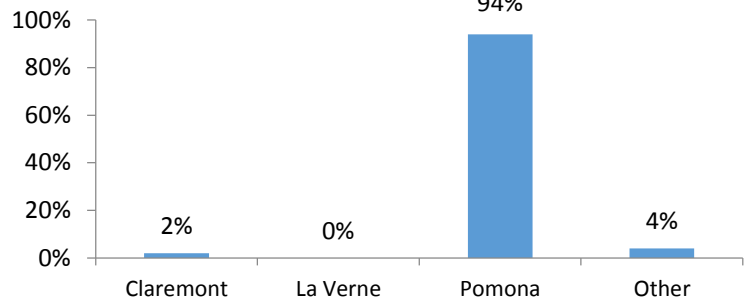
For the city of Pomona, the IOET focuses on building relationships with local law enforcement, medical providers and community members. The IOET team participates in bi-weekly outreach efforts with several agencies including PMET-Pomona, American Recovery Center, Union Station Homeless Services, Claremont and La Verne Police Departments. These efforts have led to an increase in the number of individuals served: 473 in FY 2017-18 up from 392 in FY 2016-17. There is also a notable increase in the number of individuals who engaged in services with Tri-City through the engagement efforts of the Intensive Outreach and Engagement Team: 173 in FY 2017-18 up from 160 in FY 2016-17.

Through a Memorandum of Understanding with Pomona Valley Medical Center, the IOET receive referrals to assist individuals who have received emergency services. Plans for FY 2018-19 include collaborating with Emergency Room personnel and social workers at Pomona Valley Medical Center, to discuss their new mental health unit and ways Tri-City can support individuals after discharge.

Challenges Experienced:

The integration of whole-person system of care has been foremost on the agenda of the IOET. Navigating the landscape of participant needs has provided opportunities for the team to grow and streamline the process of linkage, transportation and meeting demands of participants, regardless of how complex they may be.

Outcomes:

PROGRAM: Intensive Outreach and Engagement Team

473 Individuals Served

Age

Age	Percent
0-15	5%
16-25	14%
26-59	66%
60+	11%
Unknown	4%

Gender

Male 50% • Female 50%

Race

Race	Percent
Asian/Pacific Islander	2%
Black/African American	14%
Hispanic or Latino Origin	49%
White/Caucasian	22%
Other	5%
Unknown/Not Reported	8%

City

City	Percent
Claremont	5%
La Verne	2%
Pomona	92%
Other	0%
Unknown/Not Reported	1%
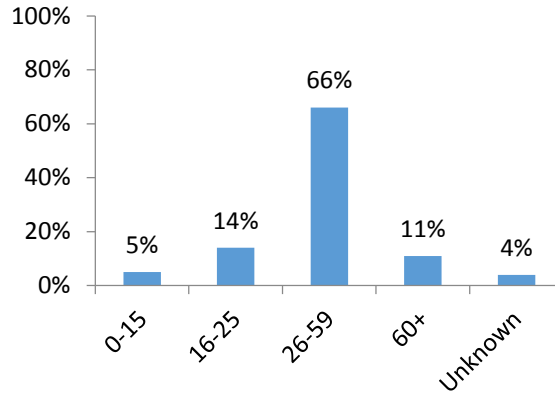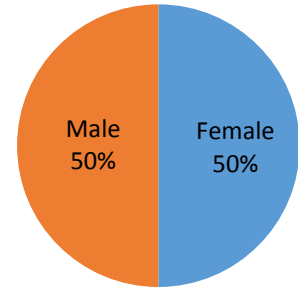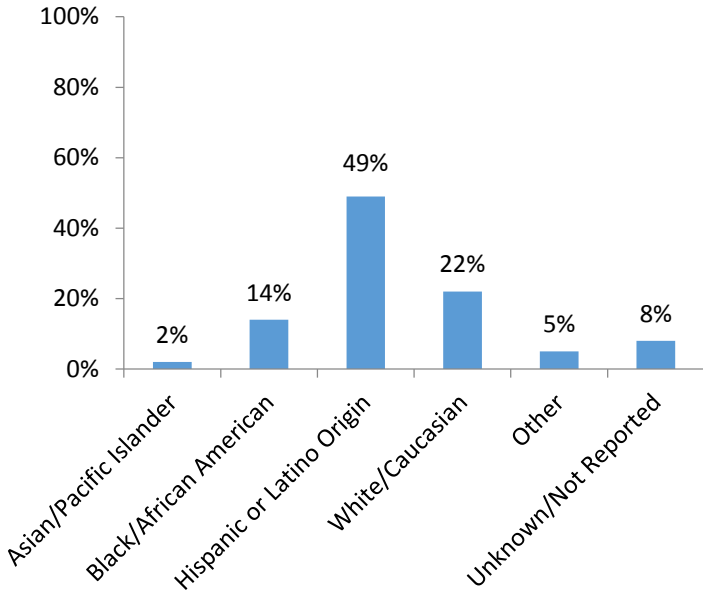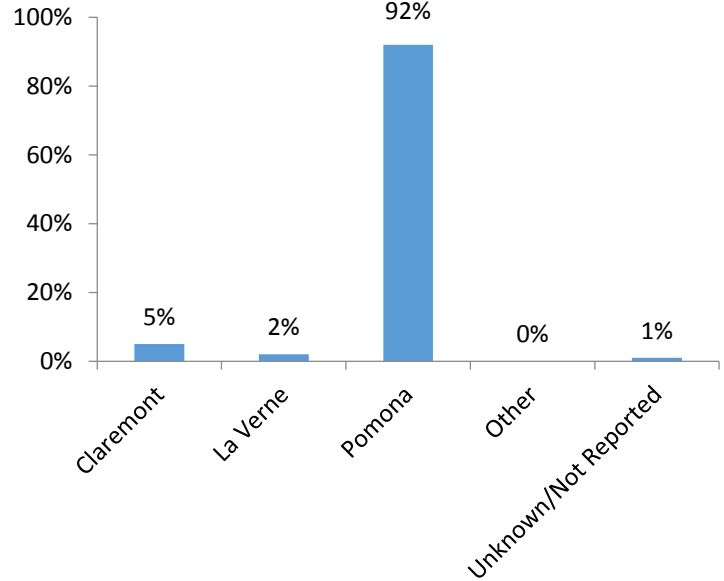
Referral Source - New Clients

Referral Source	Percent
Community Partner	5%
Crisis	7%
DMH	7%
Family	1%
Police	3%
PVH	9%
Tri-City	69%

Tri-City Referral Source

Tri-City Referral Source	Percent
FSP	0.4%
Housing	0.4%
IOET	73%
Navigators	1%
OD	17%
PEI	0.4%
Royalty	4%
TCG	0.4%
WC	4%
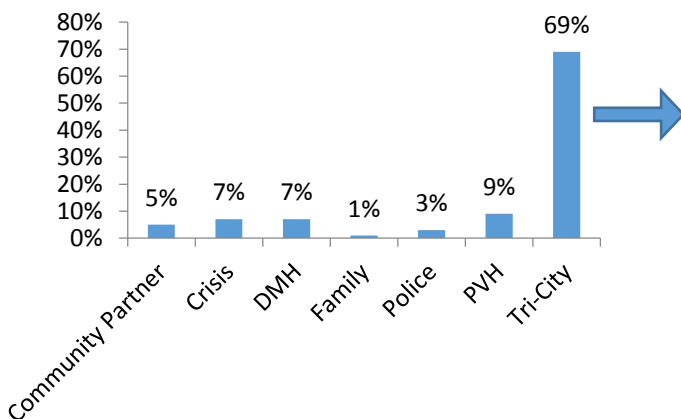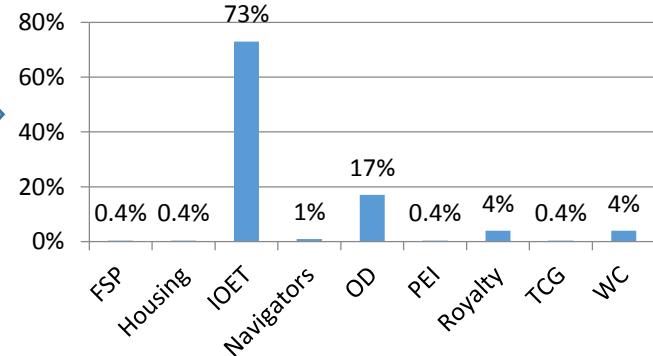
HOW WELL DID WE DO IT?

173

Individuals who were Opened for Services at Tri-City through the Intensive Outreach and Engagement Team

Opened for Services
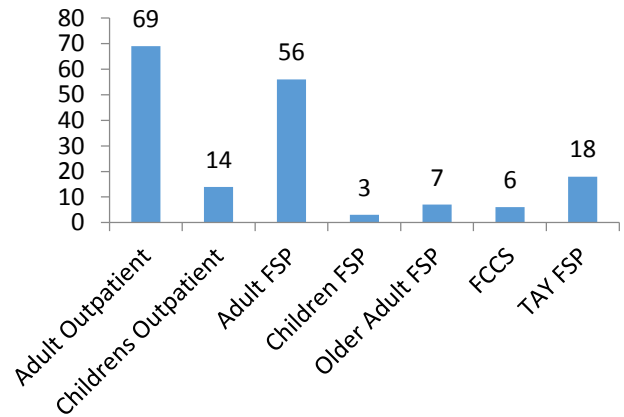
Percent of IOET Contacts for Closed Cases

- 1-10 Contacts
- 11-20 Contacts
- 21+ Contacts
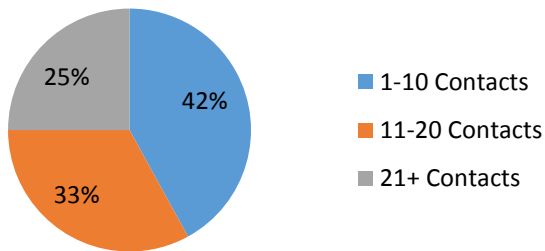
Percent of IOET Contacts for Currently Open Cases

- 1-10 Contacts
- 11-20 Contacts
- 21+ Contacts
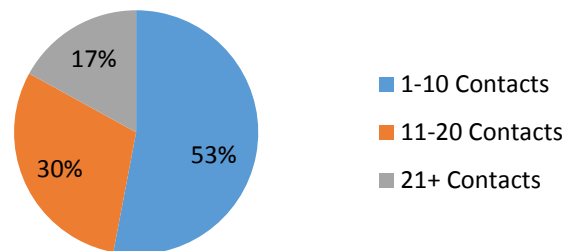
IS ANYONE BETTER OFF?

Level of Distress for Crisis Callers

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

- Beginning of the Call
- End of the Call
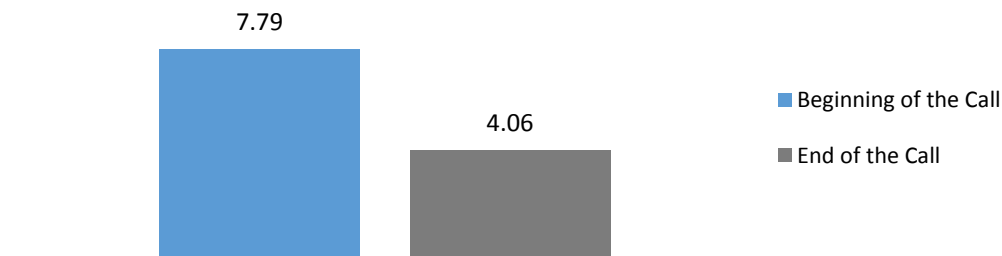
Field Capable Clinical Services for Older Adults (FCCS)

Program Description: Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMHA staff members provide mental health services to older adults at their location including their home, senior centers, and medical facilities.

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 Groups	Older Adults 60+	Totals
Number Served FY 2017-18	22	22
Cost Per Person	$5,349	N/A

Older adults are the fastest growing demographic population in Claremont and La Verne. According to 2010 Census data, individuals aged 60 years and older comprise 23.5% of La Verne's population, 22.3% of Claremont's and 11.3% of Pomona's. While a number of programs provide health and social supports for older adults, there are few services to meet the mental health needs of this population. Older adults, especially frail elders, often have a difficult time accessing services in traditional venues and therefore need mental health services provided in locations convenient to them.

Program Update:

The Field Capable Clinical Services for Older Adults (FCCS) program has experienced an increase in awareness of benefits of these services in FY 2017-18. Although enrollment remained steady, this upsurge in interest is attributed to efforts in promoting this program throughout the community.

Additionally, FCCS staff noticed an increase in older adults who are seeking services for themselves. This also included an increase in the length of enrollment in services and consistency of attendance.

Challenges Experienced:

Previously, the FCCS program experienced a lower rate of attendance due to participants leaving the Tri-City area. With continued rent increases, many clients on a fixed income were not able to sustain their housing and were forced to relocate. Attempting to connect these clients to family members with the goal of exploring additional housing opportunities is a focus for fiscal year 2018-19.

Other challenges include addressing substance use in the older adult population as well as decreasing isolation and symptoms. To address this concern, Tri-City recently hosted a 2 ½ day

training on the topic of co-occurring mental health and substance use disorders. In addition, Tri-City continues to build relationships and support community partners who specialize in this field.

Korean and Vietnamese older adults continue to be a challenge for staff when offering support and services. Due to both cultural and language barriers, these individuals are reluctant to seek or engage in services. Future outreach and engagement efforts continue to focus on exploring the needs of these individuals, and effective ways to engage and support them.

Outcomes:

PROGRAM: Field Capable Clinical Services for Older Adults (FCCS)
The total number served remained the same for FY 2017-18 at 22 with the majority of participants being female and residing in the city of Pomona.

HOW MUCH DID WE DO?

22 Individuals Served

Age

Gender

Race

City
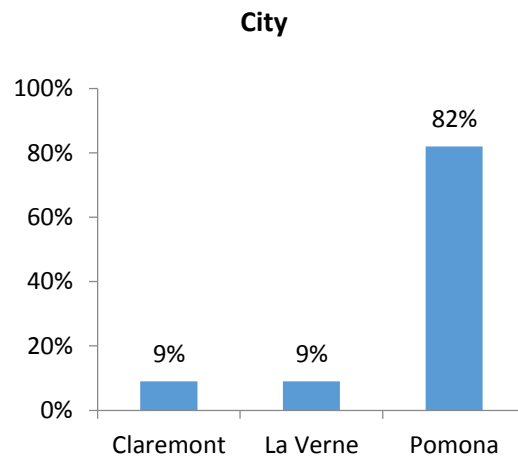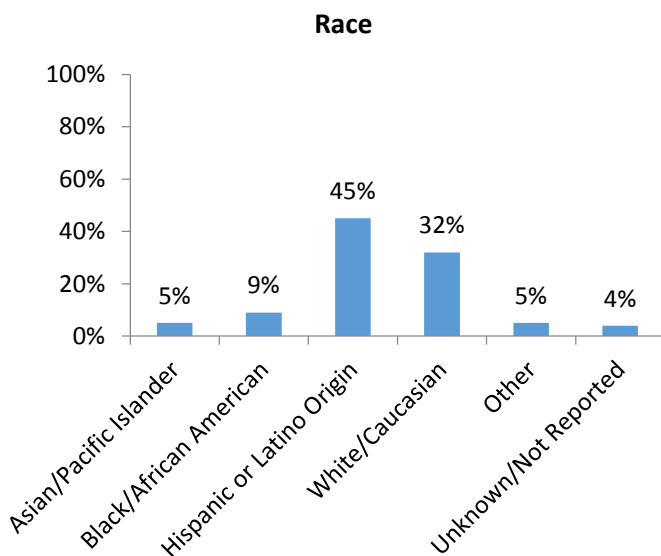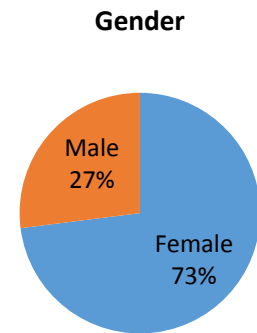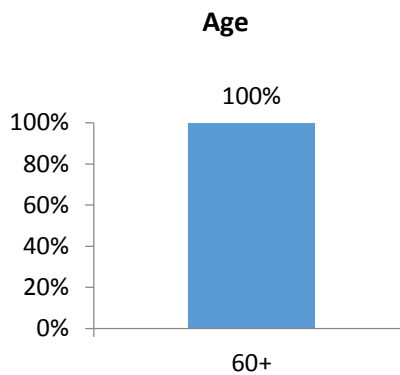
Permanent Supportive Housing

Program Description: Permanent supportive housing units are short-term living spaces where individuals who are homeless or at risk of homelessness and suffer from one or more mental illness, can receive an array of services designed to support their recovery. 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.

In 2008, TCMHA received $2.4 million in MHSA dollars that was projected to fund 20 to 24 housing units. In fiscal years 2008-2009 and 2009-2010, stakeholders requested supplementary funds toward the development of additional permanent supportive housing. With these added monies for a total of $6.9 million, Tri-City has developed 64 units of permanent supportive housing for those challenged by living with severe and persistent mental illness.

MHSA Housing Projects

Location	Studio	One Bedroom	Two Bedroom	Three Bedroom	Notes/Amenities	Total Units
Parkside Apartments	0	16	5	0	Computer stations, lounge area, and kitchen	21
Cedar Springs Apartments	0	5	3	0	TAY(16-25) with Family	8
Holt Family Apartments	0	11	11	3	Opening April 30	25
Claremont/ Baseline Project (Home)	0	0	2	0	Two separate wings with large living room and kitchen. Two bedrooms on each side	2
Park Ave Apartments	2	6	0	0	Programs provided on site	8
Total Units	2	38	21	3		64

The Housing Division (HD) primarily serves individuals with mental health challenges, which typically contributes to difficulty in obtaining or maintaining housing. In addition to serving Tri-City clients who are currently homeless or are at risk of homelessness, HD staff also offer resources to family members in an effort to improve and expand the clients' support system.

Secondly, HD staff serve the property staff at the housing sites where residential services are provided. Residential Services Coordinators (RSCs) step in to provide support by acting as a liaison between tenants and property staff. The RSCs demonstrate to tenants that property staff are approachable and teach them how to address issues instead of worrying about voicing their concerns.

The Housing Division (HD) focuses its efforts on improving tenant/property staff relationships at the Tri-City properties in order to help individuals obtain and maintain their housing. Staff look to bridge communication gaps with clients and property managers so that they can successfully transition to stable housing. In addition, the HD assists Tri-City's clinical staff who are then better able to focus on helping clients decrease their symptoms after securing stable housing.

Program Update:

The Housing Division (HD) saw an increase in individuals who were successfully able to secure housing during FY 2017-18. This number more than doubled over the prior year increasing from 17 to 49 individuals. The opening of Holt Family Apartments has contributed to this growth although the number of people housed outside of this location was still greater than the previous year.

The HD made it a priority to increase and maintain contact with Tri-City clinical staff in order to streamline the housing process for clients. After the initial contact was made upon referral, the clinician or referring team member was provided progress updates on a consistent basis. This collaboration continued once the client was housed and HD staff were able to consult with the clinical team if they encountered barriers with the client/tenant. This team approach assures the client is receiving consistent information from both HD and clinical staff so the most appropriate services are provided.

Another approach to streamline the referrals between housing and the clinical staff was to invite clients who were interested in housing to attend the Supportive Options Group, where they are screened by HD staff and receive housing information and resources designed to increase their housing options. Individuals who do not have income are provided resources and opportunity to explore employment or qualifying for public assistance. They are also connected to the employment specialist located at the Wellness Center where they can receive vocational support including resume building and access to job fairs.

Challenges Experienced:

Many clients have difficulty understanding and accepting the reality of the limited amount of affordable housing options currently available. They may hear about subsidized housing and financial assistance that is available to qualified individuals and believe it is readily available for anyone. This distorted perception of an abundance of subsidized housing prevents some clients from being open to smaller housing options such as rooms for rent or other listings that would better fit their current income. The average Social Security Income (SSI) recipient receives approximately $900 per month. This amount is difficult to live on in a rising market. It is

understandable that clients may want to hold out for subsidized housing, given that studio apartments in this area start at around $900 a month. However, by helping clients link together, they can pool their incomes to find housing they can afford jointly since a single income may not be sufficient, in most cases.

In response to the housing concerns, the HD will begin to hold regular events where Tri-City clients, who are struggling to find housing, can receive updates and current information about the local housing market, and introduce the idea of having a roommate(s) and how this could expand their housing options. The Good Roommate presentation (a curriculum designed to foster positive roommate relationships and cooperation) would be shared with these individuals to help sustain these joint housing situations.

Another approach is to create more educational tools to help clients maintain their housing. The focus will be on previously homeless individuals who might have a difficult time acclimating to their new structured environments. HD staff want to present opportunities for clients to connect with each other and look to find housing together as they pool their income and resources. In addition, HD staff will educate these individuals on how to determine what they are looking for in a roommate. The goal is to see this decision from a more practical viewpoint rather than friendship-based since the latter can create issues if they are not compatible as roommates.
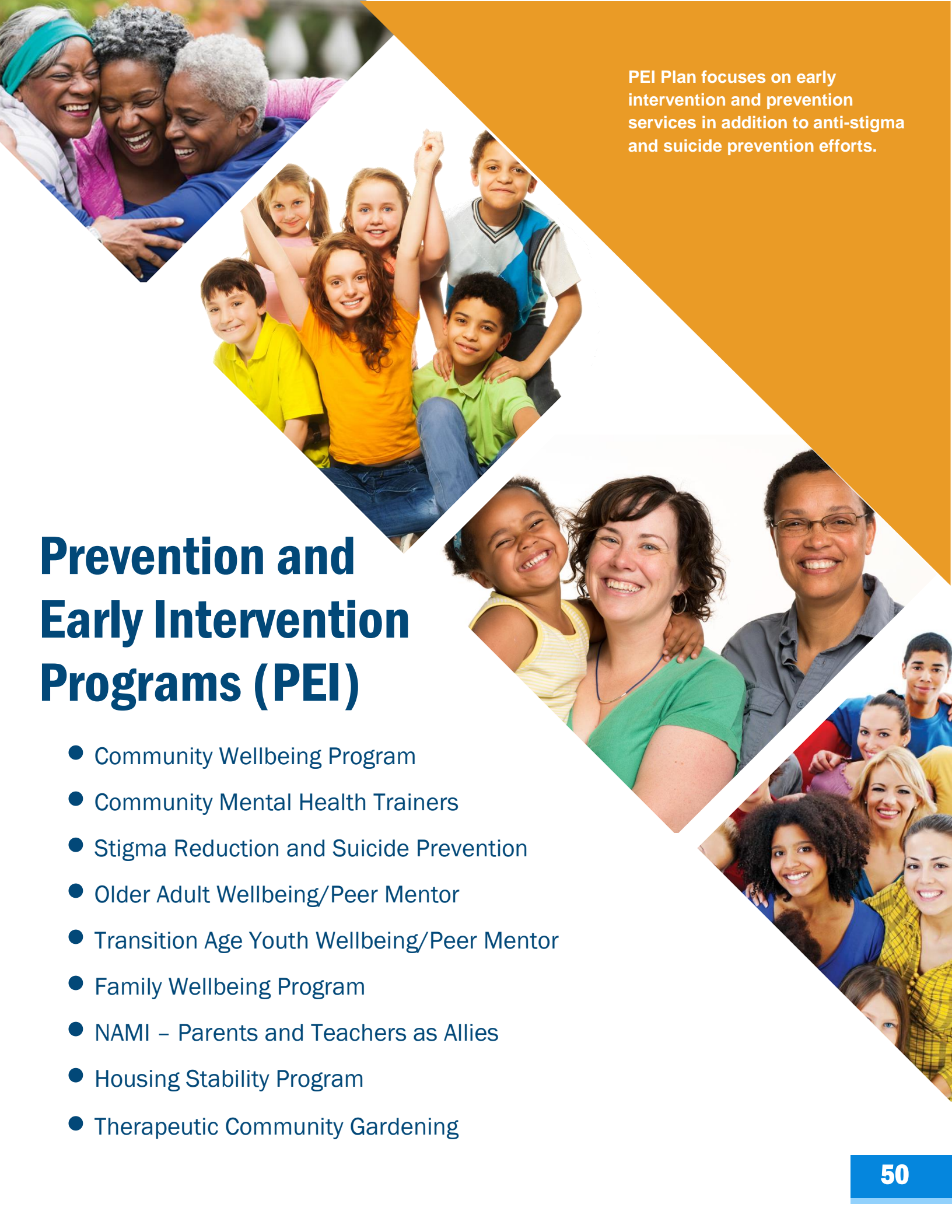
Outcomes:

PROGRAM: Permanent Supportive Housing

HOW MUCH DID WE DO?

Permanent Supportive Housing 64 Units Completed
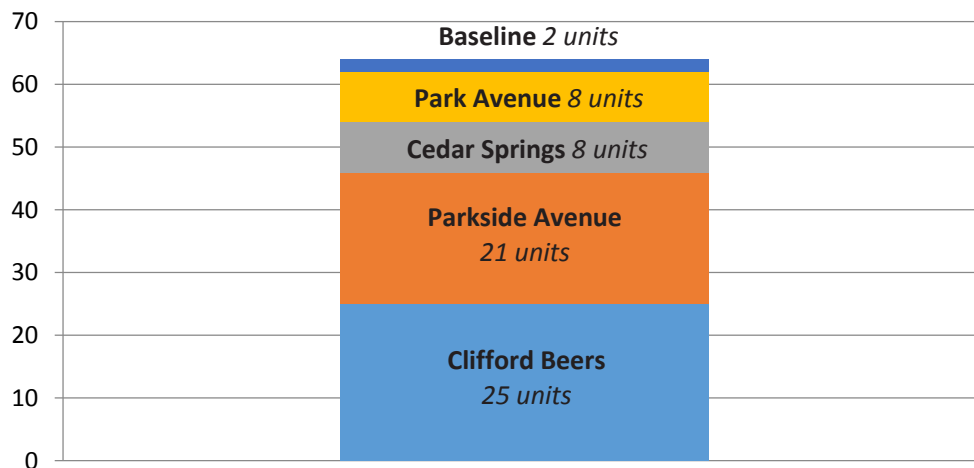
Prevention and Early Intervention Programs (PEI)

- Community Wellbeing Program

- Community Mental Health Trainers

- Stigma Reduction and Suicide Prevention

- Older Adult Wellbeing/Peer Mentor

- Transition Age Youth Wellbeing/Peer Mentor

- Family Wellbeing Program

- NAMI – Parents and Teachers as Allies

- Housing Stability Program

- Therapeutic Community Gardening

Community Capacity Building Programs

Three projects make up the Community Capacity Building program; Community Wellbeing Program, Community Mental Health Trainers and Stigma Reduction/Suicide Prevention Program.

Community Wellbeing Program

Program Description: The program provides small grants up to $10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.

Target Population: Local communities (defined as a group of individuals who rely on each other for support and can act together) who are interested in building their own capacity to strengthen the wellbeing of their members.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
Number Served FY 2017-18	329	155	749	19	1252

The Community Wellbeing (CWB) program typically supports unserved and underserved populations in the cities of Claremont, La Verne and Pomona. These diverse communities include children, adults, older adults and families of various ethnicities, socioeconomic backgrounds, religious affiliations, and experiences. In addition, the CWB program partners with and supports various non-profits, community organizations, and grass roots projects in the Tri-City area.

To qualify for a Community Wellbeing Grant, community groups located within the three cities go through a rigorous application process and interview. The amount funded is determined through the selection process and each applicant must have a fiscal sponsor or be a 501c3.

The specific goals of each community are addressed in the CWB application and clarified through one-on-one interviews. Some "universal" goals that are consistent through the majority of grantees include:

- Improved relationships between members of the community
- Increased capacity to meet the goals of the community
- Improved wellbeing- typically in the form of reduced stress, and overcoming challenges that the community faces

Program Update:

In FY 2017-18, 18 Community Wellbeing Grants were awarded, marking the seventh year for this vital and empowering project. Recipients for these grants included women who were previously incarcerated, children attending an Islamic school, undocumented women, preschool students and their families, Tongan families, Episcopal church groups, and older adults.

In addition to the financial support received through the grants, recipients can expand the benefits of this program by building strong relationships and connections among other grantees thereby increasing the wellbeing of their participants. This was accomplished when several grantees extended invitations for other grantees to join in their wellbeing events/activities. This example of collaboration provided an opportunity for participants to share their culture and wellbeing approach while providing a learning opportunity that may not have occurred without this common thread connecting these diverse individuals.

There are several examples of communities thriving because of this grant program. One grantee, "Write the Wrong Writers Workshop", grew in both membership and in the participation of their group. This diverse group of individuals seek support, encouragement, and understanding in their pursuit of emotional healing after suffering trauma from domestic violence, the loss of a loved one, loss of livelihood, divorce, or loss of physical health. Through this funding, they were able to add several additional groups to meet the demand for individuals struggling with trauma(s).

Another grantee, Casa Colina, a local hospital and healthcare center serving youth with physical and cognitive disabilities, saw surprising benefits, not only for the siblings of those with disabilities as first intended, but also for the parents who reported greater connection with each other and a reduced stress resulting from connecting with other families going through similar struggles.

Challenges Experienced:

One challenge that the Community Wellbeing program continues to experience since its inception is inconsistent submission of community surveys, designed to monitor activities and progress throughout the year. To rectify this, staff implemented a more streamlined process in which each community submits a single survey twice a year that highlights important trends in wellbeing, challenges faced throughout the year, and success stories. This has resulted in a nearly 100% participation rate, and a significant improvement over previous years.

During this past fiscal year, a significant challenge occurred related to communities that did not feel comfortable associating with one another. Specifically, a group that was predominantly Sunni Muslim and another group that was supporting Shiite Muslim, which historically did not associate with one another. While these communities did participate in the quarterly meetings, it was primarily the administrative leadership as opposed to the beneficiaries of the projects. The CWB staff worked to engage each of these populations, as with others in similar situations, in an effort to find common ground for communication, if not collaboration, in the future.

Another challenge has been the engagement and support of LGBTQ youth, and groups made up of Asian Americans. Several attempts to outreach and engage these groups this year were largely unsuccessful. A new approach to engagement includes asking current CWB members to act as a liaison with these populations through known associates or organizations that are currently supporting these individuals.

Future efforts include the development and implementation of a communication system, with the goal of connect participating CWB communities directly to one another where they can share struggles and successes between quarterly meetings. The hope is to build a stronger and more cohesive group, and hopefully, a greater sharing of resources between participants.

Outcomes:

PROGRAM: Community Wellbeing Project (CWB)
The number of community grantees selected for FY 2017-18 remained the same as FY 2016-17 at 18. In addition, the estimated number of community members represented were very similar as last fiscal year with 3,320 for FY 2016-17 and 3,346 for FY 2017-18. Survey results indicate grantees reported an improvement in their ability to work together.

HOW MUCH DID WE DO?

18 Community Grantees Chosen	**1,862** Number of People who Benefited from Grantee Activities	**3,346** Community Members Represented in the 18 Grantees

Number of Events Held by Community Capacity Organizer

Bar chart values: Community Support 48, Learning Events 7, Trainings 8, Application Feedback 5.
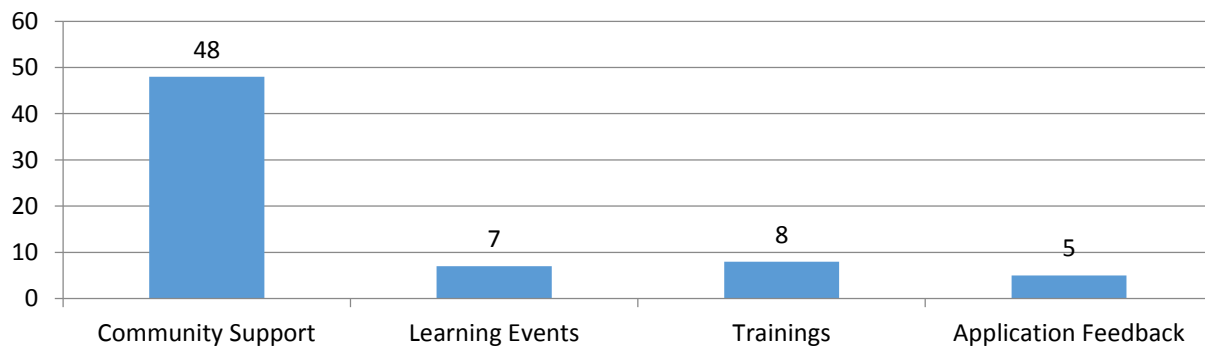
Number of Community Events/Activities and Meetings

■ Events/Activities ■ Meetings

	Time 1 (n=18)	Time 2 (n=17)
Events/Activities	271	593
Meetings	258	354
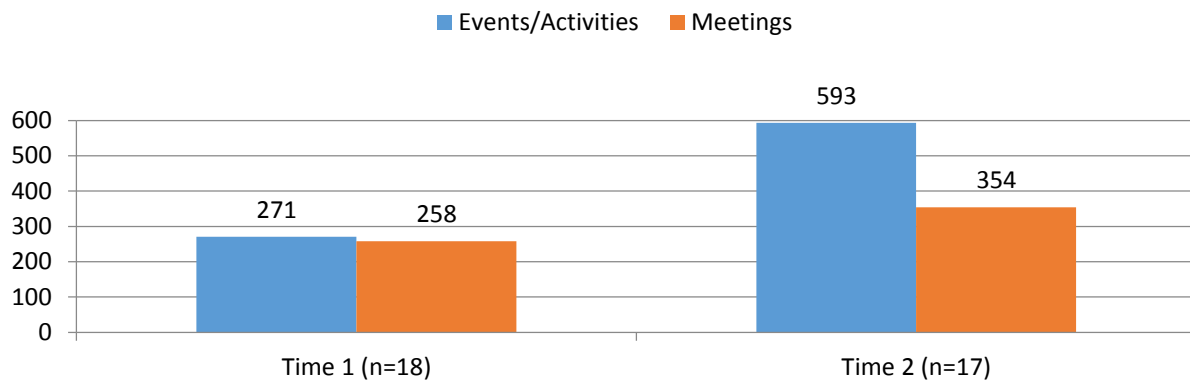
HOW WELL DID WE DO IT?

Percentage of Grantees who Report Improvement in Supporting Each Other

Time 1 (n=18): 89%
Time 2 (n=17): 100%
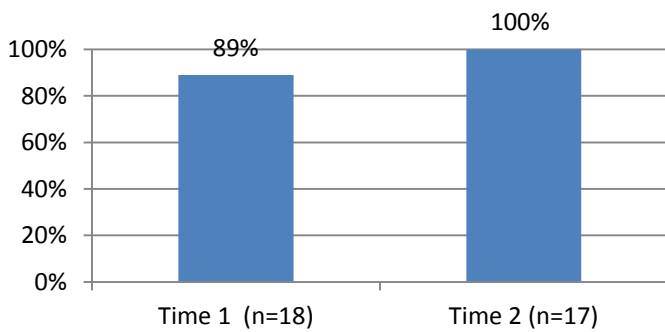
Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together

Time 1 (n=18): 89%
Time 2 (n=17): 100%
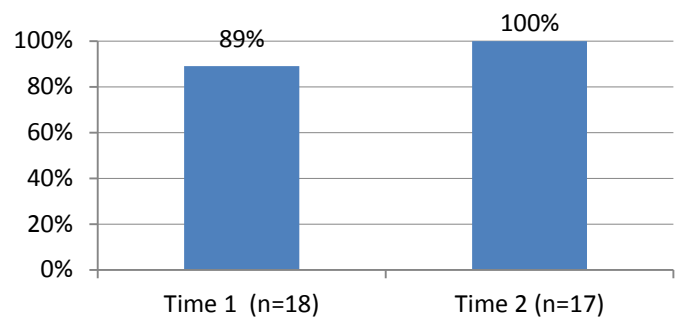
Percentage of Grantees who Report Success in Their Community's Activities

Not Success 12%
Success 88%

Success 100%
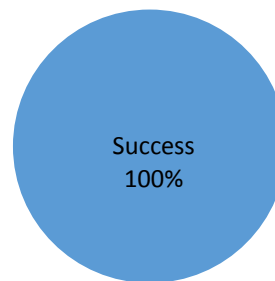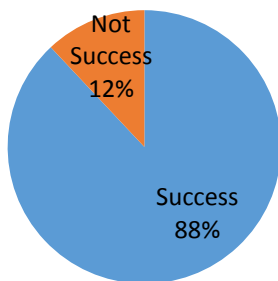
Community Mental Health Trainers

Program Description: Community Mental Health Trainers offer community trainings including Mental Health First Aid and workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes.

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

Mental Health First Aid Trainings FY 2017-18	16
Individuals Trained	213

Community Mental Health Trainings FY 2017-18	7
Individuals Trained	92

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

Based on these multiple factors and projected reduction in PEI revenue, stakeholders terminated the Community Mental Health Trainers program effect June 30, 2018. However, although this program was retired, there are still four MHFA instructors remaining who are certified to offer trainings.

Program Updates:

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

In the final year of this program, CMH trainers were able to offer trainings to parents and care givers of students at Claremont Unified School District. These trainings were offered in the evening at the district office for free. In addition, due to having bilingual instructors, trainings were

offered to various populations including Transitional Age Youth [TAY], Adult, Older Adults, Veterans, Educators, and other populations identified as underserved and unserved.

Challenges Experienced:

The number of trainings provided to the community decreased. Possible reasons for this decline include: Tri-City has trained close to 4,000 community members and partners in our service area; the commitment to do an 8 hr. training on their own time; and agencies/organizations had already offered the training to their staff/members.

Populations that were difficult to engage were specific minority communities such as Korean, Vietnamese, and LGBTQ. In previous years we were able to train law enforcement, but continue to struggle with engaging fire fighters or other first responders. Engagement with the faith community has also decreased compared to other years.

Another consideration was that some communities were unable to attend or participate in the community trainings being offered because the curriculum and instructors could not provide the trainings in their first language such as Korean or Vietnamese. Although community engagement included all populations in the service area, staff were only able to provide trainings in English and Spanish.

Outcomes:

PROGRAM: Mental Health First Aid/Community Mental Health Trainings
FY 2017-18 saw a steady decrease in the number of Mental Health First Aid trainings from 30 (FY 2016-17) to 16 (FY 2017-18)

HOW MUCH DID WE DO? *Mental Health First Aid*

213 Individuals Trained	16 Mental Health First Aid Trainings Conducted

Mental Health First Aid Trainings by Type

Core: English — 44%
Military — 6%
Older Adults: MHFA — 6%
Youth: English — 25%
Youth: Spanish — 19%

City of Training

Claremont — 19%
La Verne — 19%
Pomona — 62%
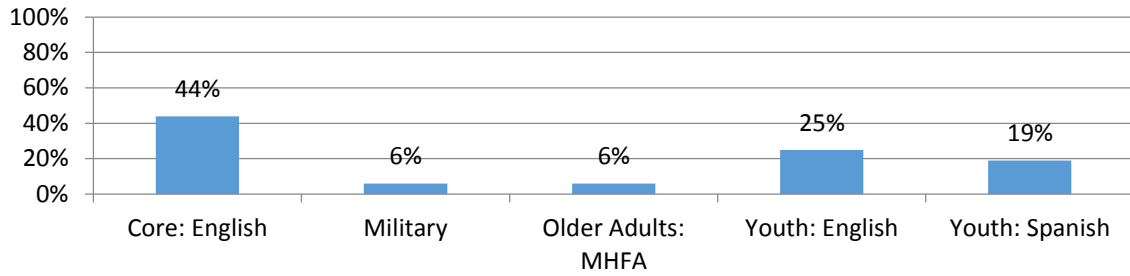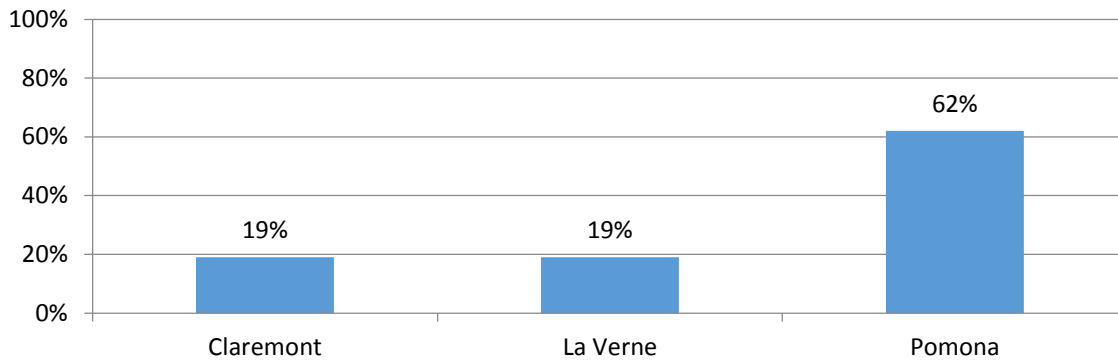
HOW MUCH DID WE DO? *Community Mental Health Training*

92
Individuals Trained

7
Community Mental Health Trainings

Community Mental Health Trainings

EMHT: Youth — 14%
EMHT: English — 14%
EMHT: Spanish — 29%
Recovery Model — 14%
Self-Harm — 29%
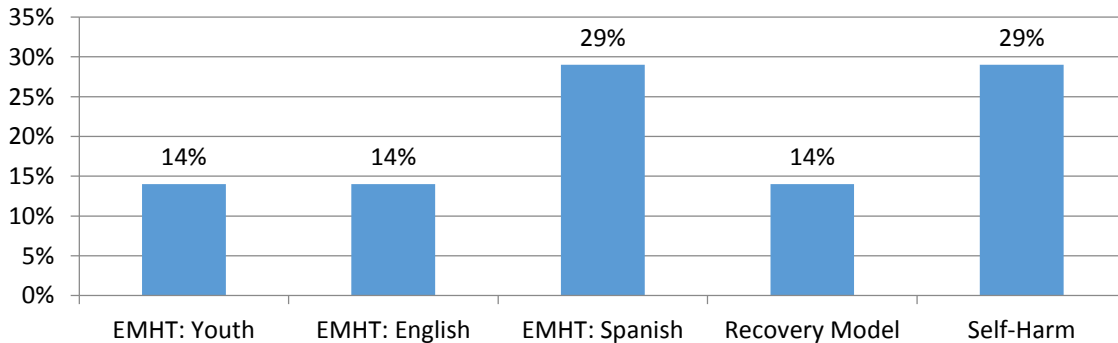
City of Training
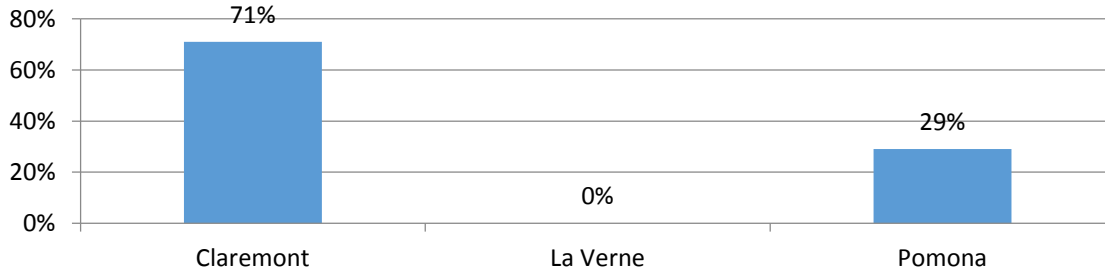
HOW WELL DID WE DO IT?

Mental Health First Aid

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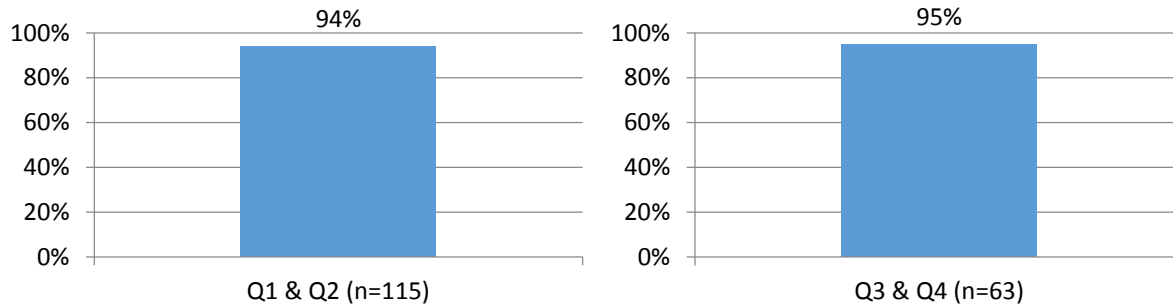
Community Mental Health Training

Percentage of those trained in Community Mental Health who agreed or strongly agreed that the topics covered in the training were relevant to their setting.
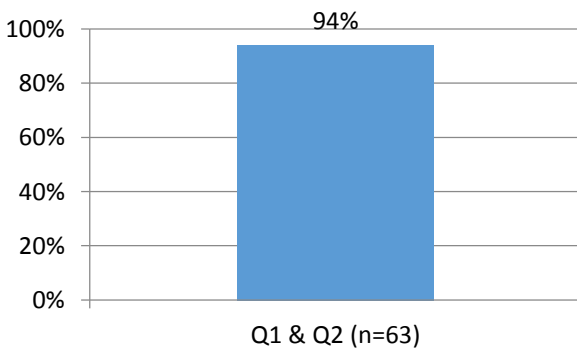
No CMHT trainings held in Q3 & Q4

IS ANYONE BETTER OFF?

Mental Health First Aid

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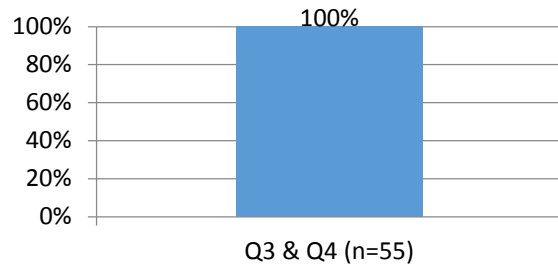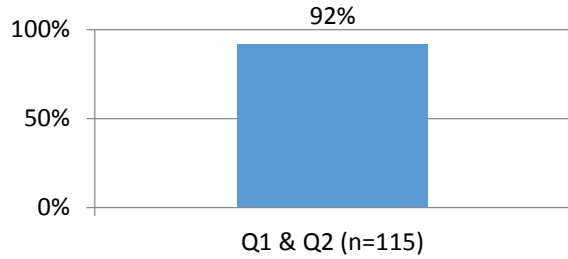
Mental Health First Aid

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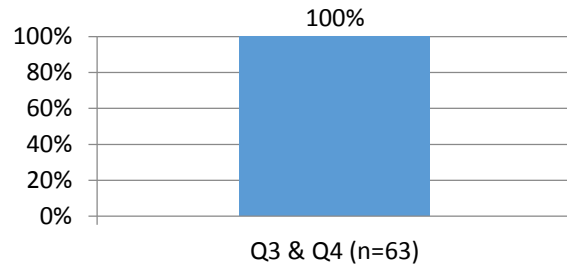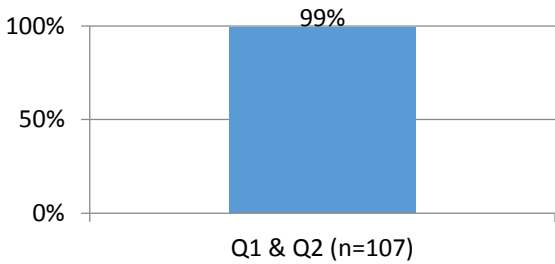
Community Mental Health Training

Percentage of those trained in Community Mental Health who agreed or strongly agreed that they could utilize the information/knowledge gained in their practice.
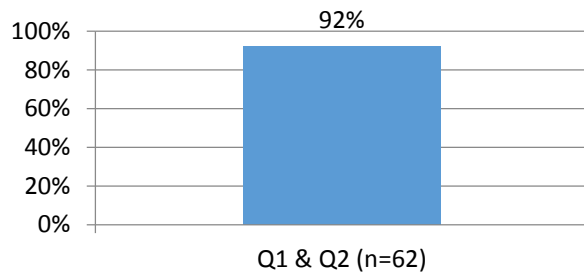
No CMHT trainings held in Q3 & Q4

Community Mental Health Training

Overall Training Rating of Good/Excellent
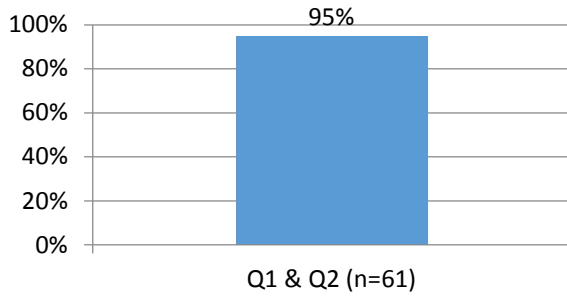
No CMHT trainings held in Q3 & Q4

Stigma Reduction and Suicide Prevention

Program Description: Tri-City's stigma reduction effort is encompassed under Room4Everyone and includes a website focused on stigma reduction, along with several other components designed to empower individuals suffering with mental health challenges and awareness to the stigma related to mental illness. Suicide prevention efforts include offering the safeTALK alertness training which provides participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

Target Population: Community members, agencies and organizations located in the Tri-City region (cities of Claremont, Pomona, and La Verne).

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	0	132	44	8	25	209

Addressing the stigma that surrounds mental illness has long been a focus for Tri-City Mental Health Authority. Tri-City's stigma reduction efforts are consolidated under the primary campaign, Room4Everyone. Room4Everyone, a community wellbeing campaign, includes a website dedicated to providing community members with resources, information, and personal stories about recovery for individuals with mental illness.

Beneath the Room4Everyone umbrella are three components, with each one providing an opportunity for community members to become involved in the fight against stigma in a way that fits for them.

1. **Courageous Minds Speakers Bureau** consists of individuals with lived experience who are leading the charge against stigma by sharing their personal stories and modeling a positive path to recovery.

2. **Creative Minds** is a community art gallery where local artists of every skill level can contribute art displayed on the walls of Tri-City's MHSA building. Artists are recognized for their work and share how their art influenced their life.

3. **National, state and local mental health awareness campaigns,** which includes collaborative campaigns such as May is Mental Health Month, July is Minority Mental Health Month, Suicide Prevention Week, Directing Change (a suicide prevention video contest) and Green Ribbon Week, an original annual Tri-City event held during the month of March.

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

The Room4Everyone Campaign and its components, serves all ages. Specifically, the stigma reduction and Creative Minds project connects with school age children from elementary through college. Younger students celebrate and participate in Green Ribbon events, sponsored through CalMHSA's Each Mind Matters campaign. High school students and faculty participate through a film contest called Directing Change, with Claremont High School winning first place in their region with their suicide prevention film entitled, "There is Hope".

This program also serves adults and older adults community wide by hosting various anti-stigma events and providing opportunities for participation at every age level.

Program Update:

During Minority Mental Health Month, Tri-City hosted an incredible author and speaker, Andrea J. Loney. Based on her popular children's book, *BunnyBear*, Andrea spoke at several events sharing the struggles of BunnyBear, who was born a bear but feels more like a bunny on the inside. These heartwarming presentations were shared with both Tri-City staff and community members and provided a strong lesson on looking beyond our own assumptions and biases and accepting others as they are.

The Creative Minds Art Gallery continues to be a popular component of the stigma reduction program as demonstrated by an increase in the number of participants sharing their work and personal stories and the impact of art on their lives. During FY 2017-18, two showcase events were held which included 73 different artists and 110 pieces of art. This success has been a result of outreach and organic growth as participating artists share with others about the gallery and their experience.

This increase may also be due in part to several stakeholder recommendations incorporated during this past fiscal year. Adjusting the dates for the Creative Minds gallery events to better accommodate high school and university schedules proved helpful. At the same time, the Creative Minds Gallery has been able to interweave its activities in line more with national and state recognized stigma reduction events. In addition, Minority Mental Health Month has become a standard part of the recognition calendar at Tri-City and plans for next year are already underway.

Challenges Experienced:

Committing to a specific date for trainings or presentations seemed to be a challenge for some communities this past fiscal year. Various groups, who originally expressed an interest in

scheduling a training or presentation, failed to follow through when asked to provide a final date. After diligent follow-up with these communities, it was determined that prior to scheduling an event, it would be helpful to first focus on building a relationship with the group leaders so that Tri-City staff can then effectively asses the needs of the community and offer training that is appropriate for its members and better supported by the leaders.

Through this same collaborative process, Tri-City has increased their ability to engage high school students throughout the communities we serve. Through effective and strategic outreach efforts targeting local high schools, there has been a significant improvement in collaboration. As stated before, by simply changing the submission dates for the Creative Art Gallery, these revised dates now align with the school calendar. Plans for the coming year include hosting a "three district art showcase" featuring one school from each district.

The Tri-City service area is unique in that there are four major universities, each with its own culture. With each diverse campus, outreach and engagement has been challenging and Tri-City staff have been dependent on existing relationships at each campus, but not able to reach the student body as a whole. Future strategies include focusing outreach efforts on the counseling/psychological services on each campus by creating a comprehensive information package and building a strong relationship with one point person in that department. The goal is to increase the reach of the stigma reduction program across the campuses.

Outcomes:

PROGRAM: Stigma Reduction & Suicide Prevention
The number of presentations was constant for both FY's 2016-17 and 2017-18 with a total of 48 presentations. There were four art showcases held; however, the number of artists and pieces nearly doubled from FY 16-17 to FY 17-18: in FY 16-17 there were 40 artists compared to 73 the following year. The number of pieces increased from 53 to 110 in the last fiscal year. Attendees at stigma reduction events from both fiscal years reported that they felt motivated to participate in stigma reduction efforts and that their belief that people with mental illness can recover had increased as a result of the training.

HOW MUCH DID WE DO? *Stigma Reduction*

15 Presentations	←	17 Courageous Minds Speakers Shared
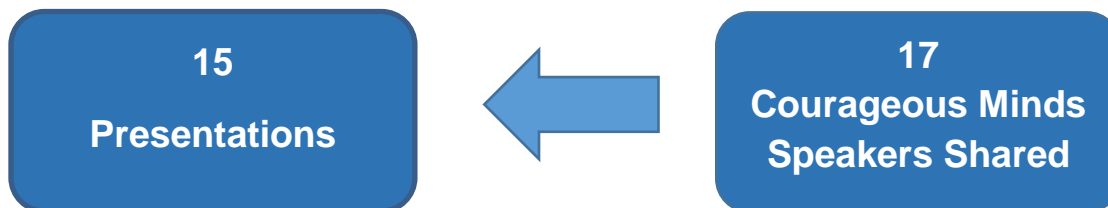
Location of Presentation
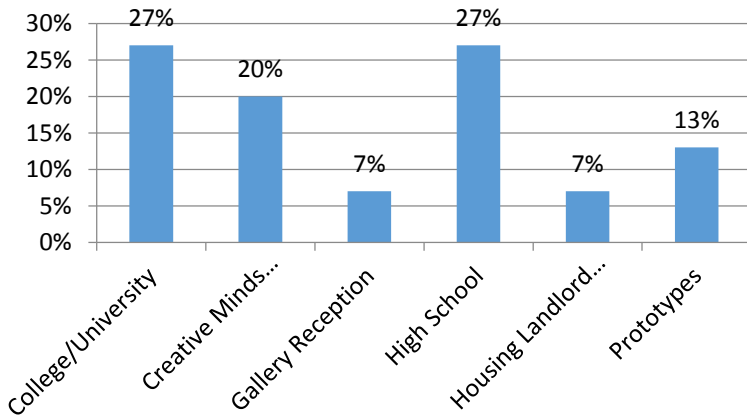
Presentations by City
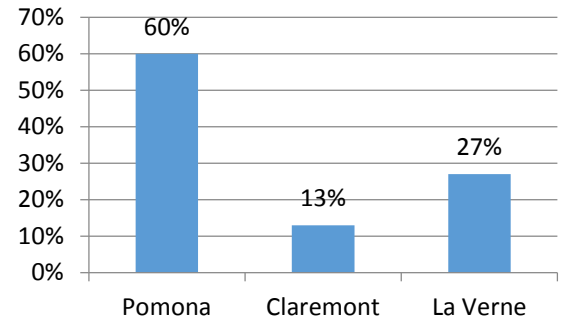
HOW MUCH DID WE DO? *Suicide Prevention*

9
Trainings

Type of Presentation
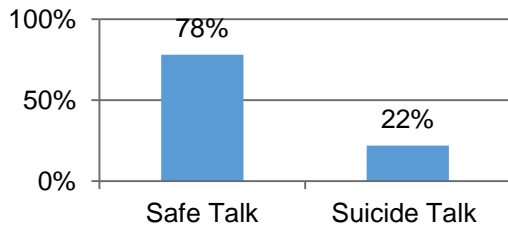
Presentations by City
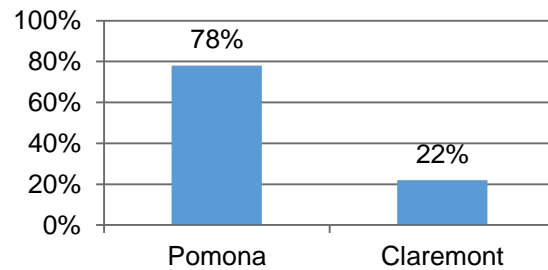
HOW MUCH DID WE DO? *Creative Minds Art Gallery*

2
Art Showcases Held

73
Artists who Participated

110
Art Pieces Submitted

Promotional Activities

6,373

Promotional Materials

Type of Promotional Materials

Brochures	Flyers	Green Ribbons	Posters
959	1,294	4,099	21

City of Promotional Materials

Claremont	La Verne	Pomona
30%	26%	44%
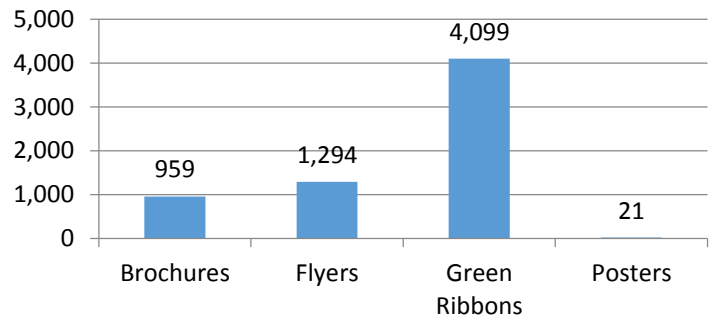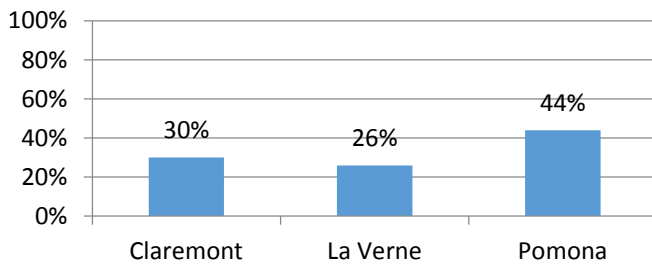
83,736

Number of Website Hits for the "Room4Everyone" Website

60,925

Number of Unique Website Hits for the "Room4Everyone" Website

HOW WELL DID WE DO IT?

438

Attendees for Stigma Reduction

162

Attendees for Suicide Prevention

88

Attendees for Art Gallery Receptions

IS ANYONE BETTER OFF?

Stigma Reduction

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

77%	90%	81%	89%
their understanding of the impact of mental illness in their community has increased	they understand the challenges that stigma creates for those who are experiencing mental health symptoms	their belief that people with mental illness can recover has increased	they felt motivated to participate in stigma reduction efforts
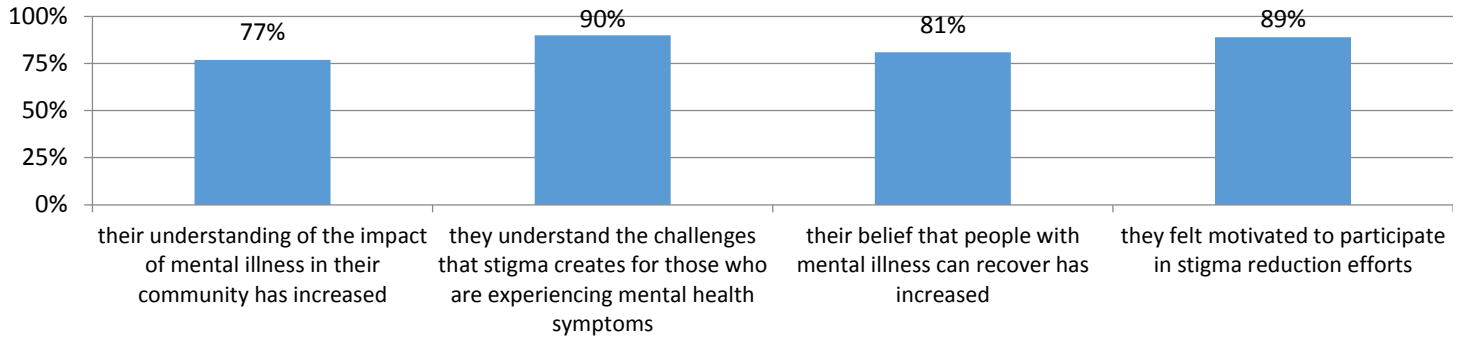
Suicide Prevention

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

- ■ Well Prepared — 30%
- ■ Mostly Prepared — 47%
- ■ Partly Prepared — 19%
- ■ Not Prepared — 4%
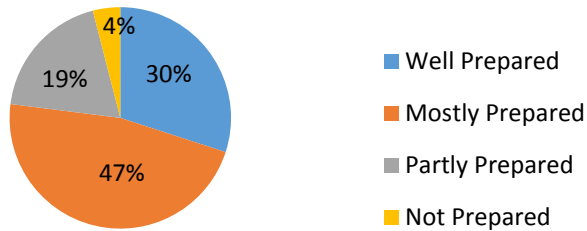
Courageous Minds

Percentage of Courageous Minds Speakers who:

100%	100%	100%
feel supported by staff	feel empowered after sharing their story	feel sharing their story may have helped someone
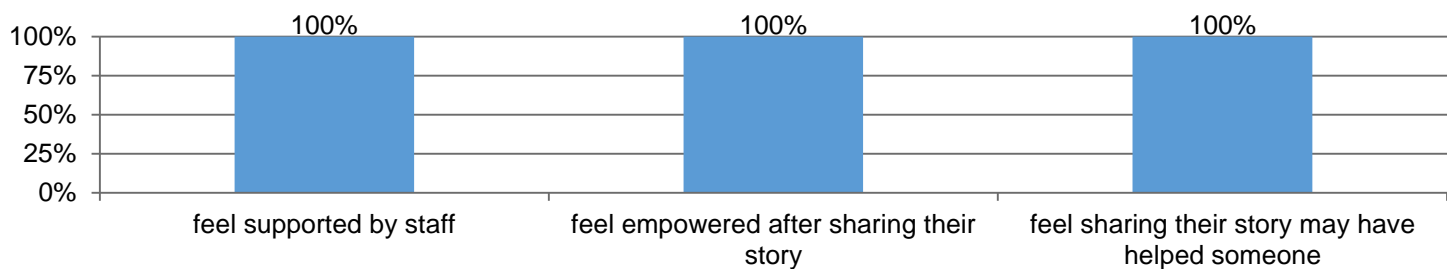
Older Adult Wellbeing/Transition Age Youth Wellbeing

(Peer Mentor and Wellness Center PEI Programs)

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

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

Target Population: Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over)

Age Groups	TAY 18-25	Adults 26-59	Older Adults 60+	Totals
Mentors FY 2017-18	19	7	6	32
Mentees FY 2017-18	18	40	16	74
Groups FY 2017-18	16	92	75	183
Cost Per Person	$555	$648	$648	N/A

The Peer Mentor (PM) Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for formal services or are transitioning out of formal services. This program provides a safe environment for individuals to work on their life stressors while focusing on improving their mental wellbeing. By offering individual and group mentoring, the peer mentors help individuals who have identified with lived experience to continue to grow in their journey while helping others who may be going through similar circumstances.

The program addresses language barriers by offering support by mentors who are fluent in Mandarin, Cantonese, American Sign Language, Vietnamese, Korean, Hindi, Arabic, Spanish as well as English.

Program Update:

While continuing to focus on individuals with lived experience, this popular and impactful program was able to sustain 32 mentors throughout the program year. Of these 32 mentors, 19 self-identified with lived experience, which is a significant increase from the previous year with only 12 self-identified. The program also sustains support groups focusing on two important underserved populations: older adults and LGBTQ.

In addition to providing mentoring services for community members, this program supports Tri-City clinical departments. Based on the need to provide a safe and supportive space for individuals preparing to transition to a lower level of care from the Adult Outpatient department, the HOPE Transition Group was established. Peer Mentors help support the Officer of the Day (intake department) by reaching out to individuals who miss their orientation appointment and reengage these individuals back into services.

Peer Mentor Trainings

Training is an important component of the Peer Mentor program. Below is a list and description of the comprehensive courses offered through this program.

- Orientation: Peer Mentors get oriented on the program and what the next 9 months will entail. Peer Mentors learn about the services they will be providing, and upcoming trainings they will be receiving while learning about the resources within our community.
- Suicide Talk: Mentors gain knowledge and awareness regarding how to identify the first steps in suicide prevention. Mentors engage in an open discussion exploring suicide prevention.
- Cultural Competence: Peer mentors get trained on the diverse culture they will be working with. Peer mentors gain a better perspective on their own culture and the importance of learning about other cultures as it can impact mental health wellbeing. Mentors learn about various populations such as working with the homelessness and veterans in our community.
- Mental Health First Aid: Mentors gain the basic understanding of mental health diagnosis while helping reduce mental health stigmas.
- Motivational Interview: Mentors learn about the importance of the recovery process. Mentors learn about the stages of change and how resolving ambivalence is one of the primary elements with motivational interviewing.
- Working with older adults: Mentors learn about working with older adults in the community. Mentors learn about what individuals may be going through around that age range and how to recognize some signs that may be missed.
- Self-Care and Safety: Mentors gain knowledge on the importance of practicing positive self-care such as utilizing positive coping skills to help alleviate unwanted symptoms and to help improve their mental health wellbeing. Peer Mentors learn about various techniques, including safety, when working with mentees out in the community as well. Mentors learn about being safe in the community when they are meeting with mentees out in the community.
- Adverse Childhood Experiences (ACEs): Mentors learn about how traumatic events and experiences that happened prior to 18 years of age can impact prevention efforts.

HIPAA: Peer Mentors learn about the importance of confidentiality when working with mentees. Mentors learn about mandated reporting and the process with mandated reporting when serving the community. Mentors learn about the privacy and rights of individuals as it relates to their healthcare information.

Community Resiliency Model (CRM): Mentors learn skills to reset the natural balance of the nervous system after a traumatic event or stress occurred. Mentors learn how they can incorporate these skills within their own life and when working with mentees.

Stigma Reduction: Peer Mentors learn about stigma and the impact it has had on mental health wellbeing. Mentors learn how stigma can play a powerful role on impacting a mentee's level of functioning.

Healthy Relationships: Project Sister provides training on the importance of healthy relationships, and what setting appropriate boundaries look like. Mentors also learn to identify early warning signs of unhealthy relationships.

LGBTQ: Peer Mentors learn about the LGBTQ community, individuals who may identify in the community and the impact limited resources has had on an individual's mental wellbeing.

Sexual Assault 101: Provided by Project Sister, this prevention program is designed to educate the community on the nature of sexual assaults.

Transition: Mentors learn the importance of appropriate transition and the impact it can have on an individual.

Group Activities: Mentors work on team building and healthy communication by engaging in various group activities.

Challenges Experienced:

The Peer Mentor Program continues to outreach to the homeless population, which historically has been difficult to engage. PM staff recognized that, although this population is underserved, individuals residing at the local homeless shelters are reluctant to accept one-on-one support. In response to this, the peer mentors have revised their engagement strategy to focus on *Peer Mentor Wellbeing Activities.* These activities are designed to help participants learn more about the program while gaining positive coping skills. In addition, PM's will focus on creating an on-going support group at the Armory (local homeless shelter) where topics focus on relevant issues specific to the needs of this population.

Although the participation rate from this population has been low, over the next fiscal year, PM staff will continue to work on developing new strategies addressing the needs of the homeless population and provide onsite support as needed. In addition, PM staff will continue to collaborate with Tri-City's Housing Department and Community Navigators to provide these individuals with additional resources specific to their needs.

Another challenging but critical group is older adults. The peer mentors continue to work on building effective ways to connect with this underserved group who often face obstacles to services such as lack of transportation, declining health issues and limited mobility. Future goals and strategies include creating on-site wellbeing activities that will be more accessible for older adults.

A final challenge has been to engage Korean older adults. Recently, a peer mentor that identifies as Korean American and speaks Korean fluently has begun outreach and engagement efforts to connect with local Korean older adult communities with the hope of increasing access to support services by building supportive relationships.

The Peer Mentor Program continues to expand in the population that they serve as reflected in a 3% increase with population served in Claremont, 1% increase in La Verne, 3% increase in Pomona. Additional increases included an increase in 148 attendees at PM groups, 6% increase in referrals that became mentees and a 7% increase in PM reporting that becoming a Peer Mentor has made a positive impact on their lives.

Outcomes:

PROGRAM: Older Adult Wellbeing/Transition Age Youth Wellbeing (Peer Mentor Program)
The number of peer mentors and peer mentees were consistent for FY 2016-17 and FY 2017-18; however, there was an increase in peer mentors who self-identify with lived experience in FY 17-18. There were 3,076 service learner hours completed by the peer mentors for FY 16-17 and 17-18 combined. Both mentors and mentees had positive ratings of their experiences for both years.

HOW MUCH DID WE DO?

32 Active Peer Mentors

Age

0-15	16-25	26-59	60+
0%	59%	22%	19%

Gender

Male 25%
Female 75%

Race/Ethnicity

Asian/Pacific Islander	Black/African...	Hispanic or Latino...	White/Caucasian	Other
19%	3%	44%	28%	6%

City of Residence

Claremont	La Verne	Pomona
16%	9%	75%

Peer Mentor Language

Mandarin/Cantonese 6%

American Sign Language 3%

Vietnamese 3%

Korean, 3%

Hindi, 3%

Arabic 3%

English 50%

Spanish 28%

74 Mentees Served

Age

- 0-15: 0%
- 16-25: 24%
- 26-59: 54%
- 60+: 22%

City

- Claremont: 11%
- La Verne: 13%
- Pomona: 76%

Gender

- Male 35%
- Female 65%

Language

- Vietnamese 3%
- Spanish 11%
- English 86%

Race/Ethnicity

- Asian 7%
- Black/African American 5%
- Hispanic or Latino Origin 50%
- White/Caucasian 34%
- Other 4%

1,285 Attendees at Peer Mentor Groups

Gender

- Other 4%
- Unknown 0.2%
- Male 15%
- Female 81%

Age

- 16-25 2%
- 26-59 28%
- 60+ 69%
- Unknown 1%

Race/Ethnicity

- Asian 2%
- Black/African American 3%
- Hispanic or Latino Origin 85%
- White/Caucasian 2%
- Other 2%
- Unknown 6%

Language Spoken by Group Attendees

- English 30%
- Spanish 68%
- Unknown 2%
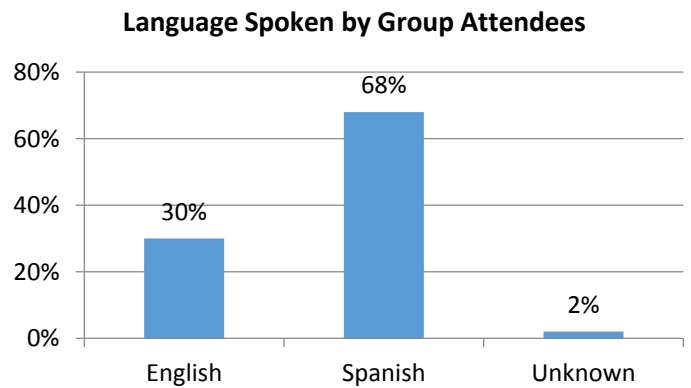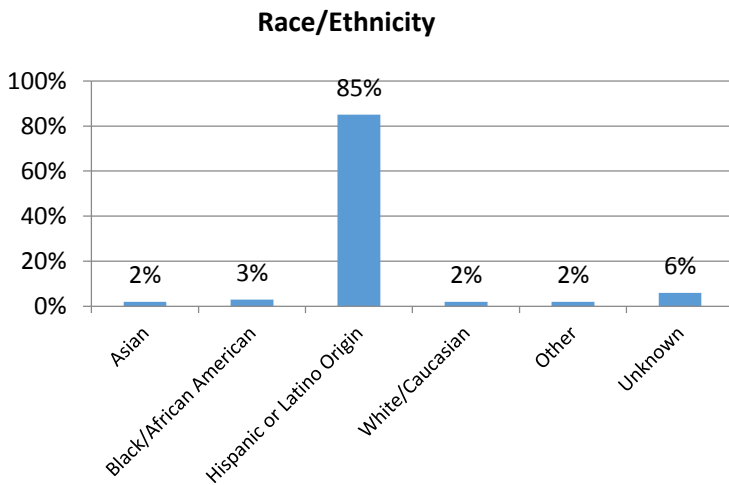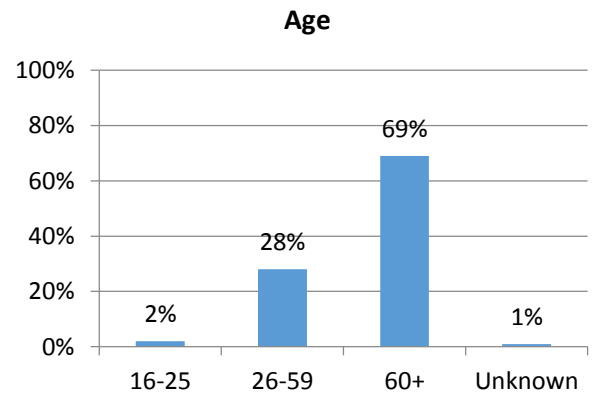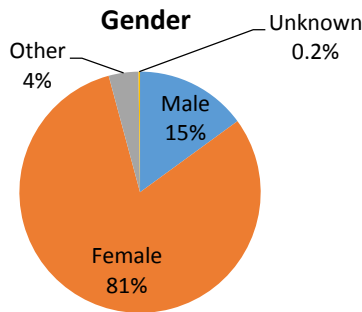
Groups Held by Location, Name and Language

Bar chart data:
- Washington Park/Senior Socialization/Bilingual: 30%
- Palomares Park/Senior Socialization/Bilingual: 29%
- Pomona/LGBTQA: 29%
- Pomona/Adult MH Wellbeing Activity: 4%
- Pomona/HOPE Transition: 4%
- Claremont/Senior MH Wellbeing Activity: 1%
- Pomona Shelter/MH Wellbeing Activity: 1%
- Pomona/Socialization Activity: 1%
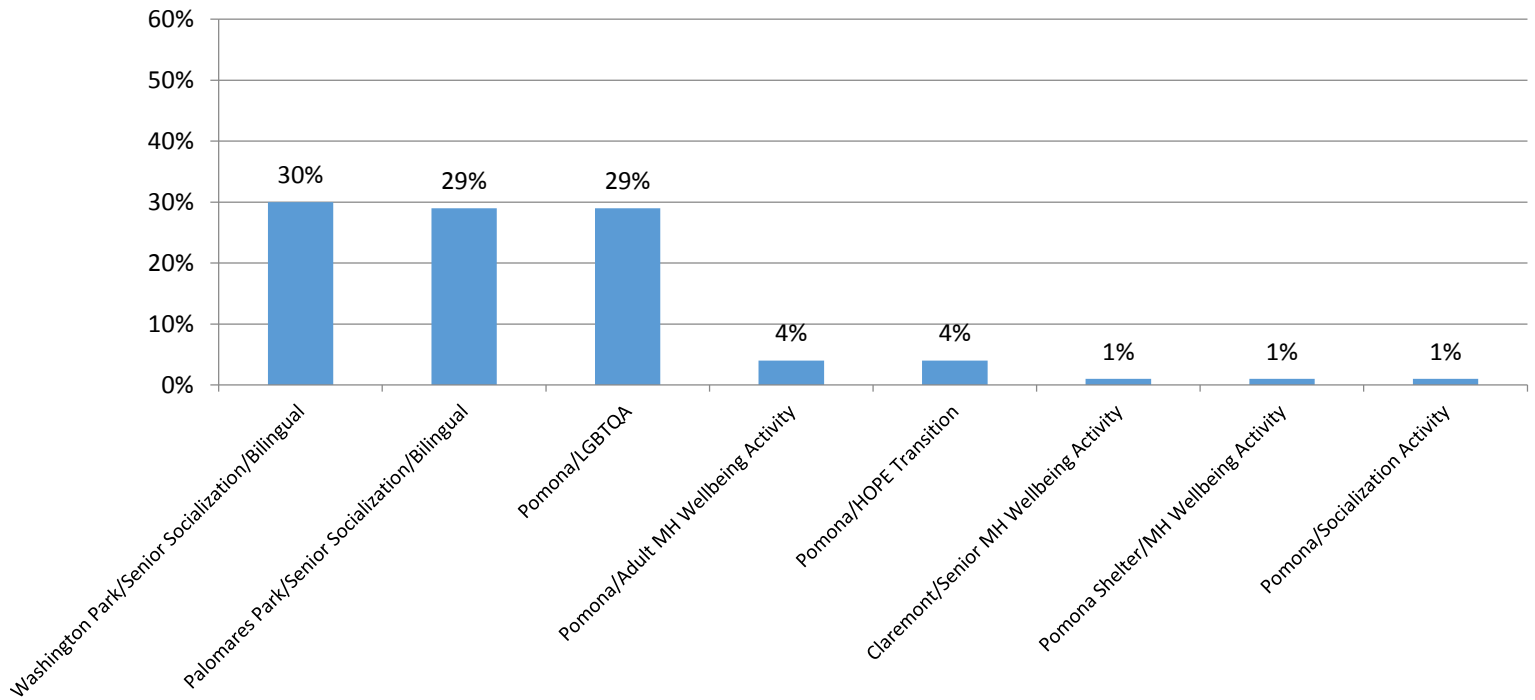
HOW WELL DID WE DO IT?

51 out of 67 (76%) Referrals Became Mentees

100% of Peer Mentees reported feeling comfortable with their peer mentor

1,356 Service Learner Hours Completed by Peer Mentors

19 Peer Mentors Self-Identify with Lived Experience

IS ANYONE BETTER OFF?

97% of peer mentors reported becoming a peer mentor has made a positive impact in their lives

100% of mentees agreed peer mentor provided helpful support in their first session

Family Wellbeing Program

Program Description: Staff and volunteers build trusting relationships and provide support to family members and caregivers of people experiencing a mental illness.

Target Population: Family members and caregivers of people who struggle with mental illness from unserved and under-served communities.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	429	171	463	55	4	1,122
Cost Per Person	$30	$30	$30	$30	$30	N/A

The Family Wellbeing Program (FWP) is located at the Wellness Center, which serves as a community hub and place of support for participants from the cities of Claremont, La Verne and Pomona. The focus is particularly on family members from unserved and under-served communities.

The Family Wellbeing program consists of a dynamic set of programing focused on addressing the needs of the family. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g. exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences.

Although not a clinical-based program, the Family Wellbeing team is able to assess an individual who is in crisis, and through collaborative efforts with Tri-City's Intensive Outreach and Engagement Team or local law enforcement, connect the individual with the appropriate level of care including the Tri-City clinic or hospital emergency room. Additional resources may be provided through the Community Navigators or Tri-City's Housing Department.

In addition to supporting family members and caregivers, the FWP oversees the social- work interns who are placed with Tri-City for clinical supervision as part of their Masters of Social Work program. From September through May, these highly trained and supportive graduate students offer an invaluable service to the school counseling program that Tri-City facilitates on Bonita Unified School District (BUSD) campuses.

Program Update:

In September of 2017, the FWB program welcomed several Masters in Social Work interns from California State Northridge, California State University Long Beach, University of Southern California and Azusa Pacific University. Although this program offers additional support for

Bonita Unified School District, during FY 2017-18, the school district requested counselors with more experience. This led to the consideration of a second year internship program, which will be explored in greater detail in the future.

In December 2017, the FWB team hosted the annual tree lighting event. This popular holiday event allowed parents, children and caregivers to take part in counting down to light the tree, viewing Charlies Brown's Christmas and receiving toys.

Beginning in the spring of 2018, the FWB program began outreach efforts in anticipation of their annual summer camp programs. The Wellness Center's annual summer camp is a month long, free day camp for children from the communities of Claremont, Pomona and La Verne. Twenty campers between the ages of 7 and 12 attended and service learners from the Workforce Education and Training program also participated which provided these volunteers with valuable hands-on experiences as they consider working with children in their future careers.

Challenges Experienced:

One of the challenges experienced by the Family Wellbeing staff included the engagement of children under the age of 12. Although many events are hosted throughout the year, this younger population continues to have a lower participation rate. The FWB staff will focus outreach efforts on locations in the Tri-City area that are known to be frequented by families with a goal of engaging this younger population.

Other engagement concerns are for families located in La Verne and Claremont, two of the cities that make up Tri-City's catchment area. Although the FWB program is housed at the Wellness Center in Pomona, the focus on inclusion and engagement of families and caregivers from all three cities is critical for the program's success. Lack of transportation was also considered as a possible factor for under-participation and this will be addressed during the next fiscal year.

Another significant challenge was the notable absence of the FWB supervisor for most of FY 2017-18. However, the remaining members of the team were able to step up, fill in the gaps, and continue to run a smooth program. This commitment to teamwork and cross training has proven to be beneficial for the families and caregivers for this program.

Outcomes:

PROGRAM: Family Wellbeing Program

The Family Wellbeing groups were well attended for both FY 2016-17 and 2017-18 with a total of 9,792 attendees combined for both fiscal years. Visitors not only reported a high level of satisfaction with the Family Wellbeing program, but also reported that their relationships with others had improved. These favorable ratings were for both fiscal years.

HOW MUCH DID WE DO?

1,122 Unique Individuals Served

Gender

Male 40%
Female 60%

Age

Age Group	Percent
0-15	38%
16-25	15%
26-59	41%
60+	5%
Unknown/Not...	1%

Race

Race	Percent
Asian/Pacific Islander	2%
Black/African American	8%
Hispanic or Latino Origin	73%
White/Caucasian	10%
Other	5%
Unknown/Not Reported	2%

City

City	Percent
Claremont	2%
La Verne	4%
Pomona	80%
Other	12%
Unknown	2%

Korean, 0.1%
Unknown 14%
Spanish 13%
English 73%
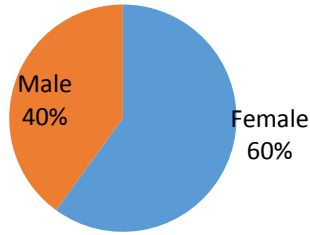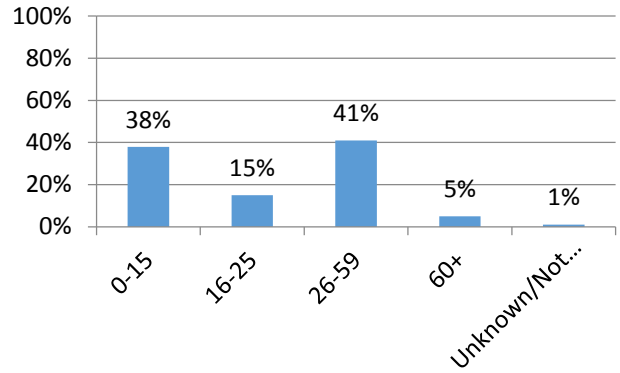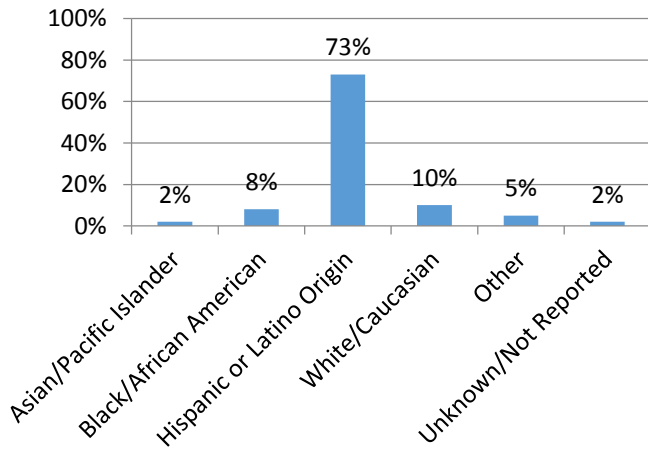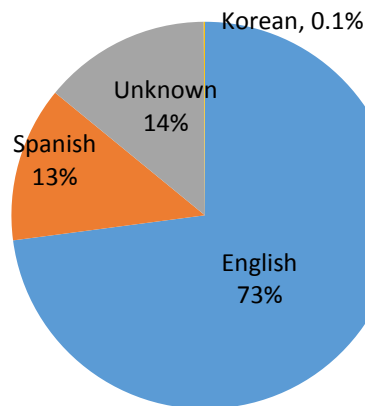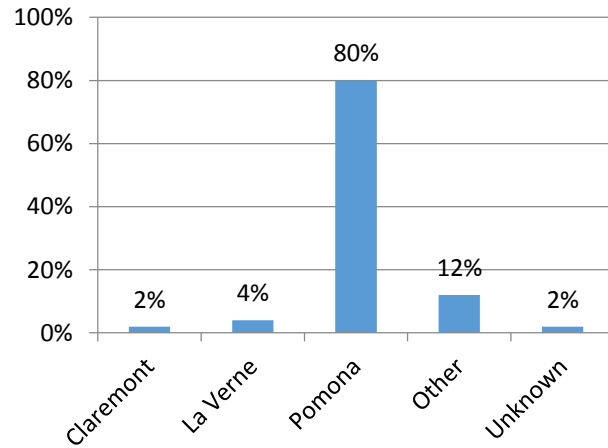
HOW WELL DID WE DO IT?

4,822

Number of Attendees at Family Wellbeing Events

(Duplicated Individuals)

Number of Times People Visited

35%

65%
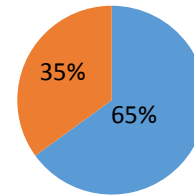
■ One Visit ■ Two or More Visits

Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
FWS – Arts & Crafts	21	1	16	7
FWS – Cooking Class	7	1	13	8
FWS – Creating Writing	24	3	10	5
FWS – Crisis	4	1	2	1
FWS – Grief & Loss	46	4	13	7
FWS – Kid's Hour	10	1	4	3
FWS – LGBT	1	1	1	1
FWS – Limited to Limitless	52	1	14	7
FWS – Mommy & Me	69	1	15	5
FWS – Movie Night	49	1	45	12
FWS – Music	55	1	20	12
FWS – One-on-One	118	1	20	2
FWS – Sacred Heart	6	8	25	15
FWS – Spirituality	50	1	12	6
FWS – Teen DRA	31	1	3	2
FWS – Teen Hour	44	1	9	4
FWS – United Family	52	1	30	12
FWS – Walking Adventure	52	2	13	8
FWS – Writing to Heal	47	3	16	6

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

Category	Percent
TCMHS staff told me about it	43%
A friend or relative told me about it	16%
Tri-City Website	2%
A community presentation	0%
Received a formal referral from an agency	9%
Other	33%
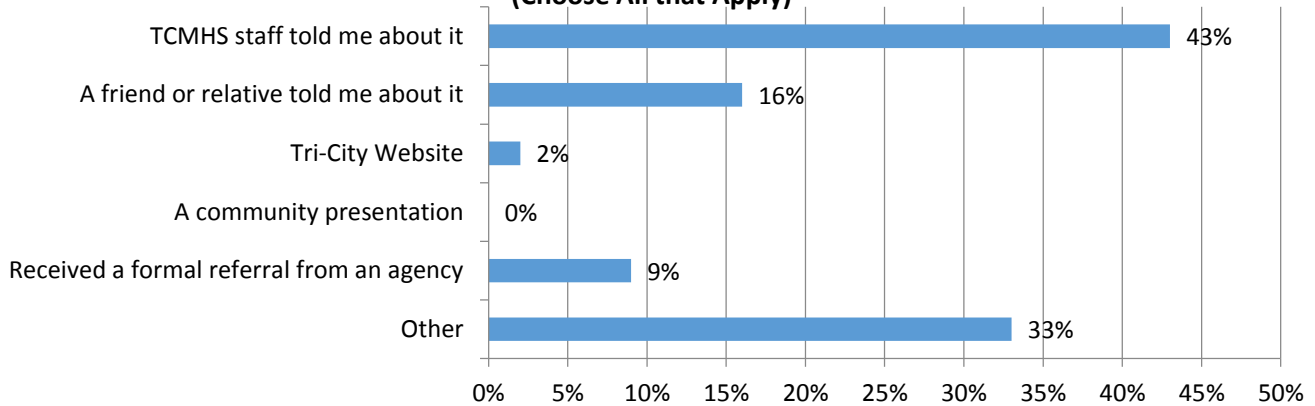
91%

Satisfied with the Family Wellbeing Program

Referral Source

Source	Percent
Other Agency	33%
Tri-City Navigators	10%
Tri-City Outpatient	40%
Tri-City FSP	18%
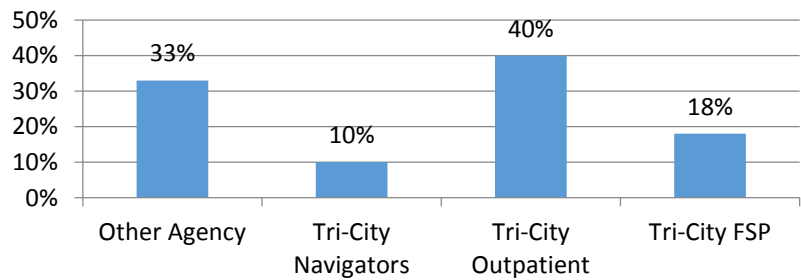
IS ANYONE BETTER OFF?

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

Category	Percent
Self	95%
Others	97%
Family	99%
Overall Wellbeing	83%
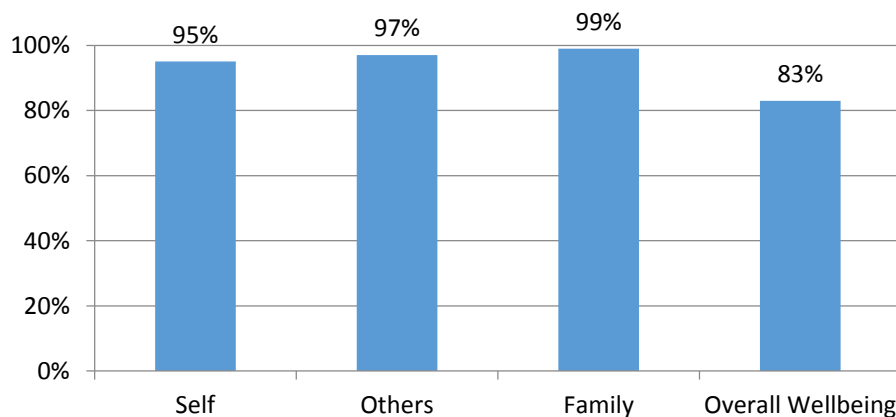
NAMI: Parents and Teachers as Allies

Program Description: Parents and Teachers as Allies provides in-service trainings for school professionals and parents to help participants better understand the early warning signs of mental illnesses in children and adolescents.

Target Population: Parents and school personnel for Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) unified school districts.

Number of Trainings for FY 2017-18	13	Attendees	110

The NAMI program, Parents & Teachers as Allies (PTAA), serves as both outreach and education program for schools throughout Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) Unified School Districts. PTAA provides an overview of emotional disorders and mental illnesses commonly encountered among children and adolescents. The purpose of PTAA is to increase awareness among teachers, staff and parents regarding the prevention and early intervention of mental disorders, to decrease stigma and increase compassion for those who show symptoms of early onset mental illness.

PTAA typically takes the form of a 90-minute presentation by individuals with both nationally standardized presentation training and lived experience with the program content. The program features an overview of:

- The latest research on brain disorders in children and adolescents.
- Signs of early onset mental illnesses in children and adolescents as seen at home and at school.
- Family reactions to mental illnesses.
- Early intervention and treatment, which lead to better educational outcomes for students.

Additionally, PTAA has proven to be an invaluable vehicle of introduction for NAMI Pomona Valley to the schools and districts served. Subsequent to PTAA presentations, NAMI Pomona Valley has been able to extend support in the form of other NAMI programs, presentations and services such as *NAMI On Campus, In Our Own Voice*, *Ending the Silence*, NAMI Support Groups and NAMI information tables as well as targeted education and support for underserved groups.

Program Update:

This year PTAA saw an increase in the total number of presentations of over 40%, from 9 presentations to 13 presentations. Importantly, the majority of the four additional presentations were conducted in Claremont (CUSD), as compared to zero presentations made last year.

NAMI staff worked to extend the availability of the PTAA program into Claremont and, in light of increased interest within the service area, have also begun to incorporate more information on suicide awareness.

Challenges Experienced:

Relative to the represented populations within Pomona, Claremont and La Verne according to information provided by TCMHS, NAMI had the most difficulty reaching the African-American/Black and Asian communities. Notably, the reach into the Black community dropped over 50% from 6% for FY 2016-2017 to 2% for FY 2017-2018. Similarly, the drop in the Asian community went from 6% to 4% for the same period. During the next fiscal year, NAMI will identify African-American parent groups, increase outreach to Black churches and recruit volunteers from the Black community. Similar efforts will be undertaken for the Asian community.

Program Change:

Effective January 1, 2019, NAMI National will no longer support the NAMI program, Parents and Teachers as Allies. This program has been replaced with NAMI Ending the Silence for School Staff and Ending the Silence for Families. As a result of this decision, NAMI Pomona Valley is requesting stakeholder and TC Governing Board approval to replace the current NAMI/PEI funded program, Parents and Teachers as Allies, with another NAMI program, Ending the Silence, effective July 1, 2019. The current NAMI funding/allocation of $35,500.00 annually shall remain the same and transfer to the replacement program.

Program Features	Parents and Teachers as Allies	Ending the Silence
Cost for program	Free to schools and participants	Free to schools and participants
Target Audience	School Personnel and Parents	Students, School Personnel and Families
Number of presentations	2-Parents and School Personnel	3-Students, School Personnel and Families
Focus:	Early warning signs of MI Create supportive learning environment Voice concerns in a safe environment Personal testimony from TAY living with MI	Early warning signs of MI Students: Provide ideas to help themselves, friends and family members Families: How to approach your child and how to work with school staff Teachers: how to approach students and work with families Personal testimony from TAY living with MI

Outcomes:

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

HOW MUCH DID WE DO?

13 Presentations	110 Attendees

HOW WELL DID WE DO IT?

96% Agreed or strongly agreed that *Parents and Teachers As Allies* increased their understanding of the symptoms of childhood and adolescent mental illness

IS ANYONE BETTER OFF?

95% Agreed or strongly agreed that *Parents and Teachers As Allies* will help them recognize early warning signs of mental illness in children and adolescents

Housing Stability Program

Program Description: The Housing Stability Program is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

Target Population: Individuals experiencing mental illness who are in need of support to maintain their current housing or find a more appropriate place of residence.

Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
73	7	45	62

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

Relationships and collaboration are key to the sustainability of the Housing Stability Program. This hybrid program is critical in responding to the increasing cost of rents and stigma. Most clients are on a limited income such as social security or families living on a dual minimum wage income. However, through these connections, Tri-City staff are better able to assist consumers in overcoming barriers that have kept them from accessing and maintaining stable housing. The Housing Stability Program allows landlords and mental health providers to work together to prevent and ultimately end homelessness in the lives of individuals with mental illness.

Program Update:

FY 2017-18 saw an increase in the number of new property managers/companies attending the monthly Landlord Luncheons hosted by the Housing Department. Several of these new participants were engaged through client-related issues and were impressed with the approach Tri-City uses to offer support and build alliances.

Close collaboration with Tri-City's clinical staff is also a critical component to identifying appropriate housing for clients. In order to assist the clinical staff with making appropriate

referrals to Housing, it was determined it would be most effective to discuss housing options in greater detail with the client prior to making a decision. Clients who are interested in housing are invited to attend the Supportive Options Group (a workgroup designed to assist clients with understanding viable housing options based on their needs and income) in order to be screened by Housing staff and provided a more personal approach to their specific situation.

The Supportive Options Group was expanded to add two additional Tri-City locations. By offering this group at Tri-City's Adult Clinic and Child and Family Clinic, more clients were better able to access this important housing support service in addition to information on how to increase their income and sustain their current residence or upgrade to an improved housing situation.

Clients interested in housing who attend the Supportive Options Groups and currently do not have an income are offered transportation to the Wellness Center where they are able to meeting with an employment specialist who can assist them in pursuing employment based on their abilities and experience. In addition, training programs are available to assist the clients with improving their skill set and resume.

Challenges Experienced:

Affordable housing in the Tri-City area continues to be a challenge. With the rising cost of rents, the task of finding a suitable apartment or house can be daunting. Even when employed, the current minimum wage is not enough to afford housing and additional living expenses. Even with housing vouchers, clients still have difficulty finding property owners who are willing to rent to them. Property owners with bad experiences in the past believe that tenants with mental health issues will be even more problematic.

Clients experience a multitude of issues such as bad credit, lack of funds for a deposit or first month rent, or past evictions, which can preclude them from qualifying for housing. Identifying barriers and solutions is critical. In addition, there needs to be more incentive and Rapid Rehousing Resources (housing identification, rent and move-in assistance, and case management) readily available for the consumers served.

Future plans to address these issues include continuing the Landlord Luncheons, one-on-on meetings and invitations to Tri-City special events such as the screening of the documentary "*Passing Through"*, which celebrates the lives of individuals on Skid Row who found their creative voice through art. In addition, the luncheons will host a tenant/consumer panel quarterly to increase understanding and communication between tenants and property owners. Finally, by creating a "Housing Fair", similar to an employment fair, property owners are able to meet with perspective tenants and accept applications for housing in a central location, which includes sources for the Housing Incentive and Rapid Rehousing programs.

Outcomes:

PROGRAM: Housing Stability Program

In FY 2017-18 there was an increase in connections with local landlords. The landlord luncheons were also created to discuss relevant topics on a monthly basis. This new event was well received and 93% of attendees finding the information useful.

HOW MUCH DID WE DO?

| 73 Landlord Outreaches | 7 Landlord Luncheons Held | 62 Attendees (Duplicated) | 45 Attendees (Unique) |
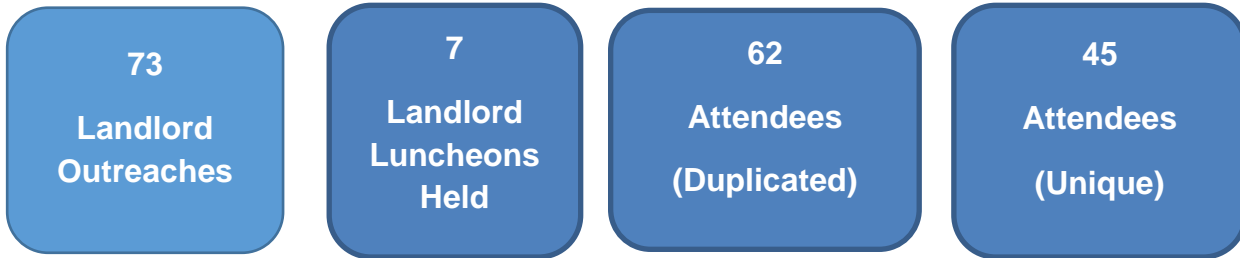
HOW WELL DID WE DO IT?

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

Bar chart: Extremely Useful 48%, Very Useful 45%, Somewhat Useful 7%, Not Useful at All 0%
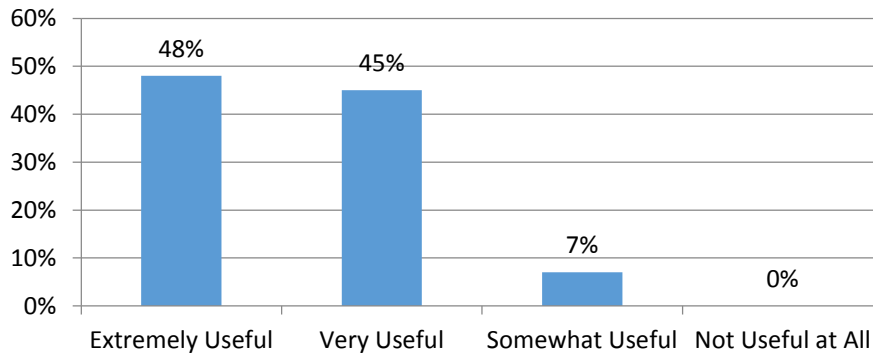
IS ANYONE BETTER OFF?

Landlord Luncheon attendees level of agreement that the topics covered were relevant to their setting.

Bar chart: Strongly Agree 67%, Agree 23%, Neutral 7%, Disagree 3%, Strongly Disagree 0%
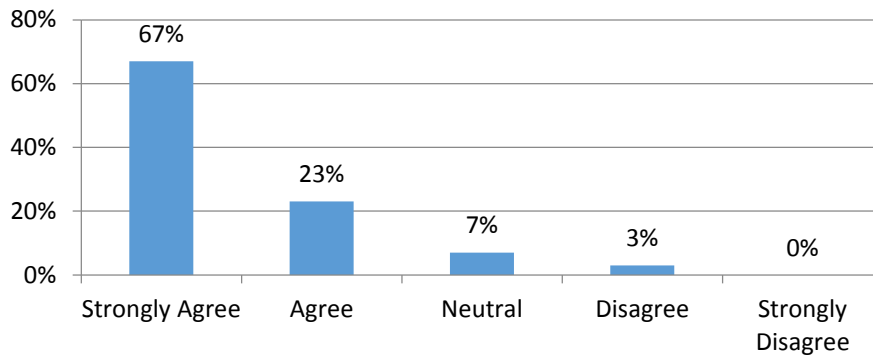
Therapeutic Community Gardening

Program Description: The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises.

Target Population: Unserved and underserved populations including adults, youth ages 16-25, families with children, older adults, and veterans.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Totals
Number Served FY 2017-18	20	32	58	12	46	168
Cost Per Person	$1,375	$1,375	$1,375	$1,375	$1,375	N/A

The Therapeutic Community Gardening (TCG) Program was created by stakeholders to serve Tri-City clients and community members that live, work or attend school in the Tri-City service area. Designed as a prevention and early intervention program, this program serves clients and community members of all ages, including children, their families, transition age youth (ages 16-25), adults (ages 26-59), and older adults (ages 60 and older). Participants are encouraged to join before, during or after they have graduated from clinical treatment.

TCG is unique in its ability to utilize the innate relationship humans have with nature to assist participants in acquiring skills that can move them towards wellness, help to process change or mourn a loss, and effectively applying these techniques to situations outside of the garden. TCG clinicians utilize various modalities and techniques during group therapy, including but not limited to mindfulness and horticulture therapy. TCG participants identify the Garden as a safe place to discuss thoughts, feelings and behaviors that are impacting their lives while receiving social support from group members and feedback from TCG clinicians.

Focusing on early intervention, this program provides services to people who are in the early stages of their treatment and do not yet meet medical necessity. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

Program Update:

During the past year, TCG has incorporated into the groups the "Eight Dimensions of Wellness"; a concept referenced from the Substance Abuse and Mental Health Services Administration (SAMHSA). The model explains that Wellness is comprised of eight dimensions: environmental, emotional, financial, intellectual, occupational, physical, social, and spiritual. All eight dimensions are linked in one way or another and finding a balance within all eight, can aid in experiencing

overall wellness. Participants of TCG have quickly embraced the concept and shown an improvement in awareness of themselves and their environments. They often reference the eight dimensions in group discussions and have shown progress through their increased level of insight. Furthermore, in the past year, participants began understanding wellness in its broader perspective and even inquire about macro-level subjects such as eco-friendly materials, no harm gardening techniques that respect the ecosystem (insects, bugs, birds, squirrels, etc.), health food, and mindfulness.

TCG collaborated with Pomona Valley Hospital Medical Center (PVHMC) by providing a Mindfulness session for some of their doctors in the Family Medicine Residency Program. Twelve individuals from PVHMC attended the session where TCG led the group in a tour of the garden and engaged them in a mindfulness activity beneath the tallest tree in the garden. After this successful session, PVHMC requested to continue the session quarterly with physicians in their residency program.

Veterans from the Cal Poly Pomona Veterans Resource Center (VRC) visited the garden and participated in gardening activities in honor of "Cal Poly Pomona Veteran's Day". This was a skill-based group in which veterans learned gardening techniques and provided them with a sense of accomplishment while giving back to their community. The participants reported enjoying their time in the garden, and verbalized their desire to return the following year.

In the last fiscal year, the TCG team developed two new groups that have been successfully implemented. The first is Mindfulness through Gardening group, which brings gardening, nature, and mindfulness indoors. A second group, Gardening 101, was developed organically based on participants' suggestions that they would benefit from additional time to attend TCG and focus on gardening, caring for the plants and learning more about how to support their own garden.

Challenges Experienced:

Over the past fiscal year, TCG has made it a priority to contact local colleges and city governments for outreach opportunities. The program has maintained a strong relationship with Cal Poly Pomona, particularly the Veteran Resource Center whom TCG collaborates with often. La Verne is receptive to TCG outreach, both at the University of La Verne as well as their reoccurring Youth and Family Action Committee meeting at City Hall. TCG would like to increase its overall contact and outreach opportunities with Claremont, as they have met barriers when attempting to reach the Claremont Colleges and Claremont City Hall.

The TAY population can be difficult to engage and participation in the TAY group has diminished. Due to being in a unique developmental stage, this difficulty may stem from these individuals prioritizing other areas of their life, preferring socialization online or having a need to separate themselves from others to achieve autonomy. During the next fiscal year, TCG plans to remedy this disparity by increasing phone contact follow-ups with participants who miss a session, increasing contact with staff in clinical and rehabilitation departments that have TAY clients and

tailoring certain TCG events to appeal to a younger audience by adjusting themes, venues or times of events.

Finally, TCG has hosted groups targeted to serve specific populations. In consultations with clinical staff from Tri-City's Child and Family Services department (CFS), it was determined that there was a need for a pre-teen, girls group to help address transitional challenges during this developmental stage, and to teach and exercise self-awareness in the most natural of environments that is the garden. After a nine-month period, low attendance dictated that TCG discontinue the group. Reported challenges of attendance includes transportation, obtaining consent from legal guardians with busy schedules, and low motivation levels from the participants.

Outcomes:

PROGRAM: Therapeutic Community Gardening (TCG)
There was an increase in garden participants from FY 16-17 (106 people) to FY 17-18 (168 people) which may be a result of the increase in staff and outreach efforts. For both years, participants reported that they enjoyed participating in the groups.

HOW MUCH DID WE DO?

168 Individuals Served

Age

0-15	16-25	26-59	60+	Unknown
12%	19%	35%	7%	27%

Gender

Male 40%
Female 60%

Race

Asian/Pacific Islander	Black/African American	Hispanic or Latino Origin	White/Caucasian	Unknown/Not Reported
4%	15%	58%	18%	5%

City

Claremont	La Verne	Pomona	Other	Unknown/Not Reported
8%	8%	70%	1%	13%

HOW WELL DID WE DO IT?

Enrolled in Clinical Program

Category	Percentage
AOP	23%
COP	7%
Adult-FSP	6%
Children-FSP	6%
TAY-FSP	12%
Older Adult-FSP	0%
FCCS	1%
Community Members enrolled	45%
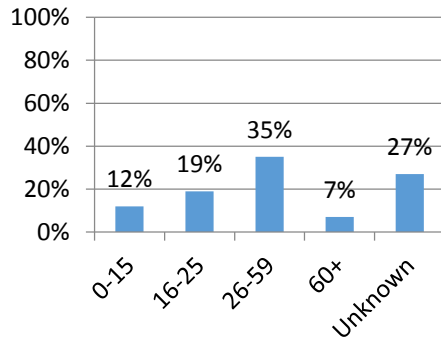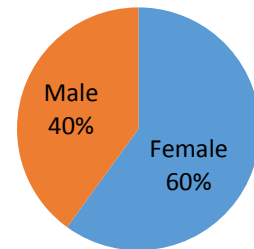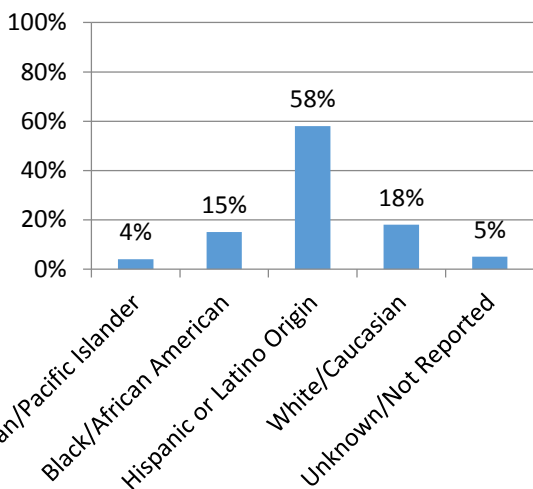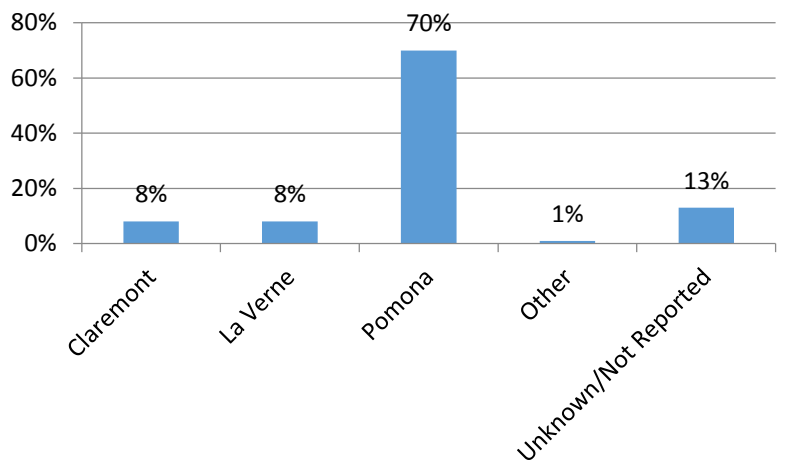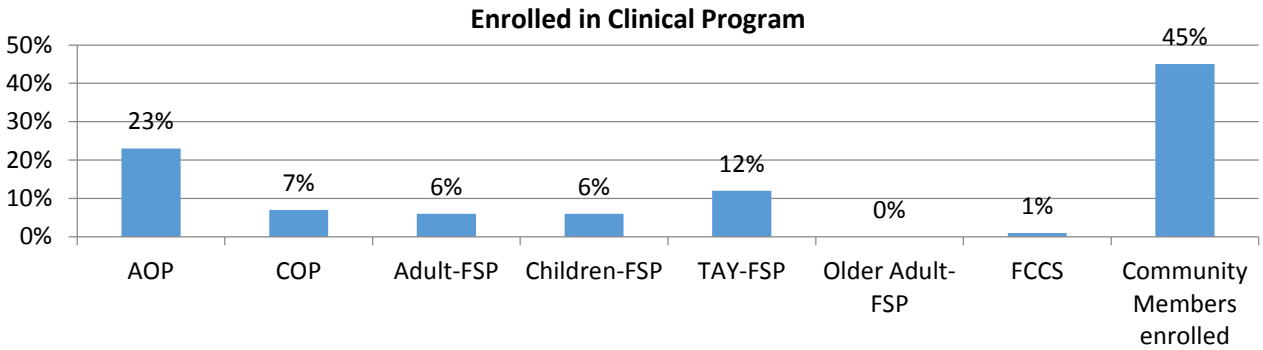
Number of Groups Held Out of Scheduled Groups

304 out of 334

Number of Duplicated Individuals Attended Groups

1,223

Type of Groups Held   n=304

Group	Count
Cedar Springs	1
Family Group	41
Gardening 101	33
MTG	33
Senior Group	47
TAY Group	40
Teen Bloom	13
Thursday Adult Group	46
Wednesday Adult Group	50
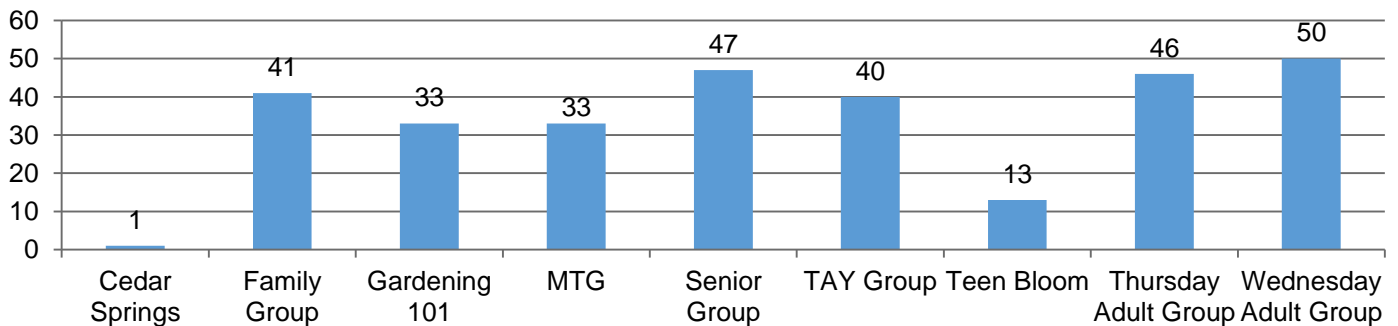
Number of Outreach Event

129

Number of Individuals Outreached

1,257

Event	Count
General Outreach & Events	43
Open Garden & Tours	65
TCG Event	21

88
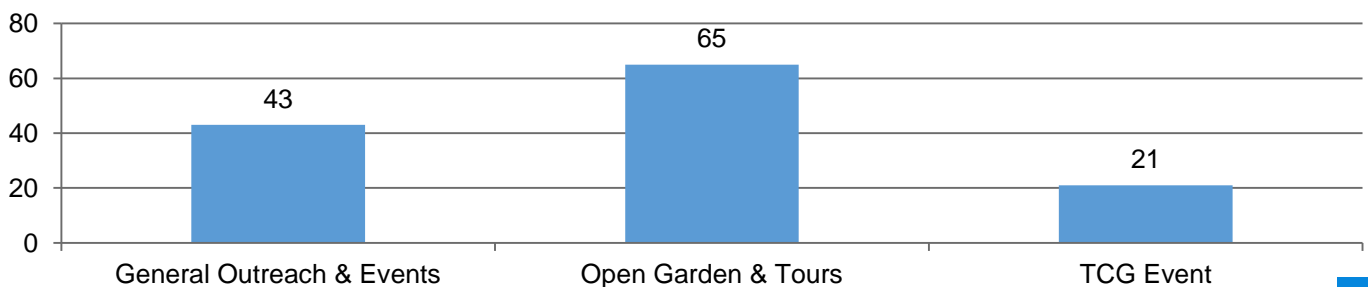
IS ANYONE BETTER OFF?

TCG Group Survey Results

93%

of participants enjoy participating in TCG groups

79%

of participants reported being more connected to others because of the TCG groups

79%

of participants reported improvement in their symptoms because of their work in the garden

79%

of participants reported being more confident from the skills they learned in TCG groups

75%

of participants reported having better communication with others because of TCG

- "Provides calmness to my days"
- "Learning from other people about wellness"
- "Staff was very helpful and friendly"
- "I feel more improvements in my life because of TCG"
- "I feel more motivation, and more socializing"
- "Helped me overcome my social anxiety"
- "I feel more confident"

- "Helps me reduce anxiety"
- "Informative and helpful"
- "Learning more skills"
- "It's a place of comfort from the harsh realities of life"
- "I love it"
- "I have made friends"
- "It has helped me figure out the root of the cause"

Innovation Programs (INN)

- Cognitive Remediation Therapy (CRT)
- Tech Suite Project

Cognitive Remediation Therapy

Program Description: The Cognitive Remediation Therapy (CRT) Program is a combination of two evidenced based treatments, Cognitive Enhancement Therapy (CET) and Cognitive Behavioral Therapy for Psychosis (CBTp). CET is a performance based developmental approach to the rehabilitation of social and non-social (neuropsychological) cognitive deficits among those with schizophrenia and related disorders. CRT is a 16-week program that includes 15 weeks of interventions, two 2 ½ hour exclusive computer training sessions and one week for the graduation.

Target Population: The population served by the CRT program consists of individuals ages 18 to 55 who are psychiatrically diagnosed with a psychotic disorder or disorders with psychotic features. Individuals must have at least a seventh grade reading level and make a commitment to the program cycle. Individuals are required to not only be enrolled in TCMHS for mental health services, but be actively engaged in treatment in any of the following programs: Adult Outpatient Services, Full Service Partnership-Adults and Full Service Partnership-Transitional Age Youth.

Age Groups	TAY 16-25	Adults 26-59	Totals
Number Served FY 2017-18	5	8	13
Cost Per Person	$12,465	$12,465	N/A
This short-term project was completed on June 30, 2018.			

Program Updates:

Two cohorts were conducted during the reporting year. Cohorts 3 and Cohort 4 both demonstrated improvement on various criteria. Cohort 3 indicated improvements in how much they know about their symptoms, treatment, coping strategies and medications by a small percentage, but Cohort 4 improved in this area by 100%. While Cohort 3 indicated no change in how much their symptoms impacted them, Cohort 4 indicated a 70% improvement in how much their symptoms impacted them. Overall, Cohort 3 indicated minor to moderate improvement in three types of cognitive styles: unmotivated, disorganized and inflexible; minor to moderate improvements in cognitive traits that interfere with rehabilitation; minor to moderate improvements in social cognition; a 48% improvement in focusing and initiating responses and a 25% improvement in immediate recall. Overall, Cohort 4 indicated minor to moderate improvement in three types of cognitive styles: unmotivated, disorganized and inflexible; minor improvements in cognitive traits that interfere with rehabilitation; minor to major improvements in social cognition; a 67% improvement in focusing and initiating responses and a 70% improvement in immediate recall.

There were several notable occurrences during the reporting year. The clients' attrition rate improved from the last reporting year. The attrition rate for Cohort 3 was 86% and the attrition rate for Cohort 4 was 80%. This indicated that fewer clients dropped out of these cohorts than in the previous year.

While the graduation ceremony for Cohort 3 was small and intimate, several clients went beyond talking about what they learned in the program to writing and reading aloud a poem about their experience and writing and reading a speech about the impact of the group in the person's life. The graduation ceremony for Cohort 4 was the largest of all the ceremonies with more than 25 attendees which included family members, children, residential staff members, clinical staff members and CRT program staff members. Each client reported what the CRT experience was like for them.

Challenges Experienced:

Several challenges were experienced during the reporting year. One challenge was the recruitment to get eligible participants for both cohorts. Although there were many clients who received services at Tri-City and who had an eligible diagnosis, it proved challenging to identify participants for both cohorts. Clients were unable to participate in cohorts if they exceeded the age limitation, were monolingual, received services from the Regional Centers, had unstable symptoms, had inconsistent treatment attendance (i.e., had not been seen in four weeks) and engagement, were in school or working during the group time and were in the process of stepping down to a lower level of care outside of the agency. These basic criteria significantly reduced the list of potential participants. The lesson learned was to start reviewing the master clients list approximately two months before the final cohort began as well as talking to clinical staff members about potential referrals.

Another challenge involved modifying the CRT curriculum to better represent the CET curriculum created by Hogarty and Greenwald, 2006 and include modules that addressed cognitive behavioral interventions for auditory hallucinations and delusions. Some previous modules were either eliminated or revised and new modules were added which increased the amount of information to be presented to the clients. The revised curriculum created a challenge for the staff member to present additional information within the established time frames of 90 minutes for two modules per group session.

Outcomes:

PROGRAM: Cognitive Remediation Therapy Program (CRT)
HOW MUCH DID WE DO?

13

Unduplicated Individuals who Participated in the CRT program

Gender

Female 31%
Male 69%

Age

62%
38%
0%   0%
0-15   16-25   26-59   60+

Race

Asian 8%
Black/African American 15%
Hispanic or Latino Origin 54%
White/Caucasian 8%
Other 15%

City

Program

Claremont 8%
La Verne 0%
Pomona 92%

Program

TAY-FSP 31%
AOP 31%
Adult-FSP 38%

Diagnosis

8% 8%
8%
23%
23%
8%
23%
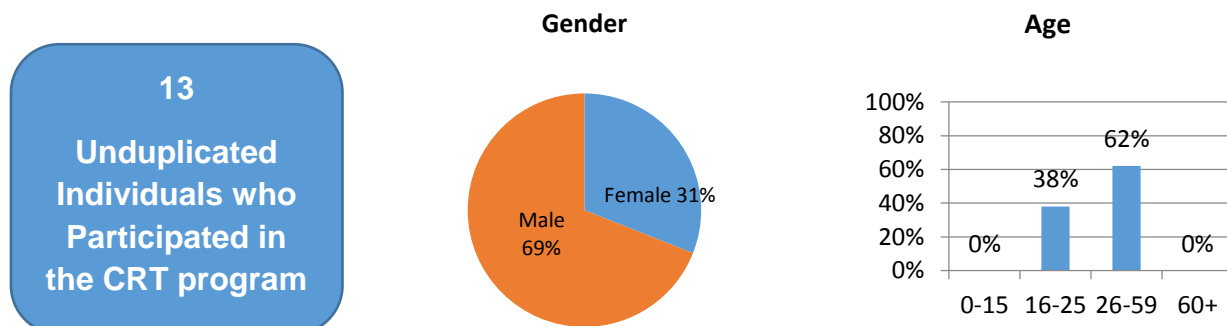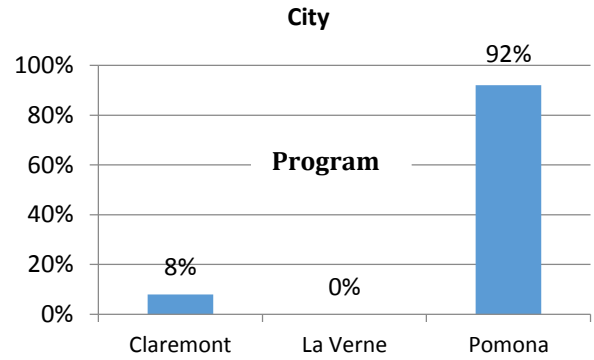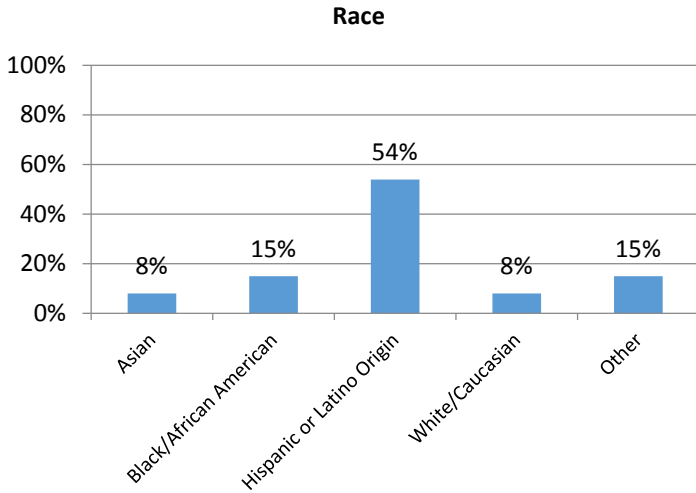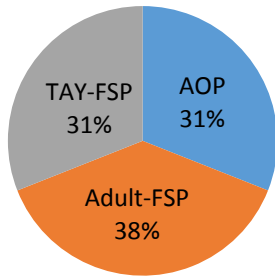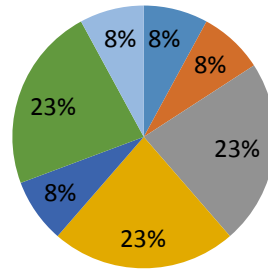
- Brief Psychotic Disorder
- Dysthymic Disorder
- Schizoaffective Disorder, bipolar type
- Schizoaffective Disorder, depressive type
- Schizophrenic Disorder
- Unspecified Psychotic Disorder
- MDD Severe w/ Psychotic Features

HOW WELL DID WE DO IT?

2 **Cohorts Launched**	**100%** **Participants Would Recommend to Family/Friends**
14 **Started the CRT Program** ***1 participant is a duplicate***	**11** **Completed the CRT Program**

IS ANYONE BETTER OFF?

100% **of Cohort 3 & 4 Participants Improved Attention Skills**	**100%** **of Cohort 3 & 4 Participants Improved Memory Skills**

93

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions (Tech Suite)

Program Description:

The primary purpose of this project is to increase access to mental health care by providing a non-traditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

Project Funding Amount: $1,674,700.00

Project Dates: Sept 28, 2018 to June 30, 2021

Target Population:

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

Program Update:

Tri-City Mental Health Authority will partner with other California counties to utilize a suite of technology-based mental health services that will be accessible through computers, tablets and smartphones. Through carefully vetted applications or websites that offer digital technology including trained peers or avatars to deliver support, TCMHA will identify vendors that support the needs and diversity of our community members.

The peer chat technology application, 7 Cups, as well as Mindstrong, which provides clinical support through passive data collection, are both web-based and easily accessible. Thus, participants, both listeners and consumers, need not have their own computer nor smart phone to engage with this technology but will be able to access the applications from computers located

at Tri-City's Wellness Center or any number of community locations including libraries, senior centers, and community centers.

Additionally, tablet computers will be loaned to local senior centers to allow home-bound older adults the opportunity to participate without having to leave their place of residence. Peers, who wish to become a paid listener but lack a smartphone, may be provided one for use during the project on a case by case basis.

This project seeks to expand Tri-City's use of peer and volunteer support, creating new roles for these individuals who offer a unique perspective and will play a critical role throughout the life of this project. Participants will be able to leverage their personal experiences as a source of expertise when connecting with others who may be going through similar situations.

Tri-City will recruit and convene an advisory committee comprised of individuals with lived experience, representatives from our three target populations, family members, and other project stakeholders. The committee will provide input on the selection and implementation of the applications and make recommendations on the use of the technology suite in the role of the services within Tri-City's System of Care.

WET Plan focuses on strengthening existing staff and caregivers through trainings while also focusing on attracting new staff and volunteers to ensure future mental health professional.

Workforce Education and Training (WET)

Workforce Education and Training

Program Description: The WET program is providing a learning environment for staff to take and facilitate trainings for their personal and professional development. Also, the program serves as a learning hub for students, peers and the community by providing service learning opportunities to gain experience in the mental health field.

Target Population: The population served is TAY through older Adults. Our service-learner program is focused on high school and college students, peers, veterans, retirees and anyone who is interested in gaining experience in the mental health field.

Relias online courses accessed by TCMHA staff	1,525
Number of Service-Learner hours logged for FY 2017-18	3,595
Number of Service –Learners hired by TCMHA as staff for FY 2017-18	2

The activities undertaken through the Workforce Education and Training (WET) plan develop a mental health workforce that is based in the Recovery Model and can fulfill the promise of MHSA. TCMHA considers the public mental health workforce to include professional clinical staff providing treatment services, staff that provide wellbeing supports, and volunteers and caregivers, both with and without compensation.

Program Update:

One of the primary objectives for the WET plan is to develop a systematic and sustained approach to training and learning. Through the creative efforts of the WET supervisor which focused on engaging and motivating Tri-City staff to increase their knowledge base, there was a significant increase in the number of Relias courses, 1,525 courses in fiscal year 2017-2018, completed by staff. Supervisors and managers have incorporated the courses through interactive group trainings with their departments which provided the opportunity for joint learning and shared understanding of concepts and related information. Additional trainings from outside agencies included a refresher Motivational Interviewing training for Tri-City staff who are certified to provide this important training.

The second objective for this program includes developing a pool of volunteers and future employees who have a realistic understanding of community mental health and the benefits of joining this important field. Through Tri-City's Service-Learner Program, participants are given the opportunity to volunteer their time in a variety of locations including the Wellness Center, as Lobby Room Greeters, Peer Mentors and stigma reduction projects. Potential candidates for this hands-on learning opportunity include community members, students from local colleges as well as clients who may be stepping down from services and wanting to give back. By building a collaborative relationship with Tri-City's clinical team, referrals for volunteers for the W.I.S.H.

(Lobby Room Greeters) increased in FY 2017-18 and two service learners applied and were hired as staff after volunteering with Tri-City for six months.

Challenges Experienced:

Veterans are an important population for the WET plan. The goal of connecting local veterans with service learners has been a challenge due to the lack of engagement on the part of the veterans. However, efforts to connect with veterans continues as WET staff attend veteran events, distribute marketing materials including brochures and flyers and targeted social media campaigns.

Outcomes:

PROGRAM: Workforce Education and Training (WET)

HOW MUCH DID WE DO?

3,941 Service Learner Hours	**97** Service Learner Applications	**74** Trainings, Conferences, and Educational

HOW WELL DID WE DO IT?

38 Applicants became Service Learners	**2** Service Learners were Hired at Tri-City	**1,525** Courses Completed through the New Online Training Program
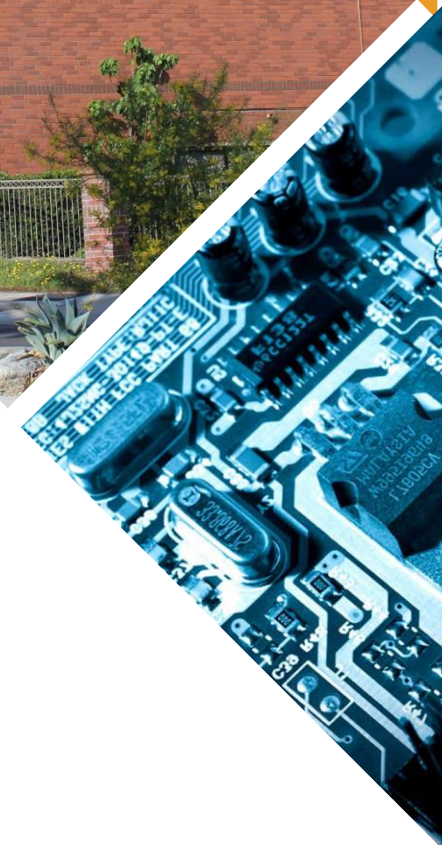
Capital Facilities and Technology Needs (CFTN)

Capital Facilities and Technology Needs

In keeping with key goals of MHSA to modernize and transform the mental health service system, Tri-City's Capital Facilities and Technology Needs (CFTN) Plan launched two strategic phases:

1) Supporting and empowering mental health service recipients and providers by creating greater access to technology, and establishing a higher level of program monitoring and outcome analysis. The technology portion of this plan launched an integrated information system with increased and upgraded systems infrastructure and modernized administrative and clinical processes such as clinical charts and billing systems.

2) Providing suitable space to accommodate Tri-City's growing MHSA workforce. Tri-City purchased an existing building consisting of multiple staff offices, a conference room and oversized meeting space. This refurbished building now provides a permanent location for Tri-City's expanding MHSA staff as well as a convenient place for hosting community stakeholder meetings.

Program Updates:

Since the approval of the Capital Facilities and Technology Plan in 2009, funding dedicated to this plan has allowed for the building of a solid infrastructure dedicated to reducing barriers that may impede access to mental health services that are critical to the individuals we serve. In addition, Tri-City has successfully created technology and support system for consumers and family members who may not otherwise have access. Technical security, security risk assessments and other safeguard measures remain a priority for Tri-City's IT staff.

The Therapeutic Community Garden located adjacent to Tri-City's adult clinic, is still a primary goal for completion. Utilizing funds previously allocated by stakeholders, the focus is the renovation of this space including the construction of a small structure to be used in the event of inclement weather. Plans are currently underway to begin construction of a new parking lot which will be the first step in this renovation project. Although the parking lot was delayed due to permit issues, this obstacle has been resolved and once completed, we anticipate the renovation of the garden space will begin shortly thereafter.

No additional funding or projects were received or completed in FY 2017-18.

Cultural Competence Plan Update

Cultural Competence Plan Update
Cultural Inclusion and Diversity Committee

Mission Statement:

Tri-City Mental Health Services' (Tri-City) Cultural Competence Committee is committed to the advancement of quality mental health services that are culturally compatible and respectful of the diverse healthcare beliefs of the people we serve. It is the mission of this Cultural Competence Committee to guide and support the staff of Tri-City to ensure cultural and linguistically appropriate programs and services are available for community members residing in the cities of Claremont, Pomona and La Verne. By building strong and collaborative relationships through partnerships and community engagement, the Cultural Competency Committee will effectively review and evaluate the policies, practices and programs provided by Tri-City to ensure the highest standard of care is accessible to all regardless of race, religion, disability, gender, language and ethnicity.

Plan Description:

In July, 2010, Tri-City Mental Health Authority (TCMHA) developed a comprehensive Cultural Competence Plan based on criteria provided by the Office of Multicultural Services/Department of Mental Health. This plan provided TCMHA an opportunity to describe in great detail this agency's commitment to support the growth and development of racially and ethnically focused services with an emphasis on attempting to close the cultural disparity gap in mental health care offered within the three cities of Claremont, Pomona, and La Verne.

Committee Meetings and Events for FY 2017-18

Number of Committee Members	19
Number of Committee Meetings	6
Number of Community Events	12
Number of Agency Trainings	3

Plan Update:

Community and agency engagement was a focus in FY 2017-18 for the Cultural Inclusion and Diversity Committee (formerly known as the Cultural Competency Committee). Committee members continued to explore opportunities to examine the cultural awareness deficits for staff while increasing trainings and cultural presentations.

Committee members continue to participate in subgroups targeting four priority topics. Members were able to select from this list and join together in small groups designed to explore these options with the goal of disseminating this information agency-wide.

1. Identifying and planning cultural education programs for Tri-City staff.
2. Review current trainings programs for Relias (online learning) and identify trainings that support and enhance employee cultural competency.
3. Review Tri-City surveys for cultural appropriate language and demographics. Identify and research ways to reduce disparities targeting specific groups.
4. Plan and develop creative ways to promote cultural awareness each month.

Creating an open dialogue at a department level was also a focus for committee members. Each member was tasked with sharing topics and opportunities from each of the committee meetings with members of their department. During these staff meetings, co-workers were able to share any cultural concerns or requests for additional information or trainings. Members were also able to share flyers with community members announcing cultural events throughout the three cities.

Additional highlights during FY 2017-18 includes the recommendation and approval for neutral gender restroom signs throughout the agency. This committee also served as a review board for Tri-City's new Core Values to ensure cultural inclusion and relevance.

A complete list of committee activities is shown below: Committee Meetings

Date	Event	Location	Topics
8/15/2017	Cultural Competency Committee Meeting	2001 N. Garey Ave Pomona	Review cultural education programs, review current training programs on Relias (online), review Tri-City surveys for cultural appropriate language, develop creative ways to promote cultural awareness.
10/17/2017	Cultural Competency Committee Meeting	2001 N. Garey Ave Pomona	Review and select new CCC Mission Statement and updates from all subgroups. Review cultural events nationwide.
12/13/2017	Cultural Competency Committee Meeting	2001 N. Garey Ave Pomona	Discussed Webinar (Culture, Violence and Mental Well-being, LGBTQA training, and subgroups.
2/13/2018	Cultural Competency Committee Meeting	2001 N. Garey Ave Pomona	Discussion regarding Black History Month, Reviewed TC's new Core Values and LGBTQ trainings.
4/10/2018	Cultural Competency Committee Meeting	2001 N. Garey Ave Pomona	Discussions on LGBTQ older adult training, cultural expectations for staff-boss's behavior, and outreach and engagement of Vietnamese/Korean communities.
6/12/2018	Cultural Competency Committee Meeting	2001 N. Garey Ave Pomona	Discussions regarding the Transgender experience and recommendation to create gender neutral bathroom signs.

Committee and Community Hosted Events

Date	Event	Location	Topics
7/11/2017	MHSA Cultural Potluck	2001 N. Garey Ave Pomona	Celebrate Minority Mental Health Month with a potluck representing various cultures
7/19/2017	Bunny Bear Book Reading	1403 N. Garey Ave Pomona	Author Andrea J. Loney, shared her book which focuses on identity and acceptance through the eyes of a bear who feels more like a bunny
8/3/2017	Filipino Lunch 'N Learn	2001 N. Garey Ave Pomona	Presentation on the Filipino culture and mental health
10/18/2017	Diwali Holiday	Email	Fact sheets presented to staff via email which details the Hindu New Year, Diwali and the five-day festival
11/22/2017	Culture, Violence and Mental Wellbeing: Exploring Culture's Double Edged Sword	Webinar hosted at 4 Tri-City locations	Presented the complexity of issues of identity, culture, race and trauma in the historical moment. The presentation also reflected on the role of culture in the treatment plan
12/5 thru 12/17/2017	Holidays Around the World	Agency wide	Decorating contest promoting culture and holidays around the world
1/29/2018	Celebrating Italian Culture	2008 N. Garey Ave Pomona	Therapeutic Community Garden (TCG) hosted an educational program on Italian culture including mental health and horticultural activities
2/27/2018	Black History Month	2008 N. Garey Ave Pomona	Cultural presentation focused on Black history and mental health and culture
3/20 thru 3/21/2017	SCRP training: Difficult to Engage/Reach Populations Conference	Sheraton Fairplex Pomona	Understanding difficult to engage populations including, Gender Dysphoria, Latinos with early psychosis, and awareness of common biases of practitioners
3/22/2018	Staff training on Cultural Diversity	Online Course offered through Relias	Mandatory training for all staff focused on Cultural Diversity
3/27/2018	Taste of Ireland	2008 N. Garey Ave Pomona	Cultural presentation focused on Ireland including food, mental health and personal stories from staff who identify as Irish or Irish American
4/17/2018	Songkran-Thai New Year	2008 N. Garey Ave Pomona	Educational presentation on Songkran (Thai New Year) and mental health including personal stories and food
4/26/2018	Lunch and Learn- Cambodia: Community Built on Resiliency	2001 N. Garey Ave Pomona	Cambodian culture, the genocide and explore the impact of mental health on Cambodians

Date	Event	Location	Topics
5/29/2018	Mexico and Mexican Mother's Day	2008 N. Garey Ave Pomona	Educational presentation on Mexican Mother's Day and guided mindfulness exercise through the Therapeutic Community Garden
6/6/2018	LGBTQ12-S Mental Health Conference	California Endowment Center	'Unraveling the Rainbow-Embracing our Diversity" Full day training
6/7/2018	Gen Silent Film Screening	University of La Verne	Documentary about issues facing LGBT older adults towards the end of life
6/13/2018	Rainbow Social	1403 N. Garey Ave Pomona	Celebration for LGBTQ+ Month. Presentations and Socialization
6/19/2018	Exploring Korean	2008 N. Garey Ave Pomona	Presentation on Korea and mental health through personal stories and food

Prevention and Early Intervention/ Innovation Regulations

Status Reports

PEI REGULATIONS DATA REPORTING STATUS

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-1	Yes	FY 2016-17 data and program updates will be submitted after approval by TC Governing Board			May 2018	PEI and INN portion of 3 Year Plan FY 2017-18 through FY 2019-20
3560.01 a-2	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-A-1	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-A-2	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-1	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-1-A	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-1-B-1	Yes	No issue	N/A	N/A	May 2018	Some data may include duplicate numbers
3560.01 a-3-b-1-B-2	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-2-A	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-2-B	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	On track
3560.01 a-3-b-2-C-1	No	Method for tracking not available until Jul 2018	July 2018 - June 2019	Database	May 2020	On track

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-2-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	On track
3560.01 a-3-b-3-A	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-3-B (1-2)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Referrals to Treatment: Started tracking January, 2019
3560.01 a-3-b-3-C	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Referrals to Treatment: Started tracking January, 2019
3560.01 a-3-b-3-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Referrals to Treatment: Started tracking January, 2019
3560.01 a-3-b-3-E	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Referrals to Treatment: Started tracking January, 2019
3560.01 a-3-b-3-F	N/A	N/A	N/A	N/A	N/A	
3560.01 a-3-b-4-A	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-4-B	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Timely Access Referrals: Started in January, 2019
3560.01 a-3-b-4-C	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Timely Access Referrals: Started in January, 2019

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-4-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Timely Access Referrals: Started in January, 2019
3560.01 a-3-b-4-E	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Timely Access Referrals: Started in January, 2019
3560.01 a-3-b-4-F	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Timely Access Referrals: Started in January, 2019
3560.01 a-3-b-4-G	N/A	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-5-A (1-5)	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-b-5-B (1-8)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-C-1 (a-g)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-C-2 (a-m)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-5-C-3	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-C-4	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-E-(1-7)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-F-(1-3)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.
3560.01 a-3-b-5-G-(1-3)	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-b-5-H-(1-2)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Database and surveys have been updated as of 7-1-18 with challenges.

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-6	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-b-7	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-8	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-c	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-d	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-e	N/A	N/A	N/A	N/A	N/A	Demographics are collected based on current standards

INN REGULATIONS DATA REPORTING STATUS

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3580.01 a-1	Yes	No issue	N/A	N/A	May 2018	
3580.01 a-2	Yes	No issue	N/A	N/A	May 2018	
3580.01 a-3	Yes	No issue	N/A	N/A	May 2018	
3580.01 a-4(A) 1-5	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3580.01 a-4(B) 1-8	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(C) 1 (a-g)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(C) 2 (a-m)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(C) 3	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(C) 4	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(D)	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3580.01 a-4(E) 1-7	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(F) 1 (a-e)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(F) 2	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(F) 3	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(G) 1-3	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(H) 1 (a-c)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-4(H)2 (a-g)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3580.01 a-5	Yes	No issue	N/A	N/A	May 2018	

MHSA Expenditure Plan

Cost Per Participant Summary

The services provided in Fiscal Year 2017-18 by age group, number of clients served, and average cost per person are summarized in the table below per the guidelines for this Annual Update:

Summary of MHSA Programs Serving Children, Including TAY

Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership-Child	CSS	72	$15,544
Full Service Partnership-TAY	CSS	131	$8,878
Community Navigators	CSS	206	$220**
Wellness Center	CSS	1,032	$530**
Supplemental Crisis Services	CSS	119	$858**
Family Wellbeing	Prevention/Early Intervention	602	$30**
Peer Mentoring (TAY)	Prevention/Early Intervention	225	$555
Therapeutic Community Garden	Early Intervention	74	$1,375**
Cognitive Remediation Therapy	Innovation	5	$12,465

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	131	$8,878
Full Service Partnership-Adult	CSS	251	$7,979
Full Service Partnership-Older Adult	CSS	28	$10,748
Community Navigators	CSS	1,867	$220**
Wellness Center	CSS	2,593	$530**
Supplemental Crisis Services	CSS	622	$858**
Field Capable Clinical Services for Older Adults	CSS	22	$5,349
Family Wellbeing	Prevention/Early Intervention	693	$30**
Peer Mentoring (Older Adult)	Prevention/Early Intervention	331	$648
Therapeutic Community Garden	Early Intervention	139	$1,375**
Cognitive Remediation Therapy	Innovation	13	$12,465

** 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 2017-18, TCMHA served approximately 1,826 unduplicated clients who were enrolled in formal services. TCMHA currently has 167 full-time and 16 part-time employees and an annual operating budget of $22.4 million dollars. TCMHA strives to reflect the diversity of its communities through it hiring, language spoke, and cultural competencies.

As per the guidelines for the Annual Update, TCMHS considered services similar to those provided by the Mentally Ill Offender Crime Reduction Grant Program; however, those services were not considered a high priority by our stakeholders at this time.

Lastly, there were no shortages in personnel identified, nor additional assistance needs from education and training programs.

PRUDENT RESERVES:

On March 20, 2019 The California Department of Health Care Services (DHCS) released Information Notice No. 19-017. The purpose of this notice was to provide information and guidance on requirements pursuant to Senate Bill (SB) 192 (Chapter328, Statutes 2018). Included in this notice was specific guidance and clarification relating to Prudent Reserves, specifically how to treat any excess funds in Prudent Reserves. Each County must establish a Prudent Reserve that does not exceed 33 percent of the average Community Services and Supports (CSS) revenue received for the Local Mental Health Services Fund (LMHSF) in the preceding five years and each County must reassess this amount every five years. In addition, this notice also provided direction to decrease the Prudent Reserve in order to meet maximum levels by transferring the excess amounts to the CSS and PEI components, by June 30, 2020 and to include the transfer of these funds in the Fiscal Year 2019-20 MHSA Annual Update.

As of June 30, 2018, Tri-City's Prudent Reserve balance was $3,609,798. As a result of calculating the maximum Prudent Reserve balance, per guidance included in Information Notice No. 19-017, Tri-City has determined that the maximum amount that should be held in Prudent Reserve is $2,287,573. Taking into consideration that this balance will earn interest annually, and in order to remain under the 33 percent maximum, management is recommending the Prudent Reserve balance be reduced to $2,200,000. As such the amount being proposed for transfer out of Prudent Reserves is $1,409,798 ($1,212,426 into CSS and $197,372 into PEI).

County: **TRI-CITY MENTAL HEALTH CENTER**   Date: _3/1/19_

FY 2019/20 Mental Health Services Act Annual Update
Funding Summary

	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 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,310,836	821,289	994,848	257,406	534,660	
2. Estimated New FY 2019/20 Funding	8,450,350	2,112,588	555,944			
3. Transfer in FY 2019/20[a/]	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2019/20	0	0				
5. Estimated Available Funding for FY 2019/20	21,761,186	2,933,877	1,550,792	257,406	534,660	
B. Estimated FY 2019/20 MHSA Expenditures	8,989,468	2,052,360	738,552	216,520	0	
G. Estimated FY 2019/20 Unspent Fund Balance	12,771,718	881,517	812,240	40,886	534,660	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	3,651,500
2. Contributions to the Local Prudent Reserve in FY 2019/20	40,000
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	3,691,500

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 2019/20 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

Fiscal Year 2019/20

	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	1,274,270	441,690	416,290		416,290	
2. 1b-TAY FSP	1,928,994	991,404	645,809		291,781	
3. 1c-Adult FSP	3,217,956	1,946,339	1,271,617			
4. 1d-Older Adult FSP	418,920	324,974	93,946			
Non-FSP Programs						
1. Community Navigators	463,905	463,905				
2. Wellness Center	1,248,118	1,248,118				
3. Supplemental Crisis Support Services	709,752	709,752				
4. Field Capable Services	109,208	109,208				
5. Permanent Supportive Housing	352,356	302,356				50,000
CSS Administration	3,005,068	2,451,722	428,411		124,935	
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	12,728,547	8,989,468	2,856,073	0	833,006	50,000
FSP Programs as Percent of Total	76.1%					

FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: __TRI-CITY MENTAL HEALTH CENTER__   Date: ___3/1/19__

Fiscal Year 2019/20

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing Program	44,117	44,117				
2. Older Adult Wellbeing (Peer Mentor)	44,589	44,589				
3. Transition Age Youth Wellbeing (Peer Mentor)	44,363	44,363				
PEI Programs - Early Intervention						
4. Family Wellbeing	44,117	44,117				
5. Older Adult Wellbeing (Peer Mentor)	44,589	44,589				
6. Transition Age Youth Wellbeing (Peer Mentor)	44,363	44,363				
7. Therapeutic Community Gardening	341,406	341,406				
8. Early Psychosis	163,343	163,343				
PEI Programs - Other						
9. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention)	441,667	441,667				
10. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
11. Housing Stability Program	152,423	152,423				
PEI Administration	627,944	627,944				
PEI Assigned Funds	23,939	23,939				
Total PEI Program Estimated Expenditures	2,028,421	2,052,360	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Innovations (INN) Funding

Fiscal Year 2019/20

	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. INN Tech Suite	698,552	698,552				
2.	0	0				
3.	0					
4.	0					
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	738,552	738,552	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning and Improvement	95,955	95,955				
2. Engaging Volunteers and Future Employees	50,524	50,524				
WET Administration	70,041	70,041				
Total WET Program Estimated Expenditures	216,520	216,520	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: __TRI-CITY MENTAL HEALTH CENTER__   Date: ___3/1/19___

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Facility for CSS, PEI, and INN programs	0	0				
CFTN Programs - Technological Needs Projects						
2. Improving Electronic Health Record and Systems Enhancement	0	0				
3. Consumer and Family Access to Computing Resources	0	0				
4. Program Monitoring and Service Outcome Support	0	0				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0