Cultural Competence Plan

TRI·CITY
Mental Health

Annual Update FY 2025–26

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Checklist of the Cultural Competence Plan Requirements Criteria

X	**Criterion 1.** Commitment to Cultural Competence
X	**Criterion 2.** Updated Assessment of Service Needs
X	**Criterion 3.** Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
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Executive Summary

Introduction to Tri-City Mental Health Authority

Tri-City Mental Health Authority (referred to as Tri-City throughout this document) has been a cornerstone of mental health care for the cities of Pomona, Claremont, and La Verne since 1960. Serving a combined population of over 215,000 residents, Tri-City is dedicated to providing comprehensive, accessible, and culturally responsive mental health services. Through a Joint Powers Authority (JPA), Tri-City functions in a "county" capacity, offering a full spectrum of services, including prevention, early intervention, and treatment, for individuals of all ages experiencing mental health conditions.

This Cultural Competence Plan is updated annually to align with federal, state, and local requirements, including compliance with the California Department of Health Care Services (DHCS) guidelines and the National Standards for Culturally and Linguistically Appropriate Services (CLAS). The plan reflects Tri-City's dedication to fostering an inclusive, culturally responsive, and equitable mental health care system.

Tri-City is committed to providing culturally and linguistically appropriate services by emphasizing recovery-focused care that fosters inclusivity and addresses disparities. We work closely with community members and cultural groups to overcome barriers, and better understand community needs to ensure all individuals have equitable access to care. Furthermore, we provide ongoing cultural humility training for our staff to ensure that cultural humility is integrated into every aspect of service delivery.

Through this Cultural Competence Plan, Tri-City reaffirms its commitment to comprehensive and accessible care that is culturally responsive to the diverse needs of our clients. We prioritize a person-centered approach that respects each individual's unique social and cultural backgrounds, ensuring that all are treated with dignity and respect.

Criterion 1.
Commitment to Cultural Competence

I. County Mental Health System Commitment to Cultural Competence

Mission Statement for Tri-City Mental Health Authority

Tri-City understands the needs of consumers and their families and acknowledge their strengths and ability to contribute to the development of their path to recovery. We are committed to providing the highest quality and culturally inclusive behavioral health care treatment, prevention, and education to help individuals maintain and improve their mental health in the diverse cities of Pomona, Claremont, and La Verne.

Core Values

Tri-City remains a steadfast community partner, supporting and sustaining an integrated system of care for individuals experiencing mental health conditions and their families. In the spirit of collaboration and accountability, Tri-City has developed a set of core values that reflects this commitment and provides the guidance necessary to meet the needs of the individuals and communities we serve:

Person and Family Centered

Tri-City is dedicated to creating a safe and comprehensive approach to care, where individuals and their family members can access a full range of mental health services available through multiprogramming options based on each person's preferences and goals for recovery.

Recovery Focused

By embracing the belief that recovery is possible, Tri-City staff encourages individuals to identify and build upon their strengths and abilities as they work to achieve their goals. By demonstrating a strong integrated approach to service, clients and family members are provided access to multiple levels of treatment and support through a collaborative system of care.

Culturally Responsive

By improving the accessibility of mental health programs for unserved and underserved communities and the diversity represented by quality staff, Tri-City's responsive approach is instrumental in overcoming cultural and economic barriers to service by respecting the values and beliefs embedded in each individual we serve.

Quality Based

Through a commitment to excellence in hiring practices and workforce enrichment, Tri-City staff continues to provide the highest quality care that is evidence-based, research-informed, and client-driven. Tri-City staff are valued and supported in a quality work environment that focuses on the mental health needs of our clients and the professional requirements of our employees.

Community Guided

Through engagement and collaboration, Tri-City strives to strengthen relationships with people receiving services, their family members, and local partners by evaluating and continuing to transform our integrated system of care. By systematically addressing stigma and community wellness, Tri-City is committed to providing educational opportunities and trainings in an effort to support this transformation.

Accountability Driven

Tri-City remains committed to the continuing and evolving needs of the community and the people we serve by practicing financial stewardship and accountability for the funding entrusted to us. Beginning with an internal commitment to excellence, Tri-City employees are offered a unique opportunity to serve with one of the leading agencies in community mental health.

As a culturally responsive healthcare agency, Tri-City Mental Health Authority recognizes its contribution to eliminating disparities and promoting health equity within the cities of Claremont, La Verne, and Pomona. By acknowledging the importance of an individual's cultural beliefs and affiliations, Tri-City is better able to effectively deliver services across different cultural groups, better anticipate and respond to barriers to seeking treatment, and increase the likelihood of follow-through with aftercare. By consistently reviewing staff behaviors, attitudes, and agency policies, Tri-City increases its capacity to understand, communicate with, and effectively interact with individuals across all cultures.

When considering the diverse needs and population of the three cities Tri-City serves, true cultural humility demands more than just an awareness of cultural differences, customs, and values. It requires a higher level of commitment from Tri-City staff to critically reflect on their worldviews, acknowledge any implicit biases they may have, and treat every person who comes through our doors with respect while acknowledging their values and beliefs.

The following statements reflect this assurance to our clients, family members, and community partners:

Community Involvement

Tri-City has developed multiple avenues for community involvement to strengthen cultural partnerships, reduce mental health disparities, and improve our ability to serve specific cultural groups. These collaborations help us assess community needs and create culturally responsive, linguistically appropriate programs and services across Claremont, La Verne, and Pomona. By building trust with cultural brokers and facilitating outreach efforts, we increased awareness of mental health resources tailored to each group's unique needs. Through these partnerships, we promote a coordinated approach to care that reduces service gaps and strengthens community support.

Outreach and Engagement

For more than a decade, community outreach and engagement have been central to the development and delivery of programs and services at Tri-City. We are deeply committed to cultural responsiveness, ensuring that all outreach materials—such as flyers for community events and annual public hearings—are translated into threshold languages to reflect the diversity of our community. Tri-City also sustains strong, consistent connections with residents through multiple platforms, including local newspapers, social media, and informational webinars. These efforts help us effectively reach and engage a broad spectrum of individuals, strengthening community trust and participation.

Diverse Hiring Practices

Tri-City has long demonstrated a strong commitment to cultural competence and diverse hiring practices, aiming to reflect the rich communities we serve in Claremont, La Verne, and Pomona. We prioritize implementing bias-free hiring processes that evaluate candidates based on their merit, skills, and abilities, rather than age, race, gender, religion, sexual orientation, or any other personal characteristics unrelated to job performance. By fostering an inclusive and respectful recruitment environment, we not only enrich our workforce but also enhance our ability to connect with and respond to the unique needs of our diverse community, ensuring that our services are accessible and culturally relevant.

Language Assistance and Interpreters

Our bilingual staff, beginning with front desk support staff as the initial point of contact, are specifically trained to assist individuals whose native language is not English. This proactive approach aims to eliminate communication barriers and reduce client frustrations. By engaging with clients in their preferred language, our staff can build rapport and create a welcoming environment for those who may otherwise feel alienated or misunderstood. Additionally, recognizing Spanish as our threshold language, we provide Spanish language interpreters and offer translated documents to ensure that all community members can fully participate and access the vital resources they need.

See Criterion 7: Language Capacity for more information

Policies and Procedures

The following documents are available onsite during the compliance review:

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

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

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

In October 2023, the Innovation Community Planning Process (CPP) Project received unanimous approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC). This initiative was dedicated to engaging and uplifting diverse populations through a variety of targeted activities. Central to this effort was the contracting of a peer consultant agency composed of subject matter experts (peers) who facilitate population-centered training and advocacy.

These peer-led focus groups engage a wide array of populations, including various ethnic communities, older adults, LGBTQIA+ individuals, families of those served by Tri-City, law enforcement, school officials, and individuals experiencing homelessness or substance use disorders. Through this comprehensive Community Planning Process, Tri-City seeks to empower diverse populations to actively participate in the planning process and foster inclusive, equitable, and responsive mental health services that genuinely reflect and addressed the needs of the community.

In FY 2024–25, Tri-City formally launched the CPP Project to strengthen connections with these populations through focused listening sessions and culturally responsive engagement. By creating safe, inclusive spaces for dialogue, Tri-City aims to ensure that community input directly shapes the development of mental health services.

Through this ongoing process, Tri-City is advancing its commitment to equity, cultural responsiveness, and collaboration, ensuring that mental health services truly reflect and meet the diverse needs of the communities it serves. The CPP Project represents a vital step toward building lasting inclusivity and strengthening community partnerships across the region.

The CSS populations are represented in the following Community Planning Process (CPP) Focus Groups:

Target Population:	Date of Focus Group:
African American Community	March 2025
Asian American Pacific Islander Community	March 2025
Clients, Caregivers, Community Members	December 2024
Hispanic/Latino Community	December 2024
Law Enforcement	November 2024
LGBTQIA+	December 2024
Native/Indigenous Community	March 2025
Older Adults	December 2024
People experiencing homelessness or at risk	March 2025
People with disabilities	March 2025
People with substance use disorders	March 2025
School Officials and Child/Youth Providers	December 2024
Transition Age Youth (TAY)	November 2024

Lessons learned on efforts made and identified county technical assistance needs

In FY 2024–25, Tri-City gained valuable insights through the CPP focus groups and community engagement efforts. One key lesson learned was the importance of listening sessions that provided direct feedback and suggestions from community members and consumers. These sessions created space for authentic community input and helped shape recommendations for greater cultural inclusion in mental health services.

Tri-City also recognized the value of direct, community-based engagement. By co-hosting events with trusted community-based organizations (CBOs) and holding sessions in familiar, accessible community spaces, Tri-City was able to foster stronger connections and increase participation from underserved groups.

A significant insight from this work led to the planning of *Together for Change*—a group composed of diverse community members who will actively participate in hands-on planning sessions. The intention for members of this group is to move beyond providing feedback and instead help co-create ideas and solutions. These sessions are expected to surface innovative approaches, build alignment across different perspectives, and promote shared ownership of outcomes.

Moving forward, Tri-City has identified a need for technical assistance to strengthen our efforts in promoting and increasing awareness of available mental health services, particularly among underserved and hard-to-reach communities. Support is needed in the following areas:

- Develop and implement inclusive, culturally relevant outreach and advertising strategies that leverage social media and digital platforms to broaden reach, amplify diverse community voices, and ensure messaging reflects the lived experiences of our target populations.
- Enhance Tri-City's capacity to sustain community co-creation efforts by using social media engagement, digital storytelling, and interactive communication tools to gather feedback, share progress, and ensure messaging remains responsive to community input.

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

Director of MHSA and Ethnic Services

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

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

Job duties for the Director of Ethnic Services include but are not limited to:

- Responsible for the development and implementation of the Agency's Cultural Competency Plan; oversee and coordinate training and development of staff regarding issues of cultural competence.

- Develop and implement strategies to achieve a culturally competent system of care.

- Identify behavioral health needs of ethnically and culturally diverse populations as they impact Tri-City's system of care, make recommendations to the Executive Team, coordinate, and promote quality and equitable care.

- Develop and implement translation and interpretation services.

- Attend regional and state meetings related to MHSA and Cultural Competency planning and implementation.

- Provides routine performance analysis of the Agency as it relates to Cultural Competency.

Diversity, Equity and Inclusion Coordinator

Andrea Espinosa
Diversity, Equity and Inclusion Coordinator

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

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

- Assist the Director of MHSA and Ethnic Services in the day-to-day administrative tasks related to cultural competency as outlined in the Tri-City's Cultural Competence Plan to ensure the Authority follows state and federal cultural and linguistic regulations.

- Collect and assess cultural demographic data of individuals employed and served at Tri-City including race, ethnicity, primary language, gender, and sexual orientation; maintain confidentiality of all data.

- Serve on and/or provide staff support to assigned committees and Councils, including, but not limited to, the Authority's Cultural Inclusion and Diversity Committee (CIDC), and the Wellness Collaboratives.

- Coordinate, facilitate, and support the activities, trainings, and events from the Wellness Collaboratives.

- Work in partnership with the Human Resources Department and the Workforce Education and Training (WET) Supervisor to plan, coordinate, and implement events for staff recruitment and the professional development of existing staff.

IV. Budget resources targeted for culturally competent activities

Culturally responsive activities and services continue to be a priority at Tri-City, and various types of costs dedicated to cultural competency are annually incorporated within its budget. Examples of costs, including costs associated with activities and programs supported by Tri-City, are listed as follows:

- **Interpreter and Translation Services**: In FY 2024-25, Tri-City dedicated approximately $20,000 to services that assist with the translation of documents, advertisement in local newspapers, and having interpreters available for various public community meetings.

- **Training:** Annually, Tri-City offers a range of training opportunities for staff, including on-site guest speakers, in-person courses, and mandatory online cultural competency trainings for all employees. In FY 2024-25, $70,000 was allocated to support staff attendance at conferences, which play a critical role in professional development and fostering cultural awareness. These efforts ensure that staff remain well-equipped to meet the evolving needs of our diverse community and stay informed about best practices in the field. Additionally, Tri-City annually budgets roughly $20,000 to $25,000 for guest speakers focusing on cultural diversity and inclusion. In addition, Tri-City currently renews its annual subscription to an online suite of training courses with a variety of topics, including cultural awareness. The cost of this e-learning subscription, which is made available to all staff, is approximately $40,000 per year.

- **Outreach and Culturally Appropriate Mental Health Services:** Tri-City's annual budget is approximately $41.82 million which includes the operations for its Outpatient Clinics for Children, Transition-Age Youth, Adults, and Older Adults that deliver mental health services to the residents of Claremont, La Verne, and Pomona. Tri-City also offers an array of services and has developed various programs, all of which include and are centered around reaching targeted populations. For example, the focus of Tri-City's Community Capacity Building Programs is to support historically unserved and underserved populations within the cities of Claremont, La Verne and Pomona. These diverse communities include children, adults, older adults and families of various ethnicities, socioeconomic backgrounds, religious affiliations, and experiences. Tri-City's Wellness Center sponsors support groups and is a community hub for activities that promote recovery, resiliency, and wellness for residents of the Tri-City area. The various programs and services made available by Tri-City include these programs and their annual budget for Fiscal Year 2024-25 are as follows:
    - The Wellness Center: $1,945,001

- Community Navigators: $919,421
- Mobile Crisis Care: $956,320
- Field Capable Clinical Services for Older Adults: $150,073
- Community Capacity Building: $584,885
- Peer Mentor, Family Wellbeing and Community Wellbeing Programs: $563,315
- Therapeutic Community Gardening: $563,841
- Housing Stability: $253,315

Criterion 2.
Updated Assessment of Service Needs

I.   General Population

Tri-City Mental Health Authority was established in 1960 through a Joint Powers Authority (JPA) Agreement between the cities of Claremont, La Verne, and Pomona to deliver mental health services to the residents of the three cities. Claremont is located 30 miles east of downtown Los Angeles in the Pomona Valley, at the foot of the San Gabriel Mountains. Claremont is home to the Claremont Colleges, tree-lined streets, and numerous historic buildings. Located to the west of Claremont is the city of La Verne. Originally named Lordsburg, La Verne was known as the "Heart of the Orange Empire" due to the flourishing citrus trees that dominated the area until World War II. The largest city to make up the Tri-City area is Pomona, which is located just south of the city of La Verne. The Tri-City area is also home to seven colleges and universities.

The following is a description of the general population for these three cities:

Selected Data for Tri-City (Pomona, Claremont, La Verne) U.S. Census Data	Tri-City (Pomona, Claremont, La Verne)
Population	
Population estimates, July 1, 2024, (V2024)	215,323
Population estimates base, April 1, 2020 (V2024)	219,424
Population, percent change, April 1, 2020 (estimates base) to July 1, 2023, (V2024)	-1.85%
Population, Census, April 1, 2020	219,424
Age and Sex	
Persons under 5 years, percent	4.8%
Persons under 18 years, percent	19.7%
Persons 65 years and over, percent	17.5%
Female persons, percent	49.0%

Race and Hispanic Origin	
American Indian and Alaska Native alone, percent	1.2%
Asian alone, percent	12.1%
Black or African American alone, percent	5.8%
Hispanic or Latino, percent	59.9%
Native Hawaiian and Other Pacific Islander alone, percent	0.3%
Two or More Races, percent	19.0%
White alone, not Hispanic or Latino, percent	20.2%
White alone, percent	45.6%
Population Characteristics	
Veterans, 2019-2023	5,609
Foreign born persons, percent, 2019-2023	28.3%
Housing	
Owner-occupied housing unit rate, 2019-2023	55.3%
Median value of owner-occupied housing units, 2019-2023	$647,800
Median selected monthly owner costs -with a mortgage, 2019-2023	$2,965
Median selected monthly owner costs -without a mortgage, 2019-2023	$783
Median gross rent, 2019-2023	$2,134
Families and Living Arrangements	
Households, 2019-2023	68,237
Persons per household, 2019-2023	2.9
Living in same house 1 year ago, percent of persons age 1 year+, 2019-2023	90.2%
Language other than English spoken at home, percent of persons age 5 years+, 2019-2023	47.9%
Computer and Internet Use	
Households with a computer, percent, 2019-2023	97.2%
Households with a broadband Internet subscription, percent, 2019-2023	94.4%

Education	
High school graduate or higher, percent of persons age 25 years+, 2019-2023	78.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2019-2023	25.7%
Health	
With a disability, under age 65 years, percent, 2019-2023	6.2%
Persons without health insurance, under age 65 years, percent	6.6%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2019-2023	60.5%
In civilian labor force, female, percent of population age 16 years+, 2019-2023	54.8%
Total accommodation and food services sales, 2018 ($1,000)	$135,675
Total health care and social assistance receipts/revenue, 2018 ($1,000)	$1,555,654
Total transportation and warehousing receipts/revenue, 2018 ($1,000)	$431,660
Total retail sales, 2018 ($1,000)	$796,913
Total retail sales per capita, 2018	$11,693
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2019-2023	31.0
Income and Poverty	
Median household income (in 2019 dollars), 2019-2023	$96,546
Per capita income in past 12 months (in 2019 dollars), 2019-2023	$41,516
Persons in Poverty, percent	15.7%

II.   Medi-Cal population service needs

The area served by Tri-City Mental Health Authority is not included in the California External Quality Review Organization (CAEQRO) data collection and Tri-City is considered a medium county. Additionally, none of the three cities (Claremont, La Verne, and Pomona) currently collect Medi-Cal population and client utilization data. For these reasons, Tri-City has limited information available for the Medi-Cal population. As of November 2025, there were 101,811 beneficiaries. There is no additional demographic information available for beneficiaries.

Below is the data on Tri-City's clinical population which represents all active clients in our clinical programs for FY 2024–25 which is a total of 3,357 unduplicated clients:

- **Race and Ethnicity**: For clients, 20% were White/Caucasian, 55% were Hispanic or Latino, 13% were Black/African American, 2% were Asian/Pacific Islander, 1% were Native American, 4% were More than one race, 1% were Other Race and the remaining 4% were Unknown.
- **Gender**: For clients, 59% were women and 41% were men.
- **Age**: 17% of clients were ages 0-15, 19% were in the age group of 16-25, 55% were in the age group of 26-59, and 9% were 60 years and above.
- **Language**: The most common languages for our clients were English 85%, Spanish 14%, and Another language 2%.

The following compares the number of clients served and Medi-Cal eligible.
*Please note that gender is the only demographic variable available to the Tri-City area.

Gender	Medi-Cal Eligible	Clients Served	Penetration Rate
Men	48,970	1,385	2.8%
Women	52,841	1,972	3.7%
Total	101,811	3,357	3.3%

Analysis of disparities as identified in the above summary

Not Applicable. This information is not available for the Tri-City area.

III. 200% of Poverty (minus Medi-Cal) population and service needs

As previously stated, the area served by the Tri-City Mental Health Authority is not included in the CAEQRO data collection and Tri-City is considered a medium county. Additionally, none of the three cities (Claremont, La Verne and Pomona) currently collect Medi-Cal population and client utilization data. For these reasons, Tri-City has limited information available for the Medi-Cal population.

An analysis of disparities is not applicable. This information is not available for the Tri-City area.

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

The total population of the Tri-City area is approximately 215,323 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Total Population by City

Total Population by City				
	La Verne	**Claremont**	**Pomona**	**Tri-City Area**
Total population	30,804	36,553	147,966	215,323

Source: U.S. Census data from 2024 ACS 1-Year Estimates

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

Table 2: Total Population by Age Group

Total Population by Age Group					
City: **Age group:**	**La Verne**	**Claremont**	**Pomona**	**Tri-City Area**	**% by Age**
0-14	4,687	5,126	24,131	33,944	15.8%
15-24	3,736	7,307	23,300	34,343	15.9%

25-59	12,332	14,549	69,283	96,164	44.7%
60+	10,049	9,571	31,252	50,872	23.6%
Totals	30,804	36,553	147,966	215,323	100.00%

Source: U.S. Census data from 2024 ACS 1-Year Estimates

Table 3: Total Population by Race/Ethnicity

Total Population by Race/Ethnicity					
City: / **Race:**	La Verne	Claremont	Pomona	Tri-City Area	% by ethnicity
African American	1,036	2,127	7,102	10,265	4.8%
Asian American/Pacific Islander	3,253	5,422	15,098	23,773	11.0%
Native American	255	303	5,770	6,328	2.9%
White	17,015	19,233	21,825	58,073	27.0%
Hispanic or Latino	3,029	3,011	65,117	71,157	33.0%
Another Race	6,216	6,457	33,054	45,727	21.2%
Two or more races	30,804	36,553	147,966	215,323	100.0%
Race Totals:	1,036	2,127	7,102	10,265	4.8%
Ethnicity:					
Hispanic/Latino (if any race)	11,095	9,797	108,014	128,906	59.9%
Not Hispanic or Latino	19,709	26,756	39,952	86,417	40.1%
Ethnicity Totals	30,804	36,553	147,966	215,323	100.00%

Source: U.S. Census data from 2024 ACS- 1-year Estimates

V.	**Prevention and Early Intervention (PEI) Plan:**

PEI Target Populations Identified in PEI Plan (2010)

Individuals Experiencing Onset of Serious Psychiatric Illness
- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth in Stressed Families
- Young Children
- Children
- TAY

Trauma-Exposed
- Veterans
- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth at Risk for School Failure
- Young Children
- Children
- TAY

Children/Youth at Risk of or Experiencing Juvenile Justice
- Children
- TAY

Criterion 3.
Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

I. List the target populations with disparities your county Identified in Medi-Cal and MHSA components (CSS, WET, and PEI)

The following are the target populations with disparities within the above-selected populations:

- **Medi-Cal population:** None identified due to lack of access to data.
- **CSS/Full-Service Partnership population:** Children ages 0-15, transition age youth ages 16-25, adults ages 26-59, and older adults 60 years of age and older.
- **WET population:** Tri-City's workforce includes 1) professionals, clinical staff providing treatment services, staff who provide well-being support, and volunteers, both paid and unpaid; 2) local high school and college students who are interested in careers in community mental health, particularly in the Tri-City area.
- **PEI population:** Individuals experiencing onset of serious psychiatric illness, children and youth in stressed families, and trauma-exposed individuals.

II. Identified disparities within target populations

The following groups have been identified as historically unserved and underrepresented from the above-targeted populations:

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

III. Identified strategies for reducing disparities within target populations

Tri-City recognizes the importance of addressing disparities within our diverse communities. Our strategies aim to promote equity and inclusivity in the programs and services we provide. These efforts include thoughtful data collection and analysis, actively recruiting bicultural and bilingual staff who reflect on the communities we serve, and hiring individuals with lived experience to ensure our services are relevant and relatable. We prioritize comprehensive training for our staff to foster cultural awareness and humility. Additionally, we engage community members from the three cities in the development and evaluation of our plans, ensuring their voices are heard and valued. Through these collaborative efforts, we aim to create a mental healthcare environment that is equitable, responsive, and supportive of all individuals.

Please see the following table for a breakdown of targeted populations served by current CSS/PEI programs:

Current CSS and PEI Programs	Latino Adults and Older Adults	Asian Americans and Pacific Islanders of all ages	Native American and Alaska Natives of all ages	Individuals experiencing onset of serious psychiatric illness	Children and Youth in Distressed Families	Trauma-exposed Individuals	LGBTQIA+ individuals
Full-Service Partnerships	X	X	X	X	X	X	X
Community Navigators	X	X	X	X	X	X	X
Wellness Center	X	X	X		X	X	X
Field Capable Services for Older Adults	X	X	X			X	X
Community Capacity Building Project	X	X	X	X	X	X	X
Older Adult Wellbeing Project	X	X	X				X
TAY Wellbeing		X	X	X	X	X	X
Family Wellbeing	X	X	X		X		X
Early Psychosis				X	X	X	

Therapeutic Community Garden	X	X	X		X	X	X
School Based Programs		X	X		X	X	X

IV.   Planning and monitoring of identified strategies to reduce mental health and substance use disorders disparities

Tri-City utilizes comprehensive reports prepared by the Quality Improvement (QI) team every six months. These reports encompass demographic data collected from all programs and referrals, allowing each program to evaluate its performance and analyze the demographics to identify opportunities for targeted outreach, training, and communication aimed at increasing referrals and participation among underserved populations. Additionally, we conduct surveys throughout the year to gather valuable insights on satisfaction and feedback from program participants and clients, further enhancing our understanding of their needs and experiences.

V.   Additional strategies and lessons learned

Hiring Bicultural and Bilingual Staff

Tri-City conducted a hiring event in June 2025, which attracted approximately 81 applicants. Forty interviews were completed and seven candidates were offered positions. An eligibility list was also developed to support upcoming staffing needs. The event demonstrates our sustained commitment to talent acquisition and ongoing improvements in our hiring processes.

Additionally, as of October 2025, approximately 47% of the Tri-City workforce is bilingual, underscoring the rich cultural diversity within our community. Notably, around 45% of our team is qualified to provide bilingual services, with Spanish as a threshold language. This robust bilingual capability enhances communication and accessibility, ensuring that our services are not only inclusive but also responsive to the needs of all community members.

Tri-City Client Demographics to HR Staff Data:

Tri-City Client Demographics	Percent of Population	Tri-City Staff Demographics	Percent of Staff
Asian American/Pacific Islander, percent	2.0%	Asian American/Pacific Islander, percent	7.1%
Black or African American, percent	13.0%	Black or African American, percent	7.1%
Hispanic/ Latino, percent	55.0%	Hispanic/ Latino, percent	64.3%
Native American /Alaska Native, percent	1.0%	Native American /Alaska Native, percent	0.4%
Other	4.0%	Other	2.2%
Two Or More Races, percent	4.0%	Two Or More Races, percent	1.8%
White, percent	20.0%	White, percent	16.5%

(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).
Source: U.S. Census data from 2024 DEC Redistricting Data

Peer Support Specialist

Peer Support Specialists play a vital role in Tri-City's workforce, offering invaluable lived experience that enhances both programming and the delivery of mental health services. Formerly known as Wellness Advocates, these individuals serve in a variety of impactful roles—including facilitating support groups, advocating for clients, participating in stakeholder meetings, and contributing to Tri-City's Wellness Collaboratives. Their firsthand perspectives help create a more inclusive, compassionate, and effective approach to mental health care.
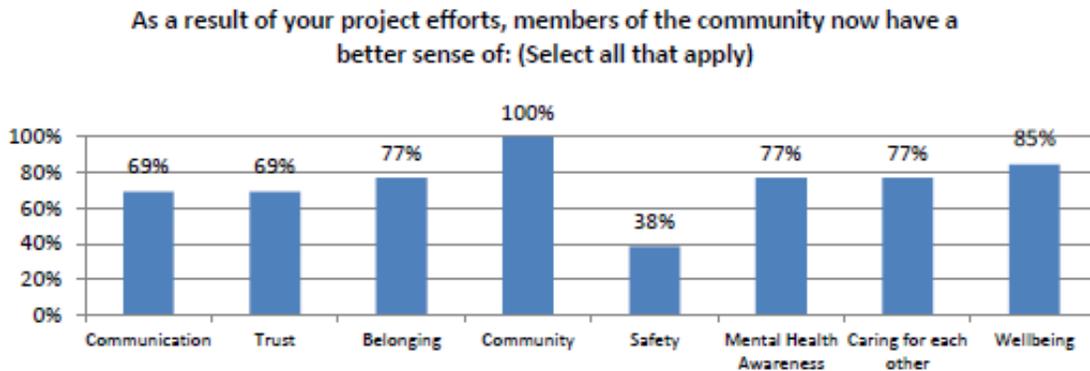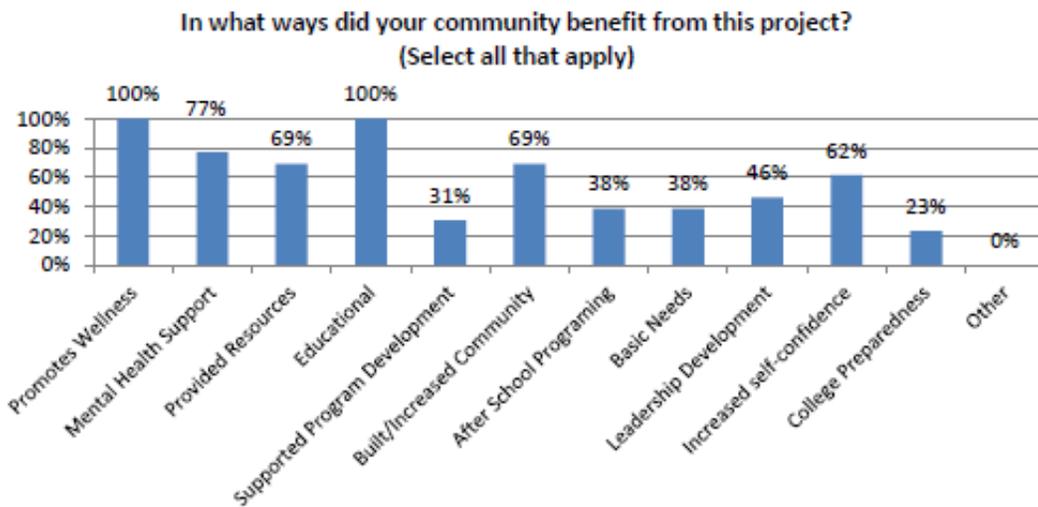
In FY 2024–25, all Peer Support Specialists at Tri-City completed a formal certification process, reflecting our commitment to maintaining a high standard of expertise. Additionally, they received training focused on recovery-oriented care, further strengthening their ability to support others on their wellness journeys.

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

The Community Wellbeing Program provides small grants of up to $10,000, along with technical assistance, to help communities strengthen their capacity to support the wellbeing of their members. A total of 13 community organizations were awarded grants in FY 2024-25.

These grantees offer a wide range of services, including support groups, puppetry for character building, clothing for teens, mental health workshops, performing arts programs, transportation for young mothers, and basketball clinics for girls and children with special needs that promote self-esteem and teamwork. Other initiatives include student peer mentorship, hygiene and food support for college students experiencing housing or financial insecurity, and an LGBTQIA+ Youth Health & Education Wellbeing Program.

All of these efforts aim to enhance the wellbeing of communities that are often underserved and underrepresented. In addition, grantees actively collaborate and network with one another to sustain and expand their impact.

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

Category	Percentage
Promotes Wellness	100%
Mental Health Support	77%
Provided Resources	69%
Educational	100%
Supported Program Development	31%
Built/Increased Community	69%
After School Programing	38%
Basic Needs	38%
Leadership Development	46%
Increased self-confidence	62%
College Preparedness	23%
Other	0%

As a result of your project efforts, members of the community now have a better sense of: (Select all that apply)

Category	Percentage
Communication	69%
Trust	69%
Belonging	77%
Community	100%
Safety	38%
Mental Health Awareness	77%
Caring for each other	77%
Wellbeing	85%

Criterion 4.
Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System

> **I.** **Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.**

Community Planning Process (CPP)

Listed below is an overview of Focus Group Analysis FY 2024-25:

In July 2024, stakeholders and community partners were invited to participate in Tri-City's MHSA Planning Process which provides an opportunity for stakeholders to share their thoughts and concerns regarding the availability of support services. Rather than relying solely on the online survey and the timing of community forums, the Innovation Team gathered feedback directly from the community with a hands-on, in-person approach to improve community engagement and participation.

From November 2024 to March 2025, the MHSA Community Planning Process (CPP) hosted 13 focus groups for various populations (see Table 1). Recognizing the low participation in past planning efforts, the focus groups aimed to enhance the community's understanding of mental health and inform individuals about Tri-City's work and opportunities for involvement. The main objective of the focus groups was to increase participation in the Community Planning Process.

All focus groups were facilitated in person by the project's peer consultant, Project Return Peer Support Network (PRPSN), using a team of Certified Peer Support Specialists. Each group session lasted approximately 90 minutes. All participants were offered an incentive for their time and participation, a stipend in the amount of $50, which was paid to them later by check.

The goal for the feedback collected is two-fold – 1) to create better outreach strategies and 2) to develop programs and services that truly meet the needs of Tri-City's clients, consumers, and community members across the three cities.

Participants

Participants in the focus group were selected from thirteen population groups and focus group sizes ranged from 3-18 participants per group. Collectively, there were 140 participants total, with an average group size of 11 participants per group.

Table 1. Focus Group and Participant Overview

Target Population	Date of Focus Group	Number of Participants
Asian American/Pacific Islander (AAPI)	03/25/2025	7
African American/Black	03/06/2025	10
Clients, Caregivers, & Community Members	12/02/2024	11
Hispanic/Latinx	12/17/2024	13
Law Enforcement	11/21/2024	3
LGBTQIA+	12/11/2024	18
Native/Indigenous	03/22/2025	6
Older Adults	12/05/2024	11
People experiencing or at risk of homelessness	12/20/2024	14
People with Disabilities	03/03/2025	10
School Officials and Child/Youth Providers	12/03/2024	12
People with Substance Use Disorders (SUD)	03/26/2024	15
Transition Age Youth (TAY)	11/19/2024	10
Total		**140**

Table 2. Focus Group Participant Demographics.

Focus Group Participants	
Demographics	N=140

Gender	
Female	58%
Male	34%
Non-binary	4%
Another	5%

Sexual Orientation	
Heterosexual or Straight	78%
Queer	7%
Gay or Lesbian	6%
Bisexual	6%
Another	3%
Not Reported	1%

Age Range	
16-25 years	23%
26-59 years	53%
60+ years	24%

Race/Ethnicity	
Hispanic/Latino	55%
Black/African American	16%
White/Caucasian	12%
Asian/Asian American	7%
Two or more races	5%
American Indian/Alaska Native	4%

City of Residence	
Pomona	58%
La Verne	11%
Claremont	6%
I live in a different city	26%

CPP Focus Group Highlights and Key Themes:

- **Barriers to Accessing Mental Health Support:** Participants identified stigma, limited knowledge of available mental health services, and a lack of trust or understanding from providers as primary barriers to seeking support.

- **Need for Outreach and Community Engagement:** Participants emphasized the importance of increased outreach, stronger community partnerships, and more education and training opportunities. They also expressed interest in community events that foster support, social connection, and cultural inclusion.

- **Limited Awareness of Tri-City Services:** Many participants were unaware of the services and opportunities offered by Tri-City, which hindered their engagement and participation.

- **Improving Tri-City Programs and Services:** Participants felt Tri-City could better meet community needs by expanding outreach and visibility, improving access to services and information, and enhancing overall service delivery at TCMH.

- **Barriers to Providing Feedback:** Participants noted that limited knowledge of Tri-City's systems and concerns about service delivery discouraged them from sharing feedback with the organization.

CPP Recommendations:

- **Enhance Outreach and Visibility:** Implement targeted outreach and advertising strategies to increase awareness of Tri-City services and community opportunities among specific groups.

- **Reduce Stigma and Increase Awareness:** Develop initiatives to reduce stigma surrounding mental health and to improve public understanding of available services.

- **Strengthen Community Engagement:** Expand partnerships, education, training, and culturally relevant community events to engage individuals who may not currently access Tri-City services.

- **Improve Service Delivery:** Develop and implement a plan to address client concerns related to service delivery, including:

  - Increasing timely access to care
  - Providing supportive resources such as transportation and childcare
  - Enhancing the client onboarding and follow-up process
  - Strengthening employee engagement and retention

RAINBOW Collaborative (LGBTQIA+)

The RAINBOW Collaborative was established in September 2020. Its primary goal is to provide a safe space for LGBTQIA+ community to share resources, advocate for mental wellbeing, and increase education. (Advocate, Celebrate, Educate)

In FY 2024-25, the RAINBOW Collaborative monthly meetings were consistent throughout the year. In addition, the collaborative continued to host in-person events in the community.

The following are some examples of efforts made in FY 2024-25:

- July 2024: Reviewed and revised the Mission, Vision, and Goals of the Collaborative. Set new goals to address current issues for the LGBTQIA+ community in Claremont, La Verne, and Pomona.
- October 2024: Collaborative members attended Pomona Valley Pride's 4th Annual Gayla.
- February 2025: Hosted "Finding Strength Together: A Community Conversation" in collaboration with Pomona Valley Pride A conversation with mental health, community, and faith-based professionals about coping skills, local resources, and how to support oneself and others. Identifying ways to advocate LGBTQIA+ needs when interacting with mental health and medical providers.
- May 2025: Mental Health Awareness Month, hosted Self Care & Wellness Bingo at Pomona Valley Pride
- June 2025: Attended Pomona Valley Pride's 4th Annual LOVE WINS Pride Festival.
- June 2025: Staff Educational Lunch & Learn Building Inclusive Spaces

Tri-City's Community Engagement in FY 2024-25

The following events and activities are key components of Tri-City's community engagement, specifically designed to reach underserved and underrepresented populations. These efforts are strategically integrated with various internal departments and community organizations to ensure a collaborative and impactful approach:

Date	Education and Engagement Activities
July 2024	Let's Talk: Student Wellness Series: Getting Youth Ready for Back to School
July 2024	Youth Mental Health First Aid: Community Training

Date	Event
09/6/2024	Know the Signs of Suicide
09/9/2024	Exploring Empathy in Action Workshop
09/12/2024	Paint & Sip for Suicide Prevention Month
09/16/2024	RAINBOW Collaborative monthly meeting
09/16/2024	Let's Get Crafty Workshop at the Wellness Center
09/19/2024	Empowering Adults to Support Young Lives
09/19/2024	Let's Talk Student Wellness Series: Youth Suicide Prevention
09/19/2024	¡Adelante¡ Wellness Collaborative in collaboration with Suicide Prevention hosted a Let's Play Loteria for Hispanic Heritage and Suicide Prevention Month
09/27/2024	Amplify: Voices of Mental Health & Recovery
09/30/2024	Power of Community & Connection
10/04/2024	RAINBOW Collaborative Members attended Pomona Pride Center's GayLa
10/09/2024	¡Adelante¡ Wellness Collaborative hosted Noche de Recuerdos for Hispanic Heritage Month
10/11/2024	In Our Own Voices: Community Webinar
10/16/2024	RAINBOW Collaborative monthly meeting
10/17/2024	Let's Talk Student Wellness Series: Thriving Through the Holidays
11/08/2024	Adverse Childhood Experiences: Wellness Webinar
11/13/2024	Fall Ya'll Wellness Center Workshop
11/19/2024	RAINBOW Collaborative monthly meeting
11/21/2024	Let's Talk Student Wellness Series: Coping with the Holiday Blues
01/21/2025	RAINBOW Collaborative monthly meeting
01/29/2025	MHSA Community Forum

02/06/2025	Mental Health First Aid for Adults
02/18/2025	RAINBOW Collaborative Monthly Meeting
02/28/2025	RAINBOW Collaborative: Finding Strength Together: A Community Conversation
03/6/2025	Community Resiliency Model Community Webinar
03/18/2025	RAINBOW Collaborative Monthly Meeting
03/26/2025	Family & Community Workshop: Early Psychosis in Youth
04/17/2025	Compassion Fatigue: Community Webinar
04/22/2025	RAINBOW Collaborative Monthly Meeting
05/8/2025	Creative Minds: Emotions in Motion
05/14/2025	Adverse Childhood Experience Webinar
05/20/2025	Mental Health 101
05/20/2025	RAINBOW Collaborative Monthly Meeting
05/21/2025	Amplify: Voices of Mental Health & Recovery
05/29/2025	Directing Change Film/Art Showcase
June 2025	Pride Month Social Media Campaign
06/07/2025	RAINBOW Collaborative participated in Pomona Valley Pride's 4th annual LOVE WINS: Downtown Pride Festival
06/17/2025	RAINBOW Collaborative Monthly Meeting
06/24/2025	RAINBOW Collaborative Educational Lunch: Building Inclusive Spaces

Community integration with the county mental health system by participating in and reviewing MHSA Community Planning Process (CPP) Focus Groups:

1. African American Community
2. Asian American Pacific Islander Community
3. Clients, Caregivers, Community Members
4. Hispanic Community
5. Law Enforcement
6. LGBTQIA+
7. Native/Indigenous Community
8. Older Adults
9. People experiencing homelessness or at risk
10. People with disabilities
11. People with substance use disorders
12. School Officials and Child/Youth Providers
13. Transition Age Youth (TAY)

Implementation of community input to reduce mental health disparities for targeted unserved and underserved communities

Through the Community Planning Process (CPP) and the RAINBOW Collaborative Tri-City aims to reduce mental health disparities among unserved and underserved communities in Claremont, La Verne, and Pomona. These efforts strengthen cultural partnerships and enhance our agency's capacity to serve diverse cultural groups effectively. By empowering us to assess community needs more thoroughly, each group assists in facilitating the development of culturally responsive and linguistically appropriate programs and services.

Key Objectives:

- **Build Strategic Partnerships**: Cultivate collaborative relationships with local organizations, agencies, and community leaders to enhance access to and coordination of culturally appropriate mental health services for underserved populations.
- **Increase Resource Awareness**: Raise awareness and facilitate access to mental health resources, ensuring that information is available in culturally relevant formats and languages for underserved communities.
- **Reduce Mental Health Stigma**: Implement culturally tailored initiatives to combat stigma surrounding mental health, fostering understanding and acceptance within targeted communities.

- **Enhance Community Engagement**: Actively involve diverse community members in the co-creation and evaluation of mental health programs to ensure they reflect and respond to local cultural needs and values.
- **Promote Inclusive Collaborator Engagement**: Educate and empower individuals from diverse cultural backgrounds to participate actively in the stakeholder process, ensuring that their perspectives are valued and heard.

Criterion 5.
Culturally Competent Training Activities

> **I.   The county system shall require all staff and invite stakeholders to receive annual cultural competence training.**

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

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

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

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

Southern Counties Regional Partnership (SCRP)

Tri-City actively participated in monthly meetings with the Southern California Regional Partnership, a collaborative effort among Workforce Education and Training (WET) coordinators and supervisors from ten counties across Southern California. As outlined in Section 5822 of the Welfare and Institutions Code, regional partnerships are a crucial workforce strategy aimed at enhancing the public mental health system's outreach to multicultural communities. This initiative focuses on increasing workforce diversity, reducing stigma around mental illness, and promoting the use of web-based technologies and evidence-based learning methods. Additionally, the Southern California Regional Partnership offers specialized training opportunities, including trauma-informed care for specific populations, trauma and parenting, and addressing the intersection of substance use and trauma for both adults and youth. Through these initiatives, we aim to build a more informed and culturally responsive workforce that better serves our communities.

Cultural Competence Online Trainings

Tri-City staff are also offered online training through the e-learning training platform, examples include:

- A Multicultural Approach to Recovery-Oriented Practice
- Addressing the Behavioral Health Needs of Veterans
- An Understanding of Military Culture for Behavioral Health Paraprofessionals
- Advanced Practices in Case and Care Management
- Bias in Healthcare
- Cultural Humility and Implicit Bias in Behavioral Health
- Core Competencies (Non-Clinical)
- Cultural Awareness and Humility *[Required]*
- Cultural Competence and Healthcare
- Cultural Competence for Supervisors
- Cultural Considerations Related to Suicide
- Cultural Diversity and the Older Adult
- DEI: An Introduction to Multicultural Care
- DEI: Multicultural Care for the Clinician
- DEI: Multicultural Care for the Organization
- Diversity, Equity, and Inclusion for the Healthcare Employee
- Improving Behavioral Health Equity: Individuals in Rural or Remote Communities
- Improving Behavioral Health Equity: Individuals Living in Poverty
- Improving Behavioral Health Equity: Individuals with Asian American Identities
- Improving Behavioral Health Equity: Individuals with Black or African American Identities

- Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities
- Improving Behavioral Health Equity: People Who Are LGBQIA+
- Improving Behavioral Health Equity: People Who Are Transgender and Nonbinary
- Improving Clinical Competency Through an Understanding of Military Culture
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals
- Implicit Bias
- Implicit Bias for the Healthcare Professional
- Implicit Bias in Healthcare
- Interrupting Unconscious Bias for Supervisors in the Healthcare Industry
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services
- Preparing for the Use of Telehealth in an Agency or Practice
- Strategies and Skills for Behavioral Health Interpreters
- Substance Use Treatment and Relapse Prevention for Marginalized Populations
- The Behavioral Health System of Care: An Overview for Interpreters
- Understanding and Minimizing Cultural Bias for Paraprofessionals [Required]
- Working More Effectively with LGBTQ+ Children and Youth
- Recognizing and Overcoming Unconscious Bias for Employees and Supervisors in the Healthcare Industry
- Understanding and Minimizing Cultural Bias for Paraprofessionals

Additional, training offered to staff by contracted providers:
- How to have sensitive & Difficult Conversations
- Working with Clients with Developmental Disabilities & Trauma Informed Care (TIC)
- Ageing and the Workforce
- Dealing With Difficult People
- Leadership & Management Skills for Women
- Disability Training
- Mental Wellness of the Latino Communities
- Motivational Interviewing [required for staff to take every 2 years]
- Adverse Childhood Experiences (ACEs) [required for staff to take every 2 years]
- Community Resiliency Model [required for staff to take every 2 years]
- Mental Health First Aid [required for staff to take every 2 years]
- LGBTQIA+ 101
- Engaging Fathers & Other Adult Males in the Therapeutic Process
- Attachment, Trauma, and Health in Child Welfare
- Cultural Humility: Crucial Reflections
- LGBTQ+ Survivor Allyship Training
- Fostering Crucial Conversations about Race with Children and Families

Senate Bill 923

SB 923, signed into law in 2022, represents a major advancement in ensuring inclusive and culturally competent care for transgender, gender-diverse, and intersex (TGI) individuals across California. The law requires health care service plans, Medi-Cal managed care entities, and health insurers to ensure that staff with direct enrollee contact complete evidence-based cultural competency training focused on TGI-inclusive care. It also mandates that provider directories clearly identify in-network providers offering gender-affirming services and that systems be established for tracking and reporting discrimination complaints. For county behavioral health agencies, this means taking proactive steps to align their networks, training programs, and service delivery practices with these new standards. Our agency will be coordinating closely with the Los Angeles County Department of Mental Health (LADMH) to implement these requirements effectively and ensure consistency across service systems. Additional updates on our progress and implementation strategies will be included in next year's report.

II.   Staff and stakeholder annual cultural competence trainings

Staff and Stakeholder Trainings		
Date	Activity	Activity Type
August 2024	Cultural Awareness and Humility	Staff Training
January 2025	Understanding & Minimizing Cultural Bias for Paraprofessionals	Staff Training
March 2025	Hope & Resilience Inner Strength Values, & Collective Healing	Community Education & Awareness

Mental Health First Aid (MHFA) Training

Tri-City Mental Health Authority has invested in the curricula the National Council for Mental Wellbeing created called Mental Health First Aid (MHFA). Mental Health First Aid is a course that teaches participants how to identify, understand, and respond to signs of mental health challenges and substance use challenges. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. MHFA takes the fear and hesitation out of starting conversations about mental health and substance use issues providing an action plan that teaches people to identify and address a potential mental illness or substance use disorder safely and responsibly.

Tri-City currently has five staff certified as MHFA Instructors who can provide the following versions of MHFA to staff, community members, and partners:

Training	Description	How Long	Audience	Delivery
MHFA: Adult (English & Spanish)	This is the original curriculum that was created to be delivered to adults in non-behavioral health settings or backgrounds.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Youth	Youth MHFA was created because there was a need to train parents, caretakers and adults who work with youth on how to respond to a mental health crisis. We know the onset of mental health challenges starts early in child development. The earlier we're aware, the earlier we can intervene and provide support and services.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Public Safety	Law Enforcement is usually called to respond to a mental health crisis but may not have adequate training on how to respond. This curriculum was created to meet that need, provide the tools to respond, and share resources that they can utilize during or after a crisis.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Military, Veterans, & Families	Our active military, veterans and their families are all impacted by the military duty they provide, and their mental health is an area of impact that has gone unaddressed. This curriculum brings attention and awareness that is much needed to provide support.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Older Adults	The older adult community has higher rates of suicide, isolation and loss that lead to mental health challenges or crisis. This curriculum is for caregivers, senior service providers, and family members of older adults to share how to identify the signs and symptoms older adults may display.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Higher Education	College students are at a pivotal time in their lives making for the first time, adult decisions and taking on responsibilities. These decisions can be stressful and, without proper support or guidance, can lead to mental health challenges and crisis. Suicide is the 2nd leading cause of death for college students, substance use/abuse is on the rise, and drop-out rates due to these challenges has increased. This curriculum is for college students, educators, faculty, and parents.	8hrs	Staff and community partners	In-person & virtually [webinar]

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

Webinars, trainings, and presentations for FY 2024-25 related to cultural awareness and inclusion

Resiliency

Trainings for adolescents, transition-aged youth, parents, and caretakers, that focus on resiliency, is provided through Adverse Childhood Experiences (ACEs) and Community Resiliency Model® (CRM). Tri-City has invested in both curricula and has had several staff trained in both curriculums to provide them out in the community to each of the specific populations listed above. Both trainings are delivered with content in an age-appropriate learning format utilizing charts, graphics, videos, and language that is appropriate to the population we serve. Through our internal clinical/non-clinical staff, community partners, and local organizations, Tri-City will be able to outreach and provide these trainings to our clients, participants, and community members.

Training	Description	How Long	Audience	Delivery
ACEs: English & Spanish	Provides background on ACEs study, defines what is trauma, impact on physical and mental health, and how we can thrive through adversity by being resilient.	2-3 hours long	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]
CRM: English & Spanish	Discussion on toxic stress, impact of stress on the brain and body, defining resiliency, and how we build our resiliency practicing six wellness skills. Guided practice of the skills is done throughout the workshop so participants can start implementing them in their daily lives.	Varies; Can be adapted 3-8 hours	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]

Criterion 6.
County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

I.   Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

Like many agencies and organizations, Tri-City has faced challenges in both staff recruitment and retention. To build a workforce that reflects our diverse client population, we are committed to actively recruiting within our community and collaborating with local colleges to promote careers in mental health to graduating students. We initiate this process by offering volunteer opportunities to youth engaged in our programs and internships, helping them transition into attainable positions within our workforce. Additionally, Tri-City has introduced various hiring incentives, including sign-on bonuses, hybrid work schedules, and longevity pay, which have significantly enriched our compensation and benefits package. To further improve our offerings, we regularly survey our current staff for their input on desirable benefits and incentives, ensuring we create an attractive and supportive work environment.

The following table reflects Tri-City's staff demographic as of June 2025:

Demographics for Tri-City Mental Health Staff	Percent of Staff
Asian American/Pacific Islander, percent	7.14%
Black or African American, percent	7.14%
Hispanic/ Latino, percent	64.29%
Native American /Alaska Native, percent	0.45%
Other	2.23%
Two Or More Races, percent	1.79%
White, percent	16.52%

WET Plan assessment data comparison with the general population, Medi-Cal population, and 200% of poverty data

As previously stated, the area served by the Tri-City Mental Health Authority is not included in the CAEQRO data collection. Additionally, none of the three cities (Claremont, La Verne and Pomona) currently collect Medi-Cal population and client utilization data.

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

Tri-City's Human Resources Department actively seeks out recruitment advertisement opportunities with a variety of culturally specific organizations and associations. To ensure that our workforce demographics are comparable to those of our client demographics, we advertise with and participate in employment fairs with the Network of Social Workers, the County Behavioral Health Directors Association of California (CBHDA), the Collaborative to Improve Behavioral Health Access (CIBHA), the African American Mental Health Conference, the Latino Behavioral Health Conference and Mental Health America.

Additionally, Tri-City's Workforce Education and Training (WET) program staff conduct outreach to students from local high schools and universities within our service area. Through student career fairs, class-specific presentations, and mentorship, we engage the next generation of mental health professionals, encouraging them to explore opportunities within community mental health and, specifically, at Tri-City. As part of our Service-Learning program, students and residents of our service area participate as "service-learners", volunteers who support Tri-City staff and departments while gaining firsthand experience in the field. This program also includes education about the culturally diverse populations within the service area.

Tri-City places a high value on those with lived experience, recognizing that peers— individuals who reflect the populations we serve—bring invaluable insight and perspective to our workforce. As such, we have made a concerted effort to include peers throughout our system of care, ensuring that their voices are represented and that our services remain grounded in the realities of those we support.

Ongoing WET Implementation Efforts

The implementation of the WET program stresses the importance of learning – a relevant goal of cultural equity, diversity, and inclusion – and incorporates our ongoing efforts to inform, engage and educate volunteers and peers about opportunities and careers in the community mental health system. Several positions within our organization had been filled

by peers and volunteers, but in an effort to increase the percentage, Tri-City has instituted the Peers 2 Careers (P2C) program.

Service-Learning

Service-Learner

Service-Learners (volunteers) provides support in many of the programs offered by Tri-City. Service-Learners participate in various community events throughout the year such as community meetings, cultural and stigma reduction events.

Working Independence Skills Helping (WISH)

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

Summer Camp

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

Peer Mentor Program

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

Criterion 7.
Language Capacity

I. Increase bilingual workforce capacity

Updates on agency wide bilingual staff members who speak the languages of the target populations

Bilingual Capacity of Staff by Language		
Language	**# Bilingual**	**% Bilingual**
Spanish (Threshold Language)	**107**	**45.9%**
Vietnamese	2	0.9%
Tagalog	1	0.4%
French	1	0.4%
Persian	0	0%
Punjabi	0	0%
Russian	0	0%
Mandarin	0	0%
Hindi	0	0%
Japanese	0	0%
Khmer	0	0%
Total Bilingual	**111**	**47.6%**

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

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

On an annual basis, Tri-City dedicates approximately $20,000 to services that assist with the translation of documents and having interpreters available at community meetings.

II.   Services to persons who have Limited English Proficiency (LEP)

Evidence of policies, procedures, and practices for meeting clients' language needs

4.4 Tri-City shall ensure 24/7 access to language interpretation services in the primary or preferred language (including TTD and California Relay Services), for all individuals who call the toll-free 24/7 agency phone line (866) 623-9500.

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

Evidence that clients are informed in writing in their primary language, of their rights to language assistance services

3.2a Tri-City shall ensure that clients receiving mental health services are informed in writing (in their primary language) of their right to language assistance services at no cost and how to access these services.

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

Evidence that the county/agency accommodates persons who have LEP by using bilingual staff or interpreter services

4.4 Tri-City shall ensure 24/7 access to language interpretation services in the primary or preferred language (including TTD and California Relay Services), for all individuals who call the toll-free 24/7 agency phone line (866) 623-9500.

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

Historical challenges on efforts made on the items above and lessons learned

In FY 2024-25, efforts to provide interpretation services highlighted both successes and challenges. While Spanish — the threshold language — had strong bilingual staff coverage (107 staff, 45.9%), many other community languages, including Mandarin, Tagalog, Vietnamese, and several others, had minimal or no bilingual staff. This created challenges in ensuring equitable access to information and services. Lessons learned emphasize the importance of leveraging external resources, such as LanguageLine, and prioritizing strategies that ensure all community members can access information and services in their preferred language.

Identified county technical assistance needs

Building on these lessons, county technical assistance is needed to expand bilingual staff capacity, allocate sufficient resources for translation and interpretation, and implement efficient workflows to support culturally and linguistically appropriate outreach. These steps will help ensure that language does not become a barrier to accessing care and services for any community.

III.   Services to all LEP clients meeting the threshold language

Evidence of availability of interpreter and/or bilingual staff for the languages spoken by community

4.2 Each service site shall post a flyer (in threshold and non-threshold languages) identifying the language assistance services and the auxiliary aids (including Teletypewriter/ Telecommunications Device for the Deaf - TTY/TDD) available to non-English speaking, LEP, and deaf or hearing-impaired clients, participants, and Stakeholders.

[See *MHP and Language Line Posters,* Summary of Exhibits]

Evidence that interpreter services are offered and provided to clients and the response to the offer is recorded

4.7 Tri-City workforce members shall document when language services are offered and/or provided, in the client's primary or preferred language. Documentation of language interpreter services shall be completed following the guidelines in the Los Angeles County Mental Health Plan - Short Doyle/Medi-Cal Organizational Providers Manual.

 [See *Primary Language Screening Tool,* Summary of Exhibits]

Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours

4.8 All departments and programs are encouraged to utilize bilingual workforce to assist clients, participants, and stakeholders who require interpretation services. In cases where our bilingual staff cannot meet the language needs of individuals, staff shall use contracted interpretation services. These contracted services should be the primary resource used when the internal bilingual workforce is unable to provide support in a member's preferred or primary language. This approach ensures effective communication and accessibility for everyone served.

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

Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence

4.8a Human Resources will maintain a comprehensive list of bilingual workforce members to ensure that staff can effectively communicate with individuals in need of language assistance.

Staff members will also receive information and guidelines about contracted interpreter services that have been thoroughly vetted and trained in handling healthcare-related communications. These interpreters undergo rigorous training to meet the specific language and cultural needs of the population served, ensuring they are proficient in both medical terminology and the nuances of communication in healthcare settings.

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

IV.   Services to all LEP clients not meeting the threshold language

4.1c A coordinated referral and transfer to a similar agency shall be offered, for clients and participants with non-threshold primary/preferred languages, that may better be served by another agency provider with more optimal culturally or linguistically available services. The referral process shall allow latitude for clinical judgment in some cases.

[See Language Interpretation and Translation Policy and Procedure, Summary of Exhibits for Section IV: A and B]

Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964

4.1 Tri-City shall provide verbal or sign language assistance services in threshold and non-threshold languages for clients, participants, and stakeholders.

    a.   In accordance with requirements of Title VI of the Civil Rights Act of 1964, the expectation that family members provide interpreter services is prohibited. Participant or stakeholder insists on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.

    b.   Minor children shall not be used as interpreters.

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

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V. Required translated documents, forms, signage, and client informing materials.

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1.9 Tri-City shall respond to the cultural linguistic needs of clients and stakeholders, across the system of care by ensuring that verbal and written language assistance services are provided by bilingual staff or through qualified language translation and interpretation services (CCPR Criterion 7).

a. Tri-City shall make available written materials (i.e., brochures, forms, signage, provider directories, beneficiary handbooks, appeal and grievance notices, denial, and termination notices) that are easily understandable to meet the language (threshold languages) and communication needs of clients and stakeholders.

b. Tri-City shall work with vendors to translate written materials and field test the qualify and cultural meaningfulness of vendor-translated products with bilingual certified staff and constituents.

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

Documents available for review during the compliance visit:

General	MHSA Stakeholder

• Tri-City Official Protocol: Informing Materials
  o Los Angeles County Mental Health Plan Beneficiary Handbook [Available in 13 languages]
  o Tri-City Beneficiary/Client Problem Solution Guide [English, Spanish]
  o LA County DMH Resource Directory
  o LA County DMH Grievances and Appeals Procedures: A
	• MHSA Stakeholder Meeting Flyers [English, Spanish]
	• MHSA Stakeholder News Advert, La Nueva Voz Pomona Newspaper [English, Spanish]
	• MHSA Notice of Public Hearing Advert, La Nueva Voz Pomona Newspaper [English, Spanish]
	• Notice of Public Hearing of the Mental Health Commission and MHSA Annual Update Flyer [English, Spanish, Vietnamese]

	Miscellaneous

Consumer Guide [English, Spanish, Vietnamese]
- LA County Patient's Rights Grievances or Appeal and Authorization Form

- Staying Resilient and Compassionate [English, Spanish]
- Protect Yourself and Your Family Flyer [English, Spanish]
- Community Health Resource Fair [English, Spanish]

MHSA Programs and Services	Forms/Documents

- Tri-City Mental Health: A Guide to Our System of Care [English, Spanish]
- Tri-City Resource Guide [English, Spanish]
- Wellness Center Brochure [English, Spanish, Vietnamese]
- Wellness Center Monthly Calendar [English, Spanish]
- Community Navigator Informational Flyer [English, Spanish]
- Community Mental Health Training (CMHT) Flyers for Wellness Webinars during COVID-19 [English, Spanish]
- Wellness Webinar Flyers [English, Spanish]
  - Everyday Mental Health; Motivational Interviewing
- CMHT Adverse Childhood Experiences (ACEs) Training Flyer [English, Spanish]
- Therapeutic Community Garden (TCG) Support Group Flyer [English, Spanish]
- Spanish Senior Socialization Group Flyer

- Notice of Privacy Practices [English, Spanish, Vietnamese]
- Notice of Privacy Practices Acknowledgement of Receipt [English, Spanish, Vietnamese]
- HIPAA Privacy Complaints Form [English, Spanish, Vietnamese]
- Authorizations to Use/Release/Disclose Protected Health Information (PHI) – Mental Health Services [English, Spanish]
- Consent for Medication [English/Spanish]
- Consent for Services [English, Spanish, Vietnamese]
- Safety Plan
- Notice of Adverse Benefit Determination [English, Spanish]
- Therapeutic Community Garden Consent Form [English, Spanish, Vietnamese]
- [WET Program] Service-Learning Program Application [English, Spanish]

Cultural Inclusion and Diversity Committee	Quality Assurance

- Cultural Competence Focus Group Questions Survey [English, Spanish]

- Coordination and Rehabilitation Enhanced Services (CARES) Brochure [English, Spanish]

Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language

4.10 Tri-City shall ensure that written materials provided to clients, participants, and stakeholders (i.e. informing materials, surveys, program information, flyers and announcements, brochures, signage, consents and authorizations, documents and forms, directories, beneficiary handbooks, appeal and grievance notices, denial, and termination notices, and other essential notices, letters and reports) are translated into the threshold languages (essential written materials shall be interpreted at minimum for non-threshold languages) and made available to clients, participants, and stakeholders and needed and/or required.

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

Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture

4.10 Tri-City shall ensure that written materials provided to clients, participants, and stakeholders (i.e. informing materials, surveys, program information, flyers and announcements, brochures, signage, consents and authorizations, documents and forms, directories, beneficiary handbooks, appeal and grievance notices, denial, and termination notices, and other essential notices, letters and reports) are translated into the threshold languages (essentially written materials shall be interpreted at minimum for non-threshold languages) and made available to clients, participants, and stakeholders and needed and/or required.

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

Mechanisms for Translation of Documents

4.10b Tri-City departments oversee requests for document translations to guarantee both accuracy and cultural relevance. Documents are translated either in-house or through certified external vendors with proven expertise in translation.

To ensure clarity and accessibility, we are actively researching the most effective strategies for evaluating translated materials, with a specific goal of achieving a 6th-grade reading level for all department-produced documents. This ongoing effort underscores our commitment to making information accessible to our diverse population.

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

Criterion 8.
Adaptation of Services

I.   Client driven/operated recovery and wellness programs

Tri-City Wellness Center (CSS Plan)

The Tri-City Wellness Center was designed as a welcoming space for individuals facing mental health challenges, empowering them on their journeys toward independence, recovery, and overall wellness. The Wellness Center offers a diverse range of services, including self-help groups, peer and family support, educational resources, recreational and cultural activities, and assessment and linkage services, all aimed at enhancing independence.

Serving as a "dynamic hub" for Pomona, Claremont, and La Verne, our staff consists of peer support specialists and clinical professionals dedicated to providing culturally responsive, person- and family-centered support. All services at the Wellness Center are free and accessible to all. Visitors receive a warm welcome, and our trained staff cultivate an environment of community and self-discovery, helping individuals and families reach their personal goals.

Through the Mental Health Services Act (MHSA) funding and collaboration with community partners, the Wellness Center provides holistic services that promote independence and wellness. These services include, but are not limited to:

- **Peer and Family Support:** Comprehensive support for individuals and their families, fostering community connections.
- **Specialized Services:** Tailored programs for children, Transition-Age Youth (TAY) ages 16-25, older adults (ages 60+), and monolingual Spanish speakers.
- **Employment and Vocational Support:** Resources and guidance to help individuals pursue employment opportunities.
- **Educational Resources and Workshops:** Informative sessions designed to enhance knowledge and skills in mental health and wellness.
- **Computer Lab Access:** Facilities for skill development, job searches, and educational pursuits.
- **Recreational, Social, and Cultural Activities:** Engaging activities that celebrate diversity and promote social interaction.
- **Assessment, Linkage, and Referral Services:** Personalized assessments to connect individuals with appropriate resources and services.

Peer Mentor Program (PEI Plan)

The Peer Mentor Program engages trained volunteers from the Tri-City area to provide individualized emotional support, peer connection, and linkage to community resources. Each peer mentor offers services that are age-appropriate and culturally responsive, ensuring that mentees receive support aligned with their unique backgrounds and lived experiences.

Cultural inclusion is a cornerstone of the Peer Mentor Program. The program recognizes that effective peer support requires awareness of cultural identity, communication styles, and social context. To strengthen these skills, all peer mentors participate in comprehensive training focused on cultural humility, cross-cultural communication, and strategies for addressing cultural differences. Training modules include topics such as implicit bias, stigma reduction, and culturally informed approaches to mental health.

Significant efforts have been made to recruit volunteers from diverse multicultural backgrounds, reflecting the populations served within the Tri-City area. Through partnerships with local colleges, universities, Tri-City's clinical sites, and community-based organizations, the program has established a diverse and culturally representative network of peer mentors.

The following demographics highlight the Peer Mentor Program for FY 2024-25:

- 40% of the mentors reported to speak a language other than English.
- 20% of mentors identified as individuals living with a disability.
- 15% of mentors identify as LGBTQIA+.
- 1% of mentors are older adults.
- 40% of mentors are between 16 – 25 years of age.
- 20% of mentors identified as Black/African American.
- 45% of mentors identified having lived experience

Stigma Reduction & Suicide Prevention (PEI Plan)

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

Tri-City staff, through the Room4Everyone campaign and Prevention and Early Intervention (PEI) programming, create tailored mental health and wellness workshops for targeted populations such as TAY, individuals with lived experience, service providers, school districts/organizations and communities in Pomona, La Verne, and Claremont. These

presentations and activities are created with an inclusive and equitable lens and are designed to support changes in attitudes, knowledge and behavior around suicide prevention, life promotion and the stigma related to mental health conditions.

The following are some activities/events hosted in FY 2024-25:

- Outreach and engagement activities about mental health, peer support, and recovery (2,239 individuals engaged)
- Workshops focused on coping strategies, stress management, and mental health awareness (326 attendees)
- Know the Signs: Suicide Prevention trainings (63 attendees)
- Courageous Minds Speakers Bureau presentations and Creative Minds art workshops: Participants are able to have a voice in supporting not only their own recovery but also influence the attitudes and beliefs of those who are touched by their stories and artwork.

Psychiatric Advance Directives (Innovation Plan)

Tri-City's continued participation in the peer-led Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation Project reflects its commitment to advancing person-centered, equitable crisis care. Now expanded to include eight participating counties, the project remains focused on developing a secure and accessible online platform that allows individuals to document their treatment preferences in advance of a behavioral health crisis. As a voluntary legal tool, PADs empower individuals to communicate their wishes in their own voice, promoting autonomy and dignity during moments when decision-making may be compromised.

Throughout FY 2024–2025, Tri-City progressed through Phase I by facilitating peer-led user testing and refining the platform's usability in collaboration with the technology subcontractor. Collaborator engagement remained central to the process, culminating in formal approval to proceed with Phase II. Tri-City hosted a multi-day convening that brought together county partners and subcontractors to align strategies for implementation, including training models, outreach planning, and evaluation protocols.

As Phase II approaches, Tri-City is laying the groundwork for a coordinated rollout across Pomona, Claremont, and La Verne. This includes contracting a peer facilitator to support individuals in creating PADs and preparing educational presentations for service providers. The project's emphasis on system-level training for law enforcement, hospital systems, and crisis response teams reflects a broader commitment to trauma-informed care and culturally responsive outreach. PADs continue to serve as a model for how collaborative planning and inclusive design can transform crisis response systems and promote equitable access to behavioral health supports.

Target Populations:

- o   Transition-age youth and college students (ages 18 to 25)
- o   Individuals experiencing homelessness or at risk of homelessness.

Community Planning Process (Innovation Plan)

The Community Planning Process (CPP) Innovation Project deepened its commitment to inclusive engagement and culturally responsive planning throughout FY 2024–2025. Building on the foundation established in the prior year, Tri-City partnered with Project Return Peer Support Network (PRPSN) to facilitate peer-led focus groups across all targeted populations identified in the CPP plan. These sessions were held in trusted community venues and supported by culturally specific organizations, fostering open dialogue and meaningful participation.

Tri-City's outreach strategy prioritized accessibility and representation. Participants were welcomed with meals, stipends, and accommodations to ensure full inclusion. The CPP survey, offered in both English and Spanish, was distributed widely through community events, tabling outreach efforts, and in collaboration with partner organizations. By year's end, Tri-City had collected 532 completed surveys, reflecting a broad cross-section of community voices and lived experiences.

Beyond data collection, the project emphasized relationship-building and long-term engagement. Tri-City was honored to be invited to cultural gatherings and community events that reinforced the trust cultivated through the CPP process. The launch of the *Together For Change* community group marked a new chapter in co-creation, with strong interest from residents across the three cities. The final group selected represents a diverse cross-section of the community and will play a key role in shaping future innovation efforts.

Tri-City's CPP work exemplifies best practices in participatory planning. By centering peer leadership, cultural humility, and equity-driven analysis, the project continues to build a foundation for responsive, community-informed behavioral health services. These efforts align not only with the goals of the Behavioral Health Services Act but also with the evolving needs and priorities of the communities Tri-City serves.

Target Populations:

1. African American Community
2. Asian American Pacific Islander Community
3. Clients, Caregivers, Community Members
4. Hispanic Community
5. Law Enforcement
6. LGBTQIA+
7. Native/Indigenous Community

8.   Older Adults
9.   People experiencing homelessness or at risk
10.   People with disabilities
11.   People with substance use disorders
12.   School Officials and Child/Youth Providers
13.   Transition age youth

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

The ability to provide culturally responsive mental health services is an important criterion in our selection of contractors. Tri-City currently has only one contractor; NAMI Pomona Valley, the local chapter of the National Alliance on Mental Illness, is dedicated to providing essential mental health support to the community. Offering a wide range of programs, support groups, and training sessions in both English and Spanish, NAMI ensures that its services are accessible and tailored to the diverse needs of our population. Spanish-language offerings, such as Family to Family, Family Support Groups, and NAMI Basics, are specifically designed to address the unique challenges faced by Spanish-speaking families. Additionally, NAMI Pomona Valley provides culturally appropriate resources, ensuring that all individuals, regardless of background, can access the support they need in a way that respects and honors their cultural perspectives.

Available alternatives and options for cultural/linguistic services

Providing culturally responsive mental health services is a fundamental criterion for Tri-City. We actively engage with community partners to identify and develop culturally appropriate resources that support our Black, Indigenous, and People of Color (BIPOC) and LGBTQIA+ populations. These resources include:

African American Advisory Alliance

The African American Advisory Alliance (Pomona4As) is committed to fostering reconciliation, equity, and justice within our community. Through proactive efforts, the organization works to dismantle racial disparities and promote equality, while also advocating for long-term strategic plans that ensure greater opportunities and advancement for Black residents in Pomona. With a focus on lasting systemic change, Pomona4As strives to create a more just and inclusive future where all members of the community can thrive.

Kennedy Austin Foundation

The Kennedy Austin Foundation is a dedicated family-crisis intervention center that serves the communities of Pomona. With a deep commitment to supporting youth and their

families through the complex trauma of life and loss, the Kennedy Austin Foundation's mission is to help each individual and family navigate their challenges and emerge with resilience. By fostering healing and transformation, the Kennedy Austin Foundation empowers them to embrace lives of love, hope, and purpose, grounded in faith, and to experience a profound renewal of spirit and well-being.

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

The Latino/a Roundtable of the San Gabriel and Pomona Valley is dedicated to enhancing the quality of life and advancing socio-economic justice for the Latino community and others facing systemic inequities. By prioritizing education, leadership development, and civic engagement, the Roundtable works to empower individuals and create lasting change. Through these efforts, the organization strives to build a more inclusive, equitable society where all members of the community have the tools and opportunities to thrive.

Pomona Valley Pride

Pomona Valley Pride is dedicated to empowering LGBTQIA+ individuals and their families, fostering a sense of belonging, and helping them lead healthier, more fulfilling lives. With a mission to enhance and sustain the well-being of both LGBTQIA+ and allied communities, the organization provides essential social services, support programs, educational initiatives, and creative arts opportunities, while also championing advocacy efforts to create a more inclusive and equitable society. Through its comprehensive approach, Pomona Valley Pride is a vital source of strength, connection, and empowerment for all.

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

Tri-City Website and Social Media

Through the Tri-City website and social media platforms, community members can access information on a variety of mental health services and programs. These programs include Access to Care; Mobile Crisis Care; Child and Transition-Age Youth and Family Services; Adult and Older Adult Services; Wellness Center programming; Prevention and Wellbeing programs; Community Support programs; and Client/Consumer Resources.

Community Navigator Program

Community Navigators play a vital role in helping community members connect with both formal and informal support tailored to their unique needs. Our team of bilingual and bicultural staff is sensitive to the diverse cultural and linguistic requirements of our communities and is knowledgeable about the resources available to address those needs. Beyond resource provision, the Navigators lead outreach and engagement efforts, actively participating in community meetings and distributing flyers and brochures throughout

Claremont, La Verne, and Pomona. Their efforts specifically target locations that serve unserved and underserved populations, ensuring that vital information reaches those who need it most.

Community Forums

Community members, including clients and staff, are encouraged to attend Community Forums (formerly known as Stakeholder Meetings) where MHSA programs and services are presented in detail. In addition, these participants can share their voices in the planning and implementation of programming designed to support their clinical, cultural, and linguistic needs.

[See Community Planning Process Policy, Summary of Exhibits]

County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services

Tri-City has five locations across the cities of Claremont, La Verne, and Pomona. Notably, four of these facilities are situated in Pomona, which has the highest concentration of unserved and underserved populations, according to the 2020 census. Each location provides flexible hours and after-hours support staff, along with bilingual front desk personnel, ensuring that we meet the diverse needs of our community effectively.

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

Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds

Tri-City is committed to creating environments where every person feels welcome, respected, and supported. All facilities meet ADA accessibility standards, ensuring that people with disabilities can navigate our spaces with comfort and ease.

Our clinics are intentionally designed to be warm, inviting, and reflective of the rich cultural diversity within our community. As part of our ongoing commitment to inclusivity, we have redesigned our lobby areas to create welcoming spaces for all. This includes selecting colors, furnishings, and artwork—such as photographs and illustrations—that honor a wide range of cultural, ethnic, and community identities.

Through these efforts, we aim to foster a genuine sense of belonging and ensure that everyone who visits our facilities feels seen, valued, and respected.

Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings

Each of the Tri-City clinics is positioned in a community setting. The Adult Outpatient Clinic is located adjacent to our Therapeutic Community Garden where staff and clients can take advantage of this outdoor setting for support groups, individual sessions or to participate in therapeutic gardening activities. This site is in Pomona and was selected based on population and access to public transportation.

The Child and Family Outpatient Clinic is positioned in a community neighborhood that includes an abundance of trees and an atrium with a variety of plants and foliage which also supports a natural setting for clients and staff to enjoy. This site is also located in Pomona and was selected based on population and access to public transportation.

The location of Tri-City's Wellness Center was determined by a committee of MHSA delegates, community representatives, and Tri-City staff and assisted by a consultant. They mapped out a distribution of where current clients lived, public transit routes, visibility from the street, and proximity to mental health clinics. They also wanted the location to be accessible to all three cities. After meeting for three months, they settled on a location that met all the criteria and was located at the center point of all three cities.

Hours of operation for each of these locations are staggered and include both morning, afternoon, and evening, depending on the day. Support groups and Wellness Center

activities take place throughout the day and evening to allow participants to join depending on their schedule and availability. Support groups and activities are available in English and Spanish, with bilingual staff available on-site.

III. Quality of Care: Contract Providers Responsiveness of mental health services and substance use disorder services

The following clauses related to Cultural Competence are included in contracts and/or Memorandum of Understanding (MOU) when engaging the services of local providers:

- Contractor shall provide evidence of its capacity to provide Culturally Competent trainings to culturally diverse participants.
- Trainings provided by the contractor shall be staffed with personnel who can communicate in participants' preferred language, or the contractor shall provide interpretation services.
- Contractors are responsible for providing evidence of Cultural Competence trainings attended by all training staff. If the contractor is unable to provide said training, training staff must arrange to participate in a minimum of two Cultural Competence trainings per year provided by Tri-City.

IV. Quality Assurance

The Quality Assurance and Quality Improvement Team collaborates with various departments across the agency in order ensure that our system of care, services, and practices are consistent with the Department's Cultural Competence Plan and all applicable Federal, State, and local regulations, guidelines, and mandates.

Quality Assurance

Quality Assurance (QA) is a strategic process that that involves ongoing evaluation of the quality of care and ensuring that quality care standards are met and reflecting with the clinical records.

The Quality Assurance Team ensures that Tri-City staff are trained, and documents reflect the cultural, language, age, gender, sexual orientation, and other social characteristics of the community that different departments serve in our agency.

Policy/Procedure/Protocol Implementation

Assists with the development and implementation of policies and Protocols, based on: Laws, Clinical Ethics, Clinical Standards of Practice, Payer Guidelines & Requirements, and Internal Standards.

Training and Education

Tri-City is committed to upholding the requirements and regulations and regularly communicates requirements and expectations to workforce members through mandatory training programs, including the distribution of educational materials, emails, bulletins, etc., as often as needed.

The goals of the training/education program are:

- Introduce workforce members to documentation requirements and the role each is expected to play in ensuring compliance.
- Introduce and reinforce shared values regarding ethics and compliance.
- Update workforce members on rules, regulations, laws, and policies.
- Provide resources for current regulations, coding, documentation, and billing.
- Failure to attend mandatory compliance trainings and unwillingness/inability to comply with any aspect of Documentation Compliance Policy will follow the normal process of counseling and discipline as outlined in the Tri-City Mental Health Employee Handbook.

The quality and quantity of trainings will be monitored through obtaining training sign-in sheets to track quantity of trainings, and through administering post-training surveys, to track quality of trainings.

Documentation Standards and Record Review

Health Records are permanent documents of the reporting system. Documentation guidelines have been developed to promote the accuracy, precision, integrity of records, which are periodically examined by regulatory, funding, and legal agencies.

The Quality Assurance Team has developed and implemented a review protocol to evaluate both open and closed records for completeness, accuracy, and timeliness of entries. Additionally, this division routinely conducts compliance reviews to ensure that the services provided to TCMH clients meets best practice standards, are medically necessary, and appropriate.

Quality Improvement

The Quality Improvement (QI) Team facilitates the improvement of the agency's systems of care and quality of services through overseeing the agency's continuous quality improvement process. The QI team shares this responsibility with different departments to maintain and improve the quality of services and delivery infrastructure.

The goals of the Data and Quality Improvement team are:

- To foster an environment where quality improvement activities are used effectively to drive improvement.
- To use data and outcomes to identify areas for improvement or best practices.
- To monitor outcomes to ensure that services are effective, client-centered, and are of high quality.
- To ensure performance standards are upheld according to Tri-City Mental Health Center's Mission and Values, as well as Federal, State, and Local requirements.

Performance Measurement is the process of regularly assessing the results produced by a program, department, or division. It involves identifying processes, systems, and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

The performance measurement and assessment process includes:

1. Selection of a process or outcome to be measured, on a priority basis.
2. Identification and/or development of performance measures for the selected process or outcome to be measured.
3. Aggregating data so that it is summarized and quantified to measure a process or outcome.
4. Assessment of performance with regard to these indicators at planned and regular intervals.
5. Addressing performance discrepancies when indicators indicate that a process is not stable, is not performing at an expected level or represents an opportunity for quality improvement.
6. Reporting within the organization on findings, conclusions and actions taken as a result of performance assessment.

The Quality team ensures data analysis of performance measures for quality improvement of all agency program programs. It also collaborates with the Quality Assurance department for

quality improvement activities across the agency. The quality improvement team prepares and analyzes data for a variety of aspects of the system of care, including, but not limited to:

- Access to Care & timeliness of services
- Beneficiary and participant satisfaction
- Service delivery analysis
- Performance Improvement projects
- Consumer Outcomes
- Cultural & Linguistic Diversity

Tri-City has invested in expanding and enhancing our current system capabilities to track, evaluate and report on the effectiveness of services provided. Service outcome reporting is critical in assuring that Tri-City will be able to update, modify and develop new projects based on valid, reliable, and objective data. This method helps contribute to Tri-City's vision to successfully analyze outcome data, identify trends, and provide reporting that will support future program improvement and development.

Below is a flow chart of the process:

Program Staff
Enters the data into the program database on a monthly basis or sooner.

Program Analyst
Analyzes the data, prepares the report, and schedules a time to meet with the program supervisor/manager to review the report.

Program Analyst and Program Supervisor/Manager
Meet to review the report, decide on report revisions and decide whether to make changes to the performance measures.

Program Analyst
Completes revisions, and sends updated report to program supervisor/manager.

Program Supervisor/Manager
Reviews report with the Executive Team Member for final approval.

Final Step
All applicable parties complete and sign Data Verification Form.

Summary of Exhibits Available Upon Request

- Mission Statement for Tri-City Mental Health
- Core Values for Tri-City Mental Health
- Mission Statement for Wellness Collaboratives
- Ethnic Services Manager Job Description
- Diversity, Equity & Inclusion Coordinator Job Description
- Language Interpretation and Translation Policy and Procedure
- Language Line Protocol
- Request for Interpretation and Translation Form
- Language Line Guide and Access Codes
- Informing Materials Checklist [Vietnamese]
- Language Line Solutions Interpretation Services Poster
- MHP Language Poster
- Consumer Survey Letter [English]
- Consumer Survey Letter [Spanish]
- Adult Survey [English]
- Adult Survey [Spanish]
- Older Adult Survey [English]
- Older Adult Survey [Spanish]
- Youth Service Survey for Families [English]
- Youth Service Survey for Families [Spanish]
- Youth Service Survey for Youth [English]
- Primary Language Screening Tool
- Clinical Records Guidelines: Contents and General Documentation Requirements CL. 102