

2008



**MENTAL HEALTH
SERVICES ACT**

**ANNUAL UPDATE
FY 2018-19**



Table of Contents

MHSA Compliance Certification.....	3
Message from the Executive Director	4
Introduction to Tri-City Mental Health Authority	5
Community Planning Process	9
MHSA Program Updates	13
Community Services and Supports (CSS) Programs	17
Full Service Partnership (FSP)	18
Community Navigators (CN)	22
Wellness Center (WC)	25
Supplemental Crisis Services (SCS)	30
Field Capable Clinical Services for Older Adults (FCCS)	35
Permanent Supportive Housing	37
Prevention and Early Intervention (PEI) Programs	40
Community Wellbeing Program (CWB)	41
Community Mental Health Trainers	44
Stigma Reduction and Suicide Prevention	49
Older Adult Wellbeing/Peer Mentor	54
Transition Age Youth Wellbeing/Peer Mentor	54
Family Wellbeing Program	58
NAMI – Parents and Teachers as Allies	61
Housing Stability Program.....	63
Therapeutic Community Gardening (TCG)	66
Innovation (INN) Programs	69
Cognitive Remediation Therapy Project	70
Employment Stability Project	73
Workforce Education and Training (WET)	77
Capital Facilities and Technology Needs (CFTN).....	81
Cultural Competency Plan Update	83
MHSA Expenditure Plan	86
MHSA Fiscal Accountability Certification	87
Appendix.....	94
<u>Attachment A</u> : PEI and Innovation Regulations Status Reports.....	
<u>Attachment B</u> : Sign-In Sheets from Public Hearing.....	
<u>Attachment C</u> : Summary of Outreach and Participation in the Planning Process and Public Hearing.....	
<u>Attachment D</u> : Public Comments.....	

MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director Name: ANTONETTE (TONI) NAVARRO Telephone Number: (909) 623-6131 E-mail address: anavarro@tricitymhs.org	Program Lead Name: RIMMI HUNDAL Telephone Number: (909) 623-6131 E-mail address: rhundal@tricitymhs.org
County Mental Health Mailing Address: 1717 N. Indian Hill Boulevard, Suite B, Claremont, CA 91711	

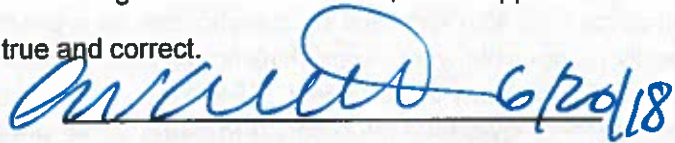
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting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

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 20, 2018.

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

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

Antonette (Toni) Navarro _____

 6/20/18

Local Mental Health Director/Designee (PRINT)

Signature

Date

County: TRI-CITY MENTAL HEALTH AUTHORITY

Message from the Executive Director



With the submission of its first Plan in May of 2009, Tri-City Mental Health Authority's (TCMHA) staff, stakeholders, Mental Health Commission and its Governing Board initiated a collaborative, efficient and effective process for the utilization and expenditure of Mental Health Services Act (MHSA) funds. A decade later, TCMHA greatly appreciates and proudly acknowledges the efforts and partnership of the many residents, community providers, advocates, Los Angeles County staff constituents, and local City Staff who continue to participate in the development of TCMHA's annual MHSA review and planning updates. The robust turnout each year for what TCMHA now calls its "MHSA Season", ensures that the comprehensive system of care TCMHA has created over the past ten years adapts and is responsive to the evolving needs of the diverse communities of the three cities it serves.

In the past few years, the expansion of Medi-Cal in California under the Affordable Care Act and the positive impact of mental health awareness and stigma reduction campaigns, including TCMHA's own, *Room for Everyone*, have increased the number of individuals seeking help. In recent MHSA Updates, TCMHA and its stakeholders addressed these changes by expanding the number of persons to be served in its intensive Full-Service Partnerships, increasing positions in the Supplemental Crisis Intensive Outreach and Engagement Team (IOET) in order to increase access to care, and renewing Workforce Education and Training (WET) funding for the training of TCMHA staff to address working with difficult to treat populations and to learn to provide effective trauma-informed care, both within TCMHA and community-wide.

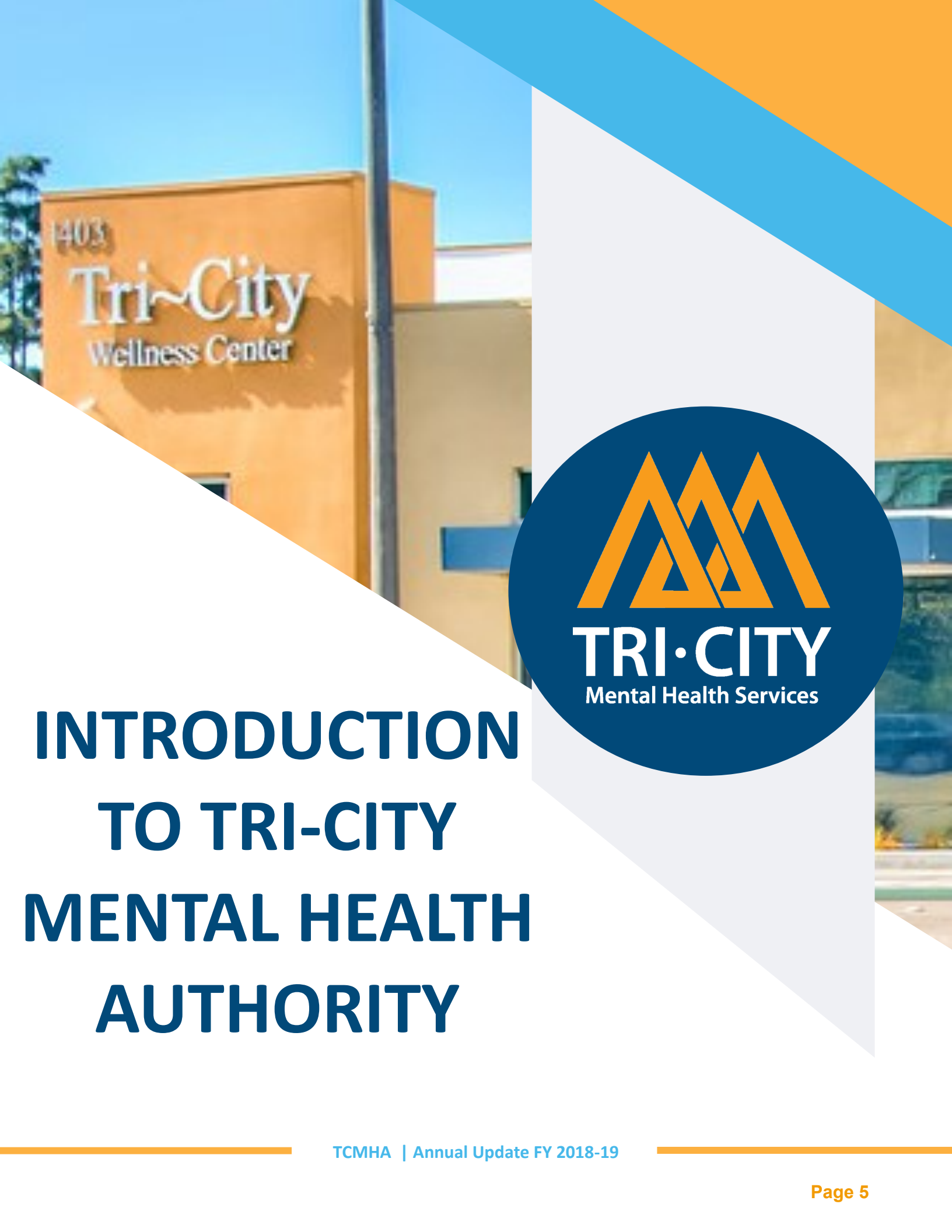
During this year's process, the review of all existing MHSA plans indicates TCMHA is being successful in many areas and funding will remain stable in most programs. Increase in funds and/or staffing have been recommended for individuals most at risk in the TCMHA system of care including persons experiencing early onset of a psychosis, those struggling with co-occurring disorders and those at-risk of homelessness. Additional allocation of funds to WET to: insure ongoing staff training; enhance and expand the development of volunteers to promote community capacity building; and to promote a future mental health workforce was also identified by stakeholders as a priority. Overall, this year's MHSA Update represents a fiscally responsible, yet forward thinking mindset. This forward thinking mindset is most evident in TCMHA's newest Innovation Plan proposal put forth by stakeholders that seeks to join a multi-county collaborative using technology-based intervention to better serve persons who continue to find traditional mental health services and/or access to services a significant challenge.

TCMHA's wellness/anti-stigma campaign, *Room for Everyone*, has a refreshed new slogan inspired by the review and update of Tri-City's Top Values conducted by TCMHA stakeholders and staff: "Reducing Stigma, Promoting Inclusion, Creating Stability Through Housing". It is my hope that as you review this year's MHSA Plan Update, you find inspiration as well.

Antonette (Toni) Navarro, LMFT

Executive Director

Tri-City Mental Health Authority



INTRODUCTION TO TRI-CITY MENTAL HEALTH AUTHORITY

Overview and Demographic Profile of TCMHA's Service Area

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

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

TCMHA serves the three-city population of Pomona, Claremont, and La Verne with Pomona being the largest of the three cities. According to the U.S. Census (2010), 57% of the population is Latino, 26% is White, 9% is Asian Pacific Islander, 6% is African American, 2% is multiracial and less than one percent is American Indian. Forty-three percent of the population has an income that is less than 200% of the federal poverty threshold. Roughly, 48% of the Tri City population speaks monolingual English, while 42% speaks Spanish as the primary language at home. Another 6.7% speak an Asian Pacific Islander language as the primary language, and 3.5% of the population speaks a language other than the ones already named. 49% of the population is male, and 51% is female. While these demographics describe the area as a whole, there are distinct differences in demographics of each of the cities as demonstrated in the following tables:

Table 1: Ethnic Distribution by City

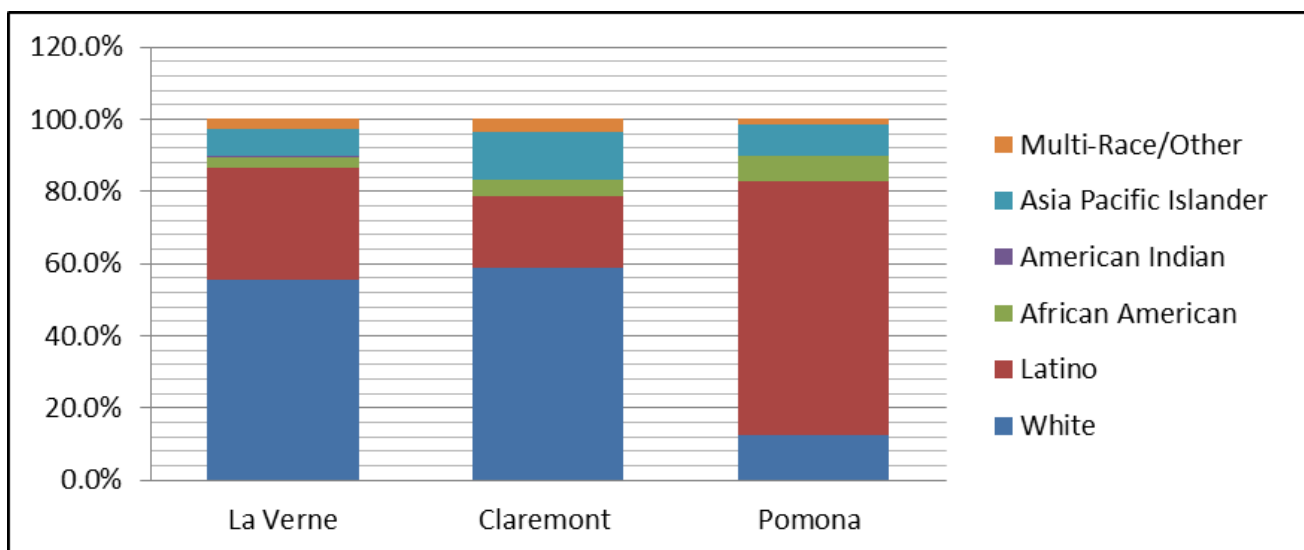
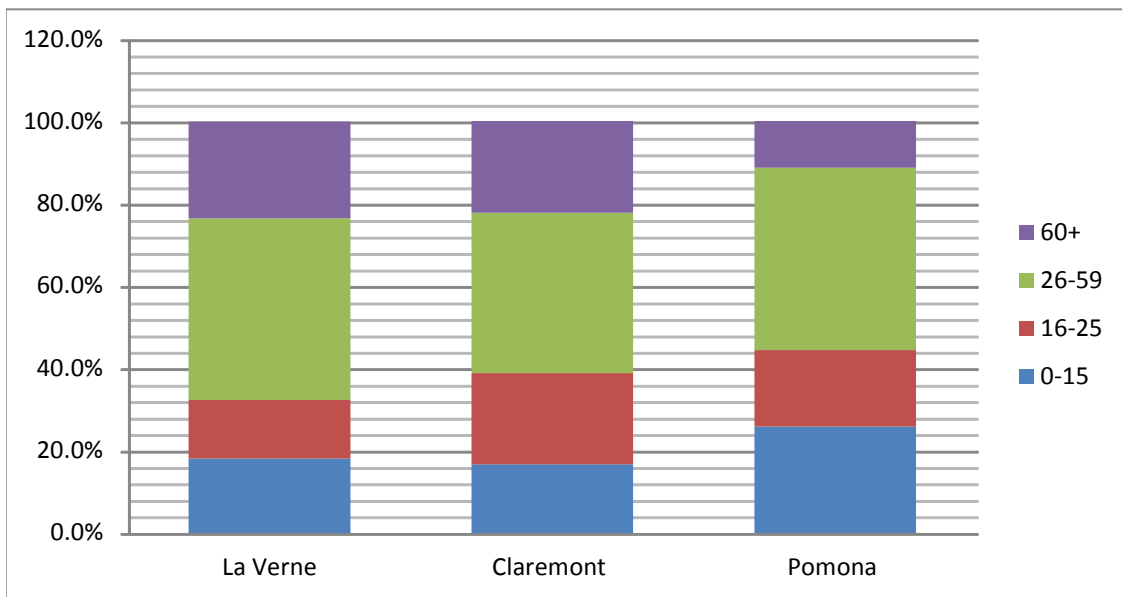


Table 1: Ethnic Distribution by City

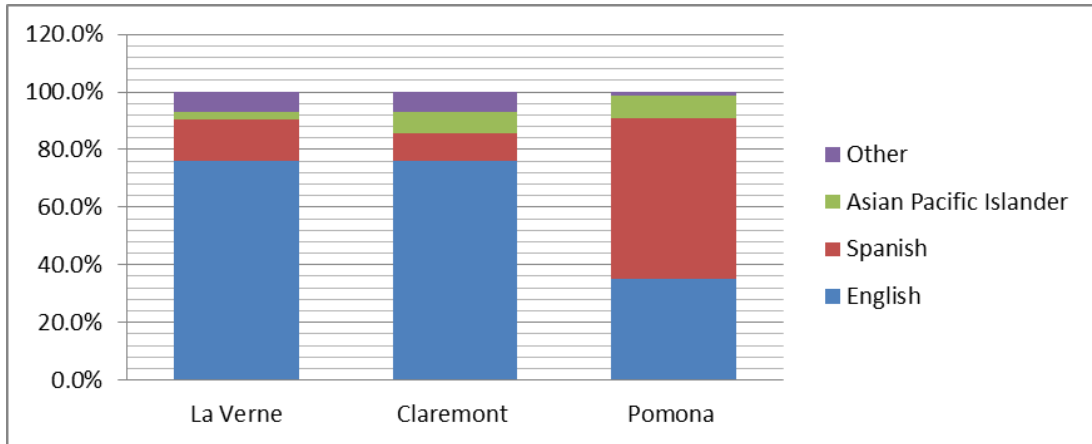
	La Verne	Claremont	Pomona
White	55.4%	58.9%	12.5%
Latino	31.0%	19.8%	70.5%
African American	3.2%	4.5%	6.8%
American Indian	0.2%	0.2%	0.2%
Asia Pacific Islander	7.6%	13.0%	8.4%
Multi-Race/Other	2.6%	3.6%	1.6%
Total	100.0%	100.0%	100.0%

Table 2: Age Distribution by City



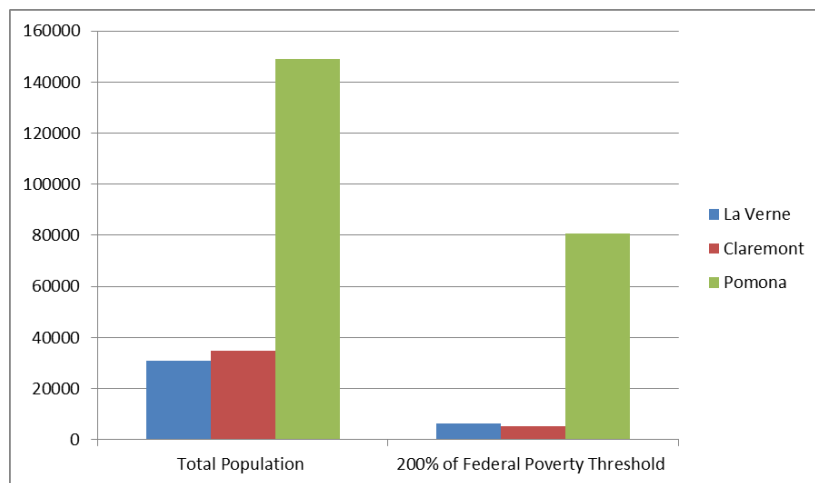
	La Verne	Claremont	Pomona
0-15	18.1%	16.7%	25.9%
16-25	14.2%	22.2%	18.6%
26-59	44.2%	38.9%	44.3%
60+	23.5%	22.3%	11.3%
Total	100.0%	100.1%	100.1%

Table 3: Primary Language Distribution by City



	La Verne	Claremont	Pomona
English	75.9%	76.1%	35.0%
Spanish	14.6%	9.4%	55.8%
Asia Pacific Islander	2.5%	7.7%	8.1%
Other	6.9%	6.7%	1.1%
Total	99.9%	99.9%	100.0%

Table 4: Population in Poverty by City



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

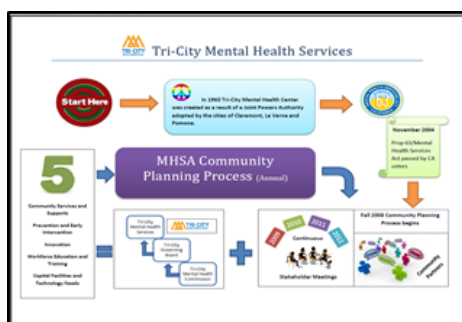
In FY 2016-17, TCMHA served approximately 1,693 unduplicated clients who were enrolled in formal services. TCMHA currently has 150 full-time and 16 part-time employees and an annual operating budget of \$21.4 million dollars. TCMHA strives to reflect the diversity of its communities through its hiring, languages spoken, and cultural competencies.

Community Planning Process

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

- **Community Service and Supports** (CSS approved in 2009) This plan provides intensive treatment and transition services for people who suffer with serious and persistent mental illness or severe emotional disturbances or who are at risk of SMI/SED.
- **Prevention and Early Intervention** (PEI approved in 2010) These programs focus on early intervention and prevention services in addition to anti-stigma efforts.
- **Innovation** (INN approved in 2012) Innovation consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.
- **Workforce Education and Training** (WET approved in 2012) The WET efforts focus on strengthening and supporting existing staff and caregivers through trainings while also focusing on attracting new staff and volunteers to ensure future mental health personnel.
- **Capital Facilities and Technology Needs** (CFTN approved in 2013) This plan focuses on improvements to facilities, infrastructure and technology of the local mental health system.

Tri-City Mental Health Authority's Annual Update for FY 2018-19 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2016-17.

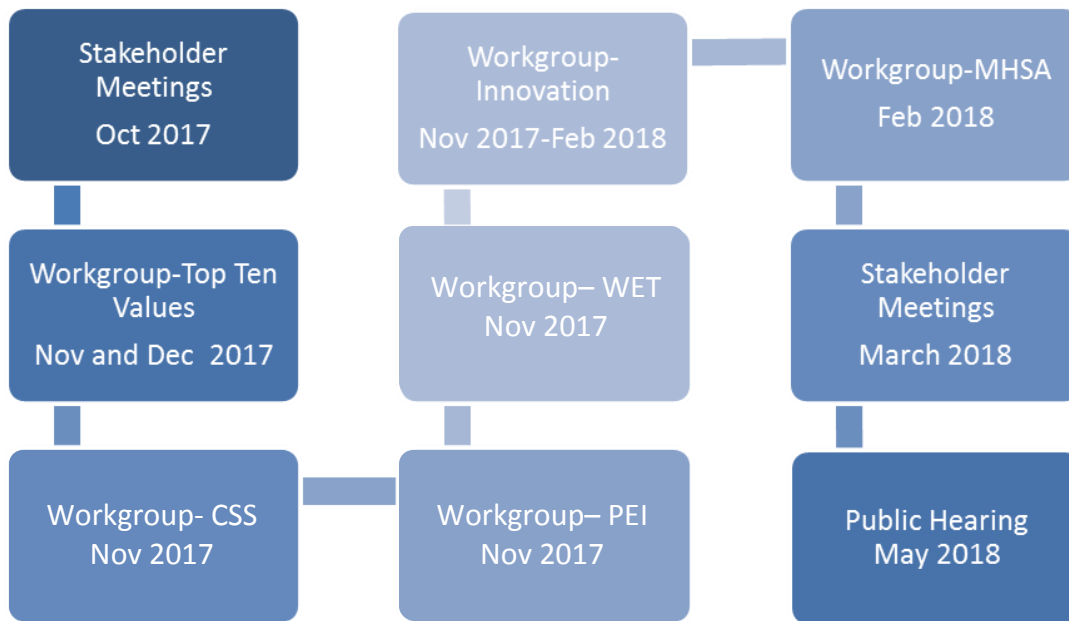


During the Community Planning Process FY 2017-18, stakeholders participated in four community meetings as well as several workgroups to review the current MHSA programs. During these workgroups and meetings, participants were able to present low cost/ no cost recommendations to TCMHA staff for consideration.

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

La Verne and Pomona; veterans; representatives from the local school districts, colleges, and universities; primary health care providers; law enforcement representatives; mental health, physical health, and drug/alcohol treatment service providers; faith-based community representatives; representatives from the LGBTQ community; representatives from LACDMH and other county agencies; and many others. Stakeholders participate in all aspects of the Mental Health Services Act, including policy development, planning, implementation, monitoring, improvement, evaluation, and budget allocations.

Stakeholder Meetings at a Glance



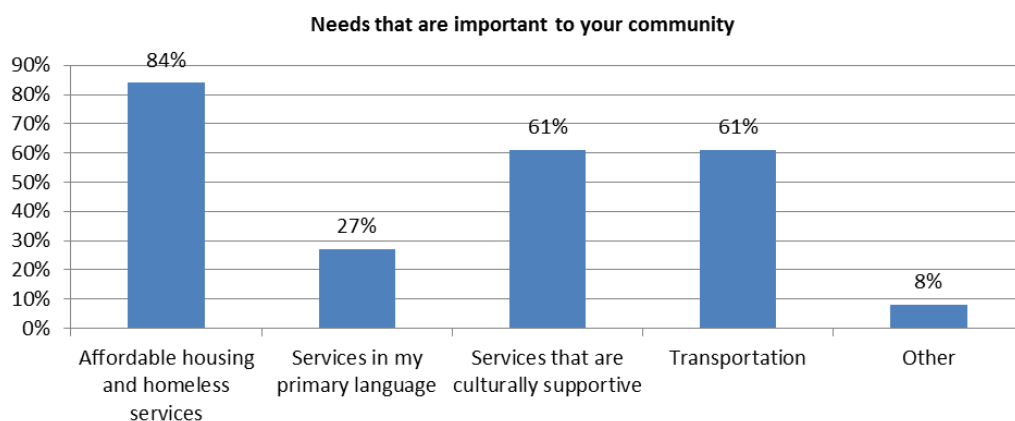
Community Planning Meetings for FY 2017/18

Stakeholder Meetings: Oct 3, 2017, Oct 5, 2017, March 7, 2018 and March 8, 2018
 Top 10 Values Workgroups: Nov 1, 2017, Nov 7, 2017, Nov 16, 2017 and Dec 12, 2017
 Community Services and Supports Workgroup: Nov 7, 2017
 Prevention and Early Intervention Workgroup: Nov 8, 2017
 Workforce Education and Training Workgroup: Nov 9, 2017
 MHSA Workgroup: Feb 28, 2018
 Innovation Workgroups: Nov 9, 2017, Nov 1, 2017, Dec 7, 2017, Jan 4, 2018 and Feb 1, 2018

The community planning process for FY 2018-19 began with two stakeholder meetings held during the month of October. In preparation for these meetings, Tri-City staff engaged in a robust outreach campaign to invite community members to participate in this collaborative effort. Flyers were distributed as well as local community announcements were made over several weeks leading up to this event.

To encourage attendance and accommodate the schedules of participants, Tri-City offers two stakeholder meetings—one in the morning and a second duplicate presentation in the evening. This attitude of flexibility by Tri-City has proven to be effective in allowing for as many attendees as possible. During the first stakeholder meeting, participants were provided with an orientation to the Mental Health Services Act as well as an overview of the stakeholder process. They were also asked to complete a survey where they were encouraged to share their thoughts and concerns regarding the availability of support services.

The survey also included questions regarding the needs of the community, perceived barriers to services and suggestions or recommendation for future services or programs that may not currently be offered. Ninety individuals completed this survey and the results were presented to the workgroup for consideration during the planning process. Survey results continue to indicate the need for housing support, culturally appropriate services and transportation.



During the March stakeholder meeting, attendees were presented with a summary of program updates and recommendations made through the workgroups process. The stakeholders endorsed the proposed recommendations which are included in this MHSA FY 2018-19 Annual Update. This Annual Update was posted on April 12, 2018, and the required minimum 30-day review process ended on May 11, 2018. Staff circulated a draft of the annual update by making electronic copies available on TCMHA’s website and providing printed copies at various public locations (such as at Tri-City’s Wellness Center, public libraries, City Hall, etc.). Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards.

The MHSA Public Hearing took place on May 16, 2018. Over 130 individuals attended this annual event consisting of community stakeholders, professionals, faith-based organizations, and local schools and colleges located in the cities of Pomona, Claremont and La Verne. At that time, the Mental Health Commission approved to recommend this MHSA Annual Update to the Tri-City Governing Board for adoption. The Governing Board adopted the MHSA Annual Update for FY 2018-19 on June 20, 2018.

Table 5: Summary of MHSA Programs Serving Children, Including TAY

Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnerships - Children	CSS	81	\$12,912
Full Service Partnerships - TAY	CSS	119	\$10,908
Community Navigators	CSS	162	\$198**
Wellness Center	CSS	800	\$540**
Supplemental Crisis Services	CSS	110	\$980**
Family Wellbeing	Prevention/ Early Intervention	577	\$95**
Housing Stability	Other	58	\$808**
Peer Mentoring (TAY Wellbeing)	Prevention/ Early Intervention	226	\$395
Therapeutic Community Gardening	Early Intervention	30	\$2,244**
Employment Stability	Innovation	35	\$2,904**
Cognitive Remediation Therapy	Innovation	4	\$650

Table 6: Summary of MHSA Programs Serving Adults and Older Adults, Including TAY

Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnerships - TAY	CSS	119	\$10,908
Full Service Partnerships - Adults	CSS	266	\$10,329
Full Service Partnerships - Older Adults	CSS	26	\$11,965
Community Navigators	CSS	2,121	\$198**
Wellness Center	CSS	2,426	\$540**
Supplemental Crisis Services	CSS	540	\$980
Field Capable Clinical Services for Older Adults	CSS	22	\$6,241
Family Wellbeing	Prevention/ Early Intervention	1,022	\$95**
Housing Stability	Other	289	\$808**
Peer Mentoring (Older Adult Wellbeing)	Prevention/ Early Intervention	290	\$391
Therapeutic Community Gardening	Early Intervention	106	\$2,244**
Employment Stability	Innovation	76	\$2,904**
Cognitive Remediation Therapy	Innovation	33	\$650



MHSA PROGRAM UPDATES

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and we continue to value and empower them throughout the community planning process. During the recent MHSA workgroup deliberations, participants were invited to review the current MHSA projects and identify gaps in services as well as recommendations for general improvements and/or potential new projects to be funded through Community Services and Supports, Prevention and Early Intervention and/or Innovation dollars. The substantive recommendations are as follows:

Community Services and Supports (CSS) Programs:

1) Full Service Partnership: New Substance Abuse Counselor Positions:

Since the enactment of the Affordable Care Act, and specifically Medi-Cal Expansion in California, Tri-City has observed a noticeable increase in the number of persons seeking services who have co-occurring disorders. As of October 2017, 46% of all open cases in Tri-City’s clinical programs consist of individuals who have or at risk of developing a substance abuse disorder in addition to their mental health diagnosis. Stakeholders are recommending adding one supervisor and two or three Certified Substance Abuse Counsellors (CSAC) positions to the Full Service Partnership program to support clients identified with co-occurring disorders and needing substance abuse treatment in addition to mental health services.

Projected Budget:

Number	Position	Salary and Benefits
1	Supervisor	\$106,000
2	Substance Abuse Counselor	\$134,000
3	Substance Abuse Counselor	\$202,000
Total		\$240,000 to \$308,000

2) Housing Assistance Funding for individuals participating in MHSA programs that are considered non-FSP:

Pursuant to Assembly Bill No. 727 (Chapter 410), stakeholders recommend designating \$75,000 in unspent Community Services and Supports (CSS) monies for the purpose of providing rental/housing assistance to individuals with serious and disabling mental illness who are participating in Tri-City MHSA programming other than Full Service Partnership.

Prior to the passage of AB 727, TCMHA was only able to offer rental assistance to clients enrolled in Full Service Partnership. Over time, as Tri-City and community stakeholders continued to develop and implement additional MHSA plans and programs, it became increasingly clear that this restriction became a barrier for other MHSA program participants who were also seeking housing assistance. In response to this growing concern, Assembly Bill 727 (Chapter 410) was approved by the Governor in October 2017 which clarified in state law that counties may use their CSS funds for housing assistance regardless of

the MHSA program involved. In light of this important development, stakeholders requested \$75,000 in unspent CSS funds for the purpose of offering rental and housing assistance for individuals with mental illness who are participating in MHSA programs outside of Full Service Partnerships (FSP). This allocation will be considered a reoccurring cost going forward. The future allocations for this line item will be determined by the CSS budget.

Prevention and Early Intervention (PEI) Programs:

3) Add Clinical Position to PEI to develop a new Early Psychosis program:

With the passing of Proposition 63, California counties have been strongly encouraged to prioritize the development of an early psychosis program to meet the needs of the younger individuals they serve. According to the National Alliance on Mental Illness (NAMI), 75% of all mental illness begins before the age of 24. This project intends to address the identification and diagnosis of individuals ages 16 to 25, who are suffering from psychosis and are not currently enrolled in mental health services. This two-year program will utilize one-time PEI dollars in the amount of \$240,000, which were recently identified as unspent funds and subject to reversion if not expended by June 2020.

Tri-City Mental Health Authority is proposing to hire a master’s level clinical therapist or psychologist to research, review and develop a robust early psychosis program which will focus on improving the identification and access to mental health services for individual suffering with psychosis thereby reducing the duration of untreated psychosis.

Once developed, this newly formed early psychosis program will be absorbed under Tri-City’s current clinical programs including Adult, Child and Family Services. In addition, California recently passed AB 1315 which provides funding to counties as incentives to focus their efforts and dollars on early detection and prevention of mental illness. Counties with an early psychosis program are able to apply for these funds with the understanding that they are required to match the award. If selected for this funding source, Tri-City will be able to double the dollars spent on this critical program.

Projected Annual Budget FY 2018-19 and 2019-20:	Total Annual cost
Salaries and Benefits	\$100,000 per year
Training/Conference/Materials/Consultants	\$20,000 per year
Total Estimated cost for Two Year Program	\$240,000 per year

This proposal calls for a modification to the current PEI budget by \$240,000 which will be allocated over a two year period (FY 2018-19 to 2019-20) to cover the gross salary and benefits cost for this position.

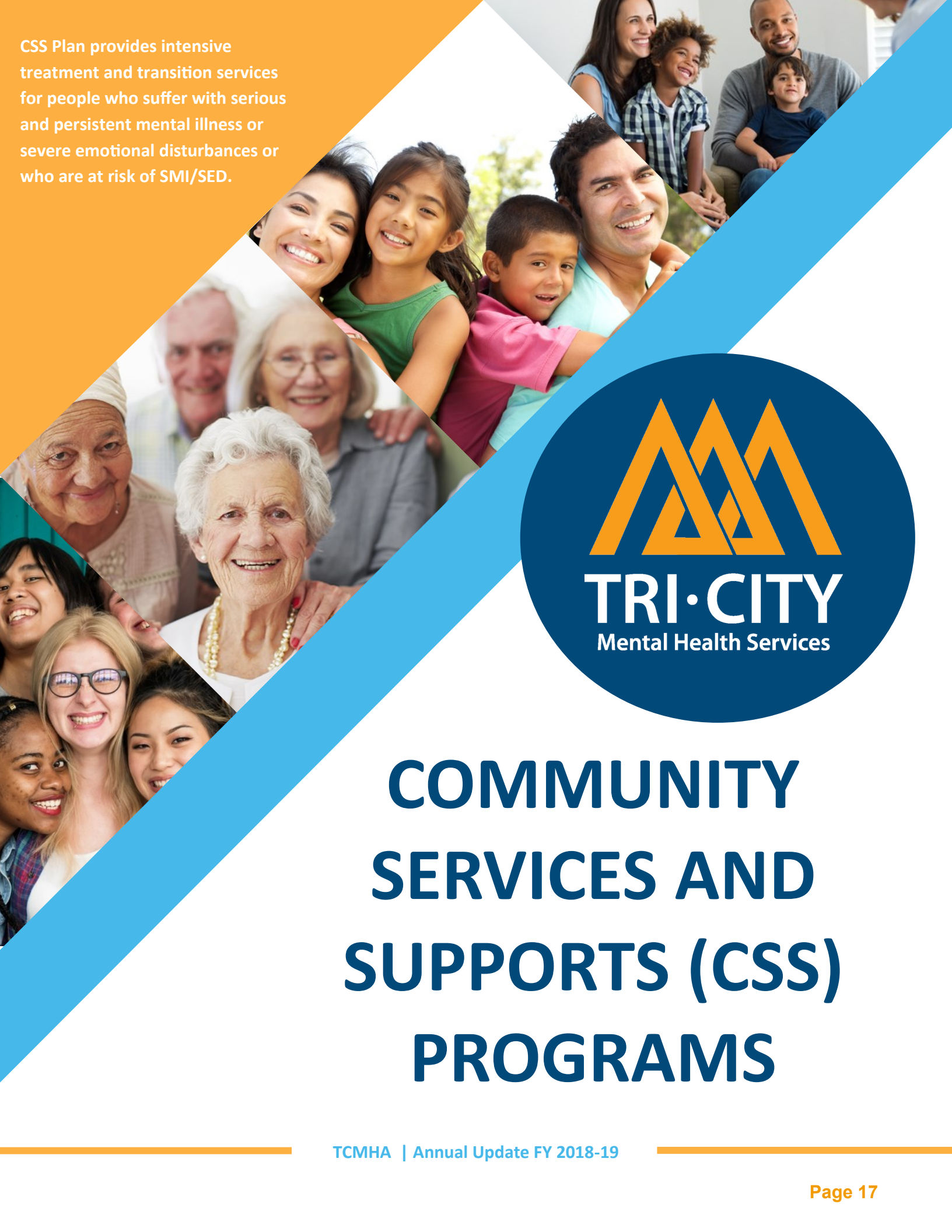
Workforce Education and Training:

4) Transfer \$400,000 from Community Services and Supports to the WET Plan:

The Workforce Education and Training (WET) plan was designed as a ten-year plan funded by a single amount considered to be one-time funds. However, the Mental Health Services Act allows counties to transfer funds from their Community Services and Supports (CSS) plan to their WET plan in order to continue the efforts and activities of this plan. Based on the projected costs and revenues for FY 2018-19, stakeholders recommended transferring the amount of \$400,000 from the CSS plan to the WET plan. These additional funds are projected to sustain staff salary and benefits as well as on-going trainings and volunteer efforts through FY 2019-20.

Workforce Education and Training Budget	
WET estimated annual costs	\$ 285,000
Estimated remaining funds at end of FY 2017-18	\$ 187,726
Estimated costs for next two years (FY 2018-19 & FY 2019-20)	\$ <570,000>
Amount needed to cover costs for (FY 2018-19 & FY 2019-20)	\$ 382,274
Proposed or suggested transfer of funds from CSS to WET	\$ 400,000

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



COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAMS

Full Service Partnership (FSP)

Full Service Partnership	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Number of Clients Served in FY 2016-17	81	119	266	26
Estimated Annual Cost per Client FY 2016-17	\$12,912	\$10,908	\$10,329	\$11,965

Program Description:

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

Tri-City Mental Health Authority has long understood that without adequate supportive services, the process for recovery from mental illness can be overwhelming, if not insurmountable. Therefore, based on the increasing need for wrap-around services and a commitment to providing the most appropriate level of care for individuals who meet the criteria for FSP, TCMHA modified the existing FSP program to include a second tier of service focused on maintaining the progress achieved in the first tier as well as expanding the number of FSP service slots available.

Under this two-tier system of care, the first tier continues to focus on connecting clients to services, including physical and mental health, and substance abuse treatment. In addition, clients are connected with housing that includes services designed to support their recovery. The second tier offers a maintenance approach with continued access to services as needed, while emphasizing the necessity to sustain the growth achieved in tier one.

Program Updates:

In FY 2016-17, the Full-Service Partnership (FSP) program saw a notable upsurge in individuals served across both adult (ages 26-59) and transition age youth (ages 16-25) populations. With this rise in qualified FSP adult and TAY referrals, FSP saw an increase in persons who were homeless and exhibiting severe co-occurring disorders. In order to remain proactive in serving this critical population, FSP staff attended trainings focusing on relevant topics such as Traumatic Brain Injury (TBI), Trauma Resiliency Model, and how to effectively work with homeless individuals. The program also noticed an increase in child (ages 0-15) referrals which has prompted staff to explore trainings to better serve youth with serious mental illnesses. Despite the rise in referrals, staff has been encouraged by clients remaining proactive in their recovery. Several FSP TAY clients have graduated from other Tri-City services including Cognitive

Remediation Therapy (CRT) and WISH training (Working Independence Skills Helping), which serves as a testament to clients' capacity to expand their support beyond the FSP program.

Enhanced coordination with Tri-City's system of care – including the Intensive Outreach and Engagement Team, Officer of the Day, and clinical Wellness Advocates – has been instrumental in the FSP program providing effective care for individuals suffering from a mental illness. The Wellness Advocates have also become a notable and integral part of the treatment team, consistently working with clients to better understand FSP services and offer additional support. This reinforcement of internal collaboration among Tri-City staff has been crucial in effectively linking clients to appropriate level of care and efficiently transitioning individuals into the FSP program. As a result, the program reported a notable increase in TAY and adult client satisfaction with services provided.

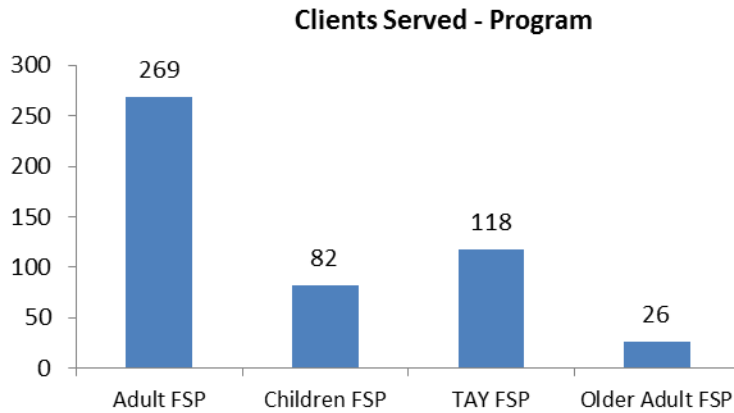
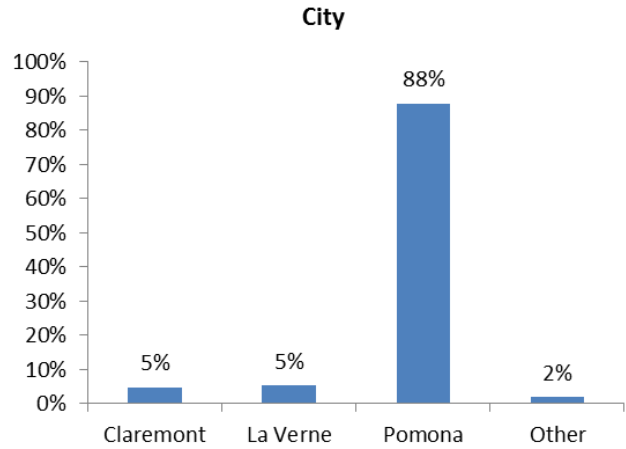
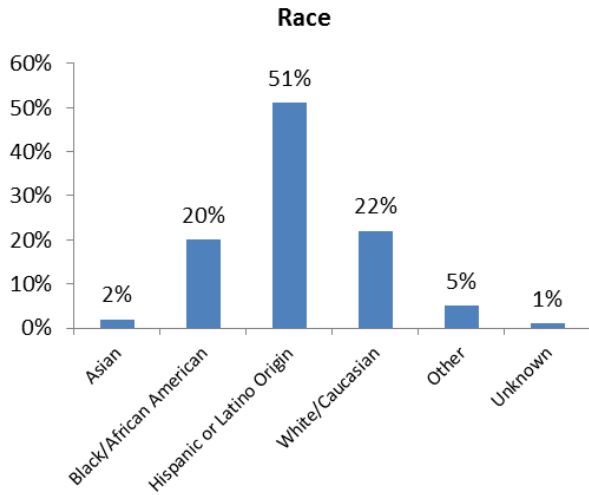
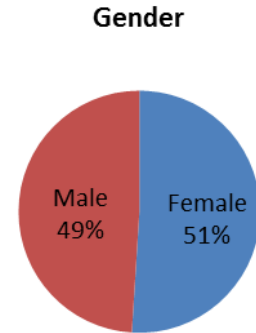
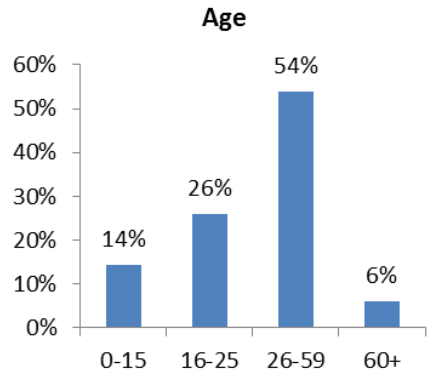
During FY 2016-17, the FSP program experienced a higher incidence of client withdrawal from services. This is attributed to various reasons including housing or financial issues and the level of difficulty in engaging and retaining individuals in treatment who are homeless or suffering from active substance abuse. The program initially envisioned that clients would need more supportive services in the second- tier, but staff reported that clients were in higher need of therapy and faced the barrier of accessing affordable housing. With an increase in individuals qualified for FSP services through meeting housing criteria, one of the challenges for the program is finding affordable housing for FSP adult and TAY clients. A majority of FSP clients do not have a sustainable income and find it difficult to connect to financial resources like SSI. Consequently, many clients relocate out of the Tri-City service area to access more affordable housing. By working closely with Tri-City's housing department and Community Navigators, FSP staff continuously work to assist these individuals with resources that will support stability and continuity of services.

Limited substance abuse services or sober living options are also a barrier for TAY and adult clients who are presenting with a co-occurring disorder. Despite ongoing support from treatment teams to connect and assist clients with substance abuse services, staff has reported an ongoing challenge in getting clients to access and sustain substance abuse treatment. Additional concerns involve having insufficient clinical staff to appropriately serve TAY clients with eating disorders, retaining quality Vietnamese clinical staff, and finding medical providers who are willing to work with FSP staff to holistically treat TAY clients suffering from neurological disorders and mental illness.

PROGRAM: Full Service Partnerships (FSP)

HOW MUCH DID WE DO?

**495
Unique Individuals
Served**



HOW WELL DID WE DO IT?

Program Satisfaction

92%
FSP-Adult clients liked
the services they
received.

92%
FSP-Adult clients would
recommend this agency
to a friend or family.

93%
CTAY clients agree the
services received were
right for them.

100%
CTAY parents found the
staff knowledgeable and
competent.

100%
CTAY parents agreed to
have participated in their
child's treatment.

IS ANYONE BETTER OFF?

Success Story

Over the course of one year of receiving FSP services, this individual effectively engaged in mental health treatment to improve symptom management and enhanced his coping skills. In addition, the client successfully addressed substance use, improved his relationship with family and is now gainfully employed.

Community Navigators

Number of Clients Served in FY 2016-17	2,121
Estimated Annual Cost per Client for FY 2016-17	\$198.00

Program Description:

Community Navigators are a crucial component of Tri-City’s structure of support. These bilingual and bicultural individuals assist community members in accessing resources as well as formal and informal services. They also provide education and stigma reduction services to local communities and organizations. By building strong collaborative relationships, the Community Navigators are able to provide resources and support to community members as well as community partners including mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters, and others.

Program Updates:

During FY 2016-17, the Community Navigators continued to make community outreach and engagement a primary focus of their program. Within the three cities, the staff has persistently promoted their services and the extensive range of supports and services available within Tri-City’s system of care. In order to bolster the community’s capacity to support its members, the Community Navigators remain steadfast in identifying new community resources by fostering relationships with local service providers and organizations. The Community Navigators also focused on strengthening relationships with Tri-City clinical staff and other MHSA programs with the goal of enhancing Tri-City’s integrated system of support. Increased coordination with Tri-City’s Wellness Center and the Intensive Outreach and Engagement Team has been beneficial in creating a streamlined process by which individuals are engaged into formal and informal support services offered through MHSA.

Most notable this past year was the Community Navigators’ concentrated efforts to serve individuals experiencing homelessness. In response to the extended operation of the Winter Shelter program at the Pomona Armory, the team increased their presence at the shelter where they were able to provide referrals for linkage to local resources and support services. With a noted increase in the number of requests for resources available beyond the three cities, the Community Navigators also focused on expanding the list of outside resources to effectively serve all individuals and families in need of support.

The program experienced a slight decrease in the number of individuals served, which may be attributed to the program being short-staffed briefly within the past fiscal year. One of the challenges for the Community Navigators program included locating affordable housing in the area.

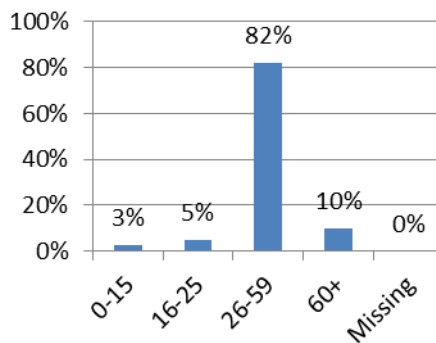
Limited housing resources within the three cities made it difficult for staff to link individuals to affordable housing. Additional challenges included data collection issues with the Community Navigator database as well as staff identifying resources that homeless individuals were already linked to by other local agencies and organizations. Lastly, an ongoing barrier for this program involves outreaching to the Vietnamese population due to limited resources and a lack of staff fluent in Vietnamese.

PROGRAM: Community Navigators

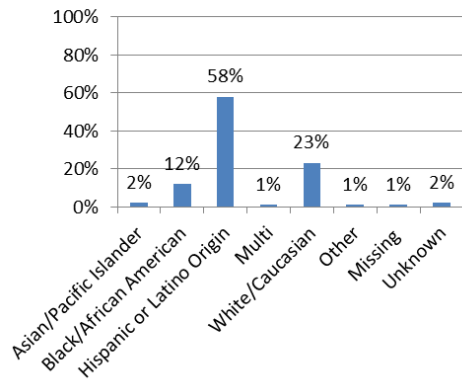
HOW MUCH DID WE DO?

2,121
Unique Individuals
Served

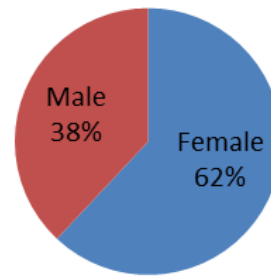
Age



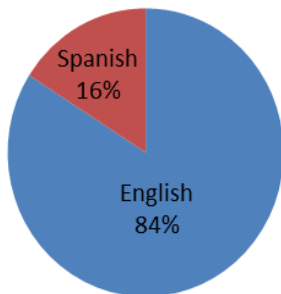
Race



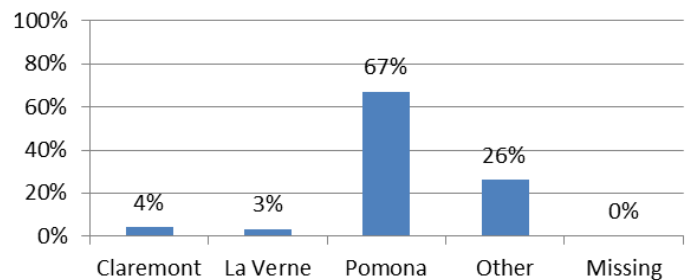
Gender



Language



City



HOW WELL DID WE DO IT?

5,051

Contacts made to
Community
Navigators

217

Locations Outreached
by Community
Navigators

IS ANYONE BETTER OFF?

96%

Participants were satisfied
with the services provided
by Community Navigators

Success Story

During one of the monthly meetings for NAMI (National Alliance on Mental Illness), the Community Navigators met a parent seeking assistance with her adult child who showed signs of a mental illness but refused to be evaluated for mental health services or access treatment. Through assistance from the Community Navigators, she was informed of the full range of services offered by Tri-City including the Intensive Outreach and Engagement Team (IOET). With the mother's support, a referral was made to the IOET team who was able to successfully engage this individual and enroll him into mental health services.

Wellness Center

Wellness Center	
Number of Clients Served in FY 2016-17	2,426
Estimated Annual Cost per Client for FY 2016-17	\$540.00

Program Description:

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

Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person and family-centered services and supports that are designed to promote increasing independence and wellness.

Program Updates:

Wellness Center, at its core, is a community hub designed to be responsive to the needs of individuals and families within the three cities. With over 2,000 individuals served within the past fiscal year, services delivered at the Wellness Center continue to expand significantly. Support groups are regularly held off-site at community centers, local universities, and Tri-City permanent supportive housing sites to increase community access to wellness support. With the goal of further supporting individuals in recovery, all staff were trained during FY 2016-17 in the Wellness Recovery Action Plan (WRAP), a manualized group intervention that guides individuals experiencing mental health challenges through the process of identifying and understanding their personal wellness resources. Additionally the Wellness Center, through increased collaboration with the Intensive Outreach and Engagement Team and the Community Navigators, strengthened its responsiveness to the needs of participants in appropriately connecting them with mental health services.

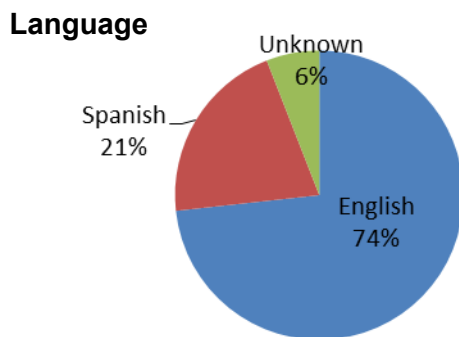
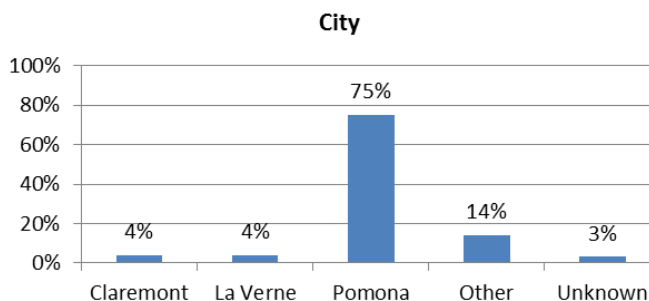
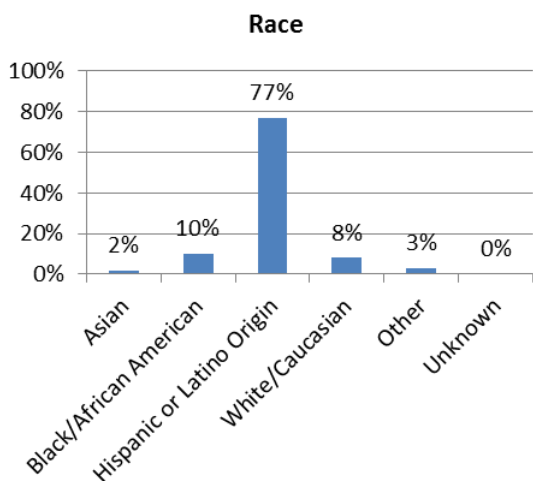
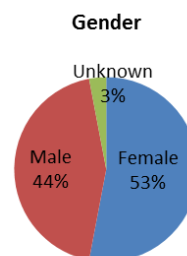
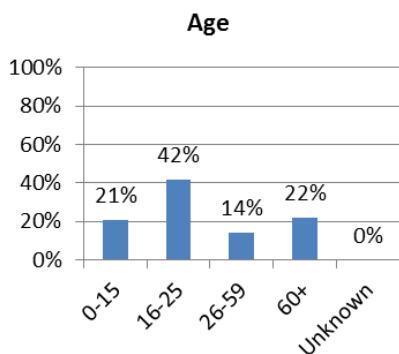
Employment support services continue to be in high demand for individuals accessing the Wellness Center. Since the most popular resources offered at the Wellness Center have been related to employment, staff has focused on expanding programming to support community members in search of meaningful and gainful employment. Over the course of the past fiscal year, staff began to lay the foundation of a career path for participants to support their professional development. As an expression of this pathway to

development, volunteers – many of whom initially began their wellness journey as participants – have been effectively integrated as support group facilitators. To further meet this growing demand for employment support, the Wellness Center holds monthly hiring events and job fairs and quarterly expungement workshops to assist individuals who have faced challenges with employment. As a result, 105 individuals secured employment through the Wellness Center during FY 2016-17, with over 75% still employed after 90 days.

PROGRAM: Wellness Center – TAY and Older Adults

HOW MUCH DID WE DO?

443
Unique Individuals
Served



HOW WELL DID WE DO IT?

1,954

Number of Attendees at
Events
(Duplicated Individuals)

IS ANYONE BETTER OFF?

Success Story

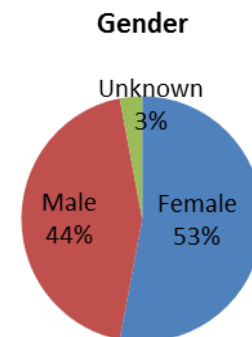
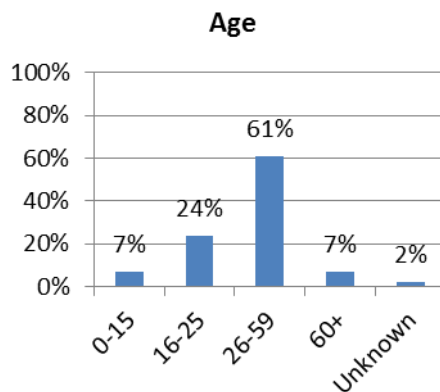
While receiving services, an individual began to attend the Wellness Center. When asked what he likes most about the Wellness Center, he stated that it is “safe, free and [one] can socialize and make friends.” He developed his leadership skills over the course of participating at the Wellness Center and realized that the skills he was acquiring could be used to help others. He successfully applied to become a service-learner (i.e. volunteer) and is currently able to engage with and support Wellness Center staff with various events and activities. One of his goals is to eventually become a Tri-City employee.

PROGRAM: Wellness Center

HOW MUCH DID WE DO?

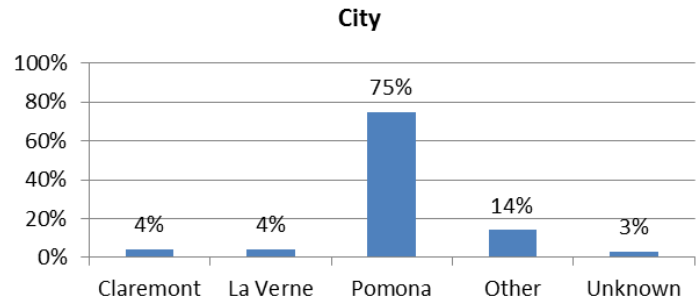
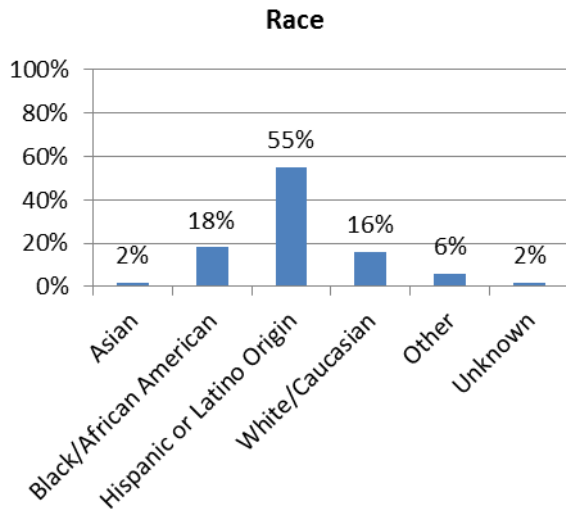
2,267

Unique Individuals
Served

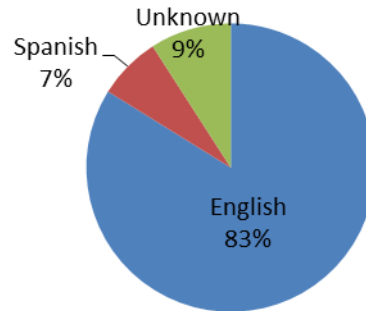


PROGRAM: Wellness Center

HOW MUCH DID WE DO?



Language



HOW WELL DID WE DO IT?

20,570
Number of Attendees at Events
(Duplicated Individuals)

66
Unique Community Partners who held events at the Wellness Center

91%
Satisfied with the Wellness Center

IS ANYONE BETTER OFF?

105

Individuals Secured
Employment

Success Story

Upon joining the Women's Depression Group at the Wellness Center, a participant originally presented as very shy and quiet and rarely joined in the group discussions. However, over time she began to open up and became more engaged with the group and talk about her depression. As she began to share more she eventually expressed an interest in helping others by becoming a volunteer. The Wellness Center staff enjoyed watching her blossom as she developed more confidence and self-assurance and by eventually giving back to others.

Supplemental Crisis Services (SCS)

Intensive Outreach and Engagement Team (IOET)

Supplemental Crisis Services	
Number of Clients Served in FY 2016-17	540
Estimated Annual Cost per Client FY 2016-17	\$980

Program Description: Supplemental Crisis Services

The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are suffering a crisis and who currently are not receiving TCMHA services. Support may be provided over the phone or at the crisis location. Tri-City staff also assists individuals on a walk-in basis during regular business hours, as well as support for police personnel and others, as appropriate.

Program Updates:

The Supplemental Crisis Services (SCS) program continues to be a valuable asset to Tri-City's system of care. During FY 2016-17, the SCS program enhanced its collaboration with the Intensive Outreach and Engagement Team (IOET), the Officer of the Day program as well as the Community Navigators to increase access to mental health services for individuals who were initially in crisis. Supplemental Crisis received 54 after-hour crisis calls compared to 79 calls during FY 2015-16. Although on-call clinical personnel handle these calls efficiently, the reduction in calls may be attributed to insufficient community awareness of this important service.

Walk-in services also experienced a slight decrease in the number of individuals served, with 94 crisis walk-ins compared to 111 the previous fiscal year. This may be due in part to the city of Pomona establishing their own form of crisis support services for their law enforcement personnel. Despite the decrease in the number of individuals served, the SCS team remains steadfast in its efforts to streamline the follow-up process with the goal of reducing the likelihood of a crisis reoccurrence. As a reflection of these follow-up efforts, over 70% of individuals who presented at the Tri-City clinic during business hours for crisis assistance were outreached by the IOET.

Program Description: Intensive Outreach and Engagement Team

The Intensive Outreach and Engagement Team (IOET) remains an essential part of the Supplemental Crisis Services (SCS) program. Through efficient coordination with Tri-City's Officer of the Day program, the IOET's support begins when an individual comes into the agency in crisis and they are assessed and hospitalized, if needed. The IOET connects with the individual after discharge and reassesses them for services, proactively working with them over a period of time until they are ready to enroll in treatment. Through the follow-up efforts of IOET, the SCS program is also able to help prevent early discharge of individuals.

Program Updates:

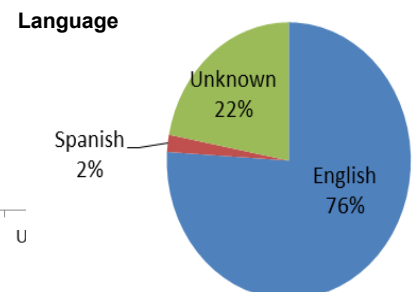
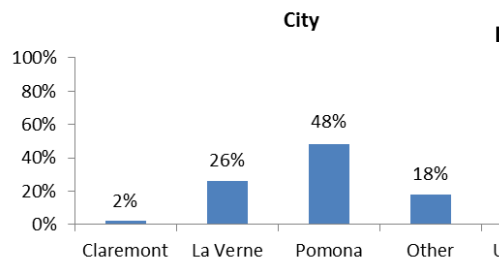
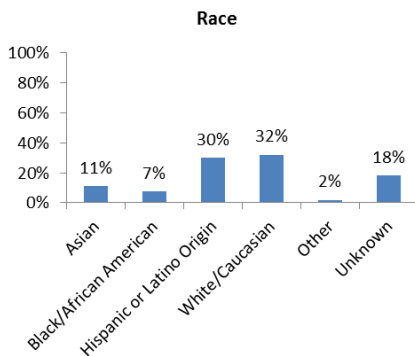
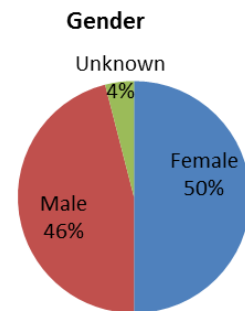
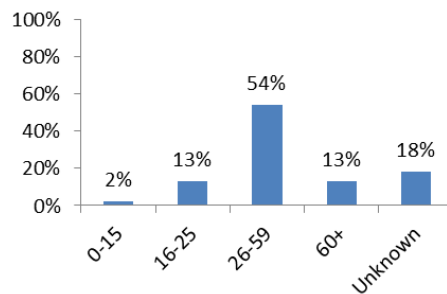
Notable developments for the Intensive Outreach and Engagement Team (IOET) involved the expansion of this multi-disciplinary mobile team. A bilingual therapist was hired during FY 2016-17 which has been instrumental in increasing outreach efforts, transitioning people to services and expediting the intake process to refer individuals to more intensive services such as the Full-Service Partnership (FSP) program. As a result, 160 individuals were opened for services at Tri-City through the IOET, effectively bridging the SCS program with the FSP program. With the assistance of an added psychiatric technician to the team, a health questionnaire was developed to further assess individuals who are homeless and appropriately refer them to community partners for medical-related issues.

Throughout this past year, the IOET continued to increase its presence within the three cities and strengthen its relationship with community partners such as local hospitals and law enforcement personnel. The team extended its hours at the Pomona Armory and fostered relationships with staff to better connect individuals experiencing homelessness with services. Additionally, the team created a PowerPoint outreach presentation to effectively explain the IOET's role within Tri-City's system of care and how it can appropriately serve individuals in need of mental health services. Through enhanced collaboration with community partners and Tri-City's integrated system of support, the IOET reported a marked increase in individuals served. However, this may be due in part to the program having a full year of data compared to the previous fiscal year when IOET was implemented in August 2015.

PROGRAM: Supplemental Crisis Services HOW MUCH DID WE DO?

Supplemental Crisis Calls

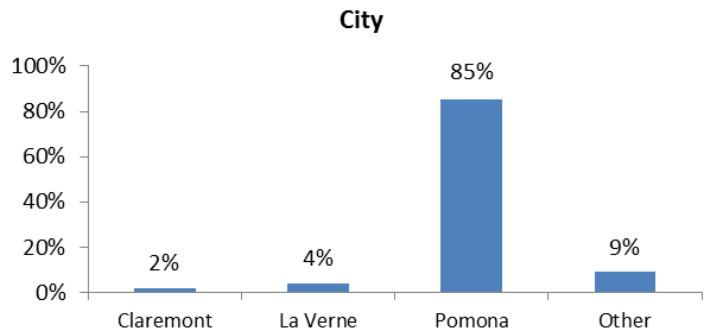
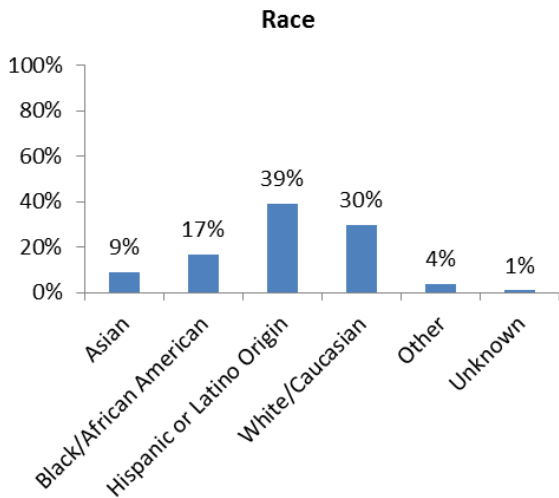
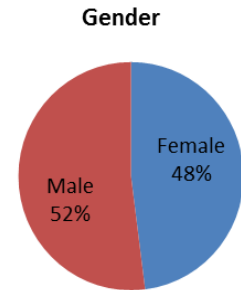
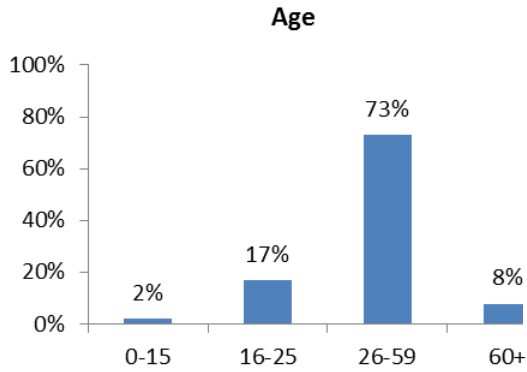
**54
Calls
(Callers may be
duplicates)**



Crisis Walk-In

HOW MUCH DID WE DO?

**94
Unique
Individuals
Served**

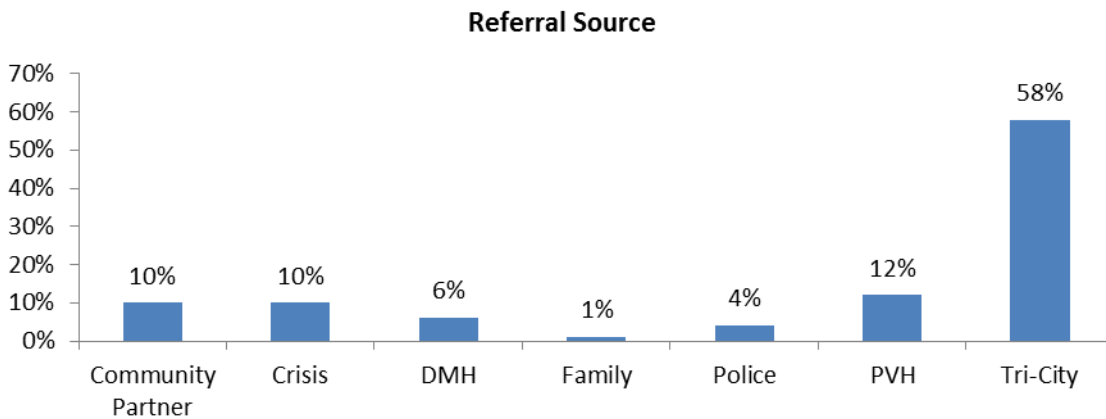
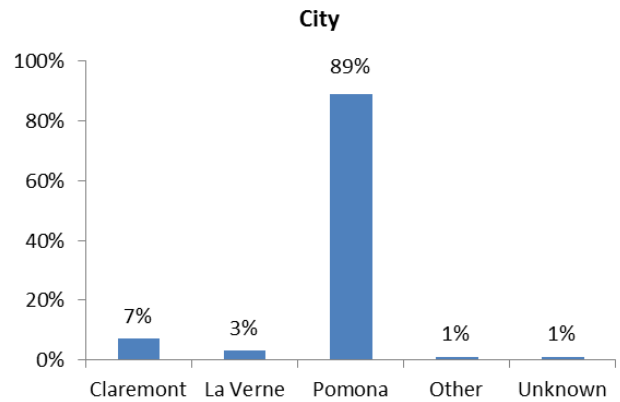
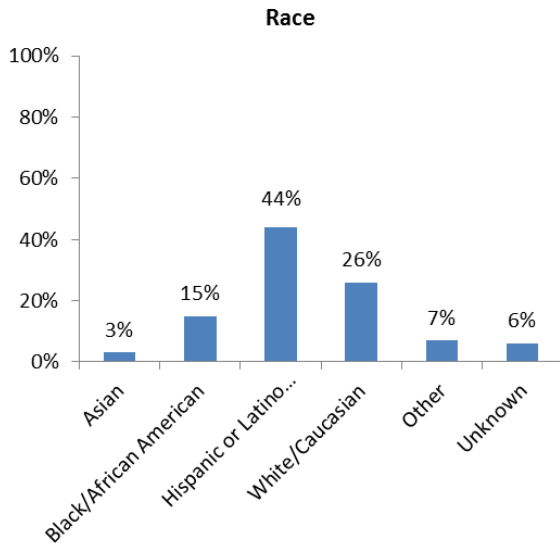
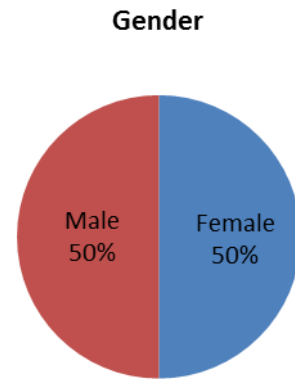
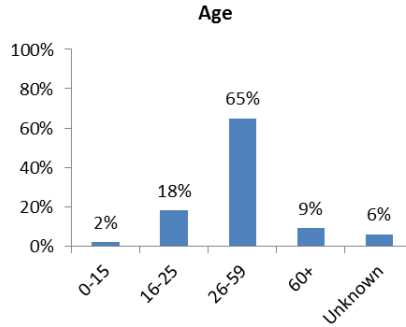


73%
**Crisis walk-ins also outreached by
the Intensive Outreach and
Engagement Team**

Intensive Outreach and Engagement

HOW MUCH DID WE DO?

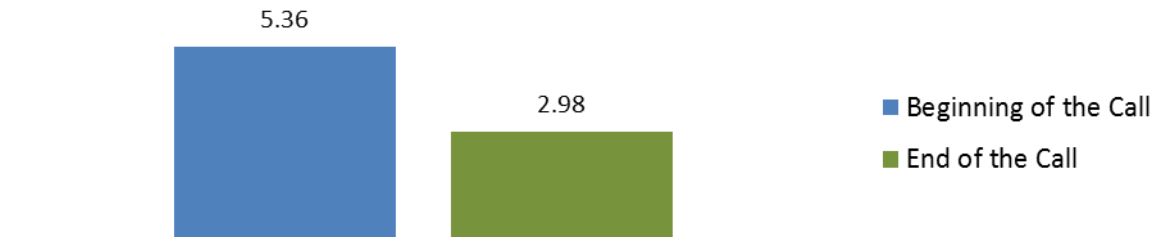
392
Unique
Individuals
Served



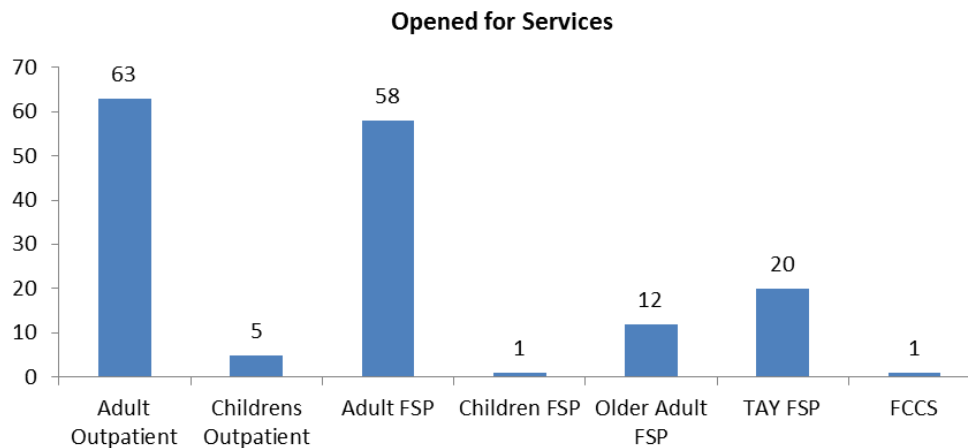
HOW WELL DID WE DO IT?

Level of Distress for Crisis Callers

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



160
Individuals who were opened for services at Tri-City through the Intensive Outreach and Engagement Team



IS ANYONE BETTER OFF?

Success Story

After connecting with the Intensive Outreach and Engagement Team at a local winter shelter, an older adult woman was initially reluctant to engage in services. The IOET team continued to reach out to her and visit her, even when hospitalized. During the process of fostering trust and by building rapport with her, the IOET was able to assist her after discharge with planning and budgeting for her move outside the area. She was extremely grateful and the IOET team was instrumental in making her future possible.

Field Capable Clinical Services for Older Adults (FCCS)

Field Capable Clinical Services for Older Adults	
Number of Clients Served in FY 2016-17	22
Estimated Annual Cost per Client FY 2016-17	\$6,241

Program Description:

Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMHA staff members provide mental health services to older adults where they are, such as in their homes, senior centers, and medical facilities. Older adults are the fastest growing demographic population in Claremont and La Verne. According to 2010 Census data, individuals aged 60 years and older comprise 23.5% of La Verne's population, 22.3% of Claremont's and 11.3% of Pomona's. While a number of programs provide health and social supports for older adults, there are few services to meet the mental health needs of this population. Older adults, especially frail elders, often have a difficult time accessing services in traditional venues and therefore need mental health services provided in locations convenient to them.

Program Updates:

A crucial addition to the Field Capable Clinical Services for Older Adults (FCCS) program was the hiring of a new bilingual therapist during FY 2016-17. The program's ongoing need to better understand this unique population resulted in a heightened focus on educational enrichment opportunities for staff. Throughout the year this newly hired therapist attended community trainings concentrating on the older adult population and geriatric care. The knowledge gained from these educational opportunities was frequently shared among FCCS staff members which has been instrumental in improving the program's capacity to meet FCCS clients' needs and provide the appropriate level of care this critical population requires.

Therapists noticed that clients referred to the program are facing more medical-related issues such as dementia rather than mental health challenges. FCCS participants also expressed a greater need for resources than mental health services within the past year. Based on these concerns, staff continues to utilize community resources and Tri-City's system of care to link clients to needed services while also educating clients about mental health.

One of the challenges for the FCCS program this past fiscal year includes client withdrawal due to insufficient housing options. Clients – a majority of whom may be living on a fixed income – move out of the service area to access more affordable housing or care services. Additional challenges include creating support groups for FCCS clients. Many participants are often isolated, homebound and face health

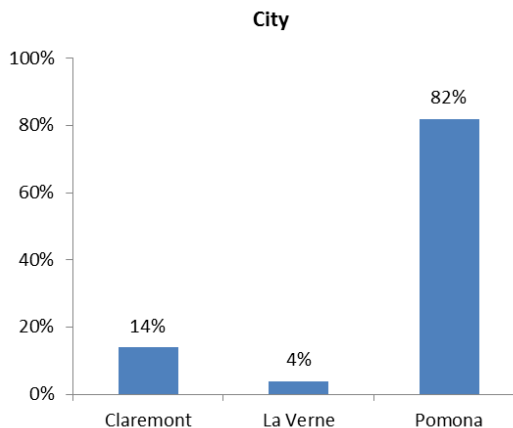
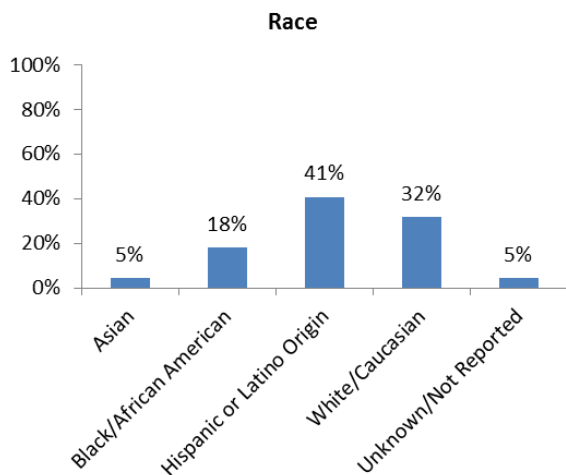
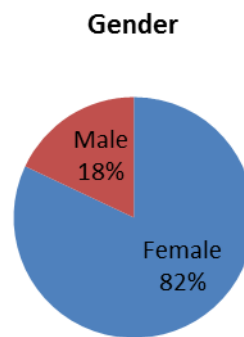
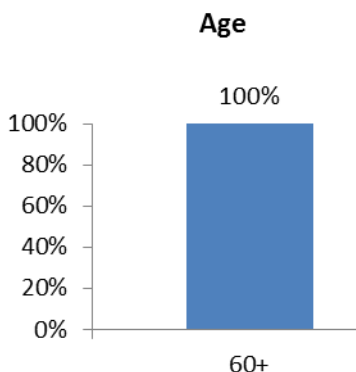
challenges that make it difficult for FCCS staff to get them out of their place of residence and connect them with services and community resources to improve their wellbeing.

Lastly, the FCCS program experienced a decrease in referrals over this past year. This may be due in part to individuals having already been connected to other services through the Affordable Care Act.

PROGRAM: Field Capable Clinical Services for Older Adults (FCCS)

HOW MUCH DID WE DO?

**22
Unique
Individuals
Served**



IS ANYONE BETTER OFF?

Success Story

An older adult experiencing depression and medical issues enrolled into the FCCS program. Initially isolated, they began to engage in services and was connected to support groups offered through the Wellness Center and the Therapeutic Community Garden. Despite physical health and financial challenges, the client improved in their ability to manage their symptoms and was also able to start working. This client completed services and has transitioned to a lower level of care.

Permanent Supportive Housing

Permanent Supportive Housing

Total Number of Units	64
------------------------------	----

Program Description:

Permanent supportive housing units are living spaces where people who are homeless or at risk of homelessness, and who suffer from one or more mental illnesses, can receive an array of services designed to support their recovery. Sustaining recovery from mental illness is profoundly difficult if the person receiving services does not have the security of stable, safe and sanitary housing. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration.

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

Program Updates:

Tri-City Mental Health Authority has long embraced the concept that “housing is mental wellbeing.” Housing stability provides emotional safety and support that many tenants have not experienced in a long time. Many participants who are a part of this program have found that by having stable housing, they are better able to focus on their treatment and invest in their long term recovery. Clients have also reported that while in permanent supportive housing, their family members have reconnected with them leading to reunification and stronger relationships. Knowing that their loved one is in a stable situation opens the door for communication and reconnecting with an additional support system that may have been lost over time.

Maintaining a successful housing placement requires a collaborative effort on the part of Tri-City’s housing staff, the tenant and property manager. Tri-City staff plays an integral part in this process by acting as a bridge between landlords and tenants who suffer with mental illness. By acting as a mediator and taking a balanced approach to difficult situations, Tri-City staff is able to help tenants reduce the threat of evictions. If a tenant becomes difficult to engage, housing staff are able to request support from Tri-City’s Intensive Outreach and Engagement Team, a group of trained professionals who work to reconnect with clients and provide them with additional resources as needed. This team also includes a Wellness Advocate who, based on personal experience, is able to offer another layer of support including something as simple as changing language or terms to be more consumer friendly such as “offering assistance” rather than “offering services”.

Parkside Family Apartments (Related Companies)

Since its completion, the Parkside Family Apartments continues to be a welcome addition to Tri-City's housing resources. The 21 units of MHSA housing offer both one and two bedroom units for clients who qualify for this service. These units continue to be consistently occupied and offer a safe and supportive housing environment.

Cedar Springs Apartments (A Community of Friends)

The Cedar Springs Apartment project was completed in July 2016 and is designed to house transition age youth (TAY) ages 16-24 1/2. These eight units consist of both one bedroom and two bedroom units and are subsidized by project-based Federal Section 8 vouchers. This project is fully occupied and offers an opportunity for the housing staff to collaborate with other Tri-City programs to support tenants with additional services such as the Therapeutic Community Gardening (TCG) program which offers gardening groups onsite. This TAY focused gardening group provides instruction for participants on how to grow their own vegetables. In addition, the Innovation staff has collaborated with these tenants to offer the new Effective Employee Curriculum.

Holt Family Apartments (Clifford Beers Housing)

The Holt Family Apartments were under construction for most of FY 2016-17. With an estimated completion date of August 2017, staff and clients were excited with the prospect of increasing affordable housing for residents in this area. However, on May 10th 2017, a fire broke out at the project shortly after the construction personnel had left for the day. The project consists of seven separate buildings with fire damage confined to only two of the buildings. Three additional buildings suffered water damage as the result of the firefighting efforts. Through collaborative efforts and cooperation between all parties, the project is back on track and was recently completed.

Claremont/Baseline Project

This project consisted of the rehabilitation of a 2,581 square foot home which was built to accommodate one or more individuals/families. This housing project is designed with two wings with separate bedrooms and a shared living room and kitchen. This property was occupied during FY 2016-17.

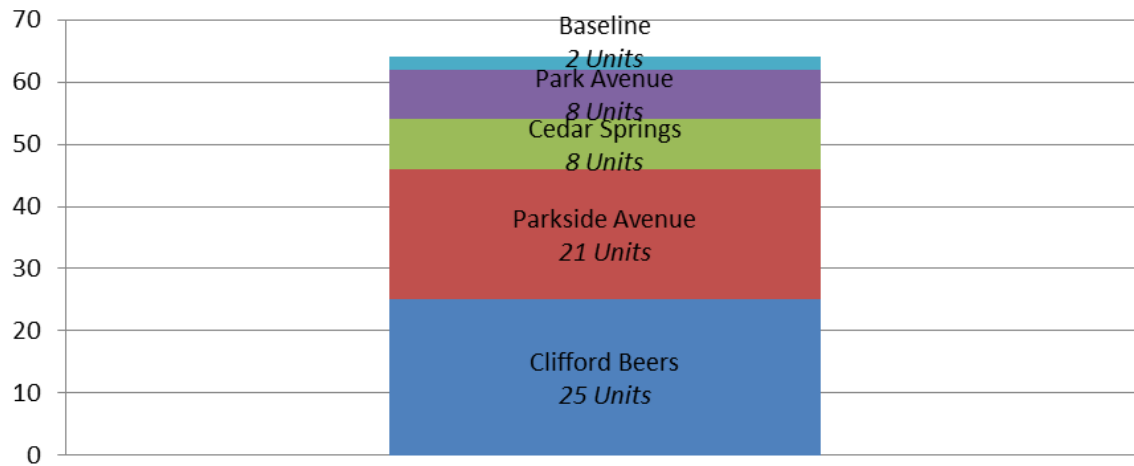
Park Avenue Apartments

The eight units of MHSA housing located at the Park Avenue Apartments continue to be occupied. Housing staff encourage tenants to participate in Tri-City sponsored programs that are offered both onsite and at Tri-City locations.

MHSA Housing Projects

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

HOW MUCH DID WE DO? 64 Units in Development or Completed



IS ANYONE BETTER OFF?

Success Story

Before receiving permanent supportive housing, a client experiencing homelessness was living behind a discount store. Although actively engaged in services, he felt the reality of being homeless and living on the streets made it difficult for him to fully benefit from therapy. Finding housing, according to this client, has changed his life and has given him the structure and stability to focus on his mental illness. As a result, he consistently attends therapy, has reconnected with his family and is currently in the process of returning to his previous profession prior to becoming homeless. Furthermore, the client is working to become self-sufficient and move into his own apartment so another individual can benefit from the profound opportunity he experienced.

PEI Plan focuses on early intervention and prevention services in addition to anti-stigma efforts.



PREVENTION AND EARLY INTERVENTION (PEI) PROGRAMS

Community Wellbeing Program (CWB)

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

Program Description:

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

Program Updates:

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

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

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

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

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

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

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

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

PROGRAM: Community Wellbeing Project (CWB)

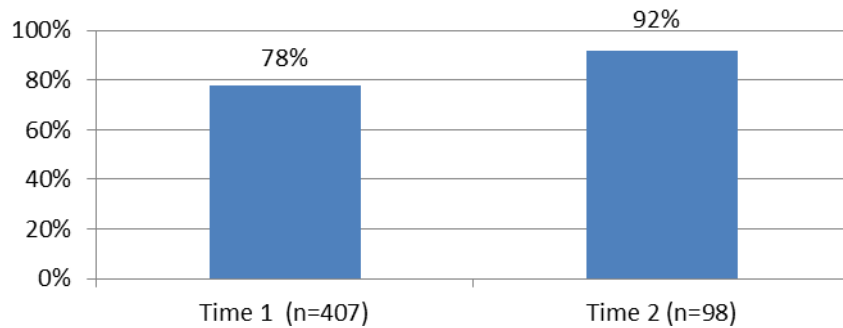
HOW MUCH DID WE DO?

18
Community Grantees Chosen

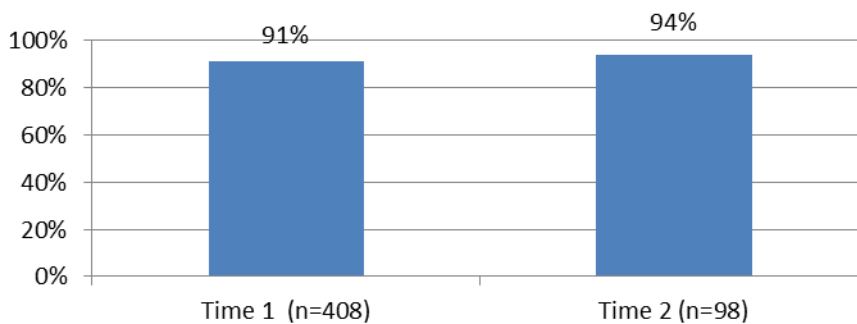
3,320
Community Members Represented in the 18 Grantees

HOW WELL DID WE DO IT?

Percentage of Grantees who Report Improvement in Supporting Each Other



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



85%
Agreed that data from these surveys has been useful

IS ANYONE BETTER OFF?

Success Story

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

Community Mental Health Trainers

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

Program Description:

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

Program Updates:

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

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

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

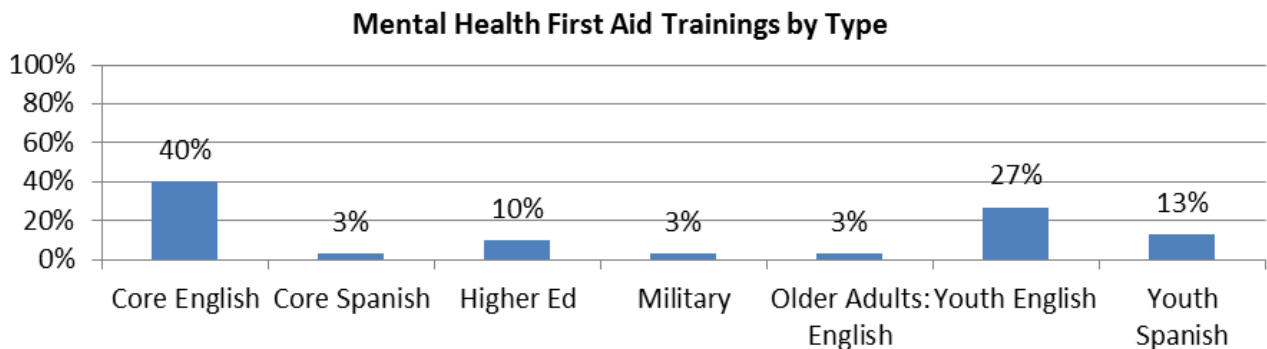
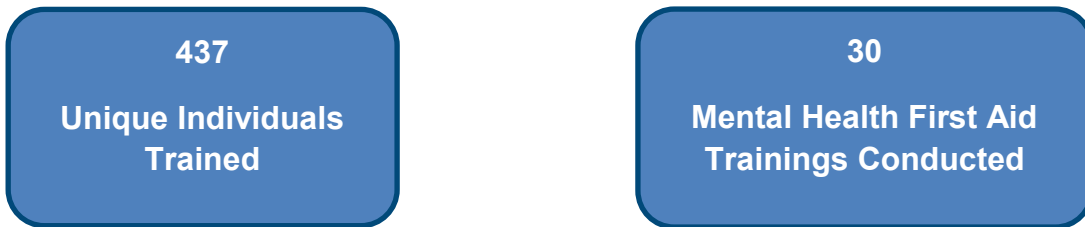
A second challenge includes the decline in certified MHFA instructors. Instructors are required to update their certification every three years to continue offering Mental Health First Aid. As of FY 2016-17, only 6 certified instructors remain, including four Tri-City staff members. Other considerations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

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

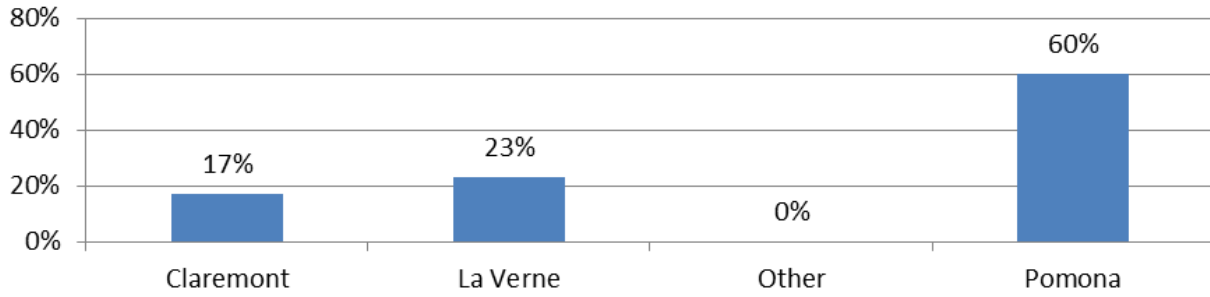
Based on these multiple factors and projected reduction in PEI revenue, Tri-City staff recommended to stakeholders to terminate the Community Mental Health Training program effect June 30, 2018. Once this program is retired, there will still be four MHFA instructors remaining who are certified to offer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

PROGRAM: Mental Health First Aid/Community Mental Health

HOW MUCH DID WE DO? Mental Health First Aid



City of Training

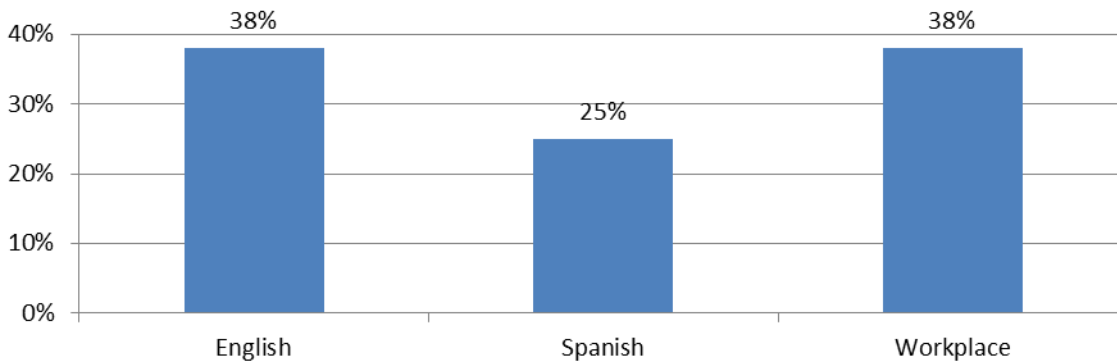


HOW MUCH DID WE DO? Community Mental Health Training

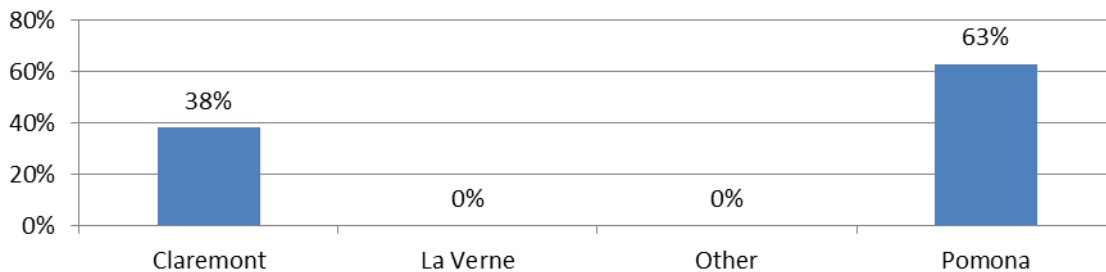
162
Unique
Individuals
Trained

8
Community Mental
Health Trainings
Conducted

Community Mental Health Trainings



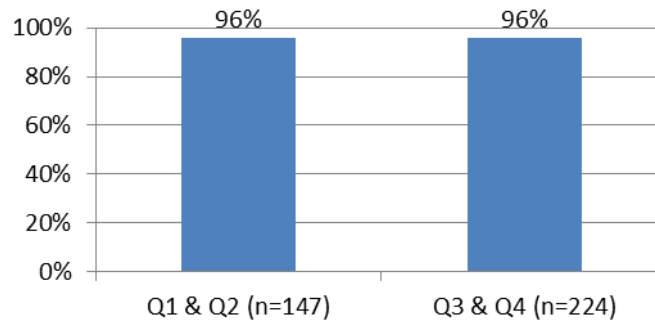
City of Training



HOW WELL DID WE DO IT?

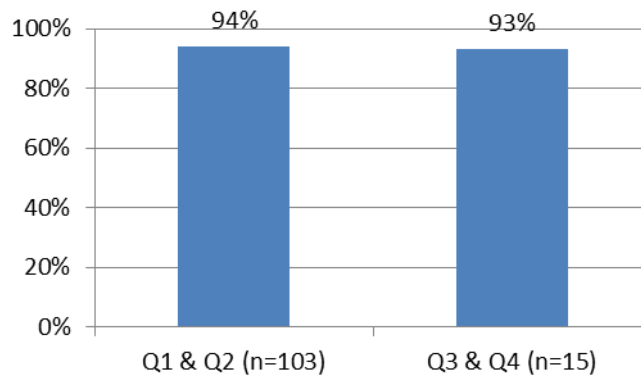
Mental Health First Aid

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



Community Mental Health Training

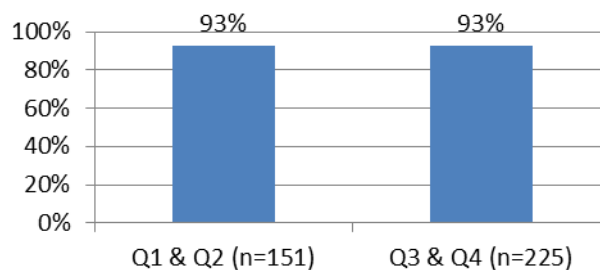
Percentage of those trained in Community Mental Health who agreed or strongly agreed that the topics covered in the training were relevant to their setting.



IS ANYONE BETTER OFF?

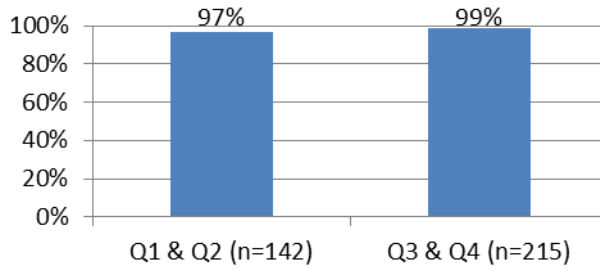
Mental Health First Aid

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



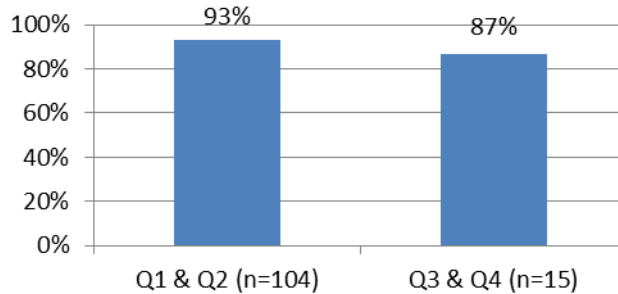
Mental Health First Aid

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



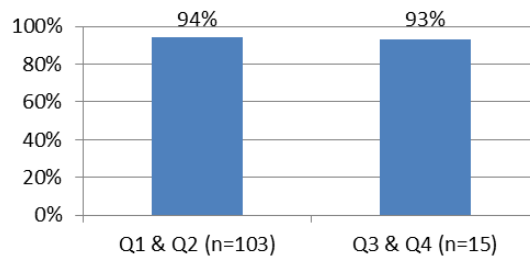
Community Mental Health Training

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



Community Mental Health Training

Overall Training Rating of Good/Excellent



Success Story

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

Stigma Reduction and Suicide Prevention

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

Program Description:

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

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

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

Program Updates:

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

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

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

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

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

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

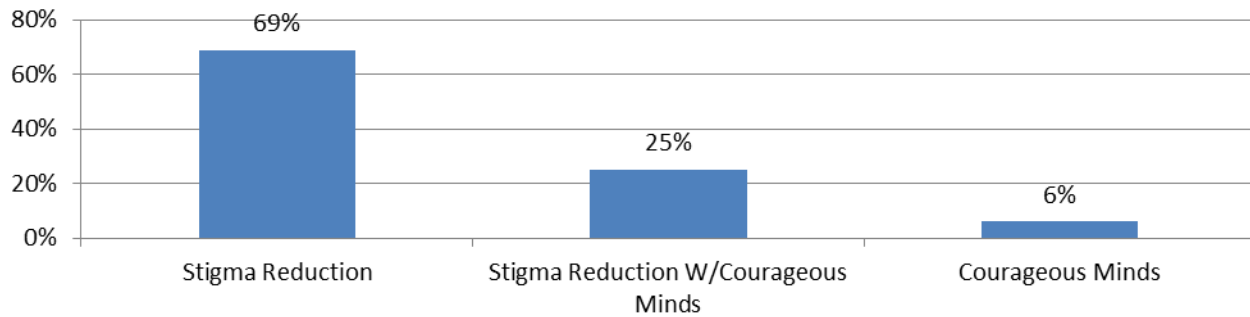
Finally, in support of the stigma reduction efforts, Tri-City has incorporated volunteers from the Workforce Education and Training program to assist with promoting and supporting a variety of events or tasks focused on stigma reduction and suicide prevention. By matching the interests of the volunteers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

PROGRAM: Stigma Reduction & Suicide Prevention

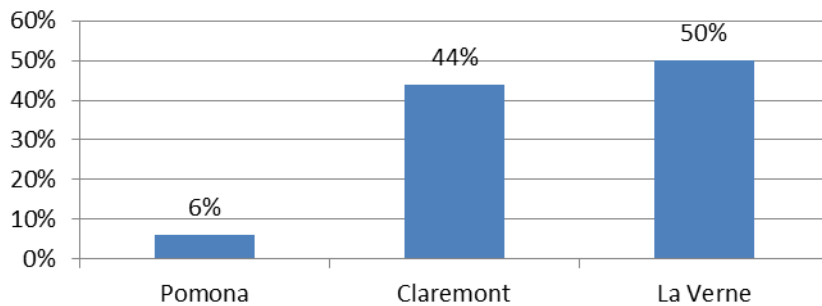
HOW MUCH DID WE DO? Stigma Reduction



Type of Presentation



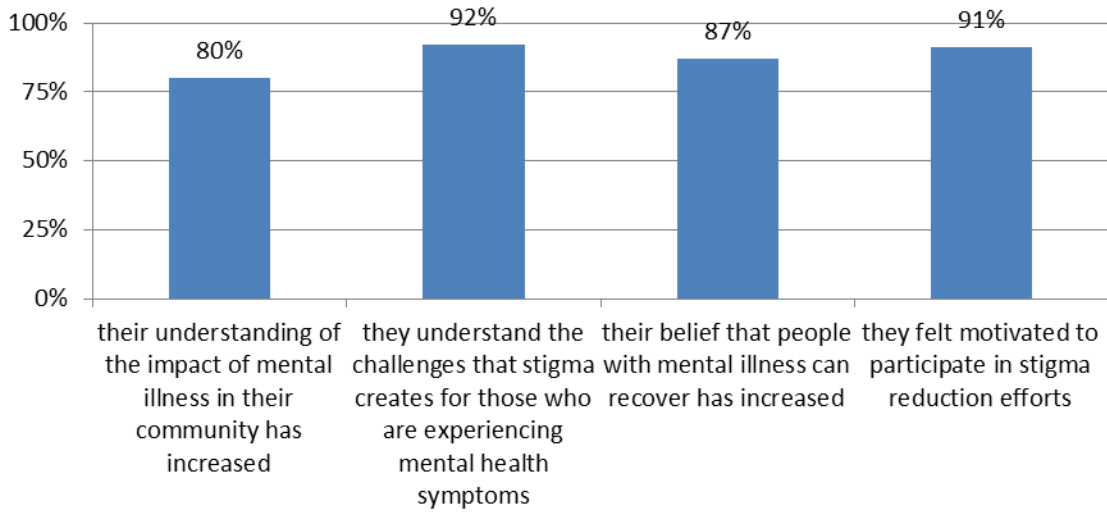
Presentations by City



HOW MUCH DID WE DO? Suicide Prevention

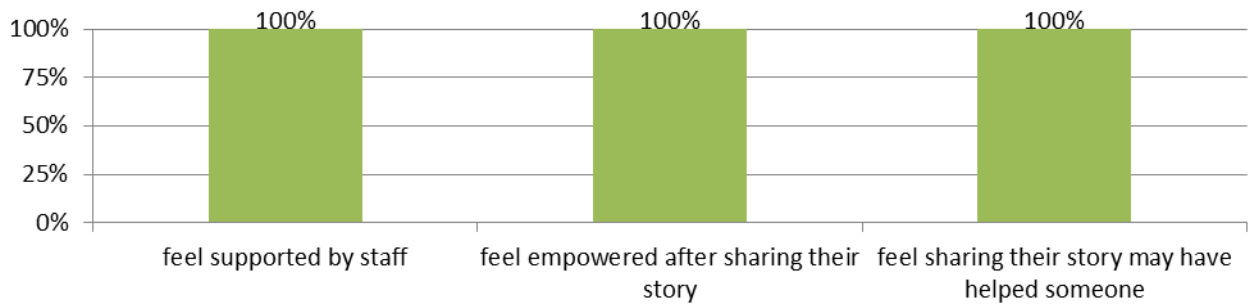


Percentage of Stigma Reduction Attendees who reported that as a result of the trainings:



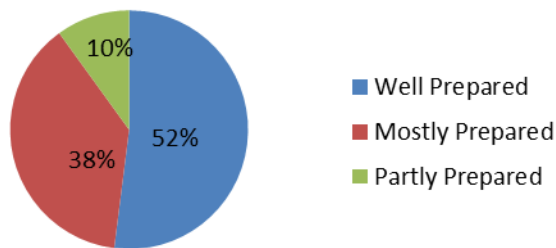
Courageous Minds

Percentage of Courageous Minds Speakers who:



Suicide Prevention

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



Courageous Minds Art Gallery

2

Art Showcases Held

40

Artists who Participated

53

Art Pieces Submitted

IS ANYONE BETTER OFF?

Success Story

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

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

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

Program Description:

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

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

Program Updates:

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

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

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

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

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

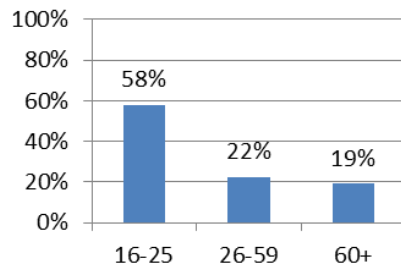
Some of the challenges experienced by the Peer Mentor program included outreach and engagement for older adults. This critical age group of individuals is known to have limited access to transportation and other issues with mobility. This will continue to be a focus for this program as the peer mentor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

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

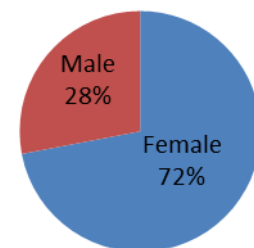
PROGRAM: Older Adult Wellbeing and TAY Wellbeing (Peer Mentoring)
HOW MUCH DID WE DO?

36
Unique
Peer Mentors

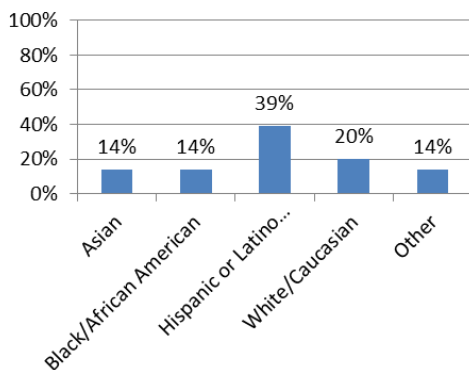
Age



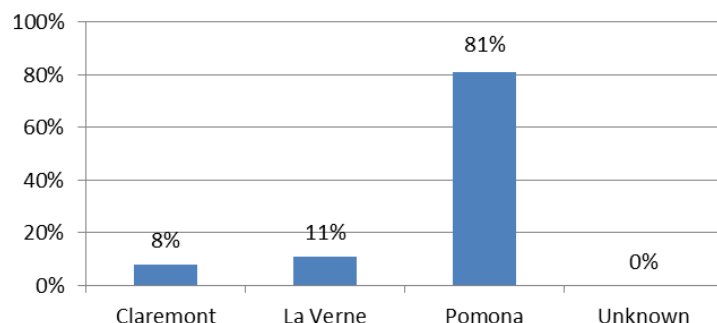
Gender

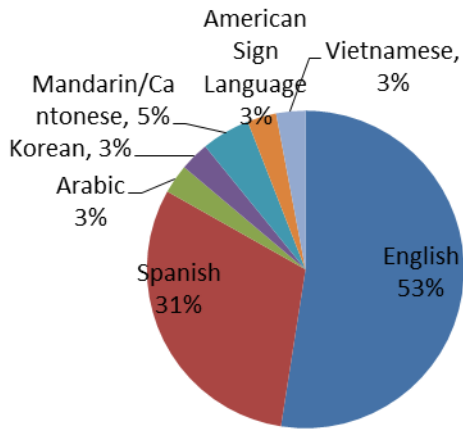


Race



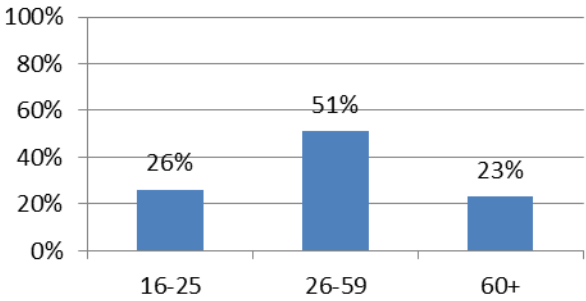
City



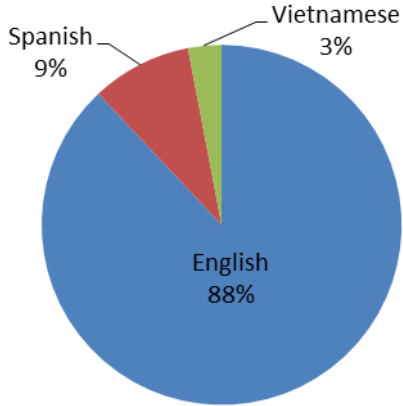
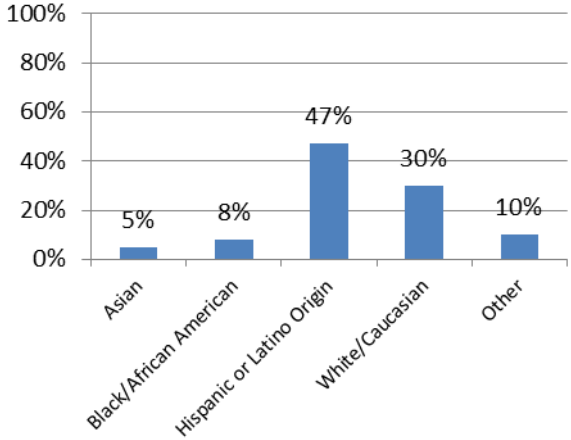


74
Unique Mentees Served

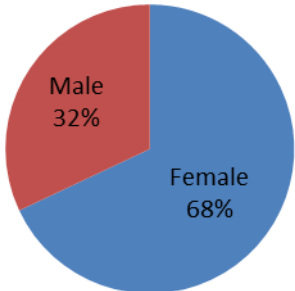
Age



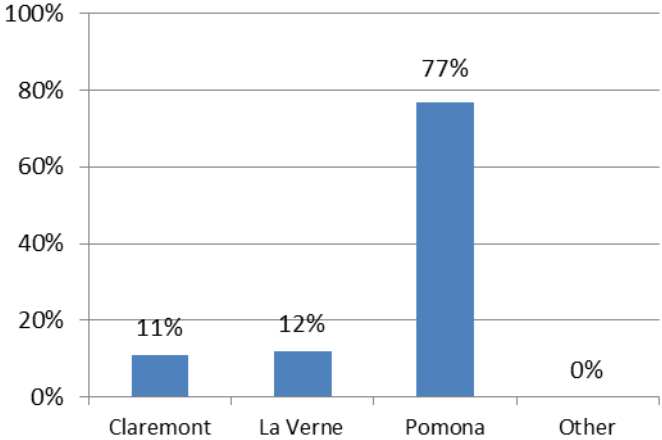
Race



Gender



City



HOW WELL DID WE DO IT?

123
Attendees at Peer Mentor
Groups
(Unique Individuals)

46 out of 66 (70%)
referrals became
mentees.

100% of peer mentees reported
feeling comfortable with their
peer mentor.

1,720 Volunteer Hours
by Peer Mentor
Program Participants

12 Peer Mentors with Lived
Experience

IS ANYONE BETTER OFF?

90% of peer mentors reported
becoming a peer mentor has made
a positive impact in their lives.

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

Success Story

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

Family Wellbeing Program

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

Program Description:

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

Program Updates:

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

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

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

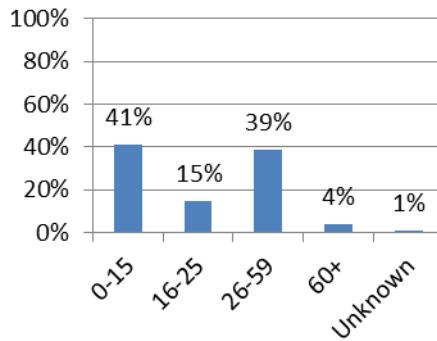
A second component of success includes the hiring of a licensed clinical social worker (LCSW) to oversee the interns who are embedded in the local schools and are available as an additional form of support to the school counseling teams. After connecting with students and their families, interns are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

PROGRAM: Family Wellbeing

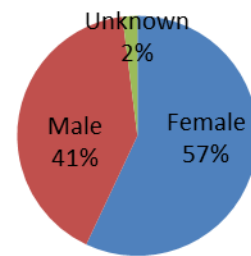
HOW MUCH DID WE DO?

1,022
Unique Individuals Served

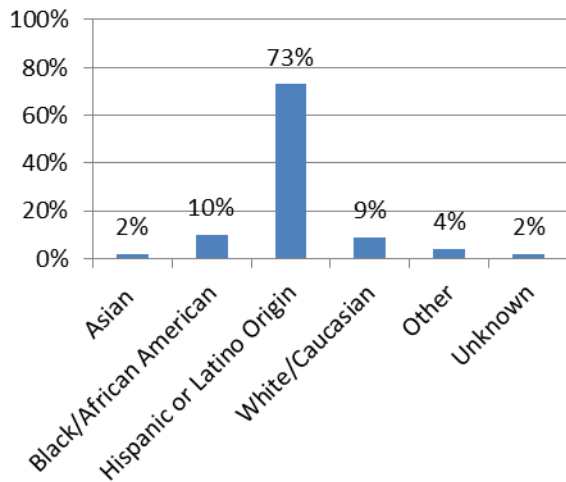
Age



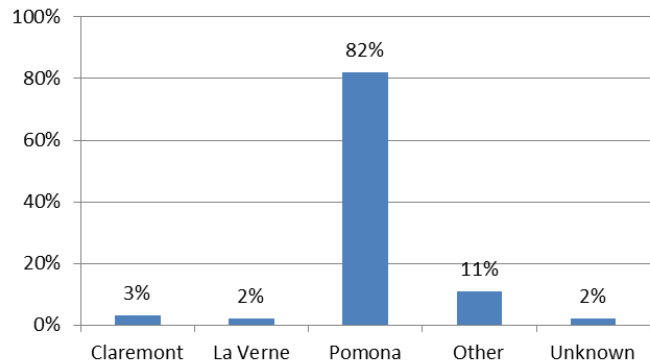
Gender



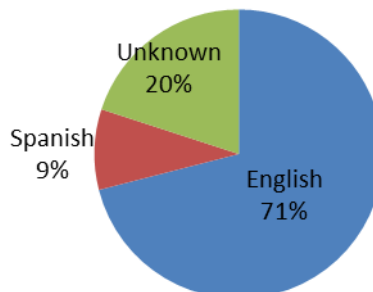
Race



City



Language



HOW WELL DID WE DO IT?

4,970
Number of Attendees at Family Wellbeing Events (Duplicated Individuals)

89%
Satisfied with the Family Wellbeing Program

IS ANYONE BETTER OFF?

83%
Improved relationships because of the help they get from Family Wellbeing Program

Success Story

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

NAMI - Parents and Teachers as Allies

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

Program Description:

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

Program Updates:

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

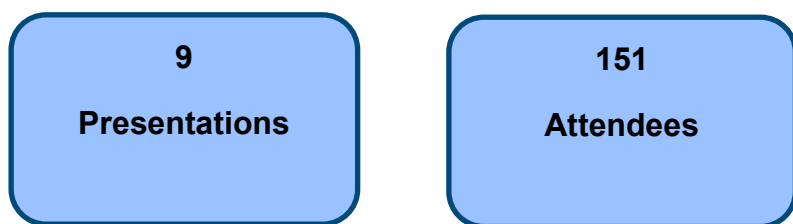
Presenters for the Parents and Teachers as Allies program continue to receive feedback indicating the information provided by this well-received program is important for both school personnel and parents. Once participants have experienced the program, they seem to want more. In response to previous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

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

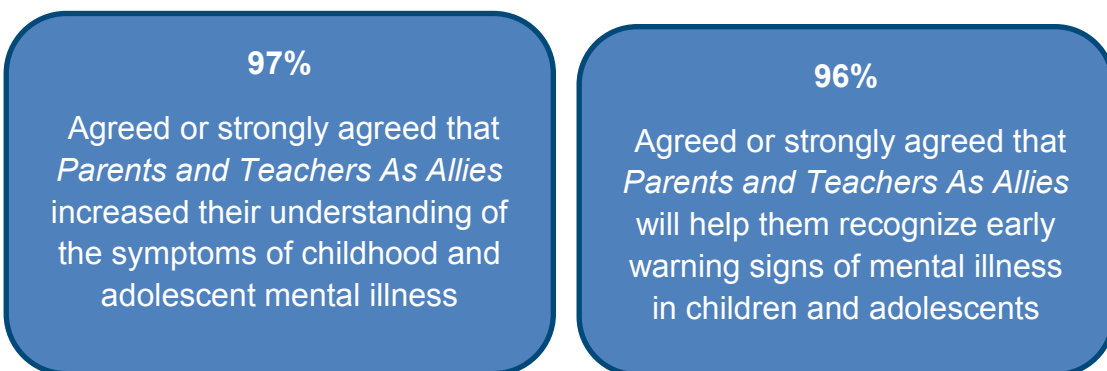
Although parents and teachers continue to express their gratitude for the information that is provide through the Parents and Teachers as Allies training, coordinating with teachers and staff schedules continues to be a struggle. Although NAMI has made consistent efforts to engage the Claremont Unified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

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

HOW MUCH DID WE DO?



HOW WELL DID WE DO IT?



IS ANYONE BETTER OFF?

Success Story

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

Housing Stability Program

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

Program Description:

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

Program Updates:

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

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

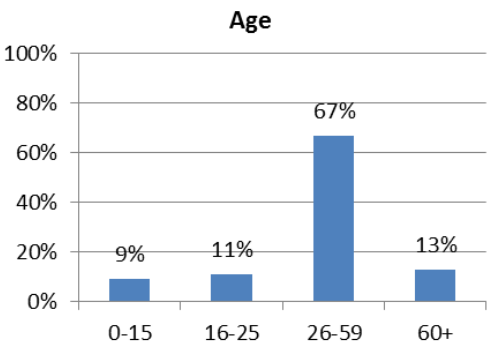
To address these housing concerns, staff plans to create an "options group" which consists of several Tri-City staff members working closely with clients to help them adopt a realistic expectation of the housing

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

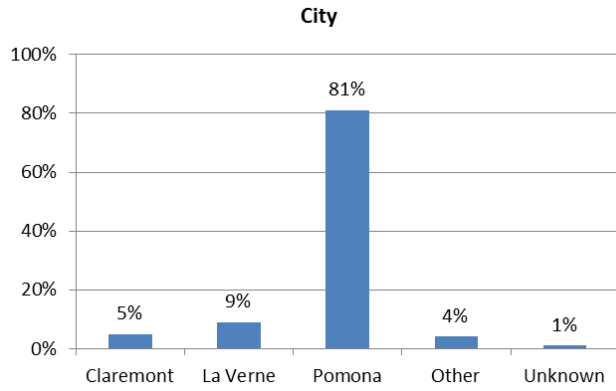
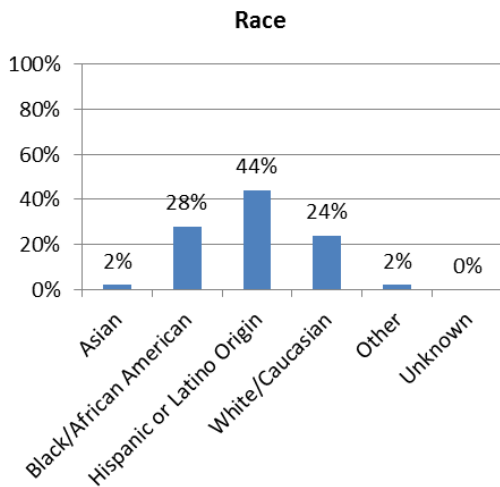
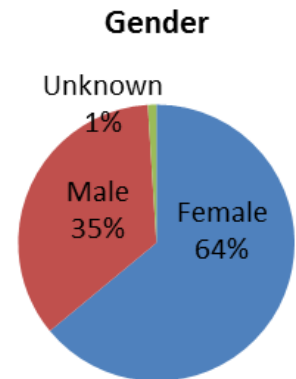
Auxiliary funding sources were explored to assist with placement, including the Housing Assistance Program (HAP) offered through the Department of Housing and Urban Development which supplements rent paid to landlords until the client/tenant is able to move into an apartment or housing unit. Tri-City's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

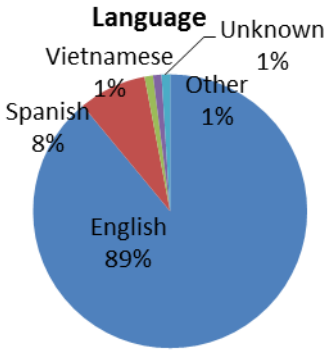
Cultural responsiveness is critical to this program and bilingual staff members are available to support Spanish-speaking individuals seeking housing. To accommodate other languages, staff will use language lines or translators for Vietnamese-speaking consumers. Monolingual and bilingual documents are also available upon request.

PROGRAM: Housing Stability Program
HOW MUCH DID WE DO?



289
Unique Individuals
Served





HOW WELL DID WE DO IT?

142
Referrals

2,144
Housing Contacts

IS ANYONE BETTER OFF?

17
Individuals who Secured Housing

23
Individuals who received help with an Eviction

4
Individuals who Participated in the Landlord Tenant Curriculum

7
New Contacts made with Landlords

Success Story

After years of experiencing homelessness, stigma and exacerbated symptoms of mental illness, a client successfully moved into MHSA housing. By participating in the Good Tenant Curriculum, she has become a model tenant and continues to build community wellbeing with other residents. She has strengthened her relationships with various family members and subsequently hosted a holiday family gathering for the first time. The client has expressed, "This is my home. I have somewhere to call home. It's beautiful and comfortable. Thanks Tri-City."

Therapeutic Community Gardening (TCG)

Therapeutic Community Gardening	
Number of Clients Served in FY 2016-17	106
Estimated Annual Cost per Client for FY 2016-17	\$2,244.00

Program Description:

The Therapeutic Community Gardening (TCG) program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises. The focal populations for this program are unserved and underserved populations including adults, youth ages 16-25, families with children, older adults, and veterans. Focusing on early intervention, this program provides services to people who are in the early stages of their treatment and do not yet meet medical necessity. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

Program Updates:

Participants in the Therapeutic Community Garden (TCG) program continue to demonstrate a strong commitment to active participation in this program and with each other. Over the past fiscal year, TCG has experienced an increase in the number of individuals served which has almost doubled. This is especially significant since this program experienced a loss of three key staff members during this time period. However, the clients continued to attend the groups and this program did not experience attrition of clients due to changes. This speaks to the strong connection for participants to the TCG program as well as each other. Several clients expressed their gratitude to staff that the groups and program continued as designed.

Over the past year, staff has come to realize that a supportive peer culture has developed within the TCG groups where participants encourage and support one another both in and out of the group setting. During the period of staff transition, several participants demonstrated this support by calling each other to check-in and encourage consistent attendance. By building strong supportive relationships in the groups, clients were able to test these bonds outside the group by joining together in social activities such as Girl's Taco Night.

In FY 2016-17, TCG staff focused on identifying specific gaps in services and looking for new ways to assist with unmet needs in the community. One targeted population is older adults and the question under consideration was how to bring the "garden" to seniors that may be homebound or non-ambulatory.

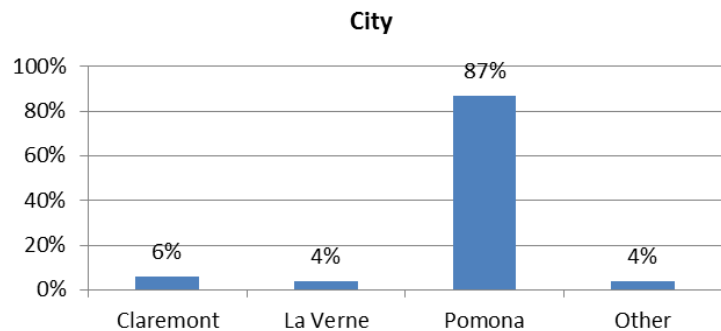
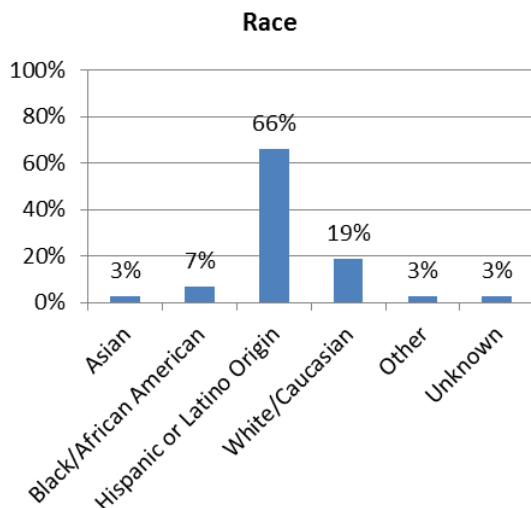
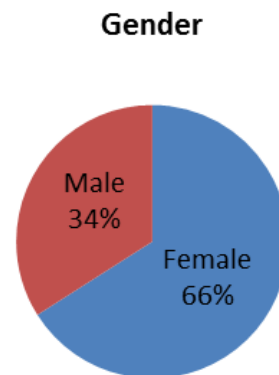
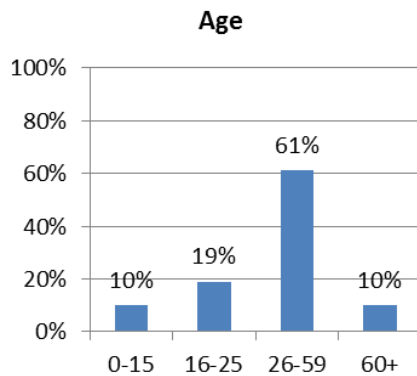
Another focus on older adults includes a Spanish-speaking female support group which developed through TCG and became very popular. As a result, an English version of the same senior group is slated to begin in FY 2017-18.

Another popular gardening group held at the Cedar Springs Apartments, also inspired future planning. Although this group is designed for youth ranging from “tweens” (ages 13-15) to college students, it quickly became a favorite with the younger gardeners. As a result, Tri-City staff is now considering developing new groups for the TCG garden location which will focus on engaging the underserved youth.

A recommendation from previous years included focusing on increasing collaboration with other Tri-City programs to expand the services offered through TCG. This was accomplished by teaming up with the Wellness Center to provide prevocational groups and inviting TCG clients to participate in the Effective Employee Curriculum created under the Innovation plan.

PROGRAM: Therapeutic Community Gardening
HOW MUCH DID WE DO?

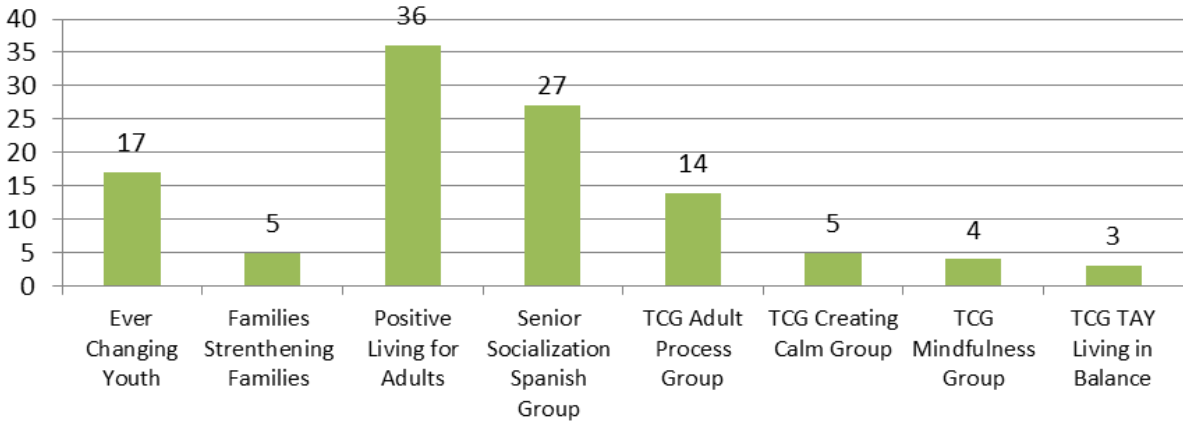
106
Unique
Individuals
Served



HOW WELL DID WE DO IT?

Number of
Groups Held

111



IS ANYONE BETTER OFF?

94% of participants reported improvement in their symptoms because of their work in the garden.

94% of participants enjoy participating in TCG groups.

88% of participants reported being more connected to others because of the TCG groups

100% of participants reported having better communication with others because of TCG.

Success Story

Several Therapeutic Community Garden participants expressed that their TCG support group has provided a unique opportunity for social support outside of the garden. These members have built and maintained relationships outside of TCG by attending community events as a group at the Wellness Center and coordinating group outings while staying connected over social media. As further testament to their strengthened commitment to each other, participants have shared resources in the community, including food banks, and continue to reach out to one another in an effort to include everyone in activities outside of their group.

Cognitive Remediation Therapy (CRT)

Cognitive Remediation Therapy	
Number of Clients Served in FY 2016-17	33
Estimated Annual Cost per Client in FY 2016-17	\$650.00

Program Description:

The Cognitive Remediation Therapy (CRT) project integrates two existing evidence-based practices, Cognitive Enhancement Therapy (CET) and Cognitive Behavioral Treatment for Psychosis (CBTfP) that elsewhere have been administered independently, each addressing one part of a client's interrelated cognitive impairment and psychotic symptoms. This project tests an approach to treating the whole person who experiences psychotic illness with an innovative combination of treatments to address both their cognitive impairment and psychotic symptoms. By combining the two types of treatment approaches, TCMHA hopes to support and accelerate the client's progress toward wellness. The educational approach that is embedded in the program helps participants cope with the self-stigma that can often be associated with mental illness, helps them move toward self-acceptance, and to become realistically hopeful about their recovery.

Program Updates:

During FY 2016-17, an additional therapist was brought on to help oversee the implementation of the Cognitive Remediation Therapy (CRT) project. Staff received training in CBTfP and the CRT curriculum was developed based on CET, CBTfP and lessons learned through the previous Innovation project Cognitive Enhancement Therapy (CET). Pre and post-tests were also created to better assess the program's effectiveness in improving participants' cognitive functioning and their ability to manage their psychotic symptoms. Clients who were enrolled in formal services and met diagnostic criteria were recruited via outreach from the CRT lead therapists by engaging Tri-City clinical staff. As a result of these outreach efforts, two cohorts were launched during the fiscal year with 33 individuals participated in the CRT project.

Throughout the duration of the 12-week curriculum, clients participated in Lumosity online brain-training games aimed at improving their cognitive functioning and improving their social interactions with one another. In addition, clients took part in group discussions to raise further awareness of the impact of their symptoms, while acquiring skills aimed at managing and reducing them. One of the most encouraging outcomes from this project involved participants increasing their social connection to other group members. Numerous clients initially reported their anxieties of joining the CRT group out of fear of being judged by others. However, a majority of the clients felt supported by one another at the end of their cohort.

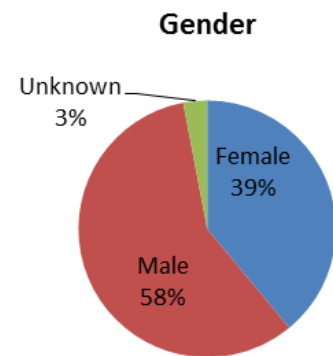
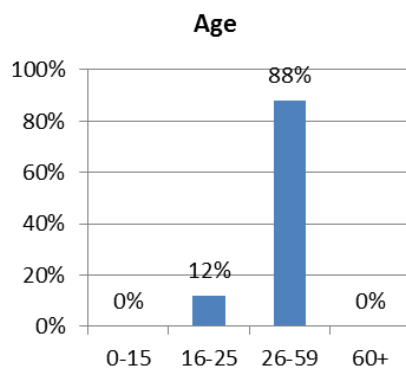
Challenges for the CRT project consisted of participant attrition. This may be due to several factors including clients becoming too symptomatic, transportation issues, scheduling conflicts with other treatment, clients moving out of the service area, or clients finding the curriculum too challenging. An additional challenge was that a number of clients stopped attending their individual therapy treatment while they participated in the group. This was addressed through close collaboration with the primary individual therapist and the clients. Although the project expanded the list of diagnoses beyond CET's concentration on schizophrenia and schizoaffective disorders, the CRT staff noticed it was sometimes challenging to recruit clients, especially transitional age youth (TAY) clients that met the project's symptomology and stability criteria. Some clients who met the criteria had a co-occurring disorder or were not stable enough in their treatment to engage in the 12-week program. Despite this challenge, the project will continue to explore the breadth of clients who may benefit from CRT.

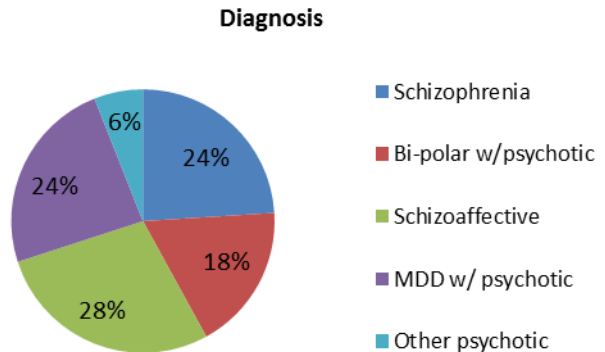
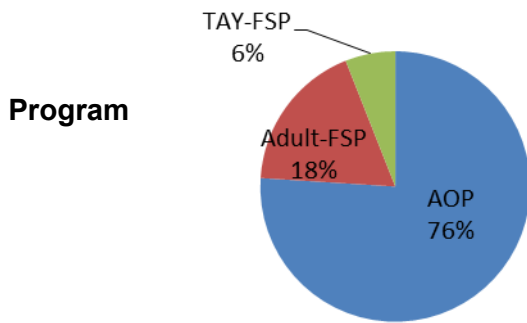
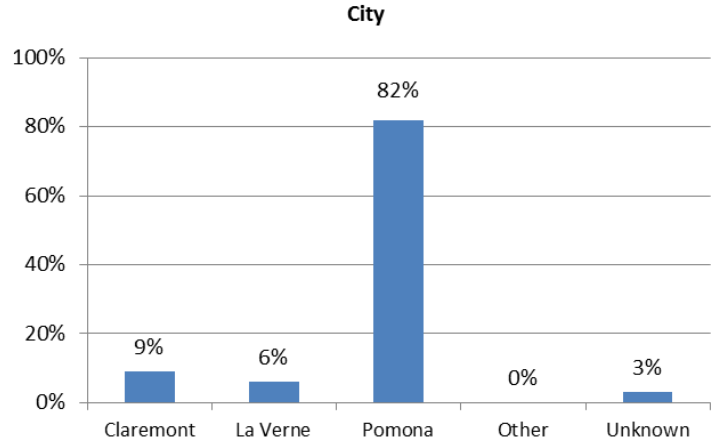
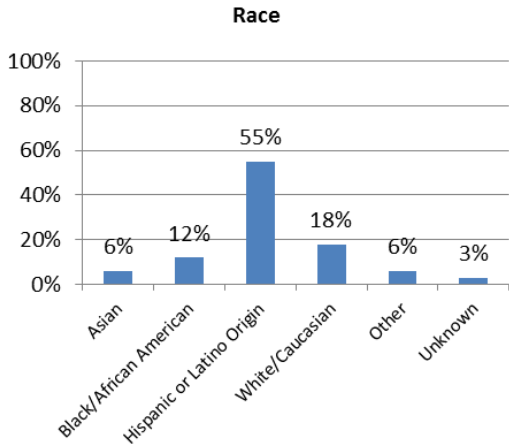
CRT staff learned valuable lessons over the course of the CRT's development which may be helpful in advancing the project next fiscal year. Transportation was found to not only be important but essential for client participation. Clients who were provided transportation had a greater likelihood of attending the CRT group than those who came of their own accord. Additionally, CRT therapists recognized the benefits in having a strong working alliance with clients. A majority of clients from the first cohort, for example, came from one of the lead therapist's caseload which proved helpful in engaging them throughout the group's curriculum. Building an individual rapport with each participant may help reduce the attrition rate in future cohorts.

PROGRAM: Cognitive Remediation Therapy Program (CRT)

HOW MUCH DID WE DO?

33
Unique Individuals
who Participated in
the CRT program





HOW WELL DID WE DO IT?

2
Cohorts Launched

IS ANYONE BETTER OFF?

Success Stories

When the program began, many of the clients were apprehensive about engaging with other participants. As the group progresses, the members began to bond with one another and over time, came to think of each other as family. During the final group session, participants commented on how much they were going to miss their time in the group as they looked forward to seeing each other weekly. As further illustration of the relationships they fostered, several clients talked about getting together after graduation to socialize and continue their friendships.

Employment Stability Project (ESP)

Employment Stability Project	
Number of Clients Served in FY 2016-17	76
Estimated Annual Cost per Client for FY 2016-17	\$2,904.00

Program Description:

Inspired by the success of the Housing Stability Project, this project seeks to build new relationships, understanding, and activities that will effectively incorporate employers into the system of care. First, the project will take some time to learn the perspectives of the people involved by engaging employers and clients in discussions on mental health and employment topics. Next, the project will break harmful beliefs and barriers in clients' own thinking about employment and address the clients' self-stigma. This project developed an "effective employee" curriculum that builds skills that are attractive to employers and help remove self-stigma among clients who may believe they lack the ability to be a strong employee. Topics such as how to properly communicate in the workplace and how to follow the chain of command are addressed.

Program Updates:

The Employment Stability Project (ESP) strives to educate and support local employers in recognizing and understanding mental health as it relates to the workplace and their employees. During the process of outreaching and engaging with employers this past fiscal year, the staff learned that time constraints in employer's work schedules hindered participants from effectively engaging in ESP events as well as trainings such as Mental Health First Aid. In order to address this concern, a modified version of the "Everyday Mental Health" training provided by TCMHA's Community Mental Health Trainers, was created and subsequently taught to employers at a one hour luncheon titled "Everyday Mental Health in the Workplace." By meeting the employers' need for a more accessible training, the project experienced a higher attendance rate. An additional conference was held during FY 2016-17 to further promote employer awareness of mental health in the workplace. Tri-City staff and designated speakers presented on important topics including social security benefits, Community Resiliency Model and the viable services Tri-City can provide for local businesses. Both events were positively received based on high satisfaction ratings from attendees.

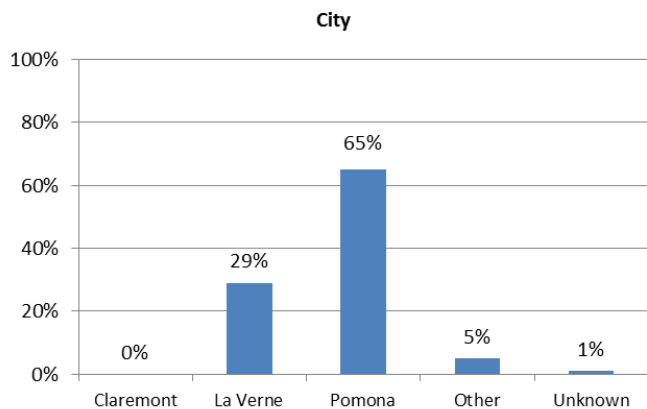
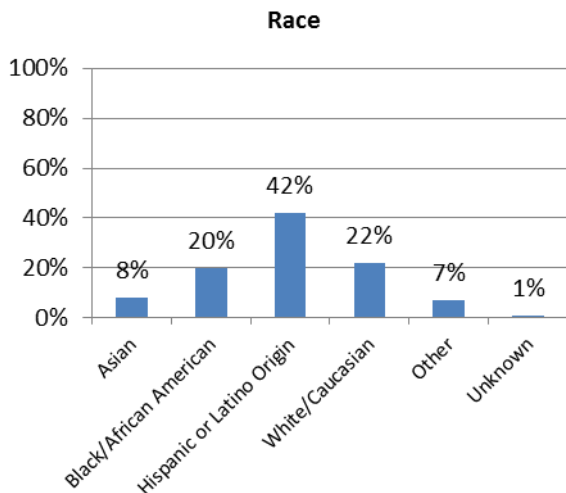
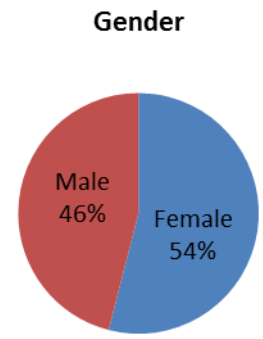
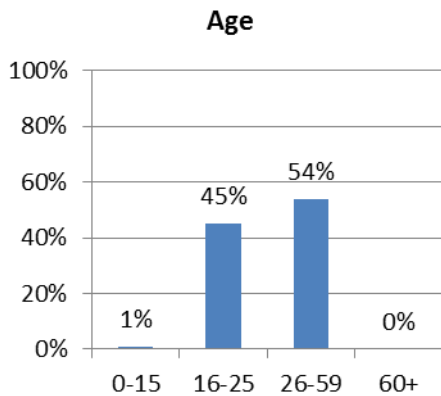
Another integral piece to the Employment Stability Project is the Effective Employee Curriculum. Designed for transition age youth (ages 16-25) and adults (ages 26-59) who have little to no employment experience, the 8-week curriculum focuses on motivating and equipping participants with the skills and knowledge needed to become successful employees in current and future professional endeavors.

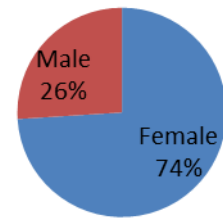
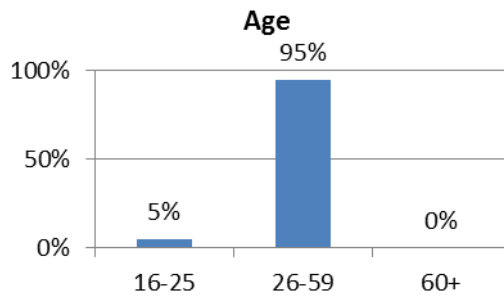
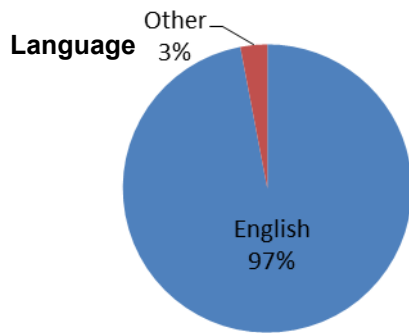
In outreaching to various target populations, including individuals experiencing homelessness, the project staff learned that stable housing is essential for individuals to feel motivated and ready to participate in employment services such as the Effective Employee Curriculum. Staff also noticed that participating clients should be stable in treatment and housing in order to fully engage in the training.

The project recognized during the previous fiscal year that transportation was a barrier for consumers to participate in the Effective Employee Curriculum. In an effort to increase the training's attendance rate, ESP staff collaborated with Tri-City's Housing program to host the curriculum on-site at Cedar Springs, a permanent supportive housing site for TAY clients. The training was also held at other locations including the Wellness Center and the Therapeutic Community Garden to increase its overall accessibility. In doing so, the program saw an increase in TAY attendance and an upsurge in the total number of participants.

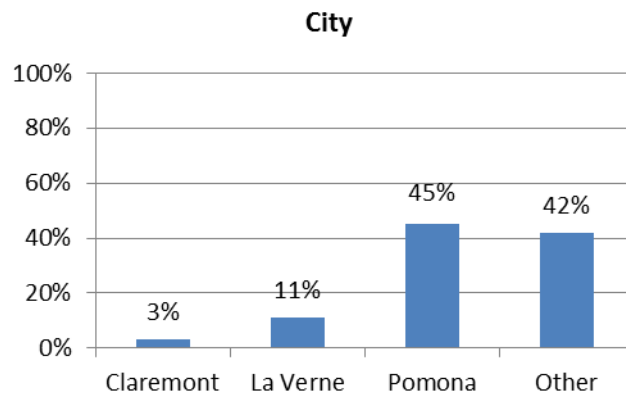
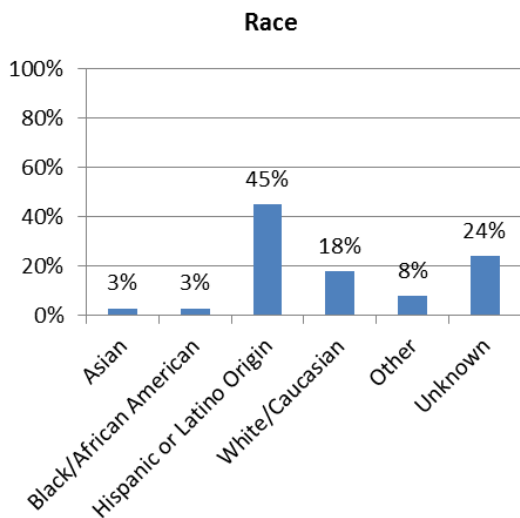
PROGRAM: Employment Stability Project
HOW MUCH DID WE DO?

76
Unique Individuals
who Participated in the
Effective Employee
Curriculum





38
Unique Employers who joined the Employment Stability Project



HOW WELL DID WE DO IT?

1 Employer Luncheon Held

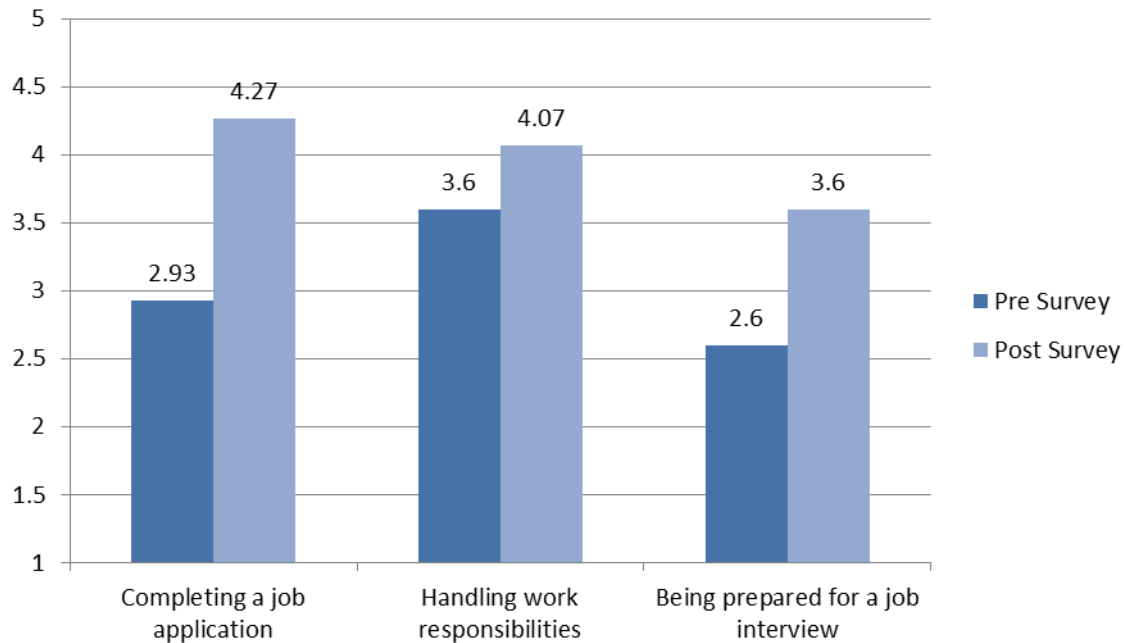
1 Employer Conference Held

4 Locations for Effective Employee Curriculum:
Therapeutic Community Garden, Wellness Center-Adults, Wellness Center-TAY, and Cedar Springs

98%
Percentage of Attendees at the Conference and Luncheon who Rated the Conference as “Good” or “Excellent”

IS ANYONE BETTER OFF?

Improvement in ratings upon completing the Effective Employee Curriculum:



Success Stories

A TAY-aged participant in the Effective Employee Curriculum class was given a handout titled, “Common Job Interview Questions” as part of a class module. During the course of the training, the individual received a call back for a job interview. He later informed staff that the handout was a helpful resource in effectively passing the interview since the majority of questions asked were identical to those listed on the handout. The participant subsequently received a job offer and is currently working for that company.

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



WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training (WET)

Workforce Education and Training	
WET estimated annual costs	\$ 285,000
Estimated remaining funds at end of FY 2017-18	\$ 187,726
Estimated costs for next two years (FY 2018-19 & FY 2019-20)	\$ <570,000>
Amount needed to cover costs for (FY 2018-19 & FY 2019-20)	\$ 382,274
Proposed or suggested transfer of funds from CSS to WET	\$ 400,000

Program Description:

The activities undertaken through the Workforce Education and Training (WET) plan develop a mental health workforce that is based in the Recovery Model and can fulfill the promise of MHSA. TCMHA considers the public mental health workforce to include professional clinical staff providing treatment services, staff that provide wellbeing supports, and volunteers and caregivers, both with and without compensation. This WET plan is comprised of two primary objectives: 1) to develop a systematic and sustained approach to training and learning, and 2) to develop a deeper pool of volunteers and future employees who have a realistic understanding of community mental health.

Program Updates:

In FY 2016-17, Tri-City launched a robust social media campaign consisting of Facebook, LinkedIn, and Twitter. Utilizing these methods, Tri-City was able to increase their presence in the community and promote not only the available services but community events and trainings offered by Tri-City or its partners.

WET staff noticed a dramatic increase in the amount of participation for the e-learning system, Relias, which is just one of several methods this project utilizes to provide trainings for TCMHA staff. With 1,085 courses completed, this increase is due in part to the enhanced awareness and promotion of this valuable training tool. Monthly reminders are sent to participants via email encouraging staff to consider this extensive library of courses available for their continuing education, including many which offer CEUs. Brief in-service trainings are provided for TCMHA supervisors and managers regarding this easily accessible online learning platform which allows busy staff to update or continue their education from the convenience of their office. Finally, an incentive program was introduced to encourage staff to select topics based on their personal goals and interests in addition to those designated as required courses by the agency.

Funding through the WET project resulted in 78 trainings, conferences and educational opportunities which remains a focus for this project. Staff is charged with continuing to research and offer educational

and team-building trainings for both staff and volunteers. One of the highlights of this effort included participation in two local high school career fairs which allowed Tri-City staff the opportunity to interact and engage with over 400 students who are evaluating career options, including community mental health.

Two train-the-trainer models were presented to Tri-City staff which included Community Resiliency Model (CRM) and Trauma Resiliency Model (TRM). The Community Resiliency Model is a prevention training which focuses on training not only the participant in self-help skills but also provides the support needed to help others within their community or social circle. This training will be offered to the community beginning in FY 2017-18.

The Trauma Resiliency Model is designed for clinicians or professionals who are working with adults and children who have experienced traumatic events. Tri-City staff is now able to utilize this specialized approach to therapy where traumatic symptoms are normalized and feelings of shame and self-blame are reduced or eliminated.

The efforts focused on developing a viable pool of mental health workers and volunteers continue to be a strong focus for the WET project. Included in these efforts is the development of a centralized data base which is used to track the total number of volunteer hours in addition to trainings which are offered to support the learning goals of each participant. Cultural competency is an important consideration for volunteers as well as TC staff and this project includes several participants with a variety of language skills including English, Spanish, Korean, and Arabic.

The W.I.S.H. (Working-Independence-Skills-Helping) program volunteers continue to play an important role by connecting with individuals who are waiting for services. As a *Lobby Room Greeter*, these specially trained individuals with “lived experience” provide the first words of welcome to consumers seeking services and help to reduce the anxiety for someone who may be seeking mental health services for the first time. Although the W.I.S.H project has proven to have value, the challenge this year has been to establishing a solid connection with clinical staff in order to have a steady stream of volunteers who would like to participate in this worthwhile program.

The Workforce Education and Training (WET) plan was designed as a ten-year plan funded by a single amount considered to be one-time funds. However, the Mental Health Services Act allows counties to transfer funds from their Community Services and Supports (CSS) plan to their WET plan in order to continue the program efforts and activities. Based on the projected costs and revenues for FY 2018-19, stakeholder recommended to transfer the amount of \$400,000 from the CSS plan to the WET plan. These additional funds are projected to sustain staff salary and benefits as well as on-going trainings and

volunteer efforts through FY 2019-20.

PROGRAM: Workforce Education and Training (WET)

HOW MUCH DID WE DO?

3,099
Volunteer Hours

117
Volunteer Applications

78
**Trainings, Conferences,
and Educational
Opportunities for Staff**

HOW WELL DID WE DO IT?

43
**Applicants became
Volunteers**

1
**Volunteer was Hired
at Tri-City**

1,085
**Courses Completed
through the New
Online Training
Program**

IS ANYONE BETTER OFF?

Success Story

As a Service-Learning program, one volunteer has taken full advantage of the many opportunities and services Tri-City has to offer. Beginning with the W.I.S.H. (Working Independence Skills Helping) program, this individual worked to improve her communication and time-management skills and gain leadership qualities such as advocating for herself. After showing significant improvement, and the desire to explore more volunteer opportunities within Tri-City, this individual went on to enhance her communication skills while helping in other programs. Her future goal is to maintain stability and obtain employment.

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



CAPITAL FACILITIES AND TECHNOLOGY NEEDS (CFTN)

Capital Facilities and Technology Needs (CFTN)

Program Description:

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

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

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

Program Updates:

Funding received through the Capital Facilities and Technology Plan has been instrumental in allowing TCMHA to continue to build a solid infrastructure dedicated to reducing barriers that may impede access to mental health services that are critical to the individuals we serve.

Though the development and expansion of Tri-City's technology systems, support services become more accessible and cost-effective for consumers and their family members. In addition, technical security continues to be a top priority for Tri-City's IT staff and the agency as a whole. Safeguard measures include external security risk assessments and Mobile Device Management Encryption on all laptops and cell phones. In addition, training Tri-City staff to recognize risk factors such as ransomware, hoax or scam emails is critical to ensuring ongoing protection and preventing an unintended breach of client information. This level of commitment and diligence on the part of Tri-City staff protects our information systems and reduces the risk of network compromise.

Through the renovation of land, Tri-City is able to offer another form of quality support that is easily accessible and provided in a welcoming and natural environment. The Therapeutic Community Garden located adjacent to Tri-City's adult clinic, is still a primary goal for completion. Utilizing funds previously allocated by stakeholders, the focus is the renovation of this space including the construction of a small structure to be used in the event of inclement weather. This renovation project experienced an extended delay due to a related easement question that has since been resolved. Final design plans for the renovation of the Community Garden will be subject to approval by Tri-City's Governing Board. Currently, a parking lot expansion at the same location is underway and scheduled to be completed in 2018.



CULTURAL COMPETENCY PLAN UPDATE

Cultural Competency Plan

Plan Description:

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

Plan Update:

In FY 2016-17, TCMHA hosted several events dedicated to increasing cultural awareness and sensitivity for not only Tri-City staff but the community at large.

The Cultural Competency Committee (CCC) reconvened in January 2017 and redefined their structure and mission as a leading body of cultural support for this agency. This committee consists of nineteen members and includes staff from all departments including Operations and Facilities, clinical programs, MHSA programs, and Best Practices. Group members are charged with acting as liaisons between this committee and their respective departments and are responsible for conveying information, questions and/or concerns between the committee and Tri-City programs.

Beginning with training on Spirituality in Mental Health, TCMHA provided staff with a comprehensive look at the impact and importance of spirituality when working with the diverse cultures of this area. This extensive look at spirituality as a whole and the role it plays for many individuals when considering mental health treatment, enabled Tri-City staff to view both clinical and non-clinical interactions with an openness and awareness of the value of this critical component in client recovery.

In an effort to expand the reach of this committee, members were invited to submit ideas regarding possible areas of focus for subgroups. After careful consideration, four topics were designated:

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

Members were able to select from this list and join together in small groups designed to explore these options with the goal of disseminating this information agency-wide.

Specific cultural activities for FY 2016-17 included an LGBTQ Pride Panel consisting of 5 panelists from the LGBTQ community sharing personal stories of diversity, love, obstacles, and acceptance. This successful community event inspired a second event structured as a community social welcoming friends and family members who wanted to learn more about the LGBTQ community in a festive environment. The purpose of this event was to encourage sharing, questions and networking among the participants and attendees. The overwhelming positive response to these events resulted in the formation of an LGBTQ support group entitled “Proud to Be Me”.

Follow-up training for staff and CCC members included full-day training for mental health providers who engage and support LGBT individuals offered through The California Endowment. This comprehensive course consisted of presenting key terms, cultural considerations, addressing the needs of LGBT individuals as well as intergenerational issues. Attending staff reported back to the Cultural Competency Committee members and provided materials to be shared with staff from each department.

Outcomes and Data:

Committee members representing Tri-City’s Best Practices department presented information regarding data collection related to demographics. Areas for improvement were identified and data analysts are working to developed surveys for agency use that reflect Tri-City’s commitment to obtaining accurate and culturally appropriate demographics in addition to outcome data for the individuals we serve. These surveys reflect changes required from the recently approved Prevention and Early Intervention and Innovation regulations.

Agency Activities

Date	Topic/Event	Location
8/9/2016	Spirituality in Mental Health All Agency Staff Training	2001 N. Garey Ave Pomona
1/10/2017	Cultural Competency Committee	2001 N. Garey Ave Pomona
2/14/2017	Cultural Competency Committee	2001 N. Garey Ave Pomona
3/27/2017	Pride Panel (LGBTQ panel share their stories)	1407 N. Garey Ave Pomona
4/11/2017	Cultural Competency Committee	2001 N. Garey Ave Pomona
5/24/2017	Proud To Be Me (LGBTQ Support Group)	1403 N. Garey Ave Pomona
6/13/2017	Cultural Competency Committee	2001 N. Garey Ave Pomona
6/26/2017	LGBTQ Community Social	1407 N. Garey Ave Pomona
6/29/2017	Training: Providing Culturally Responsive Services to LGBT Individuals and Intergenerational Issues Faced Among the LGBT Community	The California Endowment Los Angeles



MHSA EXPENDITURE PLAN

MHSA County Fiscal Accountability Certification

Three-Year Program and Expenditure Plan
X Annual Update
X Annual Revenue and Expenditure Report

County/City: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: ANTONETTE (TONI) NAVARRO Telephone Number: (909) 623-6131 E-mail address: anavarro@tricitymhs.org	Name: DIANA ACOSTA Telephone Number: (909) 451-6434 E-mail address: dacosta@tricitymhs.org

County Mental Health Mailing Address:
1717 N. Indian Hill Boulevard, Suite B, Claremont, CA 91711

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

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

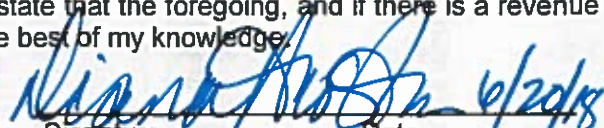
Antonette (Toni) Navarro
Local Mental Health Director (PRINT)


Signature Date 6/20/18

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Diana Acosta
County Auditor Controller / City Financial Officer (PRINT)


Signature Date 6/20/18

**FY 2018/19 Mental Health Services Act Annual Update
Funding Summary**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/12/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,525,773	744,835	815,253	98,804	528,092	
2. Estimated New FY 2018/19 Funding	7,673,233	1,918,308	504,818			
3. Transfer in FY 2018/19 ^{a/}	(400,000)	0	0	400,000	0	0
4. Access Local Prudent Reserve in FY 2018/19	0	0				0
5. Estimated Available Funding for FY 2018/19	18,799,006	2,663,143	1,320,071	498,804	528,092	
B. Estimated FY 2018/19 MHSA Expenditures	8,362,351	2,331,652	268,097	273,477	0	
G. Estimated FY 2018/19 Unspent Fund Balance	10,436,655	331,491	1,051,974	225,327	528,092	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	3,585,121
2. Contributions to the Local Prudent Reserve in FY 2018/19	25,000
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	3,610,121

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

**FY 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/12/18

		Fiscal Year 2018/19					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
1. 1a-Child FSP		1,368,245	423,731	524,730		419,784	
2. 1b-TAY FSP		1,807,521	997,183	621,674		188,664	
3. 1c-Adult FSP		3,082,759	1,629,075	1,453,684			
4. 1d-Older Adult FSP		433,871	349,141	84,730			
Non-FSP Programs							
1. Community Navigators		464,112	464,112				
2. Wellness Center		1,198,567	1,198,567				
3. Supplemental Crisis Support Services		905,005	905,005				
4. Field Capable Services		133,771	133,771				
5. CSS Housing		306,149	256,149				50,000
CSS Administration		2,586,305	2,005,617	473,315		107,373	
CSS MHSA Housing Program Assigned Funds		0	0				
Total CSS Program Estimated Expenditures		12,286,305	8,362,351	3,158,133	0	715,821	50,000
FSP Programs as Percent of Total		80.0%					

**FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/12/18

Fiscal Year 2018/19						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Well Being	56,251	56,251				
2. Older Adult Wellbeing (Peer Mentoring)	67,294	67,294				
3. Transition-Aged Youth Wellbeing (Peer Mentoring)	67,306	67,306				
PEI Programs - Early Intervention						
4. Family Well Being	56,251	56,251				
5. Older Adult Wellbeing (Peer Mentoring)	67,294	67,294				
6. Transition-Aged Youth Wellbeing (Peer Mentoring)	67,306	67,306				
7. Therapeutic Community Gardening	268,500	268,500				
8. Early Psychosis	240,000	240,000				
PEI Programs - Other						
9. Community Capacity Building (Community Wellbeing, Mental Health First Aid Training programs and Stigma Reduction programs)	502,406	502,406				
10. NAMI Community Capacity Building Program (Interfaith Collaborative and Parents & Teachers as Allies programs)	35,500	35,500				
11. Housing Stability Program	148,499	148,499				
PEI Administration	734,392	734,392				
PEI Assigned Funds	20,653	20,653				
Total PEI Program Estimated Expenditures	2,310,999	2,331,652	0	0	0	0

**FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/12/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #03 Cognitive Remediation Therapy Program	33,834	33,834				
2. #05 Employment Stability	0	0				
3.	0					
4.	0					
INN Administration						
	234,263	234,263				
Total INN Program Estimated Expenditures	268,097	268,097	0	0	0	0

**FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/12/18

Fiscal Year 2018/19					
A	B	C	D	E	F
Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs					
1. A Systematic Approach to Learning and Improvement	153,873				
2. Engaging Volunteers and Future Employees	30,646				
WET Administration	88,958				
Total WET Program Estimated Expenditures	273,477	0	0	0	0



Attachment A

PEI and Innovation Regulations Status Reports

**PEI REGULATIONS
DATA REPORTING STATUS**

PEI REGULATIONS DATA REPORTING STATUS

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

PEI REGULATIONS DATA REPORTING STATUS

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-3-B	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-3-C	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-3-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-3-E	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2019	
3560.01 a-3-b-3-F	N/A	N/A	N/A	N/A	N/A	
3560.01 a-3-b-4-A	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-4-B	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-4-C	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-4-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-4-E	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-4-F	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	
3560.01 a-3-b-4-G	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	

PEI REGULATIONS DATA REPORTING STATUS

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-5-A (1-5)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-B (1-8)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-C-1 (a-g)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-C-2 (a-m)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-C-3	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-C-4	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-D	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-E-(1-7)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-5-F-(1-3)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards

PEI REGULATIONS DATA REPORTING STATUS

Article #	Currently Tracking	Reason for non-tracking	Estimated date of tracking	Method of tracking	Date data will be available	Notes
3560.01 a-3-b-5-G-(1-3)	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-b-5-H-(1-2)	No	Method for tracking not available until July 2018	July 2018 - June 2019	Database	May 2020	Demographics are collected based on current standards
3560.01 a-3-b-6	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-b-7	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-b-8	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-c	Yes	No issue	N/A	N/A	May 2018	
3560.01 a-3-d	Yes	No issue	N/A	N/A	May 2018	Demographics are collected based on current standards
3560.01 a-3-e	N/A	N/A	N/A	N/A	N/A	Demographics are collected based on current standards

INN REGULATIONS DATA REPORTING STATUS

INN REGULATIONS DATA REPORTING STATUS

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

INN REGULATIONS DATA REPORTING STATUS

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



Attachment B

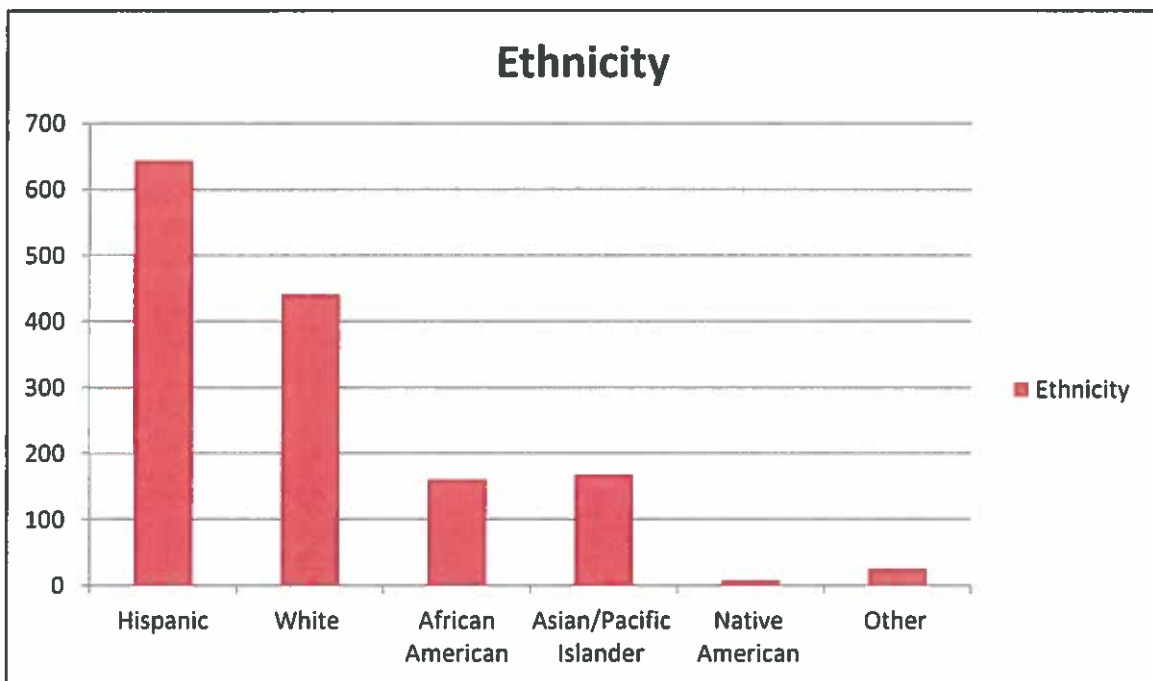
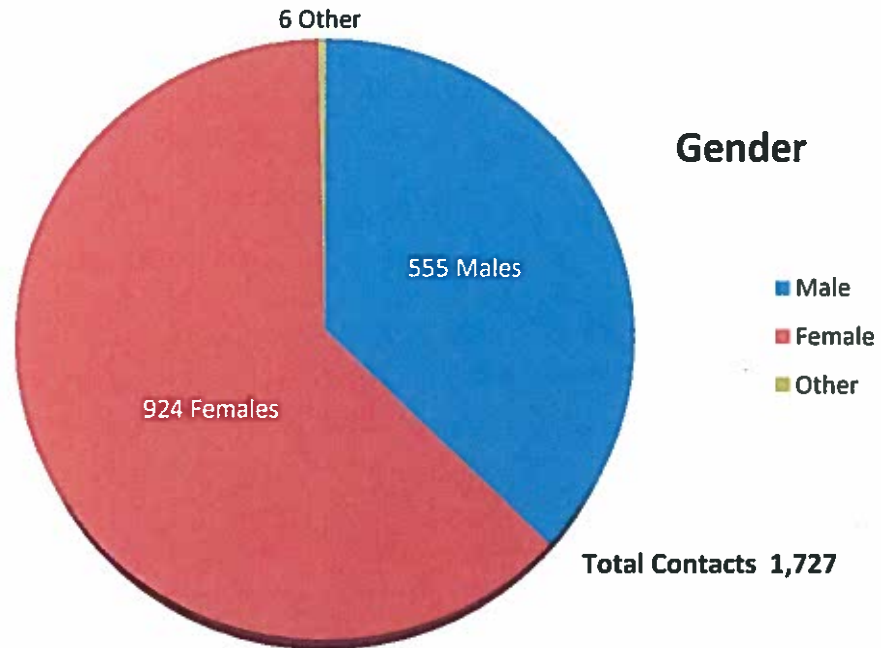
Sign-In Sheets from Public Hearing
(Available Upon Request)



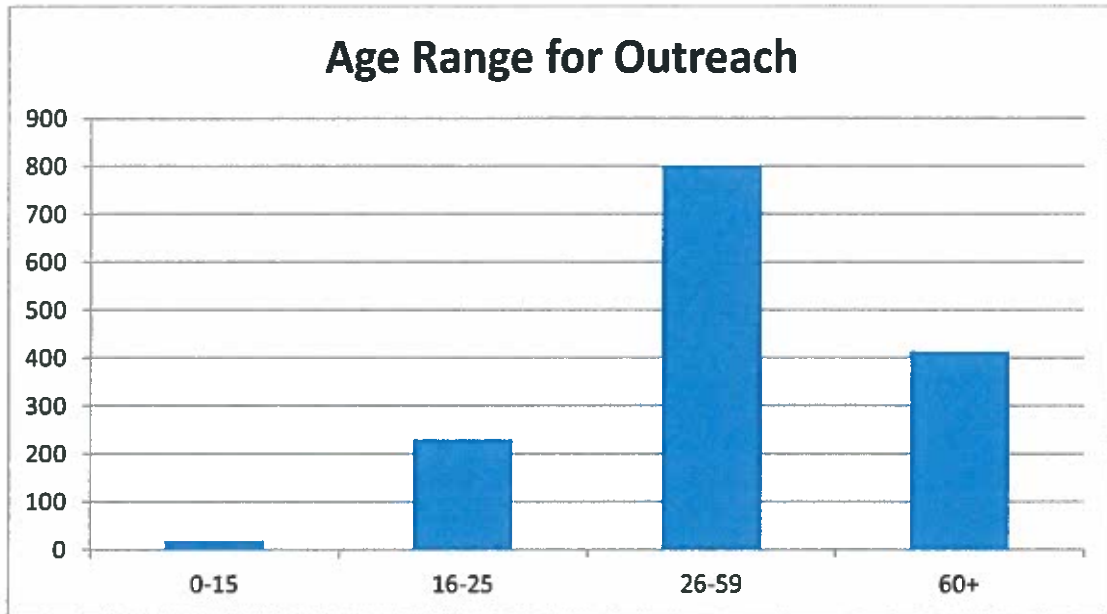
Attachment C

Summary of Outreach and Participation
in the Planning Process and Public Hearing

Outreach for MHSA Public Hearing



Outreach for MHSA Public Hearing



MHSA Public Hearing Outreach May 16, 2018

42st Bagel
Ability First
Aegis Treatment Center
Alexander Hughes Center
Annex Food Bank
Antioch Church
Argo Grill
Beta Center
Bienestar Pomona
Blasdell Senior Lunch Site
C.H.A.P.
Calvary Baptist Church
Casa Colina
Casitas Mobile Homes
Catholic Charities
Choices for Women
Church of the Brethren
Claremont City Hall
Claremont Library
Claremont Police Dept.
Claremont Post Office
Claremont Unified School District
Community Wellbeing Grant Interview Candidates
Community Wellbeing Grant Recipients
Continuum Of Care Coalition
Copacabana Mobile Homes
CRT Group Members
David and Margaret Group Homes
Dept. of Child and Family Services
East Valley Clinic
EDD Office
Employers Group
Ettie Lee Family Services
Facebook
Family Services of Pomona Valley
Family Solutions
Foothill Family Services
Foothill Terrace Mobile Homes
Fountains Mobil Home Park
Fresh Start Housing
Ganesha Park
Hilda Solis Health Fair
Hillcrest Retirement Community
Hoa Binh Supermarket
Holt Family Apartments
House of Ruth
House of Wings
Housing Stability Project
Inland Psychiatric Medical Group
Inland Valley Hope Partners Food Bank
Joselyn Center
Just Us 4 Youth
Kennedy Austin Foundation
Kings Way Mobil Home Park
La Casita
La Verne City Hall
La Verne Community Church
La Verne Heights
La Verne Manor
La Verne Mobil County Club
La Verne Senior/Community Center
La Verne Youth and Family Action Committee
LeRoy Haynes
MHFA training - Claremont Unified School District
MHSA Public Hearing Outreach May 16, 2018
Miss Donuts and Bagels
National Alliance of Mental Illness
National Council on Alcoholism and Drug Dependence
Oasis Mobile Homes
Operation School Bell
Our Lady of Assumption
Palomares Health Fair
Palomares School/Park
Paola Avendano
Park Avenue Housing
Park Tree Clinic -Park Avenue
Park Tree Medical -Holt
Peer Mentoring Program
Pomona Adult Daycare
Pomona City Hall
Pomona City Library
Pomona Continuum of Care
Pomona Dream Center
Pomona Employmnet Development Office
Pomona Homeless Shelter
Pomona LGBTQ Support Groups

MHSA Public Hearing Outreach May 16, 2018

Pomona Open Door
Pomona Prototypes
Pomona Valley Christian Center
Pomona Valley Re-Entry Fair
Pomona's Promise
Purpose Church
R.S. Resource Group
Residents for the cities of Pomona, Claremont and La Verne
Rhino Records
Roberta's Village Inn
Rosemary's Family Services
San Gabriel Valley Coalition
San Gabriel Valley Conservation Corp
San Gabriel Valley Regional Center
Scripps College
Smile and Tears Adoption Center
SomeCrust Bakery
Sowing Seeds Food Bank
St. John's Episcopal Church
St. Joseph's Food Bank
Starbucks
Twin Oaks Mobil Home Park
Uncommon Good
United Methodist
University of La Verne
Valley Rancho Mobil Home Park
Vietnamese Community
Volunteers of America
Warehouse Pizza
Washington Park
Wellness Center
Wellness Center Summer Camp
WISH Program
Women, Infant and Children's Services
Youth and Family Action Committee
Youth Therapy



**ÔNG BÁO VỀ MỘT BUỔI ĐIỀU TRẦN CÔNG KHAI
và
CUỘC HỌP CHUNG
CỦA BAN ĐIỀU HÀNH
& ỦY BAN CHĂM SÓC SỨC KHỎE TÂM THẦN**

BÁO NÀY ĐƯỢC CÔNG BỐ ĐỂ CHO BIẾT sẽ có một Buổi Điều Trần Công Khai được tổ chức tại Buổi Họp Chung của Ban Điều Hành và Ủy Ban Chăm Sóc Sức Khỏe Tâm Thần. Buổi họp này liên quan đến Đạo luật về Dịch Vụ Chăm Sóc Sức Khỏe Tâm Thần (MHSA) Báo Cáo Cập Nhật Thường Niên Năm 2018-19 vào

THỨ TƯ NGÀY 16 THÁNG 5

**LA VERNE COMMUNITY CENTER | 5-6 PM ẮN TỐI
30 D ST, LA VERNE | 6-8 PM MEETING**

Chung vui cùng chúng tôi!

Hãy đến với chúng tôi trong buổi chiều hội thảo với những thông tin mới nhất về những chương trình được tài trợ bởi Đạo luật về Dịch Vụ Chăm Sóc Sức Khỏe Tâm Thần (MHSA, Đạo luật 63). Duyệt lại bản Báo Cáo Cập Nhật Thường Niên và đóng góp ý kiến để dự thảo và phát triển các chương trình được tài trợ bởi MHSA trong tương lai!

Sẽ có dịch vụ thông dịch trong các ngôn ngữ: Tiếng Mã/Latin, Việt, Đại Hàn và tiếng Anh. Để có dịch vụ thông dịch trong các ngôn ngữ khác, vui lòng liên lạc: **Dana Barford 909.326.4641 trước ngày 8 tháng 5.**

Bản sơ thảo cập nhật của Báo cáo thường niên MHSA cho tài khoá 2018-19 sẽ được công bố để công chúng có thể đóng góp ý kiến, trong vòng 30 ngày kể từ ngày 12 tháng 4. Để xem xét văn bản này, xin vui lòng vào trang mạng www.tricitymhs.org

ĐỂ BIẾT THÊM CHI TIẾT, VUI LÒNG LIÊN LẠC

Rimmi Hundal, MHSA Director - 909.326.4626 - rhundal@tricitymhs.org



[/tricitymhs](https://www.facebook.com/tricitymhs)



[@tricitymhs](https://twitter.com/tricitymhs)



[/company/tricitymhs](https://www.linkedin.com/company/tricitymhs)



www.tricitymhs.org

MAY 14
2018
#1136
14 Tháng 05
2018

Viet American
WEEKLY™

Orange County 714-478-6331 • San Gabriel Valley 626-377-6455 • Inland Empire 909-395-8850
SAN BERNARDINO • RIVERSIDE • POMONA • ORANGE COUNTY • SAN GABRIEL VALLEY • TEMECULA • HESPERIA...



www.tricitymhs.org



Let's fulfill our privilege by approving Measure SC

by Larry Horowitz, Claremont resident

It has been over a month since my last letter to the COURIER regarding the financing of a new police facility.

I have had the opportunity to read published letters, thoughts and opinions on various social media platforms covering this issue, and comments from members of the public who have shared their thoughts with me.

Here is my summary of anecdotal analysis:

1) The need for a new police facility exists.

There has not been any significant dispute about the need.

These are some of the justifications for not passing the bond measure:

A) It is a waste of money; B) The city council are a bunch of crooks and cannot be trusted; C) They should wait until a new city council is elected; D) Upset that the water utility bid failed in court; E) Allowing the design of the new art museum to be approved; F) It's too big for the city; G) The Colleges should be compelled to pay; H) The city should not be allowed to appeal any previous defeats; I) It is unfair to taxpayers.

Points A, B, C, E and H have no relevance about a new police facility. I am sure the feelings are real for those who

shared them, but they are smoke screens to divert attention away from the acknowledged need by all sides of the argument for a new station. It also shows a lack of understanding of basic civics that I hope is still being taught to our students in school.

I would like to discuss item F, the facility is too big. Documentation provided by Police Station Advocates, an anonymous group opposed to Measure SC, says a 20-20-20 plan (20 million dollars for 20,000 square feet over a 20-year term) is more reasonable. I disagree with an arbitrary number that is presented, without qualification from competent professionals.

The proposed facility area was mathematically calculated by licensed architects and engineers using accepted standards for essential services facilities based on data provided by the city and its staff (a legal mandate in California).

Point G, the Colleges should be compelled to pay their share. This is a very arrogant statement. The Colleges have traditionally been good neighbors and have helped in many ways. Now, there is a demand to make a new police station contingent upon a private entity's contribution? I did not realize Claremont residents condone extortion as a method to finance a project. Very shameful, indeed.

Item I, it is unfair to tax payers. People

VIEWPOINT

move to Claremont for many reasons. The most common ones shared with me are that it is a safe community and has good schools.

Property values in Claremont have consistently risen since 1971 when the existing station was built. What cost \$65,000 in the 1970's costs \$650,000 today. There is a cost to taxpayers to keep the city safe. This is done by hiring the best candidates and giving them the facilities to do their jobs.

Capital improvements are as much a part of private enterprise (raising prices to expand their manufacturing capacity) as they are in public maintenance (improving taxes and assessments to maintain an expected level of quality). Our taxation system is not perfect, but it is what we must work with.

Growth and change involves risk. Whether it's a business venture, a relationship, or one's general well being, we all must take a risk. When you moved to Claremont, you took a risk to live in a safe community. We can ensure a continued safe environment for our children and ourselves with this needed and necessary improvement.

A quote from Gary R. Blair sums it up succinctly:


"Creative risk taking is essential to success to any goal where stakes are high. Thoughtless risks are destructive, of course, but perhaps even more wasteful is thoughtless caution which prompts inaction and promotes failure to seize opportunity." (emphasis added).

The people of Claremont spoke, loud and clear, when asked to finance a facility that was twice the size and twice the cost almost three years ago. The need of a new building was discussed in 2002 and continues to be acknowledged as a legitimate need in 2018.

An ad hoc committee spent 15 months researching, listening, discussing, paring down and arguing over ways to reduce cost, size and keep the station at its current location.

The people wanted a general obligation bond versus a parcel tax, a smaller footprint that would meet the needs by 2018 standards and beyond, and an affordable cost to the taxpayers.

Measure SC was crafted and ordained by the city council in response to the people's voice and expressed concerns. Now, it is time for all the registered voters in Claremont to fulfill their privilege and duty to vote and approve the financing for our new police facility that Claremont residents asked for.




TRI-CITY Mental Health Services

Notice of a Public Hearing *and* Joint Meeting of the Governing Board & Mental Health Commission

WEDNESDAY, MAY 16

La Verne Community Center
3680 D St, La Verne
5:00 - 6:00 PM - Free Dinner
6:00 - 8:00 PM - Meeting



- Learn about the status of programs funded by the Mental Health Services Act (MHSA, Prop 63)
- Review the MHSA Annual Update Fiscal Year 2018-19

FOR MORE INFORMATION Rimmi Hundal, MHSA Director
909.326.4626 - rhundal@tricitymhs.org

www.tricitymhs.org | f /tricitymhs | @tricitymhs



GRILLING SEASON *Is Here!*

AT THE CORNER BUTCHER SHOP
Your Neighborhood Butcher
IN LA VERNE



Best PRIME GRADE MEAT IN THE IE 

Best HOUSE MADE SAUSAGE

Fresh SEAFOOD

100% GRASS FED MEAT

 FREE RANGE POULTRY

10% Off YOUR MEAT WITH THIS FLYER
EXPIRES JUNE 30, 2018

BECOME A VIP
SCAN THE CODE 

OR VISIT: CORNER.LLREWARDS.COM

The Corner Butcher Shop (909)596-6345
MEMORIAL DAY * OPEN 11 AM - 3 PM *

Cornerbutchershop.com | 2359 Foothill Blvd. La Verne 91750

L.A. Supervisor Hilda Solis calls 'Dreamers' the nation's new civil rights movement

Los Angeles County Supervisor Hilda Solis, speaking last month at the Latino and Latina Roundtable's 14th annual Cesar Chavez breakfast in Pomona, asked the "Dreamers" (recipients of Deferred Action for Childhood Arrivals, or DACA) in the audience to stand and called them "the new civil rights movement to the United States of America."

"We have an awesome job ahead of us because every single day we're under attack," Solis said, referring to movements against "sanctuary city" status in Orange County, San Diego and other areas.

She called Cesar Chavez "our iconic hero" who "inspired all of us," and cited Dolores Huerta, who co-founded the National Farmworkers Association with Cesar Chavez, as "an awesome and super hero."

Solis, who served as Secretary of Labor in the Obama administration and was the first Latina to serve in the U.S. Cabinet, said it was Huerta, who she called a personal friend, who created the phrase "si se puede," or "yes we can."

And she said while she never met Cesar Chavez, she attended his funeral soon after she was elected to the California Assembly. She said she had the privilege of helping to carry his casket.

"I felt so overwhelmed because of the force of people, the spirits that were there, people that had gathered from all over the country... many people from around the country... came around to pay tribute to a true hero," Solis said, "and someone that reminds us even today how important it is to lift up those lives of people that often struggle in silence and often struggle behind the scenes."

"We pay trib-

ute today to all of those workers, we pay tribute to the folks that are serving us (our meals) today," she said.

Solis told a packed banquet room of more than 450 attendees at Pomona's Sheraton Fairplex Conference Center that it has been a pleasure to represent her first supervisorial district where a majority of Latinos reside and where there are constant efforts to take away their representation.

"That would be a tremendous blow to the redistricting effort that we undertake in the next few years, so we have to fight back," Solis said. "We have to fight for our immigrants, we have to fight for our parents, we have to fight for better education and better health care and make sure that we have a clean environment no mat-

ter where you live."

"All of these things bring us together," she said.

Roundtable President Jose Calderon told the audience his organization honored Solis before she went back to Washington to serve as Secretary of Labor.

"Hilda has always been there for us," he said. "Hilda has never lost that grass roots character."

Maura Ayala receives 'community star award'

The group's highest honor this year, the "community star award," was presented to organizer and community volunteer Maura Ayala, a Roundtable member.

She was recognized last year at the Los Angeles County



Scholarship winners at this year's annual Cesar Chavez Breakfast were recognized for their academic, community engagement and social justice achievements. Pictured, from left, are Brenda Gomez, a student at Pomona High School; Josue Garcia, a student at Pomona's Garey High School; Ivan Hernandez, Pomona High School; and Melanie Andreo, a graduate of Garey High School and a student at Claremont's Pitzer College.

Fair as a "community hero."

Ayala told the audience it was an honor to work with an organization that does so much with the little money it has for the com-

munity.

And she told the audience that without their support the Roundtable would not be able to do the Dreamers... pg. 6



HONORED BY LATINO AND LATINA ROUNDTABLE - Luis Nolasco of the ACLU of Southern California, center, is honored at the annual San Gabriel and Pomona Valley Latino and Latina Roundtable Cesar Chavez Breakfast by Roundtable President Jose Calderon, at left, and Vice President Angela Sanbrano, at right.

Downtown Pomona

Collectors Street Faire

SATURDAY

MAY 26 8am-3pm

100'S OF VENDORS

LOCATED ON E. 2ND ST. ON ANTIQUE ROW



WWW.DOWNTOWNPOMONA.ORG



Notice of a Public Hearing and Joint Meeting of the Governing Board & Mental Health Commission

WEDNESDAY, MAY 16

La Verne Community Center
3680 D St, La Verne
5:00 - 6:00 PM - Free Dinner
6:00 - 8:00 PM - Meeting

- Learn about the status of programs funded by the Mental Health Services Act (MHSA, Prop 63)
- Review the MHSA Annual Update Fiscal Year 2018-19



FOR MORE INFORMATION

Rimmi Hundal, MHSA Director
909.326.4626 - rhundal@tricitymhs.org

www.tricitymhs.org

f /tricitymhs

@tricitymhs



Small, illegible text columns, likely part of a news article or report.

TRI CITY
Board of Public Health
and
Joint Meeting of the
County Board &
Health Commission

WEDNESDAY, MAY 16
City Public Health Meeting
10:00 AM to 11:00 AM
1:00 PM to 2:00 PM
2:00 PM to 3:00 PM
3:00 PM to 4:00 PM
4:00 PM to 5:00 PM
5:00 PM to 6:00 PM
6:00 PM to 7:00 PM
7:00 PM to 8:00 PM
8:00 PM to 9:00 PM
9:00 PM to 10:00 PM
10:00 PM to 11:00 PM
11:00 PM to 12:00 AM

Advertisement for a mobile app or service. Includes a smartphone image and the phone number **800-867-9034**.

Advertisement for **FREE TICKETS** to a **PLAINS VALLEY MAJ & LADY** event. Includes a map of the region and a "DISTRICT NO. 12" label.

DAILY BULL

Wednesday, 05/09/2018

A: Main

B: Sports

Weather

Copyright © 2018 Daily Bulletin. Please review news

MIRACOSTA CITY
Office of a Public Hearing
Just History of the
Community District 8
Phase II Health Examination

WE HIRE! MAY 14
10:00 AM to 12:00 PM
1:00 PM to 3:00 PM
3:00 PM to 5:00 PM
4:00 PM to 6:00 PM
5:00 PM to 7:00 PM
6:00 PM to 8:00 PM
7:00 PM to 8:00 PM
8:00 PM to 9:00 PM
9:00 PM to 10:00 PM
10:00 PM to 11:00 PM
11:00 PM to 12:00 AM

**Working Jobs Everywhere
at 25 Affordable Prices!**
FREE or LOW COST
NO POST OFFICE - NO FEES

**FREE \$100
GAL Lids to Home Depot**
CALL FOR
FREE ESTIMATE
310 856-9760

**Discover the world's
best walk-in bathtub
from
American Standard**

**8 Reasons American Standard
Walk-in Bathtubs are Your Best Choice**

855-810-1776

Take Me Home
Our American Music Journey

**Discover the world's
best walk-in bathtub
from
American Standard**

**8 Reasons American Standard
Walk-in Bathtubs are Your Best Choice**

855-810-1776

SAN GABRIEL VALLEY TRIBUNE

Wednesday, 05/09/2018

A: Main

B: Sports

Copyright © 2018 San Gabriel Valley Tribune 5/9/2018

San Gabriel Valley Tribune



Notice of a Public Hearing
and
**Joint Meeting of the
Governing Board &
Mental Health Commission**

WEDNESDAY, MAY 16

**La Verne Community Center
3680 D St, La Verne
5:00 - 6:00 PM - Free Dinner
6:00 - 8:00 PM - Meeting**

- **Learn about the status of programs funded by the Mental Health Services Act (MHSA, Prop 63)**
- **Review the MHSA Annual Update Fiscal Year 2018-19**



**FOR MORE
INFORMATION**

Rimmi Hundal, MHSA Director
909.326.4626 - rhundal@tricitymhs.org

 www.tricitymhs.org

 [/tricitymhs](https://www.facebook.com/tricitymhs)

 [@tricitymhs](https://twitter.com/tricitymhs)



NOTICE OF A PUBLIC HEARING
and
**JOINT MEETING OF THE
 GOVERNING BOARD &
 MENTAL HEALTH COMMISSION**

NOTICE IS HEREBY GIVEN that a Public Hearing will be held at the Joint Meeting of the Governing Board and Mental Health Commission. The hearing is on the Mental Health Services Act (MHSA) Annual Update Fiscal Year 2018-19

WEDNESDAY MAY 16

LA VERNE COMMUNITY CENTER
 3680 D ST, LA VERNE

5-6 PM DINNER
 6-8 PM MEETING

Celebrate with us!

Join us for an informative evening discussing updates on programs funded by the Mental Health Services Act (MHSA, Prop 63). Review the MHSA Annual Update and share your input on the future planning and development of MHSA-funded programs!

Spanish, Vietnamese, Korean and American Sign Language translation services will be available. **For other translation services contact: Dana Barford 909.326.4641 by May 8.**



The draft MHSA Annual Update FY 2018-19 will be posted for a 30 day public comment period beginning April 12. To review the document, please visit www.tricitymhs.org.

FOR MORE INFORMATION CONTACT

Rimmi Hundal, MHSA Director - 909.326.4626 - rhundal@tricitymhs.org



Tri-City Mental Health Services
Mental Health Services Act (MHSA)

MHSA Public Hearing
May 16, 2018

Personal Information (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email: _____

Mailing address: _____

My Role in the Mental Health Community:

- Consumer/Client Family Member Probation Education
 Service Provider Social Services Law Enforcement Faith-Based
 Other: _____



What do you see as the strengths of this plan?

Please explain any concerns you may have:

Any additional comments you would like to share?

Please email any additional comments to: Rimmi Hundal, MHSA Director rhundal@tricitymhs.org




 **PUBLIC HEARING** 

- MHSAs Annual Update FY 2018-19
- Innovation Plan for FY 2018-19 through FY 2021-22
- Program Expenditure Plan for FY 2018-19 through FY 2021-22




**Mental Health Commission
and
Governing Board
Reconvene from a
Joint Meeting to a Public Hearing**



**TONIGHT
YOU WILL
HEAR...**

Welcome and Tri-City Update
By Toni Navarro, Executive Director

Focus for the Public Hearing

Presentations for:

- MHSAs Annual Update FY 2018-19
- Innovation Proposal
- MHSAs Spending Plan

Mental Health Commission


Open
Public
Hearing



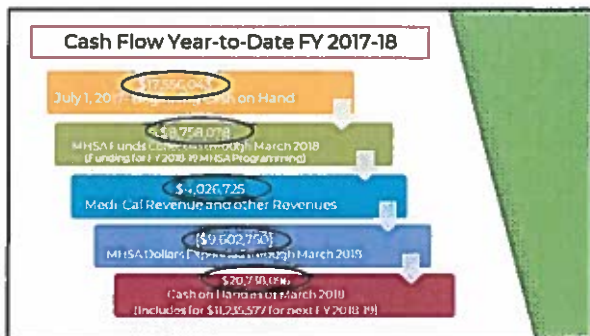
Antonette (Toni) Navarro, LMFT
Executive Director
Tri-City Mental Health Authority



Mental Health Services Act
(Proposition 63)



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

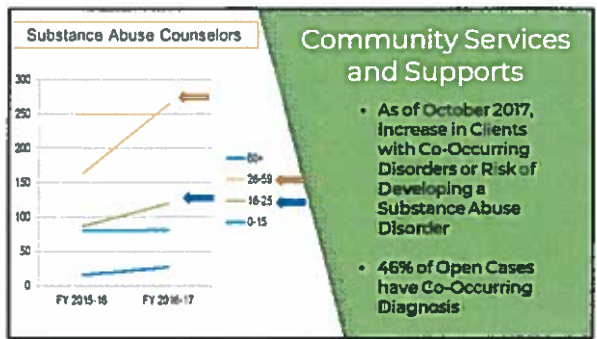


Cash at March 31, 2018	\$ 20,738,096
Prudent Reserves	*(3,558,622)
Estimated for Remaining Operations FY 2017-18	(3,083,858)
Estimated Planned for FY 2018-19 Update	(11,235,577)
Reserved for Future CFTN Projects including Improvements to TCG	(500,000)
Reserved for Future Housing Projects	(1,700,000)
Estimated Available at March 31, 2018	\$ 1,100,041
Additional estimated funds to be received in FY 2017-18	\$ 1,296,986

* Prudent Reserves currently recommended to be at approximately 60% of operating funding needs. TC-City's current prudent reserves are at approximately 33%.

MHPSA
Annual
Update
FY 2018-19

- Substance Abuse Counselors for FSP
- Expanded Housing Assistance
- Early Psychosis Project Development
- Additional Funds for WET Programs



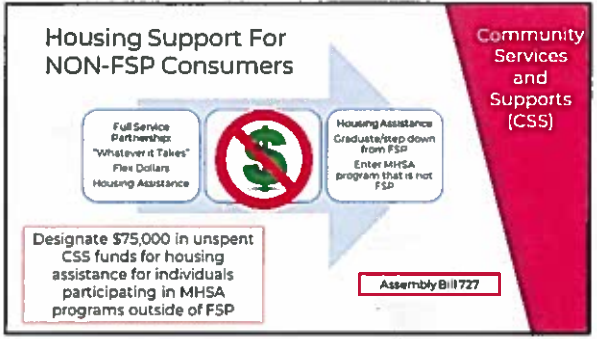
Substance Abuse Counselors

Recommendation
Add 1 Supervisor and up to 3 Certified Substance Abuse Counselors to the Full Service Partnership Program

Community Services and Supports (CSS)

PROJECTED BUDGET

Number	Position	Salary and Benefits
1	Supervisor	\$106,000
2	Substance Abuse Counselor	\$134,000
3	Substance Abuse Counselor	\$202,000
	Total	\$240,000 to \$308,000



Early Psychosis Project

Based on research 75% of mental illness starts before the age of 24

- CA statewide focus on early psychosis
- Early intervention can significantly impact recovery
- Recent legislation proposed will make early psychosis programs mandatory

- Hire MA/PhD therapist to research and develop
- ~~\$240,000~~ PEI Funds *
- Two year plan to create this program
- AB 1315 allows for the possibility of matching funds

*\$235,009 of PEI funds that are subject to reversion under AB 114 if not expended by June 2020.

Prevention and Early Intervention (PEI)

Transfer Funds to Increase WET Budget

- Based on the projected costs and revenues for FY 2018-19, staff's recommendation is to transfer the amount of \$400,000 from the CSS plan to the WET plan.
- These additional funds are projected to sustain staff salary and benefits as well as on-going trainings and volunteer efforts over a two-year period.

WORKFORCE EDUCATION AND TRAINING	
WET estimated annual costs	\$ 288,000
Estimated remaining funds at end of FY 2017-18	\$ 187,726
Estimated costs for next two years (FY 2018-19 & FY 2019-20)	\$ 378,000
Amount needed to cover costs for (FY 2018-19 & FY 2019-20)	\$ 382,274
Proposed or suggested transfer of funds from CSS to WET	\$ 400,000

Workforce Education and Training (WET)

Table Discussion and Questions

What do you like about the MHSA Annual Update?

What if any, concerns do you have about the update?

Additional comments you would like to share?


Public Comment



- Please limit your comments to 2 minutes
- Speak into the microphone so all may hear your comments
- All comments will be considered by the Mental Health Commission
- No response will be made by either the Mental Health Commission or Tri-City at this time

Innovation

- Intended to pilot and evaluate time-limited new or changed mental health practices with a focus on learning
- Counties are able to 'try out' new approaches that can inform current and future mental health practices



Teens and College-aged students (ages 18-25)

Older adults (ages 60+)

Non-English speaking clients and community members

Primary target populations will include...

Local and State Population Statistics

% of Older Adults (60+)	% of TAY (16-29)
Calif-wide 19%	Calif-wide 13%
LA County-wide 15%	LA County-wide 13%
✓ Pomona: 11%	✓ Pomona: 17%
✓ Claremont: 22%	✓ Claremont: 10%
✓ La Verne: 23%	✓ La Verne: 13%

Spanish Speaking


Pomona	51%
Claremont	12%
La Verne	11%

Source: American Community Survey 2010

4 Major Universities

- Cal Poly Pomona
- Western Univ
- Claremont Colleges
- Univ of La Verne

Combined student population of over 45,000



How do we connect with our Youth?



How do we connect with our Youth?

Older adults are already using technology

Older Adults (60+)

- Stay connected with family and friends
- Communicate with doctors or pharmacies
- Research/Entertainment
- Facebook

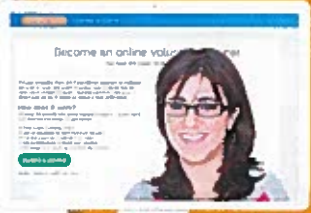


County Partners



PEER CHAT

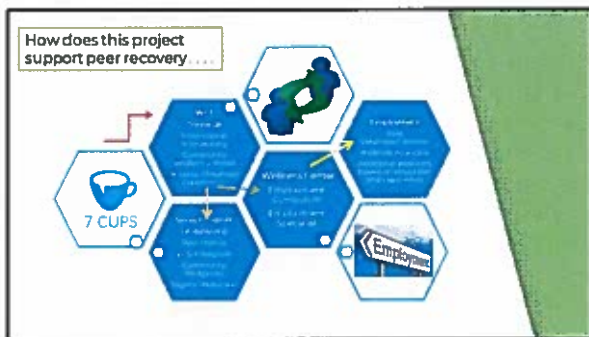
- Virtual peer chatting with trained peers, volunteers and community members.
- Virtual support communities for populations including those experiencing mental health challenges and family members of those with mental illness.



MINDSTRONG

Passive Data



Innovation Project Budget

Description	Year 1	Year 2	Year 3	Year 4	Total
Personnel	500,000.00	27,112,113.00	2,000,000.00	1,500,000.00	630,612.00
Community Project Implementation & Campaign	70,000.00	10,000.00	10,000.00	5,000.00	95,000.00
Equipment	13,500.00	15,000.00	1,000.00	2,500.00	32,000.00
Travel & Admin	30,000.00	40,000.00	40,000.00	30,000.00	140,000.00
Traveling & Meals	100,000.00	175,000.00	175,000.00	75,000.00	525,000.00
Capital & Admin	1,000.00	8,000.00	8,000.00	3,000.00	20,000.00
Total	383,100.00	617,373.00	401,172.00	313,872.00	1,674,768.00

* \$793,867.00 from a grant of \$1.2 million from the State of Oregon. The grant is subject to the higher amount, \$800,000, and will be expended from June 30, 2019.

Description	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Total
Peer Salaries & Stipends *	69,900	88,204	80,704	238,808
Salaries	137,248	78,848	38,296	454,392
Consultants -Project Implementation **				
Equipment	13,500	10,000	5,000	28,500
Tri-City Admin	30,000	40,000	40,000	110,000
Technology Suite Costs -3rd Party ***	421,500	421,500		843,000
Total	672,148	738,552	264,000	1,674,700

Revised Innovation Budget

1. Reduce the project to 3 years
2. Ability to request additional time and funds from MHSOAC
3. Allow for additional Innovation Project(s)
4. Increase in funding for Peer salaries and stipends

* Increased salary and stipend allocation for Peers
 ** Eliminated this as a separate position and reforecast funds to salaries
 *** Includes \$86,500 in future technology applications designed for our participants

Table Discussion And Questions



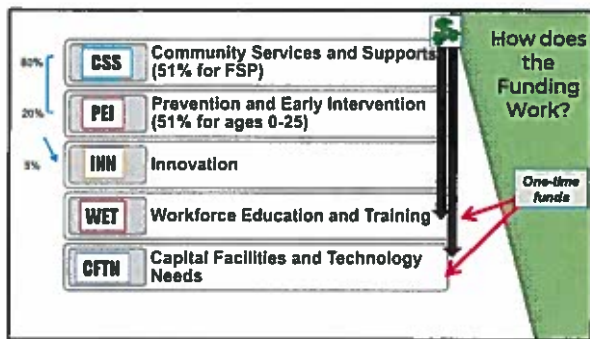
What do you like about these proposals?

What if any, concerns do you have about the proposals?

Additional comments you would like to share?

- Please limit your comments to 2 minutes
- Speak into the microphone so all may hear your comments
- All comments will be considered by the Mental Health Commission
- No response will be made by either the Mental Health Commission or Tri-City at this time

PUBLIC COMMENT



MHSA Spending Plan

Summary of Assembly Bill 114

- Became effective on July 10, 2017
- Funds subject to reversion as of July 1, 2017, are deemed reverted and reallocated to the county of origin for the purposes they are originally allocated
- Counties must develop a plan to spend the reverted funds and post no later than July 1, 2018 with Governing Board approval within 90 days
- Funds subject to reversion must be expended by July 1, 2020 or face risk of reverting back to the State and reallocation to other counties

Two plans - Innovation and Prevention and Early Intervention - have been identified as having funds that qualify for reversion under AB 114

Prevention and Early Intervention

Clinical Position for Early Psychosis Program Development

- Estimated term of this project: 2 years (FY 2018-19 through FY 2019-20)
- Estimated cost of project: \$240,000
- \$235,009 of this amount has been identified as funding subject to reversion under AB 114 and will be expended prior to June 30, 2020.

Innovation Project Tech Suite

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

As Stated on the Draft Plan	UPDATED Proposal after Receiving Feedback from MHSOAC
4 years	3 years
\$1,674,755.13	\$1,674,700
\$799,187 of this amount has been identified as funding subject to reversion under AB 114.	\$799,187 of this amount has been identified as funding subject to reversion under AB 114.



Table Discussion and Questions

What do you like about the proposal?
What if any, concerns do you have about the proposal?
Additional comments you would like to share?

Please limit your comments to 2 minutes
Speak into the microphone so all may hear your comments
All comments will be considered by the Mental Health Commission
No response will be made by either the Mental Health Commission or Tri-City at this time

Public Comment




MENTAL HEALTH COMMISSION

Close the Public Hearing

Mental Health Commission will vote on a Recommendation to the Governing Board about the MHSAs Annual Update FY 2018-19

MHSAs Annual Update FY 2018-19



Mental Health Commission will vote on a recommendation to the Governing Board about the Innovation Project Proposal

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

A 3-year Plan for \$1.6 Million



Mental Health Commission will vote on a recommendation to the Governing Board about the MHSAs Spending Plan



- PEI, a 2-year Plan for \$240 thousand
- INN, a 3-year Plan for \$1.6 Million

Adjournment

The next Regular Meeting of the
Mental Health Commission is on June 12th

The next Regular Meeting of the
Governing Board is on June 20th when it will
consider tonight's recommendations of the
Mental Health Commission

Tri-City Administration Office
1717 N. Indian Hill Blvd #B in Claremont

Please complete your survey!





AVISO DE AUDIENCIA PÚBLICA y REUNIÓN CONJUNTA DEL CONSEJO GOBERNANTE Y LA COMISIÓN DE SALUD MENTAL

POR MEDIO DEL PRESENTE SE DA AVISO DE una Audiencia Pública que se llevará a cabo durante la Reunión Conjunta del Consejo Gobernante y la Comisión de Salud Mental. La audiencia es sobre la Actualización Anual de la Ley de Servicios de Salud Mental (MHSA) para el Año Fiscal 2018-19

MIÉRCOLES 16 DE MAYO

LA VERNE COMMUNITY CENTER
3680 D ST, LA VERNE

5 - 6 PM CENA
6 - 8 PM REUNIÓN

¡Celebre con nosotros!

¡Acompáñenos en esta velada informativa para tratar el tema sobre actualizaciones de programas financiados por la Ley de Servicios de Salud Mental (MHSA, Prop 63). Revisar la Actualización Anual de MHSA y para que usted pueda aportar información para planear el desarrollo futuro de programas financiados por la Ley MHSA!

Se dispondrá de servicios de traducción al Español, Vietnamita, Coreano y lenguaje de Signos Americano. Para otros servicios de traducción póngase en contacto con: Dana Barford 909.326.4641 antes del 8 de mayo.



El Plan preliminar de la Actualización Anual de la Ley MHSA para el Año Fiscal FY 2018-19 se publicará durante un período de 30 días para recibir comentarios del público a partir del 12 de abril. Para revisar el documento, por favor visite el sitio www.tricitymhs.org.

**PARA OBTENER MÁS INFORMACIÓN PÓNGASE EN CONTACTO CON
Rimmi Hundal, MHSA Director – 909.326.4626 – rhundal@tricitymhs.org**



www.tricitymhs.org



[/tricitymhs](https://www.facebook.com/tricitymhs)



[@tricitymhs](https://twitter.com/tricitymhs)



[/company/tricitymhs](https://www.linkedin.com/company/tricitymhs)



Tri-City Mental Health Services
Mental Health Services Act (MHSA)
FY 2018-2019

Audiencia Pública de MHSA
18 de mayo de 2018

Información Personal (opcional)

Nombre: _____

Agencia/Organización: _____

Número de Teléfono: _____ Correo Electrónico: _____

Domicilio Postal: _____

Mi Rol en la Comunidad de Salud Mental es:

- Consumidor/Cliente Miembro Familiar En Prueba (Probation) Educación
 Prestador de Servicios Servicios Sociales Cumplimiento de la ley Basado en la fe
 Otros: _____



¿Cuáles son las fortalezas que usted ve en éste plan?

Por favor explique cualquier inquietud que tenga:

¿Algún comentario adicional que usted quisiera compartir?

AUDIENCIA PÚBLICA

- Actualización Anual de MHSa para el Año Fiscal 2018-19
- Plan de Innovación para el Año Fiscal 2018-19 al 2021-22
- Plan de Gastos del Programa para el Año Fiscal 2018-19 al 2021-22





La Comisión de Salud Mental y el Consejo Gobernante reconvocan a una Audiencia Pública de una Reunión Conjunta

ESTA NOCHE USTED ESCUCHARÁ ...

Bienvenida y Actualización de Tri-City
Por Toni Navarro, Directora Ejecutiva

Tema de la Audiencia Pública:
Presentaciones para:

- Actualización Anual de MHSa para el Año Fiscal 2018-19
- Propuesta Innovadora
- Plan de Gastos de MHSa

Comisión de Salud Mental

Audiencia Pública

Da Inicio




Antonette (Toni) Navarro, LMFT
Directora Ejecutiva
Tri-City Mental Health Authority



Ley de Servicios de Salud Mental (Proposición 63)

- > **Noviembre de 2004**
- > **Los votantes de California aprobaron la Proposición 63 (conocida como la Ley de Servicios de Salud Mental)**
- > **Estableció el 1% de impuesto sobre los ingresos personales que sobrepasan un \$1 millón de dólares**
- > **Permitió la expansión de los servicios comunitarios de salud mental**





MHPA BUDGET FY 2017-18
Where We Are Today

Cash at March 31, 2018	\$ 20,738,096
Reservas de Fondos Prudentes	*(3,558,822)
Balances Estimado para el Manejo de lo que queda del Año 2017-18	(3,983,856)
Estimado para la Actualización del Año Fiscal 2018-19	(11,236,577)
Reservado para Proyectos CPTN incluyendo Mejoramientos a TCG	(500,000)
Reservado para Proyectos de Vivienda en un Futuro	(1,200,000)
Actualmente Disponible en Marzo 31 del 2018	\$ 1,160,041
Fondos Estimados que serán Recibidos en el Año Fiscal 2017-18	\$ 1,296,986

* Fondos de Reservas Prudentes actualmente recomendadas son aproximadamente un 50% del costo de Manejo. Las Reservas Prudentes de Tri-City son aproximadamente un 33%.

Actualización Anual de MHPA FY 2018-19

- Consejeros sobre Abuso de Sustancias para el FSP
- Asistencia Expandida para la Vivienda
- Desarrollo del Proyecto sobre Psicosis Prematura
- Fondos Adicionales para los Programas WET



Consejeros sobre Abuso de Sustancias

Recomendación
 Agregar 1 Supervisor y hasta 3 Consejeros Certificados en Abuso de Sustancias al Programa Asociación para un Servicio Completo

Servicios y Apoyos para la Comunidad (CSS)

PRESUPUESTO PROYECTADO

Número	Puesto	Salario y Beneficios
1	Supervisor	\$106,000
2	Consejero sobre Abuso de Sustancias	\$134,000
3	Consejero sobre Abuso de Sustancias	\$202,000
	Total	\$240,000 a \$308,000

Mesa de Discusión y Preguntas

¿Qué es lo que le gusta de la Actualización Anual de MHSA?

¿Qué inquietudes tiene, si es que tiene alguna, acerca de la actualización?

¿Comentarios adicionales que a usted le gustaría compartir?

Apoyo Para la Vivienda Para Consumidores NO-FSP

Asistencia para un Bienes que pierda:
"Lo Que Sea Necesario"
Derecho Pasa-200
Asistencia para la Vivienda

Asistencia para la Vivienda
Se prohibió un retiro del FSP
Ingresos a programas MHA que no FSP

Designar \$75,000 en fondos de CSS no utilizados, para asistencia de vivienda para las personas que participan en los programas de MHA fuera de FSP

Proyecto 727 de la Asamblea

Servicios y Apoyos para la Comunidad (CSS)

Proyecto sobre Psicosis Prematura

De acuerdo con las investigaciones el 75% de las enfermedades mentales comienza antes de los 24 años de edad

- > Enfoque de la psicosis prematura en todo el estado de CA
- > La Intervención temprana puede impactar significativamente en la recuperación
- > La legislación recientemente propuesta hará que los programas tempranos sobre psicosis sean obligatorios

- > Contratar terapeutas MA/PhD para Investigación y desarrollo
- > \$240,000 en Fondos para PEI
- > Plan de dos años para crear este programa
- > AB 1315 permite la posibilidad de igualar fondos

Prevención o Intervención Prematura (PEI)

*\$235,009 en fondos para PEI que están sujetos a reversión bajo AB 114 si no se utilizan antes de junio de 2020.

Transferencia de Fondos para Aumentar el Presupuesto del Plan WET

Basados en los costos e ingresos proyectados para el Año Fiscal 2018-19, la recomendación del personal es transferir el monto de \$400,000 del plan CSS al plan WET.

Estos fondos adicionales están proyectados para sostener el salario y los beneficios del personal, como así también cursos de entrenamientos y esfuerzos de los voluntarios durante un periodo de dos años.

EDUCACIÓN Y ENTRENAMIENTO DE LA FUERZA LABORAL

Costos actuales estimados del plan WET	\$ 255,000
Balances de Fondos estimados al final del Año Fiscal 2017-18	\$ 107,726
Costos estimados para los próximos dos Años Fiscales (2018-19 y 2019-20)	\$ 479,000
Monto necesario para cubrir los costos para los Años Fiscales (2018-19 y 2019-20)	382,274
Transferencia de fondos de CSS a WET, propuesta # 067616	\$ 400,000

Educación y Entrenamiento de la Fuerza Laboral (WET)

Comentarios del Público



- Por favor limite sus comentarios a 2 minutos
- Hable cerca del micrófono de modo que todos puedan escuchar sus comentarios
- Todos los comentarios serán considerados por la Comisión de Salud Mental

En este momento tanto la Comisión de Salud Mental como el Tri-City no darán una respuesta

Innovación

- Con la intención de pilotear y evaluar prácticas de salud mental nuevas o cambiadas, de tiempo limitado, con enfoque en el aprendizaje
- Los condados están en condiciones de 'probar' nuevos enfoques que puedan informar acerca de prácticas de salud mental actuales y futuras



- Adolescentes y aquellos en edad Universitaria (edades de 18 a 25)
- Adultos mayores (edades 60+)
- Clientes que no hablan inglés y miembros de la comunidad

Las poblaciones que son el objetivo primario incluirán. . .

Estadísticas de la Población Local y Estatal

% de Adultos Mayores (60+)	% de JAY (18-29)
Toda CA 19%	Toda CA 13%
Todo el Condado de LA 15%	Todo el Condado de LA 13%
✓ Pomona: 11%	✓ Pomona: 17%
✓ Claremont: 22%	✓ Claremont: 10%
✓ La Verne: 23%	✓ La Verne: 13%

Habla Hispana	
Pomona	51%
Claremont	12%
La Verne	11%

Fuente: Datos de la Encuesta de la Seguridad Anémica

4 Universidades Mayores

- Cal Poly Pomona
- Western Univ
- Colegios de Claremont
- Univ de La Verne

Población combinada de estudiantes de mas de 45.000



¿Cómo nos conectamos con nuestra juventud?



Los adultos mayores ya están usando la tecnología

Adultos Mayores (60+)

- Se mantienen conectados con familiares y amigos
- Se comunican con médicos y farmacias
- Investigan/ se Entrenan
- Participan en Facebook



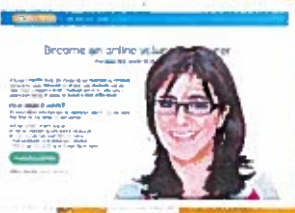
Socios del Condado



CHARLA ENTRE COLEGAS

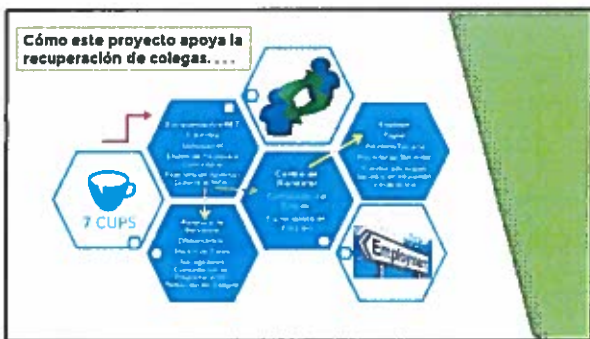
• Charla virtual entre colegas, con colegas entrenados, voluntarios y miembros de la comunidad.

• Comunidades de apoyo virtual para poblaciones incluyendo a aquellas que están experimentando desafíos de salud mental y miembros de las familias de aquellos que padecen una enfermedad mental.



MENTE FUERTE

Datos Pasivos



Presupuesto del Proyecto de Innovación

Descripción	Año 1	Año 2	Año 3	Año 4	Total
Salarios	142,536.90	25,429,113	299,675.00	84,300.00	272,941.00
Desarrollo	10,000.00	100,000.00	10,000.00	10,000.00	230,000.00
Equipos	11,000.00	11,000.00	11,000.00	2,000.00	35,000.00
Asesoría externa	5,000.00	21,000.00	40,000.00	30,000.00	146,000.00
Costos de la innovación	10,000.00	170,000.00	170,000.00	70,000.00	520,000.00
Comunicación	1,000.00	1,000.00	1,000.00	1,000.00	4,000.00
Total	363,136.90	617,373.10	461,173.10	312,073.10	1,674,756.12*

* \$ 99,187 de este monto han sido identificados con fondos sujetos a revisión por el 2014 y serán utilizados a fines del 30 de junio de 2020


Descripción	Año 1 2018-19	Año 2 2019-20	Año 3 2020-21	Total
Salarios/Gastos para Colegas *	60,900	81,204	60,704	202,808
Salarios	137,248	78,848	38,296	454,392
Consultores * Implementación del Proyecto**	-	-	-	-
Equipo	13,500	10,000	5,000	28,500
Administración de Tri-City	30,000	40,000	40,000	110,000
Costos de Tecnología -Jer Paredenos ***	421,500	421,500		843,000
Total	672,148	738,552	264,000	1,674,700

* El no salario y gastos para Colegas han incrementado.
** Este proyecto a sido eliminado dentro un periodo por mejoras y los fondos han sido reasignados al salario.
*** Incluye \$80,500 para aplicaciones tecnológicas en un libro creado por el usuario por la gestión.

Presupuesto de Innovación Revisado

1. Reduce el proyecto a 3 años
2. Tiene la capacidad de solicitar tiempo y fondos adicionales a MHSOAC
3. Facilita proyectos de Innovación adicionales
4. Aumento de fondos para salarios y gastos para Colegas

Mesa de Discusión y Preguntas



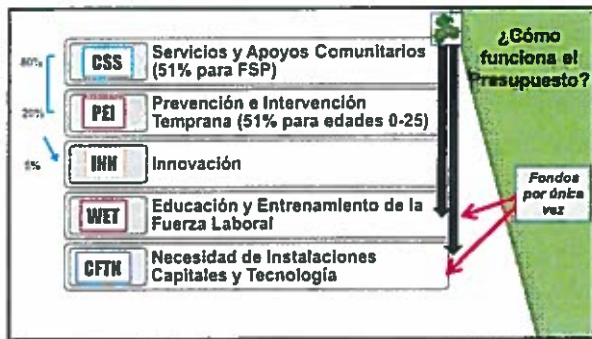
¿Qué es lo que le gusta acerca de estas propuestas?

¿Qué inquietudes tiene, si es que tiene alguna, acerca de las propuestas?

¿Comentarios adicionales que a usted le gustaría compartir?

- Por favor limite sus comentarios a 2 minutos
- Hable cerca del micrófono de modo que todos puedan oír sus comentarios
- Todos los comentarios serán considerados por la Comisión de Salud Mental
- En este momento tanto la Comisión de Salud Mental como el Tri-City no darán una respuesta

COMENTARIOS DEL PÚBLICO



Plan de Gastos de MSHA

Resumen de la Propuesta 114 de la Asamblea

- Entró en vigencia el 10 de julio de 2017
- Los fondos que al 1° de julio de 2017 están sujetos a reversión, son considerados como revertidos y pueden tener que devolverse al condado de origen para los mismos propósitos que fueron alocados originalmente
- Los condados deben desarrollar un plan para gastar los fondos revertidos y lo deben presentar no más tarde que el 1° de julio de 2018 ante el Consejo Gobernante para su aprobación dentro de los 90 días
- Los fondos sujetos a reversión se deben gastar antes del 1° de julio de 2020 o estarán el riesgo de ser revertidos al Estado y vueltas a alojar a otros condados

Dos planes - Innovación y Prevención e Intervención Temprana- han sido identificados con fondos que califican para la reversión bajo AB 114

Prevención e Intervención Prematura

Posición Clínica para el Desarrollo del Programa para Psicosis Temprana

- Término estimado para este proyecto: 2 años Fiscales (2018-19 a 2019-20)
- Costo Estimado del Proyecto: \$240,000
- \$235,009 de este monto han sido identificados como fondos sujetos a reversión bajo AB 114 y serán utilizados antes del 30 de junio de 2020.

Suite Tecnológica del Proyecto de Innovación

Incrementar Acceso a los Servicios de Salud Mental y Apoyos Utilizando una Suite de Soluciones para la Salud Mental Basadas en la Tecnología

Según se especifica en el plan preliminar	Propuesta ACTUALIZADA después de Recibir información del OAC
4 años	3 años
\$1,674,755.15	\$1,674,700
\$799,187 de este monto han sido identificados como fondos sujetos a reversión bajo AB 114.	\$799,187 de este monto han sido identificados como fondos sujetos a reversión bajo AB 114.



Mesa de Discusión y Preguntas

¿Qué es lo que le gusta acerca de la propuesta?
¿Qué inquietudes tiene, si es que tiene alguna, acerca de la propuesta?
¿Comentarios adicionales que a usted le gustaría compartir?

- Por favor limite sus comentarios a 2 minutos
- Hable cerca del micrófono de modo que todos puedan oír sus comentarios
- Todos los comentarios serán considerados por la Comisión de Salud Mental
- En este momento tanto la Comisión de Salud Mental como Tri-City no darán una respuesta

Comentarios del Público




COMISIÓN DE SALUD MENTAL

Cierre de la Audiencia Pública

La Comisión de Salud Mental votará sobre la Recomendación que le dará al Consejo Gobernante acerca de la Actualización Anual de MHSA para el Año Fiscal 2018-19

Actualización Anual de MHSA Año Fiscal 2018-19



La Comisión de Salud Mental votará sobre una recomendación que le dará al Consejo Gobernante acerca de la Propuesta del Proyecto de Innovación

Incrementar el Acceso a Servicios y Apoyos para la Salud Mental Utilizando una Suite de Soluciones para la Salud Mental Basadas en la Tecnología

Un Plan de 3 años de \$1.6 Millones



La Comisión de Salud Mental votará sobre una recomendación que le dará al Consejo Gobernante acerca del Plan de Gastos de MHSA



PEI, un Plan de 2 años por \$240 mil

INN, un Plan de 3 años por \$1.6 Millones

Concluye la Reunión

La próxima Reunión Regular de la Comisión de Salud Mental es el 12 de junio

La próxima Reunión Regular del Consejo Gobernante, durante el cual considerará las recomendaciones de la Comisión de Salud Mental, es el 20 de junio

Oficina Administrativa de Tri-City
1717 N. Indian Hill Blvd #B en Claremont

¡Por favor complete su encuesta!





트라이-시티 정신 건강 서비스

정신건강 위원회 및 이사회 합동회의 및 공청회 공지

정신건강 위원회와 이사회의 합동회의에서 공청회가 열릴 것임을
공지합니다. 공청회는 정신건강지침법 (MHSA) 2018-19 회계연도
연례 업데이트에 대한 것입니다.

5 월 16 일 수요일

라번 커뮤니티 센터 (LA VERNE COMMUNITY CENTER)
3680 D ST, LA VERNE

저녁 5-6 시 저녁식사
저녁 6-8 시 회의

여러분을 초대합니다!

정신건강지침법 (제안 63, MHSA) 하에 자금 지원을 받고 있는
프로그램에 대한 유익한 토론에 참여해주시기 바랍니다. MHSA 연례
업데이트를 검토하시고 MHSA 자금 지원 프로그램들의 향후 계획 및
개발에 대한 의견을 공유해주시요!

스페인어, 베트남어, 한국어 및 미국 수화 번역 서비스를 이용하실 수 있습니다.

그 외 번역 서비스 문의:

5 월 8 일까지, 다나 바포드 (Dana Barford) 909.326.4641.



MHSA 2018-19 회계연도 연례 업데이트 입안이 4 월 12 일부터
공개 논평 기간인 30 일 동안 게시될 것입니다. 문서 검토는
www.tricitymhs.org 에서 하실 수 있습니다.

더 자세한 정보 문의:

리미 현달 (Rimmi Hundal), MHSA 책임자 - 909.326.4626 -
rhundal@tricitymhs.org



www.tricitymhs.org



[/tricitymhs](https://www.facebook.com/tricitymhs)



[@tricitymhs](https://twitter.com/tricitymhs)



[/company/tricitymhs](https://www.linkedin.com/company/tricitymhs)



트라이-시티 정신건강 서비스
정신건강지침법 (MHSA)
회계연도 2018-2019

MHSA 공청회
2018 년 5 월 16 일

개인 정보 (선택사항)

이름: _____

기관/단체: _____

전화 번호: _____ 이메일: _____

우편 주소: _____

정신건강 지역 사회에서의 나의 역할:

- 소비자/고객 가족 구성원 보호 관찰 교육
 서비스 제공자 사회 복지 사업 법의 집행 종교를 기반에 둠
 기타: _____

귀하께서는 이 계획의 강점은 무엇이라고 생각하십니까?


귀하께서 가지고 계신 우려사항이 있다면 말씀해주시요:


귀하께서 공유하고자 하시는 추가 의견이 있으신가요?

다른 의견이 있으시면 MHSA 매니저, 리미 현달 (Rimmi Hundal), rhundal@tricitymhs.org 으로 이메일 보내주시기 바랍니다.

공청회

- MHSА 2018-19 회계연도 연례 업데이트
- 2018-19 년부터 2021-22 회계연도까지의 혁신 계획
- 2018-19 년부터 2021-22 회계연도까지의 프로그램 지출 계획





정신건강위원회
및
이사회
합동회의부터 공청회까지의 재개


오늘밤
여러분께서
들게 되실
내용은...

관영이사 및 트라이-시티 업데이트
상무, 토니 나바로
(Toni Navarro, Executive Director)

공청회의 순절:
발표 내용:
· MHSА 2018-19 회계연도 연례 업데이트
· 혁신 제안
· MHSА 지출 계획

정신건강위원회


공개
공청회



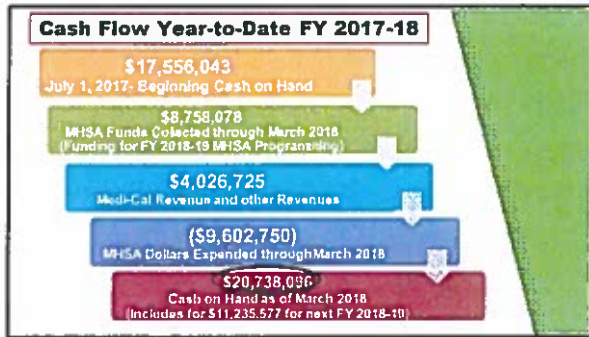
안토네토 (토니) 나바로,
(Antonette (Toni) Navarro, LMFT)
트라이-시티 정신건강기관
상무(Executive Director)



정신건강지침법(63번 개정안)



- > 2004년 11월
- > 캘리포니아 유권자들은 63번 개정안 (정신건강지침법)에 승인함
- > 백만 달러 이상의 개인 소득에 1% 세금을 부과함
- > 지역 사회 정신 건강 서비스의 확대를 가져옴



MHPA BUDGET FY 2017-18 Where We Are Today

Cash at March 31, 2018	\$ 20,738,096
Prudent Reserves	*(3,558,622)
Estimated for Remaining Operations FY 2017-18	(3,083,856)
Estimated Planned for FY 2018-19 Update	(11,235,577)
Reserved for Future CFTN Projects including Improvements to TCG	(500,000)
Reserved for Future Housing Projects	(1,208,000)
Estimated Available at March 31, 2018	\$ 1,160,041
Additional estimated funds to be received in FY 2017-18	\$ 1,299,986

* Prudent Reserves currently recommended to be at approximately 50% of operating funding needs. The City's current prudent reserves are at approximately 33%.

MHPA
2018-19
회계연도
연례
업데이트

- FSP를 위한 약동
 남용 상담사
- 주거 지원 확대
- 조기 정신질환
 프로젝트 개발
- WET 프로그램을
 위한 추가 기금



약품 남용 상담사

건의안
 원진 서비스 임직원에게 프로그램에 감독관(슈퍼바이저) 1명 및 리대 3명의 공인 약물 남용 상담사 추가

추경 예산

명수	직책	급여 및 복리후생
1	감독관(슈퍼바이저)	\$106,000
2	약품 남용 상담사	\$134,000
3	약품 남용 상담사	\$202,000
	합계	\$240,000 - \$308,000

지역 사회 서비스 및 지원 (CSS)


탁상 토론 및 질문

MHSA 연례 업데이트에 대해 좋았던 부분은 무엇입니까?
 만약 업데이트에 대한 우려 사항이 있으시다면 무엇입니까?
 공유하시길 원하는 추가 의견이 있으십니까?

비 완전 서비스 협력관계 소비자(NON-FSP Consumers)를 위한 주거 지원

지역 사회 서비스 및 지원 (CSS)

본인 서비스 협력업체(FSP)
*주요 서비스 제공업체 포함
가정 상담
주거 지원



주거 지원
FSP가 아닌 주거 지원 업체
제공 (Berkshire Home)
FSP가 아닌 MHA 프로그램
제공

FSP 외에 MHA 프로그램에 참여하는 개인을 대상으로 주거 지원을 위해 미지급된 CSS 자금 \$75,000 지급

연료 보조금 727

조기 정신질환 프로젝트

정신질환의 75%가 24세 이전에 시작된다는 연구결 과반으로 힘

예방 및 조기 중재 계획 (PEI)

- > 캘리포니아 주 전체가 조기 정신질환에 주력함
- > 조기 중재는 회복에 상당히 큰 영향을 줄 수 있음
- > 최근 제안된 법안은 조기 정신질환 프로그램을 의무사항으로 만들 예정임

- > 연구 및 개발을 위해 석사/박사 치료사를 고용
- > \$240,000 PEI 자금*
- > 본 프로그램 조성을 위한 2개년 계획
- > 의회 법안 1315은 보조금의 가능성을 허용함

* PEI 자금 중 \$235,009는 2020년 6월까지 쓰여 지지 않는 경우 의회 법안 114 하에 반환됩니다.

WET 예산을 증가 시키기 위한 자금 이전

인력 교육 및 훈련 (WET)

- 2016-18 회계연도 추정 비용 및 수입을 기반으로, 직원들의 관련성은 CSS 계획으로부터 \$400,000을 WET 계획으로 이전되었습니다.
- 이 추가 자금은 지속적인 훈련 및 지원봉사자들의 노력뿐만 아니라 직원들의 급여 및 복리후생들 2년이 넘는 기간에 걸쳐 유지될 것으로 예상됩니다.

인력 교육 및 훈련	
WET 예산 현재 액용	\$ 283,000
2017-18 회계연도 할애 남아 있을 예상 자금	\$ 187,726
앞으로 2년간 예상 비용 (2018-19 및 2019-20 회계연도)	\$ 476,990
(2018-19 및 2019-20 회계연도)를 위한 비용 충당에 필요한 금액	\$ 382,274
CSS로부터 WET로 이전 제안된 자금	\$ 400,000


FAQ



- 귀하의 견해를 2분 이내로 밝혀주세요
- 모두가 귀하의 의견을 들릴 수 있도록 마이크에 대고 말씀하여 주십시오
- 정신건강위원회는 모든 논점을 고려할 것입니다
- 지금 이 시간에 정신건강위원회 또는 트라이-시티의 응답은 없을 것입니다

혁신

- 비용에 중점을 두고 시간이 제한된 새로운 또는 변화된 정신 건강 실천을 시험해보고 평가하려는 의도
- 카운티들은 현재 및 향후 정신 건강 실천에 대해 알아낼 수 있는 새로운 접근방법들을 '시험'해 볼 수 있음



주요 목표 모집단은 다음과 같습니다...

- 10대 청소년들 및 대학생 연령의 학생들 (18-25세)
- 노인들 (60세 이상)
- 비영어사용자 고객들 및 지역 사회 구성원들

지역 및 주 인구 통계

노인(65+)의 비율 (%)	TAJIMA의 비율 (%)
캘리포니아 주 전체 19%	캘리포니아 주 전체 15%
LA 카운티 전체 15%	LA 카운티 전체 15%
• 포모나 (Pomona): 11%	✓ 포모나 (Pomona): 17%
• 클레어몬트 (Claremont): 22%	✓ 클레어몬트 (Claremont): 19%
• 라베른 (La Verne): 22%	✓ 라베른 (La Verne): 13%

스페인어 사용자	비율 (%)
포모나 (Pomona)	51%
클레어몬트 (Claremont)	12%
라베른 (La Verne)	11%

출처: 2010년 미국 인구조사국

4개 주요 대학들

- 칼 폴리 포모나 (Cal Poly Pomona)
- 웨스턴 대학교 (Western Univ)
- 클레어몬트 칼리지 (Claremont Colleges)
- 라베른 대학교 (Univ of La Verne)

45,000 이상의 연합 학생 인구




우리는 어떻게 청년들과 소통합니까?




노인들은 이미 기술을 사용하고 있습니다

노인 (60+)

- 가족 및 친구와 소통 상대 유지
- 의사 또는 약국과 의사 소통
- 라시치/엔터테인먼트
- 페이스북




카운티 파트너들



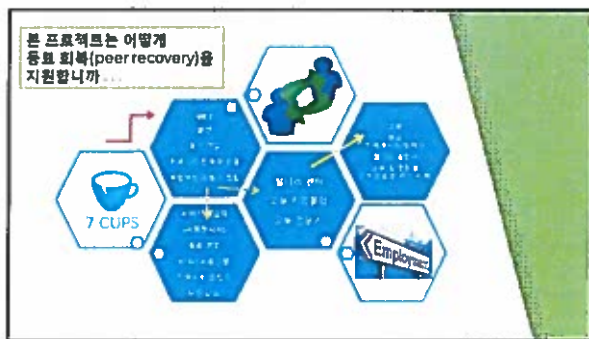
봉로 대화 (PEER CHAT)

훈련을 받은 동료(Peer), 자원봉사자 및 지역사회 구성원들과의 컴퓨터 가상 대화.

정신 건강 문제를 겪고 있는 이들과 정신질환을 앓고 있는 이들의 가족 구성원들을 포함한 인구군들을 위한 컴퓨터 가상 지원 커뮤니티.







혁신 계획 예산

구분	1년	2년	3년	4년	합계
인건	148,499,700	211,428,710	222,437,700	146,700,710	673,166,820
사무실행비용(인건 제외)	70,410,000	1,014,100,000	122,410,000	52,410,000	1,259,430,000
기타	15,500,000	15,500,000	15,500,000	15,500,000	60,500,000
기타(인건 제외)	3,170,000	4,240,000	4,240,000	3,870,000	15,520,000
기타(인건 제외)	116,490,000	125,040,000	175,240,000	25,730,000	522,500,000
기타(인건 제외)	1,300,000	2,760,000	2,760,000	2,760,000	10,580,000
합계	282,136,500	817,373,100	481,173,100	313,870,100	1,674,766,100

1년 예산 282,136,500 원, 2년 예산 817,373,100 원, 3년 예산 481,173,100 원, 4년 예산 313,870,100 원, 총 예산 1,674,766,100 원


구분	1년 2018-19	2년 2019-20	3년 2020-21	합계
동료(Peer) 급여/보급*	66,900	88,204	80,704	235,808
급여	137,248	78,848	38,296	454,392
인실현료 프로젝트 이행 및 분할**	-	-	-	-
장비	13,500	10,000	8,000	31,500
드라이아시리 행정	30,000	40,000	40,000	110,000
기술 비용***	421,500	421,500	-	843,000
합계	872,148	738,552	264,000	1,674,700

* Increased salary and stipend allocation for Peers
 ** Eliminated fee as a separate position and reallocated funds to salaries
 *** Includes \$65,000 in future technology applications designed for our participants

혁신 예산 기정안

1. 프로젝트 총 3개년으로 감축
2. MHSOAC으로부터 추가의 시간 및 자금 요청할 수 있음
3. 추가의 혁신 프로젝트(들) 감안
4. 동료(Peer) 급여 및 보급을 위한 자금도 보편

**탁상 토론
및
질문**



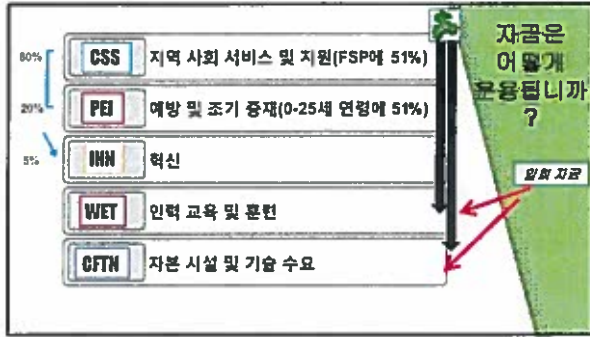
제안에 대해 좋았던 부분은 무엇입니까?

제안에 대한 우려 사항이 있으시다면 무엇입니까?

공유하시길 원하는 추가 의견이 있으십니까?

- 귀하의 견해를 2분 이내로 밝혀주세요
- 모두가 귀하의 의견을 들을 수 있도록 마이크에 대고 말씀하여주세요
- 정신건강위원회는 모든 논의를 고려할 것입니다
- 지금 이 시간에 정신건강위원회 또는 드라이아시리의 응답은 없을 것입니다

평



MHSA 지출 계획

의의법안 114의 요약

- 2017년 7월 10일부터 효력이 발생됨
- 2017년 7월 1일 자로 반환 예정 자금은, 반환 및 본래 인당권 목적을 위한 카운티로 재할당되는 것으로 아겨함
- 카운티들은 반드시 반환 자금 저축 계획을 개발하고 90일 이내 미시회의 승인을 받아 늦어도 2018년 7월 1일까지는 제시해야 함
- 반환될 자금은 반드시 2020년 7월 1일까지 저축되어야 하며 그렇지 않으면 주로 반환되어 다른 카운티로 재분배될 위험에 처할 것임

두 가지 계획 - 혁신과 예방 및 조기 중재 - 은 의의법안 114 하에 반환될 자금으로 확인되었음

예방 및 조기 중재


조기 정신 질환 프로그램 개발을 위한 비상 계획

- 본 프로젝트의 예상 기간: 2년 (2018-19년부터 2019-20 회계연도까지)
- 프로젝트의 예상 비용: \$240,000
- 이 금액의 \$235,009 은 의의법안 114 하에 반환될 자금으로 확인되어서 2020년 6월 30일 이전까지 저축될 것입니다

혁신 계획 기술 부문


기술 기반 정신 건강 해결방안을 이용한 정신 건강 서비스 및 지원에의 접근을 높임

사전에 행사한 바와 같이	OAC로부터 피드백 수신 후 업데이트된 제안
<ul style="list-style-type: none"> 4년 \$1,674,755.13 이 금액의 \$799,187 은 의의법안 114 하에 반환될 자금으로 확인되었습니다. 	<ul style="list-style-type: none"> 3년 \$1,674,700 이 금액의 \$799,187 은 의의법안 114 하에 반환될 자금으로 확인되었습니다.



탁상 토론 및 질문

제안에 대해 좋았던 부분은 무엇입니까?
 만약 제안에 대한 우려 사항이 있으시다면 무엇입니까?
 공유하시길 원하는 추가 의견이 있으십니까?



논평


귀하의 견해를 2분 이내로 밝혀주세요
 모두가 귀하의 의견을 들을 수 있도록 마이크에 대고 말씀하여주세요
 정신건강위원회는 모든 논평을 고려할 것입니다
 지금 이 시간에 정신건강위원회 또는 트라이-시티의 응답은 없을 것입니다



**정신건강위원회
 공청회 종료**

MHSA 2018-19
회계연도 연례
업데이트


정신건강위원회는 MHSA 2018-19 회계연도 연례 업데이트에 대한 건의안을 이사회에서 표결에 붙일 것입니다




정신건강위원회는 혁신 프로젝트 제안에 대한 건의안을 이사회에서 표결에 붙일 것입니다.

기술 기반 정신 건강 해결방안을 이용한 정신 건강 서비스 및 지원에의 접근을 높임

160만달러 상당의 3개년 계획



정신건강위원회는 MHSA 지출 계획에 대한 건의안을 이사회에서 표결에 붙일 것입니다



PEI, 24만달러 상당의 2개년 계획

INN, 160만달러 상당의 3개년 계획

휴회

정신건강위원회의 다음 정기 회의는
6월12일입니다

이사회와 다음 정기 회의는 6월 20일이며
정신건강위원회의 오늘 저녁 건의안들이 고려될
것입니다.

트라이-시티 행정실 (Tri-City Administration Office)
1717 N. Indian Hill Blvd #B in Claremont

설문 조사 완료해주시오!





THÔNG BÁO VỀ BUỔI ĐIỀU TRẦN CÔNG CỘNG và BUỔI HỌP CHUNG CỦA HỘI ĐỒNG ĐIỀU HÀNH VÀ ỦY BAN SỨC KHỎE TÂM THẦN

THÔNG BÁO NƠI ĐÂY là Buổi Điều Trần Công Cộng sẽ được tổ chức tại Buổi Họp Chung của Hội Đồng Điều Hành và Ủy Ban Sức Khỏe Tâm Thần. Buổi điều trần thảo luận Sắc Luật Dịch Vụ Sức Khỏe Tâm Thần (Mental Health Services Act, hay MHSA) Cập Nhật Tài Niên Hàng Năm cho 2018-19

THỨ TƯ, NGÀY 16 THÁNG NĂM

LA VERNE COMMUNITY
CENTER
3680 D ST, LA VERNE

5 - 6 CHIỀU, AN TÔI
6 - 8 TỐI, HỌP

Hãy ăn mừng với chúng tôi!

Hãy tham gia buổi họp thông tin vào buổi tối của chúng tôi để thảo luận về việc cập nhật các chương trình được tài trợ qua Sắc luật Dịch vụ Sức khỏe Tâm thần (MHSA, Dự luật 63). Hãy duyệt qua Bản Cập Nhật Hàng Năm của MHSA và chia sẻ ý kiến của quý vị về hoạch định và phát triển các chương trình do MHSA tài trợ trong tương lai!

Có cung cấp dịch vụ thông dịch sang tiếng Tây Ban Nha, tiếng Việt, tiếng Đại Hàn và Dịch Vụ Ra Dấu Hiệu Hoa Kỳ. Để biết thêm về dịch vụ thông dịch, xin liên lạc: Dana Barford 909.326.4641 trước ngày 8 tháng Năm.



Bản thảo của Bản Cập Nhật Tài Niên Hàng Năm của MHSA cho 2018-19 sẽ được yết thị cho công chúng đồng góp ý kiến trong thời gian 30 ngày, bắt đầu vào ngày 12 tháng Tư. Xin duyệt qua tài liệu trên mạng lưới www.tricitymhs.org.

MUÓN BIẾT THÊM CHI TIẾT, XIN LIÊN LẠC:
Rimmi Hundal, Giám Đốc MHSA – 909.326.4626 –
rhundal@tricitymhs.org

 www.tricitymhs.org

 [/tricitymhs](https://www.facebook.com/tricitymhs)

 [@tricitymhs](https://twitter.com/tricitymhs)

 [/company/tricitymhs](https://www.linkedin.com/company/tricitymhs)



Dịch Vụ Sức Khỏe Tâm Thần Tri-City
MHSA (Đạo Luật về Dịch Vụ Sức Khỏe
Tâm Thần)

Tài Khóa 2018-2019

Điều Trần Công Khai theo
MHSA

Ngày 16 tháng Năm, 2018

Thông Tin Cá Nhân (tùy chọn)

(Họ) tên: _____

Cơ quan/Tổ chức: _____

Số điện thoại: _____ Điện thư: _____

Địa chỉ thư tín: _____

Vai trò của tôi trong Cộng Đồng Sức Khỏe Tâm Thần:

- Người dùng/Thân chủ Người trong gia đình Tập sự Học vấn
 Cung cấp dịch vụ Dịch vụ xã hội Công lực Dựa trên tin ngưỡng
 Điều khác: _____

Quý vị thấy chương trình này có những ưu điểm nào?

Xin cho biết mọi điều quan tâm lo ngại của quý vị:

Quý vị có muốn nêu thêm nhận xét phụ trội nào không?

Quý vị cũng có thể gửi mọi ý kiến bình phẩm qua điện thư theo địa chỉ: Rimmi Hundal, MHSA
Manager rhundal@tricitymhs.org

CUỘC ĐIỀU TRẦN CÔNG CỘNG

- Cập Nhật Thường Niên của MHSA cho Tài Khóa 2018-2019
- Chương Trình Đổi Mới cho Tài Khóa 2018-19 đến Tài Khóa 2021-2022
- Hoạch Định Kinh Phí Chương Trình cho Tài Khóa 2018-2019 đến Tài Khóa 2021-22





Ủy Ban Sức Khỏe Tâm Thần
và
Hội Đồng Điều Hành
Tái Triệu Tập từ
Buổi Họp Chung đến Buổi Điều Trần Công Cộng

**TÔI NAY,
QUÝ VỊ SẼ
ĐƯỢC
NGHE...**

Chào Mừng Đến Cấp Nhãn Tri-City
từ Tom Navarro, Giám Đốc Điều Hành

Chủ yếu về Buổi Điều Trần Công Cộng:

Tranh bày về


- Cập Nhật Thường Niên của MHSA cho Tài Khóa 2018-2019
- Đề Nghị Đổi Mới
- Hoạch Định Chi Tiêu của MHSA

Ủy Ban Sức Khỏe Tâm Thần

**Buổi Điều Trần
Công Cộng
Mở Rộng**




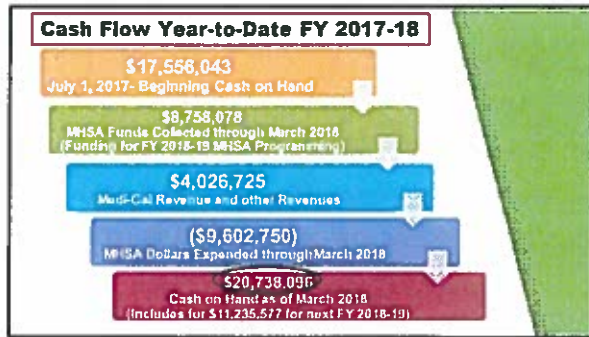
Antonette (Toni) Navarro, LMFT
Giám Đốc Điều Hành
Cơ Quan Sức Khỏe Tâm Thần Tri-City



Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần (Dự Luật 63)

- > Tháng Mười Một 2004
- > Các cử tri California đã chấp thuận Dự Luật 63 (còn được gọi là Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần)
- > Lấy 1% thuế lợi tức cá nhân trên \$1 triệu đô la
- > Mở rộng các dịch vụ sức khỏe tâm thần cho cộng đồng





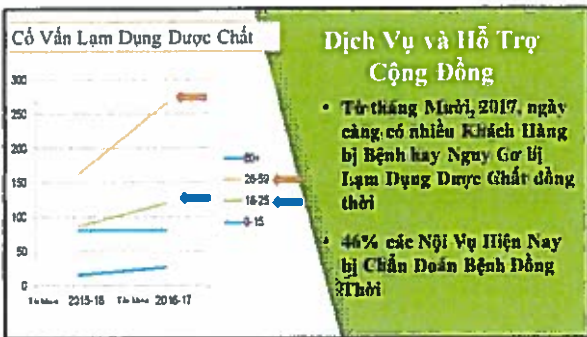
MESA BUDGET FY 2017-18
Where We Are Today

Cash at March 31, 2018	\$ 20,738,036
Prudent Reserves	(3,558,622)
Estimated for Remaining Operations FY 2017-18	(3,083,856)
Estimated Planned for FY 2018-19 Update	(11,235,577)
Reserved for Future CFTN Projects Including Improvements to TCG	(500,000)
Reserved for Future Housing Projects	(1,200,000)
Estimated Available at March 31, 2018	\$ 1,160,041
Additional estimated funds to be received in FY 2017-18	\$ 1,298,348

* Prudent Reserves currently recommended to be at approximately 50% of operating funding needs. Tri-City's current prudent reserves are at approximately 30%.

Cập Nhật Thường Niên của MESA Tài Khóa 2018-2019

- Cố Vấn về Nghiện Dược Chất cho FSP
- Hỗ Trợ Gia Cư Mở Rộng
- Phát Triển Dự Án Chữa Trị Sớm Bệnh Tâm Thần
- Quỹ Phụ Trợ cho các Chương Trình WET



Cổ Vấn Lâm Dụng Dược Chất

Khuyến Cáo
 Thêm 1 Giám Thị và đến 3 Cổ Vấn Lâm Dụng Dược Chất Được Chứng Nhận cho Chương Trình Hợp Tác Dịch Vụ Dầy Dủ

NGÂN SÁCH ƯỚC TÍNH


Số	Chức vụ	Lương Bổng và Quyền Lợi
1	Giám thị	\$106,000
2	Cổ Vấn Lâm Dụng Dược Chất	\$134,000
3	Cổ Vấn Lâm Dụng Dược Chất	\$202,000
	Tổng cộng	\$240,000 tới \$308,000

Dịch Vụ và Hỗ Trợ Cộng Đồng (CSS)

Bàn Thảo và Thắc Mắc tại Bàn

Quý vị thích điều gì về bản Cập Nhật Thường Niên của MIHSA?
 Quý vị có quan tâm điều gì về bản cập nhật không?
 Quý vị có thêm ý kiến nào muốn cho chúng tôi biết không?

Hỗ Trợ Gia Cư cho Người Tiềm Dùng KHÔNG tham gia FSP



Dịch Vụ và Hỗ Trợ Cộng Đồng (CSS)

Dành \$75,000 trong các quỹ CSS chưa chi tiêu để hỗ trợ gia cư cho những người tham gia các chương trình MHSA ngoài FSP

Đe Luật Bị Vi phạm T2*

Dự Án Chữa Trị Sớm Bệnh Tâm Thần

Ngân Ngừa và Chữa Trị Sớm (PEI)

Dựa trên nghiên cứu thì 75% bệnh tâm thần bắt đầu trước 24 tuổi

- Toàn tiểu bang CA chú trọng đến chữa trị sớm bệnh tâm thần
- Chữa trị sớm có thể phục hồi đáng kể
- Các điều luật đề nghị gần đây bắt buộc chương trình chữa trị sớm bệnh tâm thần
- Thuê người trị liệu có bằng NIA/PhD để nghiên cứu và phát triển
- Quỹ PEI có \$240,000
- Hoạch định hai năm để lập ra chương trình này
- AB 1315 có thể cho kết hợp các quỹ

*\$15,009 của quỹ PEI phải được trả lại theo AB 114 nếu không chi tiêu trước tháng Sáu, 2020

Chuyển Tiền để Tăng Ngân Sách WET

Giáo Dục và Huấn Luyện cho Người Lao Động (WET)

Dựa trên phí tồn và doanh thu ước tính năm tài khóa 2018-2019, nhân viên khuyến cáo chuyển số tiền \$400,000 từ chương trình CSS cho chương trình WET

Các quỹ phụ trợ này duy trì lương bổng và quỹ lợi của nhân viên cũng như tiếp tục huấn luyện và cố gắng của những người tự nguyện trong khoảng thời gian hai năm.

GIÁO DỤC VÀ HUẤN LUYỆN CHO NGƯỜI LAO ĐỘNG	
Chi phí WET thường niên ước tính	\$ 288,000
Quỹ ưu đãi nhân viên lợi nhuận tài khóa 2017-2018	\$ 127,728
Chi phí ước tính trong hai năm tới (tài khóa 2018-2019 và tài khóa 2019-2020)	\$ -578,000
Số tiền cần thiết để trang trải chi phí cho tài khóa 2018-2019 và tài khóa 2019-2020	\$ 282,272
Dã ngoại hoặc chuyển các chuyển tiền từ CSS sang WET	\$ 400,000

Ý kiến công cộng



- Xin cho biết ý kiến của quý vị, trong vòng tối đa 2 phút
- Nói vào micrô để mọi người có thể nghe ý kiến của quý vị
- Ủy Ban Sức Khỏe Tâm Thần sẽ cứu xét tất cả mọi ý kiến
- Ủy Ban Sức Khỏe Tâm Thần hay Tri-City sẽ không trả lời vào lúc này

Đổi mới

- Đề thi điểm và đánh giá thực hành sức khỏe tâm thần mới hoặc thay đổi trong thời gian giới hạn với trọng tâm là học tập
- Các quân có thể 'thử' các phương pháp mới để thông báo các thực hành sức khỏe tâm thần hiện tại và trong tương lai.



Những người là mục tiêu chính sẽ bao gồm. . .

- Người ở tuổi thiếu niên và sinh viên đại học/cao đẳng (18-25 tuổi)
- Cao niên (60 tuổi trở lên)
- Khách hàng không nói tiếng Anh và thành viên cộng đồng

Thống Kê Dân Số Tiểu Bang và Địa Phương

% Cơ Dân (68%)	% trẻ ở một thành phố LA
Toàn tiểu bang Calif 19%	Thành phố (T. 33) 18-21%
Toàn quận LA 15%	Toàn tiểu bang Calif 13%
- Pomona: 11%	✓ Pomona: 17%
- Claremont: 22%	✓ Claremont: 10%
- La Verne: 23%	✓ La Verne: 15%

Nói tiếng Tây Ban Nha	
Pomona	51%
Claremont	12%
La Verne	11%
<small>Thống kê theo năm 1990 Liên Quốc Sự Cộng Đồng 1990-2000</small>	

4 Đại Học Lớn

- Cal Poly Pomona
- Western Univ
- Claremont Colleges
- Univ of La Verne

Là cả học sinh, sinh viên trên 45,000



Chúng tôi kết nối với Thanh Thiếu Niên bằng cách nào?




Cao niên đã dùng kỹ nghệ

Cao Niên (60+)

- Luôn gần gũi với gia đình và bạn bè
- Trò chuyện với bác sĩ hoặc dược sĩ
- Nghiên Cứu/Giải Trí
- Facebook



Các Đối Tác của Quận



TRÒ CHUYỆN VỚI NGƯỜI ĐỒNG TRANG LỬA

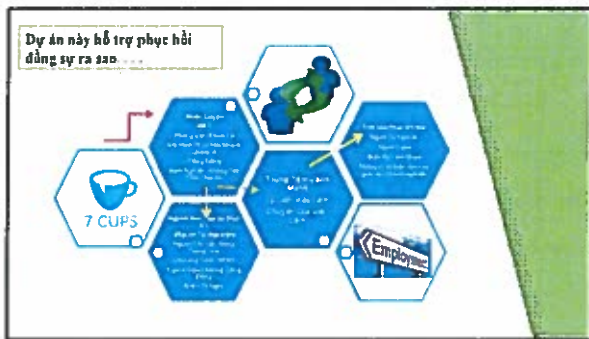
Trò chuyện qua mạng với người đồng sự, người tự nguyện và thành viên cộng đồng đã được huấn luyện.

Cộng đồng hỗ trợ ảo cho những người bị khó khăn về sức khỏe tâm thần và người nhà của những người bị bệnh tâm thần



SỨC MẠNH TÂM TRÍ

Dữ Liệu Thụ Động



Ngân Sách cho Dự Án Đối Môi

IM T&D&D&D	Năm thứ 1	Năm thứ 2	Năm thứ 3	Năm thứ 4	Tổng cộng
Chi phí tổng	144.136.52	277.485.39	209.485.79	14.250.74	675.358.44
Chi phí vận hành (bao gồm chi phí nhân sự)	50.144.11	90.240.40	100.111.11	1.111.11	241.606.73
Chi phí vận hành	11.546.32	12.240.01	12.240.01	12.240.01	48.266.35
Chi phí vận hành	38.597.79	78.000.39	87.871.10	20.000.00	224.469.28
Chi phí vận hành	38.597.79	78.000.39	87.871.10	20.000.00	224.469.28
Chi phí vận hành	38.597.79	78.000.39	87.871.10	20.000.00	224.469.28
Tổng cộng	303.126.88	617.373.19	401.172.19	313.073.19	1.634.756.15*

* Số tiền 3.791.157 đồng ngoài ra là tiền được vay 2 gói phát triển từ Ngân hàng và 1 gói vay từ Ngân hàng.

Mô Tả/Đầu Vào	Năm thứ			Tổng cộng
	2018-19	2019-20	2020-21	
Lương bảng Chi Tiêu cho Người Đàng Sý*	89,000	88,204	80,704	238,808
Lương bảng	137,248	73,848	38,298	454,392
Có Vấn-Thực Hiện Dự Án và Hoàn Lý**	-	-	-	-
Thiết bị	13,500	10,000	5,000	28,500
Quản Lý Tri-City	30,000	40,000	40,000	110,000
Phụ Tôn Kỹ Nghệ***	421,500	421,500	-	843,000
Tổng cộng	672,148	736,552	284,000	1,874,700

Nguyên Sách Dõi Mới Duyệt Lại

1. Giảm dự án xuống 3 năm
2. Có thể yêu cầu thêm thời gian và ngân quỹ từ MHSOAC
3. Cho thực hiện thêm (các) Dự Án Dải Mới
4. Cấp tiền nhiều hơn cho lương bảng và chi tiêu cho Người Đàng Sý

* Increased salary and stipend allocation for Peers
 ** Eliminated this as a separate position and reallocated funds to salaries
 *** Includes \$30,500 in future technology applications designed for our participants

Thảo Luận và Nêu Thắc Mắc tại Bàn



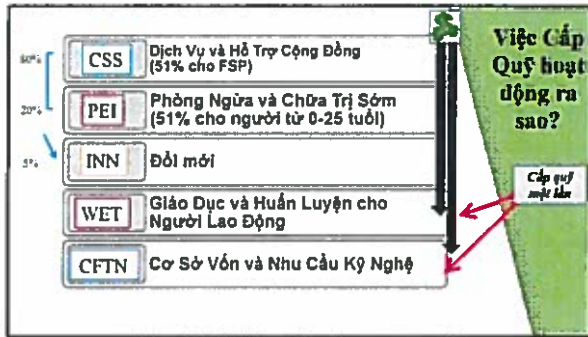
Quý vị thích điều gì về những đề nghị này?

Quý vị có quan tâm điều gì về các đề nghị không?

Quý vị có thêm ý kiến nào muốn cho chúng tôi biết không?

- Xin cho biết ý kiến của quý vị, trong vòng tối đa 2 phút
- Nói vào micrô để mọi người có thể nghe ý kiến của quý vị
- Ủy Ban Sức Khỏe Tâm Thần sẽ cứu xét tất cả mọi ý kiến
- Ủy Ban Sức Khỏe Tâm Thần hay Tri-City sẽ không trả lời vào lúc này

Ý KIẾN CÔNG CHÚNG



Hoạch Định Chi Tiêu của MHA

Tóm Lược Dự Luật Hạ Viện 114

- Cả hiệu lực vào ngày 10 tháng Bảy, 2017
- Các quỹ phải trả lại vào ngày 1 tháng Bảy, 2017, được coi là đã trả lại và tài phân bổ cho quận sau đó cho mục đích đã xác định ban đầu.
- Các quận phải hoạch định chi tiêu cho các quỹ đã trả lại và gửi trước ngày 1 tháng Bảy, 2018 và được Ủy Ban Quản Trị chấp thuận trong vòng 90 ngày
- Phải chi tiêu các quỹ được trả lại trước ngày 1 tháng Bảy, 2020 nếu không thì phải trả lại các quỹ này cho Tiểu Bang để tài phân bổ cho các quận khác

Hai chương trình - Đổi Mới và Phòng Ngừa và Chăm Trị Sớm - được xác định có các quỹ ưu tiên trả lại theo AB 114

Phòng Ngừa và Chăm Trị Sớm

Vị trí 1 Tỷ cho Phát Triển Chương Trình Chăm Trị Bệnh (in: Thận Sớm)

- Thời gian ước tính cho dự án này: 2 năm (tài khóa 2018-2019 đến Tài khóa 2019-2020)
- Chi phí dự án ước tính: \$2,00,000
- Số tiền \$235,000 trong ngân quỹ này được xác định phải trả lại theo AB 114 và sẽ được chi tiêu trước ngày 30 tháng Sáu, 2020

Dự Án Đổi Mới Bộ Kỹ Nghệ

Giúp nhiều người hơn được các Dịch Vụ và Hỗ Trợ Sức Khỏe Tâm Thần bằng cách sử dụng một Số Giải Thập Sức Khỏe Tâm Thần Dự Trữ Kỹ Nghệ

Nhu Cầu trong Bản Thảo Chương Trình	Bản Dự Nghị đã CẬP NHẬT sau khi nhận phản hồi từ OAC
<ul style="list-style-type: none"> 4 năm \$1,674,755.13 Số tiền \$799,187 trong ngân quỹ này được xác định phải trả lại theo AB 114. 	<ul style="list-style-type: none"> 3 năm \$1,674,700 Số tiền \$799,187 trong ngân quỹ này được xác định phải trả lại theo AB 114.



**Thảo Luận và
Nêu Thắc Mắc
tại Bàn**

Quý vị thích điều gì về bản đề nghị?
Quý vị có quan tâm điều gì về bản đề nghị không?
Quý vị có thêm ý kiến nào muốn cho chúng tôi biết không?

Xin cho biết ý kiến của quý vị, trong vòng tối đa 2 phút

Nói vào micrô để mọi người có thể nghe ý kiến của quý vị

Ủy Ban Sức Khỏe Tâm Thần sẽ cứu xét tất cả mọi ý kiến

Ủy Ban Sức Khỏe Tâm Thần hay Tri-City sẽ không trả lời vào lúc này

**Ý Kiến
Công
Chúng**



ỦY BAN SỨC KHỎE TÂM THẦN
Kết Thúc Buổi Điều Trần Công Cộng

Ủy Ban Sức Khỏe Tâm Thần
sẽ bỏ phiếu Khuyến Cáo cho
Hội Đồng Điều Hành
về Bản Cập Nhật Thường
Niên của MHPA cho Tài
Khóa 2018-2019

Cập Nhật Thường
Niên của MHPA cho
Tài Khóa 2018-2019



Ủy Ban Sức Khỏe Tâm Thần
sẽ bỏ phiếu khuyến cáo cho Hội Đồng Điều
Hành về Đề Nghị Dự Án Đổi Mới

Giúp nhiều người hơn được các Dịch Vụ và Hỗ Trợ
Sức Khỏe Tâm Thần bằng cách sử dụng một Số Giải
Pháp Sức Khỏe Tâm Thần Dựa Trên Kỹ Nghệ

Hoạch Định trong 3 năm cho
\$1.6 triệu



Ủy Ban Sức Khỏe Tâm Thần sẽ
bỏ phiếu khuyến cáo cho Hội
Đồng Điều Hành về Hoạch Định
Chỉ Tiêu của MHPA



PEI, Hoạch Định trong 2 năm cho \$240 ngàn

INN, Hoạch Định trong 3 năm cho \$1.6 triệu

Kết thúc

Buổi Gặp Thường Kỳ của
Ủy Ban Sức Khỏe Tâm Thần vào ngày 12 tháng Sáu

Buổi Gặp Thường Kỳ của
Hội Đồng Điều Hành vào ngày 20 tháng Sáu sẽ xem
xét các khuyến cáo tới nay của Ủy Ban Sức Khỏe
Tâm Thần

Văn Phòng Hành Chính của Tri-City
1717 N. Indian Hill Blvd #B tại Claremont

Xin hoàn tất bản khảo sát của quý vị!





Attachment D

Public Comments

Public Comments for MHSA Public Hearing 2018

Budget Slides

Question: What does Housing Reserves mean?

Answer: Funds set aside for future projects. Monies have not been decided where they will be spent.

Early Psychosis Project

Question: What kind of relationship does Tri-City have with schools?

Answer: We are in the approval phase. We will be working with school districts. Our OD Program Manager works with the Child/Family Program Manager meeting with Pomona Unified now.

Q. Do we believe that high school is early enough? Do we see warning signs earlier?

A. We are focusing on 16-25 year olds. These are preliminary stages. It is something to consider in the future.

WET

Q. Matching funds when do they have to be used?

A. Different funding source. It does not fall under MHSA. We don't know what the criteria will be yet.

Q. Are the substance abuse counselors going to be inpatient or outpatient?

A. All Tri-City services are outpatient.

Q. Are any WET budget allocated to youth clients as opposed to only staff?

A. We look at all options for funds usage.

Public Comment on CSS and PEI Projects

Q. What happens after age 60+ clients?

Q. What about the use of Avatar/therapy by computer/smartphones?

A. We will be getting to that in a moment.

Statement: Substance Abuse is a very good service and glad Tri-City will be pursuing that.

Innovation Project

Q. How will be help teen/youth in foster care?

A. We have relationship with the foster care system. We are looking to engage them. They want to be advocates.

Q. Will this only be an App or also accessible by computer?

A. Both

Q. Will there be a workgroup for clients to help with community?

A. They can be trained to become listeners with lived experience.

Q. Thankful to the Wellness Center. With this program how will you be able to assess me as depressed? What if I appear ok? How would this app help?

A. This will not be a crisis line. In a crisis things would be escalated. These are more peer listeners not for diagnosis. They will not be trained to diagnosis.

Q. What if I need a voice to engage. Not comfortable with a computer?

A. This app may not be the best for you. It won't fit everyone. There may be other options in the future. This will not replace other Tri-City services.

Statement: I think the plan is going to work. Chat will be great. People will learn.

Statement: Believe it will work for some.

Q. Think this a great opportunity as a supplemental tool. A way to engage other populations. How will they be prescreened to protect people from cyber bullying?

A. It is new. Listeners won't go out and meet up. We will leverage experience from other agencies. Safety is paramount. This would be treated as job. These apps are HIPA compliant and listeners will be trained like other Tri-City employees.

Q. Does Mindstrong watch behaviors and measure qualitatively? Will it track potential for suicide?

A. I'd say yes. It looks at biomarkers. It looks at mood indicators like emojis.

Q. I like what I see. Is there an app for upcoming events and progress being made?

A. Not sure but could be in the future.

Public Comment

Thank you to the Board, Commission and staff to provide mental health services to the older adult populations. Now we have options. It is a huge incentive. Thank you for putting together.

Written Public Comment from MHSA Public Hearing May 16, 2018

What do you see as the strengths of the plans?

- Community Services and Supports/Tri-City Mental Health Services/PEI and Wet Plan
- Trying to get homeless off the streets
- Housing support for Non-FSP clients
- Substance Abuse Counselors for CSS
- Early Psychosis Project
- Workforce Education and Training budget
- I'm delighted that the MHSA Admin is always upfront and (?) the absolutely
- Innovation program sounds like a great program idea. Breaking down stigma/advocating people to talk-Thumbs up!
- Yes with only 1 million dollars three programs suffice: Housing, CSS and FSP
- Great that we are looking at how to provide various levels of services based on various levels of functionality (i.e. FSP vs housing assistance)
- The budget and plans to carry out all of these ideas have noticeable been thought through. But I'm afraid they have not considered certain obstacles and have only thought about an ideal situation.
- Address changes in community needs and plan cost allocations seem appropriate. Well thought out. Technology offsets current transportation challenges for clients.
- Big strength that you are including money for substance abuse services.
- Early psychosis (program) –Good

Please explain any concerns you may have:

- I struggle to pay my rent because my husband and I have mental health problems. We need help to manage our finances. Is there a life coach? (Referred to our Community Navigators for resources)
- Please keep up the good work!
- I'm very concerned. Services/education/programs in youth resilience. I've heard programs at high school level. I believe this is too late. We need to teach younger youth how to become resilient to stress and trauma.
- Claremont USD not taking advantage of these programs in particular, CRM. More money from PEI to be spent at elementary level.
- Therapy via text in's real connection-nothing will come close to human connection but I get that you're trying to reach those that may not come in for human to human therapy.
- How can \$500,000 be set aside for PEI for ages 0-25? (referred to TC staff for update)
- Concern regarding whether there has been identification as to what the current needs/gaps are and whether current plan actually address the needs of the community (e.g. Future housing projects). Have there been partners identified to pilot the projects? Will they be available via grants to providers? (referred to TC Housing staff for update)

- The peer chat is not a very good idea. Yes it provides almost an instant connection but it is basically a ‘therapist dating’ type of format, plus thru emotion and tone that you receive in a face to face conversation is not conveyed correctly or thoroughly through a typed word.
- The early psychosis project-I’m worried that the project may be targeting an age at which it can be late to impact recovery. Psychosis can often appear as early as 12 years of age.
- The age where adults begin having health and job woes is more like 55 rather than 60, based on my experience as a career counselor. These folks –age- get lost. There’s a gap.
- Why is substance use services separated from mental health services? Does this continue to stigmatize those with co-occurring disorders?
- Hard to integrate substance abuse and mental health therapies. Will the supervisors have a handle on that?

Any additional comments you would like to share?

- To help us learn to budget our money. Play our bills. Our rent is \$1,400. Our income is \$2,094. We go to many food banks. We need a hand up. (Referred to our Community Navigators for resources)
- No other comments. I’m delighted with the great work.
- When discussing apps and targeting different age groups, and when another individual asking about the psychosis group and if MHSA was approaching even younger than 16, there are kids using tablets at age 2. So perhaps your apps can be directed to 8-10 years as some kids can be depressed at an early age. Maybe by watching uplifting videos can help young kids and you can track their behavior even earlier than 16.
- What programs are currently available in our community for youth-grades K-8th? We are constantly hearing prevention is key. What are the indicators of mental illness for children K-8th
- So many programs for people w. substance abuse and mental health disorders and wish we could provide equal amounts to early childhood prevention and early childhood positive mental health.
- I wish I know more about WET! (referred to TC staff for update)
- Make sure to consider allocating funds to WET program to ensure youth are exposed to employment training/internships. (Funds were transferred to WET to continue this support)
- On page 4 why is the salary and benefits so different in amounts for each position in slide #2. Also, why does the focus have to be only on mental disabilities/problems that can be fixed with pills? Shouldn’t all ranges be addressed and offered help. (Clarified that MHSA funding is for services to support individuals suffering with mental illness).
- The Mindstrong app shows good intention, but I did not believe the software to detect a change in behavior would be reliable. Speed of texting would be the most useful, but what about matching expression with works, for example, saying I’m happy and meaning it.
- Dana’s explanation with big vs. small screen TV was helpful. Advisory panel for 7 Cups and Mindstrong! Sign me up! I am 1,000% in favor of peer certification category.
- I’m glad I came. I will come again next time.
- Impressive Innovation report.

Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Mona Sparks Johnson, City of Pomona, Board Member
Benita DeFrank, City of Pomona, Alternate Board Member

ABSENT: Carolyn Cockrell, City of La Verne, Board Member

Commission Chair Watson, on behalf of the Mental Health Commission, thanked everyone for their attendance to the public hearing and introduced Dana Barford, Tri-City's MSHA Projects Manager, stating that she will facilitate the public hearing and noted that Mrs. Barford and staff had been consulting with the Mental Health Commission in updating the MHSA Plans.

MHSA Projects Coordinator Barford announced that Tri-City Executive Director Navarro would provide a Tri-City update and explained the focus for the public hearing stating that there would be three presentations: 1) for MHSA Annual Update FY 2018-19; 2) New Innovation Project; and 3) MHSA Spending Plan.

OPEN THE PUBLIC HEARING

At 6:30 p.m., Commission Chair Watson announced that the Mental Health Commission is an advisory body to Tri-City's Governing Board, and meets monthly to advise the Governing Board, Executive Director, staff and stakeholders of Tri-City Mental Health Center about how to insure high quality mental health services in the three cities; stated that the MHSA update and plans had emerged from almost a year of extensive work and conversations with individuals and organizations throughout the three cities; that this evening detailed information will be presented about the plans; that the public's feedback was necessary; and she then declared the Public Hearing officially open.

A. WELCOME AND TRI-CITY UPDATE

Executive Director Toni Navarro welcomed and thanked everyone for their attendance, stating that she is looking forward to receiving feedback on all the plans presented. She when reported that last month Tri-City, in partnership with Clifford Beers Housing Developer, celebrated the Grand Opening of its third permanent supportive housing development, the Holt Family Apartments in the City of Pomona, consisting of 50 units of which 25 units were funded under Tri-City's Mental Health Services Act (MHSA) for permanent supportive housing, and that the other units were affordable low-income housing for residents in the Pomona area. She then announced there will be a new housing plan that will be presented by Tri-City, possible by new legislation called No Place Like Home (NPLH), noting that to access funding under NPLH Tri-City must develop a Tri-City wide Strategic Homelessness Plan; explained the process for developing the plan; announced that Tri-City will be asking stakeholders to participate and share their ideas on how to combat and address homelessness in the three cities, as well as to develop ways and provide early intervention to prevent homelessness; and encouraged everyone to become involved.

MHSA Projects Coordinator Barford explained Proposition 63 the Mental Health Services Act, also known as the millionaire's tax which was approved by California voters on November 2004 that created a 1% tax on personal income over \$1 million dollars which allows expanding community mental health services.

She explained how funding is distributed to the counties, how MHSA plans are approved, the five plans currently implemented, and talked about the Budget, noting that Tri-City operates on a fiscal year beginning on July 1st ending on June 30th, and provided a snapshot of where Tri-City is currently at and explained its Cash Flow Year-to-Date during current Fiscal Year 2017-18, including the Cash on Hand on July 1, 2017, MHSA Funds collected through March 2018, Medi-Cal and other Revenues, MHSA funding expended through March 2018, and currently Cash on Hand as of March 2018 for next Fiscal Year 2018-19, which includes Prudent Reserves, estimated funding for remaining Operations during Fiscal Year 2017-18, estimated funding planned for Fiscal Year 2018-19 Update, reserved funding for future CFTN projects including TCG, and allocated funds for future housing projects, noting that the current funding also includes funding subject to reversion, meaning that it can be taken by the State if not spent.

A member of the public inquired about the funding reserved for future housing projects. Chief Financial Officer Acosta indicated that is funding approved to set aside by Tri-City's Governing Board for future permanent supportive housing in the Tri-City area, noting that is has not yet been decided what the housing project will be.

B. EXPLANATION OF THE CONTEXT OF MHSA ANNUAL UPDATE FY 2018-19

MHSA Projects Coordinator Barford talked about Tri-City's stakeholder process and announced that she will talk about the MHSA Annual Update for Fiscal Year 2018-19 and discuss the proposed programming: Substance Abuse Counselors for Full Service Partnership (FSP); Expanded Housing Assistance; Early Psychosis Project Development; and additional Funds for WET Programs. She then explained the Full Service Partnership Program under the Community Services and Supports (CSS) Plan, indicating that there was a recommendation to add 1 Supervisor and up to 3 Certified Substance Abuse Counselors, with an estimated cost of \$240,000 up to \$308,000, to the FSP Program as a result of having 46% of open cases having co-occurring diagnosis, noting that as of October 2017 there has been a significant increase in individuals seeking mental health services due to the expansion of Medi-Cal services under the Affordable Care Act and the focus on stigma reduction, which has resulted in an increase of also having more clients having co-occurring disorders, or risk of developing a Substance Abuse Disorder. She then explained the proposed Expanded Housing Assistance which designates \$75,000 in unspent CSS funds for consumers participating in MHSA programs outside of FSP who still need housing assistance, pointing out that Assembly Bill 727 clarified for counties that CSS funding can also be used for housing assistance for those participating in any MHSA programming, noting that it gives consumer the opportunity to continue in their recovery without having to be enrolled in FSP. She then reported that based on research, 75% of mental illnesses start before the age of 24; that the State of California has a statewide focus on early psychosis; that it is known that early intervention can significantly impact recovery; that recent legislation proposed will make early psychosis programs mandatory; therefore, there is a proposal for an Early Psychosis Project which will cost \$240,000 funded under Prevention and Early Intervention (PEI) Plan to hire a MA/PhD therapist to research and develop a robust two-year plan to create this program; that AB 1315 allows for the possibility of matching funds for any county has an early psychosis program; and that \$235,009 of PEI funds are subject to reversion under AB 114 if not expended by June 2020; hence, if this Plan is approved, this money will not go back to the State.

A member of the public referred to the early psychosis effort and inquired what kind of relationship will be established to involve the school districts. Executive Director Navarro indicated that the project is currently under approval process; that Tri-City's Intake and Assessment Team is currently working with the Children's Department Manager of the Pomona Unified School District; and that if this program is approved, these services will be expanded to all the high schools in the three districts to identify those students with early signs of psychosis or first episodes of psychosis.

MHSA Projects Coordinator Barford continued with her presentation and reported that based on the projected costs and revenues for FY 2018-19, staff's recommendation is to transfer the amount of \$400,000 from the CSS plan to the WET plan; that these additional funds are projected to sustain staff salary and benefits as well as on-going trainings and volunteer efforts over a two-year period; explained how these funds will be used within the WET Plan; stated that these programming is so critical because as mental health programming continues to grow, the participation in mental health professionals is diminishing; and that this funding is critical to sustain community mental health.

➤ **SMALL TABLE DISCUSSIONS AND QUESTIONS**

MHSA Projects Manager Barford then referred to the documents available on all the tables, pointing out that there was also a Feedback form and asked the public to consider what they have heard and share their questions, concerns, strengths of the plans, or any additional comments that they would like to share.

A member of the public referred to the matching funds for Early Psychosis Project, and inquired in which fiscal year they will be distributed. MHSA Projects Manager Barford indicated that these matching funds are not derived from MHSA funds, rather from a different funding source, and explained that Tri-City can only apply for these matching funds if the Early Psychosis Project is approved, stating that at this time staff is not aware what the criteria will be only that these funds are available.

Another member of the public inquired if the proposed Substance Abuse Counselor will be for inpatient or outpatient services. Executive Director Navarro indicated that all Tri-City mental health services are outpatient services only, that that is our charge as the Mental Health Authority.

Another member of the public referred to the Early Psychosis Project, stating that earlier it was indicated that it was going to be brought to high schools and inquired if this was going to be early enough. Staff responded that this project focuses on persons between the ages of 16-25; that there are currently a variety of programs that focuses on individuals ranging from 12-40 years old; that this project is in the preliminary stages of research development; and that this will certainly be something to consider.

Another member of the public inquired how much funding would be allocated under the WET Plan towards providing youth with employment experience or internships to the clients versus the professionals. WET Coordinator Carter stated that staff will look at these options as the funding is allocated.

➤ PUBLIC COMMENT

A member of the public stated that the Substance Abuse Counselor project budget will be a very good service and commended staff for pursuing this project.

C. EXPLANATION OF THE CONTEXT OF INNOVATION PLAN FOR FY 2018-19 THROUGH FY 2021-22

Innovations Coordinator Mark Bellegia explained that an Innovation Project is about testing new theories and new things, it must not be tried before, it has to be measurable, and it has to be about mental health. He indicated that all projects begin with stakeholder input; thus, staff have received feedback from primary target populations that include Transitional Aged Youth (TAY), teens and college-aged students (ages 18-25) who have stigma about seeking services, older adults (ages 60+) who are often isolated and lack of transportation, and non-English speaking clients and community members who might not be aware of mental health services that are available to them; discussed local and State Population Statistics of youth, older adults, and non-English speaking persons, noting that the combined student population of the four major universities in the Tri-City area, Cal Poly Pomona, Western University, Claremont Colleges, University of La Verne, was over 45,000 students. Therefore, based on this numbers the question was asked to how to connect with our youth and older adults that are already using technology; that research showed that cell phone ownership for 18-25 is over 95%, for Spanish speaking population and older population is closer to 80%, therefore the cell phone will be a way to connect with these groups. He indicated that when staff was conducting research, it was discovered that the Los Angeles County had recently launched a technology project that involved a whole suite of technology solutions that are currently exploring and they were inviting other counties to partner to form a collaboration and stated that Kern County was the first to join the collaboration and just recently Orange County had also joined the collaboration. Therefore, Tri-City will benefit by collaborating with other counties. He then discussed some of the technology solutions that are being proposed noting that nothing has been chosen as this project is under the proposal stages and talked about the Virtual Peer chatting with trained peers, volunteers and community members, that will provide virtual support communities for populations including those experiencing mental health challenges and family members of those with mental illness noting that it can be customized for our communities and discussed its benefits. He then explained the second technology solution Mindstrong, which looks to utilize artificial intelligence to create a baseline and to gather information to help identify changes in behavior, since the average person touches their cell phone over 2,000 times a day, the cell phone will perform passive data collection and it will be an early intervention tool that will detect and collect changes in behavior, not personal information, which will be sent to the clinicians and allow them to be more proactive.

➤ SMALL TABLE DISCUSSIONS AND QUESTIONS

A member of the public stated that it was a great presentation and inquired how this project will benefit those teens and youth in foster care. Innovations Coordinator Bellegia indicated that Tri-City had a relationship with David & Margaret and Tri-City wants to engage the foster youth at these organizations, noting that focus groups have been conducted with them and are looking to engage them and leverage their expertise since they want to become advocates. He then discussed the Avatar application which can allow practicing reflective listening, and artificial intelligence looks for words patterns and communicates with the user.

He indicated that if the project is approved, staff will evaluate which applications will be more appropriate for Tri-City.

A member of the public inquired this will be an app, a website or both. Innovations Coordinator Bellegia indicated that it will be both which will be an app that can be downloaded and will be available in the computer as well.

Another member of the public inquired about employment opportunities for consumers. Staff indicated that they would connect him to the Wellness Center staff to assist him.

Another member of the public stated that she is thankful for the Wellness Center staff, noting that the facilitators have made great progress in the anger management group. She then inquired how will the app will be able to tell if she is depressed since she does not text a lot, what if she is smiling and appears to be okay. Innovations Coordinator Bellegia explained that the peer chat are not clinicians who will diagnose, rather they are peers that will provide support. The public member stated that she does not like to text and she is not open to face time. Innovations Coordinator Bellegia indicated that this might not be suitable for her; however, this will not replace current services at Tri-City; rather it will be another service option.

Another member of the public spoke in support of the innovation project, that it is a great project and that those that do not how to do it, they will learn how to do it.

Another member of the public stated that it is a great opportunity of exploring new ways of engagement, and as a supplemental tool, and it will appropriate for those that feel conformable using technology and inquired about how information will be safeguarded. Innovations Coordinator Bellegia explained that Tri-City will adopt best practices in place by the Los Angeles county, noting that safety is paramount. Director of MSHA & Ethnic Services Hundal added these apps are HIPAA compliant and all peer listeners will be provided the same training that Tri-City employees receive, noting that Tri-City will follow protocols that other counties have implemented.

Another member asked if Mindstrong will monitor qualitative data, such as when the word suicide is typed. Innovations Coordinator Bellegia explained that it will, noting that Goggle currently does using biomarkers. MHSA Projects Manager Barford added that this Innovation project is being considered conceptually and if this is something that will be pursued, noting that this this level of detail has not been fully explored.

Another member of the public commented that he likes the apps being proposed and inquired if there will be an app that will provide progress made. Innovations Coordinator Bellegia stated at this point staff was not aware; however, this will be asked to the vendor.

MHSA Projects Manager Barford then explained the innovation project budget, stating that at the beginning it was being considered for four years; however, after a formula was developed by the counties participating in the collaboration, it was determined that three years will be best for Tri-City; and that the budget will be \$1.6 million, noting that Innovation funding can only be use for innovations projects and PEI funding can only be used for PEI projects.

➤ PUBLIC COMMENT

Jed Leano, Community and Human Services Commissioner of the City of Claremont, thanked the Board and the Commission for pursuing this project, and also thanked Tri-City staff for putting together a substantial presentation on this project; stated how important this is to provide mental health services to seniors; noting that in Clermont, approximately 28% of the population is over the age of 55 and it is projected that by the year 2020 that number can be 44%; that right now they have options for its senior population such as Dial-A-Ride and Get About for transportation, pointing out that these services are already stressed; that to be able to offer this innovation services for those that are interested in using technology is a huge incentive for those to seek out those app such as Mindstrong or Peer Chat; and that he hoped this Innovation plan is approved.

MHSA Projects Manager Barford announced that during the 30-day posting two comments were received:

- 1) As a person who has a family member who suffers from a mental illness, knows that the most important factor to the mental wellbeing is housing, that \$1.6 million can help many of our family members feel that they are important and that they have control of their daily living; that housing provides daily structure and responsibility for the client which gives them a sense of worth that no application can provide, technology has its place, it is important but there are free apps available and use this \$1.6 million for housing.
- 2) Strongly disagree with this proposal, \$1.6 million is too much money for innovation, currently we need housing for those that suffer with a mental illness; the bulk of this money should go towards housing. There is a program called priced out and it speaks to people that cannot afford housing and are forced to live on the streets because they cannot afford the high rents. Housing should be our priority, technology is secondary. People that suffer from mental illness can become more isolated when given a tool that will keep them away from the human touch. This is innovative so there are no stats to compare to this project. This can cause triggers in someone that suffers from mental illness and/or inappropriate behaviors. I agree with the Peer to Peer and the apps with this innovation and any program that can prevent someone from completing suicide, I highly recommend. Then discussed free apps.

D. EXPLANATION OF THE CONTEXT OF THE PROGRAM EXPENDITURE PLAN FOR FISCAL YEAR 2018-19 THROUGH FY 2021-22

Director of MHSA and Ethnic Services Rimmi Hundal provided a summary of Assembly Bill 114 and indicated that it became effective on July 10, 2017 and required that the funding related to Fiscal Years 2005-06 to 2014-15 that have not been spent by July 1, 2017 are subject to reversion; that Tri-City did not start its MHSA process until 2208; that Counties must develop a plan to spend the reverted funds and post no later than July 1, 2018 with Governing Board approval within 90 days; that in February 2018 the Department of Health Services identified Tri-City having \$799,187 for INN and \$235,009 for PEI at-risk for reversion; that a spending plan has been prepared and was posted on April 12, 2018; and that funds must be spent within three years from the date of the Oversight and Accountability Commission (OAC) approval; and that there are no other funding subject to reversion at Tri-City.

➤ SMALL TABLE DISCUSSIONS AND QUESTIONS

There were no questions.

➤ PUBLIC COMMENT

There was no comment.

CLOSE THE PUBLIC HEARING

At 8:13 p.m., there being no further public comment, Commissioner Stephens moved, and Vice-Chair Perez seconded, to close the Public Hearing. The motion was carried by the following vote: AYES: Commissioners Bloom, Henderson, Stephens, Villanueva, and Williams; Vice-Chair Perez; and Chair Watson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Berezny.

15. MENTAL HEALTH COMMISSION – DECIDE ON A RECOMMENDATION TO THE GOVERNING BOARD ABOUT THE MHSA ANNUAL UPDATE FOR FISCAL YEAR 2018-19

There being no discussion, Commissioner Henderson moved, and Commissioner Williams seconded, to recommend to the Governing Board to approve the MHSA Annual Update for Fiscal Year 2018-19. The motion was carried by the following vote: AYES: Commissioners Bloom, Henderson, Stephens, Villanueva, and Williams; Vice-Chair Perez; and Chair Watson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Berezny.

16. MENTAL HEALTH COMMISSION – DECIDE ON A RECOMMENDATION TO THE GOVERNING BOARD ABOUT THE INNOVATION PLAN FOR FISCAL YEAR 2018-19

There being no discussion, Commissioner Henderson moved, and Commissioner Williams seconded, to recommend to the Governing Board to approve the Innovation Plan for FY 2018-19 through FY 2020-21. The motion was carried by the following vote: AYES: Commissioners Bloom, Henderson, Stephens, Villanueva, and Williams; and Chair Watson. NOES: Vice-Chair Perez. ABSTAIN: None. ABSENT: Commissioners Berezny.

17. MENTAL HEALTH COMMISSION – DECIDE ON A RECOMMENDATION TO THE GOVERNING BOARD ABOUT THE PROGRAM EXPENDITURE PLAN FOR FISCAL YEAR 2018-19

There being no discussion, Commissioner Williams moved, and Commissioner Villanueva seconded, to recommend to the Governing Board to approve the Program Expenditure Plan for FY 2018-19 through FY 2019-20. The motion was carried by the following vote: AYES: Commissioners Bloom, Henderson, Stephens, Villanueva, and Williams; and Chair Watson. NOES: Vice-Chair Perez. ABSTAIN: None. ABSENT: Commissioner Berezny.

Commission Chair Watson declared that the Mental Health Commission had formally recommended for approval the proposed MHSA Annual Update for Fiscal Year 2018-19, the Innovation Plan for FY 2018-19 through FY 2020-21, and the Program Expenditure Plan for FY 2018-19 through FY 2020-21 to the Governing Board who will consider tonight's

recommendations at its Regular Meeting on June 20th. She then thanked, on behalf of the Mental Health Commission and the Governing Board, everyone for attending and participating in this Public Hearing; that it had been a remarkable process to get to this point, and everyone's participation tonight was greatly appreciated.

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

There was no comment.

PUBLIC COMMENT

There was no comment.

ADJOURNMENT

At 8:18 p.m., there being no further discussion, Commissioner Villanueva moved, and Commissioner Bloom seconded, to adjourn the meeting. The motion was carried by the following vote: AYES: Commissioners Bloom, Henderson, Stephens, Villanueva, and Williams; Vice-Chair Perez; and Chair Watson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Berezny.

The next Regular Meeting of the Mental Health Commission will be held on Tuesday, June 12, 2018 at 3:30 p.m. in the Administration Building, 1717 North Indian Hill Boulevard #B, Claremont, California.

At 8:18 p.m., there being no further discussion, Board Member Sparks Johnson moved, and Board Member Gonzalez seconded, to adjourn the meeting. The motion was carried by the following vote: AYES: Alternate Board Member DeFrank; Board Members Gonzalez, Lyons, and Sparks Johnson; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Members Cockrell and Ontiveros-Cole, and Vice-Chair Vera.

The next Regular Meeting of the Governing Board will be held on Wednesday, June 20, 2018 at 4:45 p.m., in the Administration Building, 1717 North Indian Hill Boulevard #B, Claremont, California.