



MISSION

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

TRI-CITY MENTAL HEALTH AUTHORITY

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

AND

PUBLIC HEARING FOR THE MENTAL HEALTH SERVICES ACT (MHSA)

APRIL 12, 2022

3:30 p.m.

MEETING LOCATION

There will be no in-person public meeting location. On September 16, 2021, the Legislature amended the Brown Act provisions regarding teleconferencing through Assembly Bill No. 361, codified under Government Code § 54953. Accordingly, the Mental Health Commission will hold this public meeting via teleconference and the public seeking to observe and to address the Mental Health Commission may participate telephonically or otherwise electronically.

To join the Mental Health Commission meeting click on the following link:

<https://tricitymhs-org.zoom.us/j/92275682172?pwd=Y3Q5RUwvVWRveHVyUIRvSHdYb0Rwdz09>

Passcode: xvAj&6kE

Or Telephone: 1-213-338-8477

Webinar ID: 922 7568 2172

Passcode: 44348125

Posting of Agenda. The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: Administration, 1717 N. Indian Hill Blvd. #B in Claremont; Clinical Facility, 2008 N. Garey Avenue in Pomona; Wellness Center, 1403 N. Garey Avenue in Pomona; Royalty Offices, 1900 Royalty Drive #180/280 in Pomona; MHSA Office, 2001 N. Garey Avenue in Pomona; and on the Tri-City's website: <http://www.tricitymhs.org>

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Mental Health Commission on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Mental Health Commission. **The public can make a comment during the meeting by using the 'raised hand' feature, or by calling in, if they wish to address a particular agenda item or to make a general comment on a matter within the subject matter jurisdiction of the Mental Health Commission. The Chair will call on the member of the public at the appropriate time and allow the person to provide live comment. The public can also submit a comment by writing an email to molmos@tricitymhs.org.** All email messages received by 1:30 p.m. will be shared with the Mental Health Commission before the meeting. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the Mental Health Commission less than 72 hours prior to this meeting are available for public inspection at <http://www.tricitymhs.org>

CALL TO ORDER

Chair Henderson calls the meeting to Order.

ROLL CALL

Anne Henderson – <i>Chair</i>	Isabella A. Chavez	Alfonso Villanueva
Wray Ryback – <i>Vice-Chair</i>	Nichole Perry	David J. Weldon
Carolyn Cockrell – GB Liaison	Joan M. Reyes	Toni L. Watson
Clarence D. Cernal	Twila L. Stephens	

REGULAR BUSINESS

I. APPROVAL TO IMPLEMENT TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER AB 361 (GOVERNMENT CODE SECTION 54953)

Recommendation: “A motion to ask the Interim Executive Director, or designee, to perform all actions necessary to implement the Brown Act provisions regarding teleconferencing in compliance with Government Code § 54953.”

II. APPROVAL OF MINUTES FROM THE MARCH 8, 2022 MENTAL HEALTH COMMISSION REGULAR MEETING

III. EXECUTIVE DIRECTOR MONTHLY REPORT

COMMISSION ITEMS AND REPORTS

Commissioners are encouraged to provide comments or ask questions about the community’s mental health needs, services, facilities and special problems. In addition, this is an opportunity to provide reports on their activities.

PUBLIC COMMENT

The Public may speak regarding any Tri-City related issue. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

PUBLIC HEARING - MENTAL HEALTH SERVICES ACT (MHSA)

- A. OPEN THE PUBLIC HEARING
- B. MENTAL HEALTH SERVICES ACT (Proposition 63)
 - Description of Plans under the MHSA
 - Community Planning Process
 - MHSA Community Planning Survey

C. TRI-CITY’S MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23

- Description of TCMHA and the Communities it serves
- Current MHSA Program Updates
- New MHSA Project – Psychiatric Advance Directives (PDAs)
- Guest Speakers
- Financial Update

D. PUBLIC COMMENT

E. NEXT STEPS

F. CLOSE THE PUBLIC HEARING

IV. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23

Recommendation: “A motion to recommend to the TCMHA Governing Board to approve the MHSA Annual Update for Fiscal Year 2022-23.”

V. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PROJECT UNDER THE MHSA INNOVATION PLAN

Recommendation: “A motion to recommend to the TCMHA Governing Board to approve the Multi-County Psychiatric Advance Directives (PDAs) Project under the MHSA Innovation Plan.”

ADJOURNMENT

The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on **Wednesday, May 18, 2022 at 5:00 p.m.** via teleconference due to the COVID-19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



**Tri-City Mental Health Authority
AGENDA REPORT**

DATE: April 12, 2022

TO: Mental Health Commission of Tri-City Mental Health Authority

FROM: Jesse H. Duff, Interim Executive Director

BY: Mica Olmos, JPA Administrator/Clerk

SUBJECT: Approval to Implement Teleconferencing Requirements during a Proclaimed State of Emergency Under AB 361 (Government Code Section 54953)

Summary:

On Tuesday, March 1, 2022, the California Department of Public Health (CDPH) relaxed the masking requirement for unvaccinated individuals; however, it did not lift the state of emergency. The following day, Cal-OSHA announced its intent to mirror CDPH's recommendations except in certain industries, such as healthcare settings. Per Cal-OSHA regulations, masking and 6-foot physical distancing will continue to be required in healthcare settings until further notice. Accordingly, Tri-City Mental Health Authority must follow Cal-OSHA requirements.

Therefore, TCMHA will continue to hold virtual meetings per Assembly Bill No. 361 (AB 361) enacted on September 16, 2021, which amended the Brown Act by waiving certain provisions regarding teleconferencing; and effectively authorizing public agencies to hold its public meetings via teleconference under a proclaimed state of emergency which makes it unsafe to meet in person, provided that it allows the public, seeking to observe and to address the legislative body, to participate in real time telephonically or an internet-based service option during a virtual meeting; and the legislative body makes additional findings every 30 days in order to continue such teleconferencing pursuant to AB 361.

Background

The Ralph M. Brown Act requires that all meetings of a legislative or advisory body of a local agency be open and public and that any person may attend and participate in such meetings; and allows for legislative bodies to hold meetings by teleconference, but imposes the following requirements for doing so:

1. The public agency must give notice of each teleconference location from which a member will be participating in a public meeting.
2. Each teleconference location must be specifically identified in the meeting notice and agenda, including full address and room number.
3. Each teleconference location must be accessible to the public.

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4. Members of the public must be able to address the body at each teleconference location.

On March 17, 2020, Governor Newsom issued Executive Order No. N-29-20, suspending the Brown Act's teleconferencing requirements (enumerated above) in order to address the need for public meetings during the present public health emergency (COVID-19) and allow legislative and advisory bodies to meet virtually as long as certain notice and accessibility requirements were met; and on June 11, 2021, Governor Newsom issued Executive Order No. N-8-21 continuing the suspension of the Brown Act's teleconferencing requirements through September 30, 2021.

On September 16, 2021, the State Legislature amended the Brown Act through Assembly Bill No. 361 (AB 361), codified under Government Code § 54953, waiving certain provisions of the Brown Act in order to allow local agencies to continue to meet using teleconferencing without complying with the regular teleconferencing requirements of the Brown Act when a legislative or advisory body holds a meeting during a proclaimed state of emergency and it unsafe to meet in person.

In addition, Government Code section 54953 adds new procedures and clarifies the requirements for conducting remote (virtual) meetings, including the following:

- Public Comment Opportunities in Real Time – a legislative or advisory body that meets remotely pursuant to AB 361, must allow members of the public to access the meeting via a call-in option or an internet-based service option, and the agenda for the remote meeting must provide an opportunity for members of the public to directly address the body in real time. A legislative body cannot require public comments to be submitted in advance of the meeting.
- No Action During Disruptions – in the event of a disruption that prevents the local agency from broadcasting the remote meeting, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, AB 361 prohibits the legislative body from taking any further action on items appearing on the meeting agenda until public access is restored.
- Periodic Findings – Government Code § 54953(e)(B) requires the legislative body to hold a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risk to the health or safety of attendees.

The Commission must make these findings no later than 30 days after the first teleconferenced meeting is held after September 30, 2021, and must also make these findings every 30 days thereafter, in order to continue to allow teleconference accessibility for conducting public meetings (Government Code § 54953(e)(3).) AB 361 will sunset on January 1, 2024.

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Tri-City Mental Health Authority (TCMHA) has already implemented the above stated requirements for conducting public meetings and is in full compliance with AB 361, thus there will be no change of the currently established procedures. Teleconference accessibility is available via call-in option or through via RingCentral Webinars platform (internet-based service option) and both the telephone number and meeting link are listed on the published agenda for each meeting as well as on TCMHA's website.

The JPA Administrator/Clerk monitors public comment submitted via email correspondence (as published on the agenda); and designated staff monitors comment via teleconference throughout each public meeting and provides access for public comment opportunities in real time both verbally (via call-in or by using the 'raised hand' feature) and in writing (in the 'chat' and 'Q & A' options.)

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Mental Health Commission (MHC) of Tri-City Mental Health Authority finds, determines, and declares by a majority of vote, the following:

1. That a state of emergency as a result of the threat of COVID-19 still exists and continues to impact the ability of members of the Mental Health Commission, Tri-City staff, and public to meet safely in person.
2. The State of California and the TCMHA continue to follow safety measures in response to COVID-19 as ordered or recommended by the Centers for Disease Control and Prevention (CDC), California Department of Public Health (DPH), California Occupational Safety and Health Administration (Cal/OSHA), and/or County of Los Angeles, as applicable, including facial coverings when required and social distancing.
3. That the MHC will make these findings every 30 days in order to continue such teleconferencing pursuant to AB 361.
4. That, pursuant to the findings listed in this Report, the Interim Executive Director or his designee, continue to utilize teleconferencing accessibility to conduct MHC meetings and implement teleconference requirements in compliance with AB 361 (Stats. 2021, ch. 165) and Government Code § 54953 (as amended), effective immediately.

Attachments:

None.



**MINUTES
REGULAR MEETING OF THE MENTAL HEALTH COMMISSION
MARCH 8, 2022 – 3:30 P.M.**

The Mental Health Commission met in a Regular Meeting on Tuesday, March 8, 2022 at 3:33 p.m. via teleconference pursuant to Government Code § 54953, which allows the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Chair Henderson called the meeting to order at 3:33 p.m.

ROLL CALL Roll call was taken by JPA Administrator/Clerk Olmos.

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Carolyn Cockrell, GB Member Liaison
Twila L. Stephens
Nichole Perry
Joan M. Reyes
Alfonso “Al” Villanueva (joined the meeting at 3:39 p.m.)
Toni L. Watson

ABSENT: Clarence D. Cernal
Isabella A. Chavez
David J. Weldon (Approved Leave of Absence from 1/2022 – 04/2022)

STAFF: Jesse H. Duff, Interim Executive Director
Elizabeth (Liz) Renteria, Chief Clinical Officer
Rimmi Hundal, Director of MHSA and Ethnic Services
Ken Riomales, Chief Information Officer
Mica Olmos, JPA Administrator/Clerk

REGULAR BUSINESS

I. APPROVAL TO IMPLEMENT TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER AB 361 (GOVERNMENT CODE SECTION 54953)

Commissioner Reyes moved, and Governing Board Liaison Cockrell seconded, to ask the interim executive director, or designee, to perform all actions necessary to implement the Brown Act provisions regarding teleconferencing in compliance with Government Code § 54953.

Chair Henderson opened the meeting for public comment; and there was no public comment.

AGENDA ITEM NO. II

There being no comment, the motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Perry, Reyes, Stephens, and Watson; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Cernal, Chavez, Villanueva, and Weldon.

II. APPROVAL OF MINUTES FROM THE FEBRUARY 8, 2022 MENTAL HEALTH COMMISSION REGULAR MEETING

Commissioner Reyes moved, and Vice-Chair Ryback seconded, to approve the Minutes of the February 8, 2022 Regular Meeting of the Mental Health Commission.

Chair Henderson opened the meeting for public comment; and there was no public comment.

There being no comment, the motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Perry, Reyes, and Stephens; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: Commissioner Watson. ABSENT: Commissioners Cernal, Chavez, Villanueva, and Weldon.

At 3:39 p.m., Commissioner Al Villanueva joined the meeting.

III. PRESENTATION

A. GREEN RIBBON WEEK ACTIVITIES

Brittany Nguyen, Tri-City's Community Capacity Organizer, talked about Green Ribbon Week (GRW), stating that it was created in 2014 to help people have everyday conversations about mental health and the stigma surrounding it; that stigma is one of the main reasons for people not asking for help or that do not know where to access support; that this year GRW's theme is #TalkToHeal because we believe that if we can have healthy discussions around mental health, we can end the mental health stigma together; and that GRW will take place from March 14th – 18th. She then encouraged everyone to use hashtags to promote mental health on Tri-City's social media platforms; and discussed the ways to engage and promote GRW activities such as following TCMHA on social media, fun daily challenges where giveaways include gift cards to local businesses, displaying GRW promotional materials, using a virtual tool kit, and by starting a conversation and checking in with your family and friends about their mental health.

Commissioner Watson sought clarification regarding which social media platforms would be used to promote GRW.

Community Capacity Organizer Nguyen replied that staff will be using all of TCMHA's social media platforms; however, a lot of the daily challenges will be held on Instagram. She then talked about the events happening during GRW, which will taking place virtually via Zoom, such a one-on-one webinar for folks who want to learn more about what is mental health illness and how stigma impacts us; a 'let's talk about stigma' in collaboration with Justice-4-Youth, a nonprofit organization that focuses on mentoring youth into becoming better leaders and our communities; "Lights Camera Action", a film screening and a discussion where folks can join to watch and learn how media can reduce stigma and discrimination related to mental illness and promote mental health; and 'Courageous Minds', Tri-City's speakers bureau event where speakers will share their mental health experience and journey. She noted that in addition to these events, there are amazing resources accessible in Tri-City's website, such as virtual tools, the GRW activities

schedule, the social media campaign, the workshops which will be translated into Spanish Language, posters, Zoom backgrounds that will also be translated into Spanish Language, and pledge cards that can be printed, signed, then a selfie taken to tag us on our social media to be featured, or the opportunity to also partake in Tri-City's virtual pledge drive.

Commissioner Reyes stated that since staff was targeting the youth, she inquired if information had been distributed to the high schools. Community Capacity Organizer Nguyen replied in the affirmative, noting that she had already delivered GRW materials for Claremont, La Verne, and Pomona schools. Commissioner Reyes further inquired if GRW was only a Tri-City event or if all mental health associations were participating. Community Capacity Organizer Nguyen indicated that GRW is an initiative by Tri-City Mental Health Authority that is promoted in the communities of Pomona, La Verne, and Claremont.

Chair Henderson opened the meeting for public comment; there was no public comment.

Agenda Item No. IV was taken out of order.

IV. EXECUTIVE DIRECTOR REPORT

Interim Executive Director Duff provided an update on the executive director recruitment, and stated that Wend Brown Creative Partners, search firm in charge of the recruitment, reported that all of the preliminary steps have been achieved which included conducting interviews with the AdHoc Committee of both the Governing Board and the Mental Health Commission, all the rest of the Governing Board, with the Executive Team, other key staff members; that the recruitment officially kicked off on February 24th and closes Thursday, March 24th; that it is anticipated that the final candidate interviews will be conducted by the Governing Board in May 3rd; that after contract negotiations and notice required to their former employer, it is expected to have an executive director on board hopefully the first week of June or sooner; that it is early in the process however 25 applicants have applied and we are well underway. He then talked about COVID-19 situation, noting that although the Los Angeles County has amended their masking requirements, CalOSHA has indicated that certain industries, such as healthcare agencies, will be required to continue with their masking requirements; that Tri-City as a healthcare agency will continue with its masking requirement policy in place.

Commissioner Villanueva inquired how many of the applicants have applied that either has worked or is presently working with our agency. Interim Executive Director Duff replied that one current staff member, and one former staff member, have applied.

Jesse Duff: yeah I think I can. I think there is one present. staff member, that is an applicant and there is, to my knowledge, there is one former employee staff member that some applicant.

Discussion ensued regarding how the applicant interviews will be conducted.

Commissioner Villanueva commented that he would like to see a new executive director that has a wealth of experience working directly in providing delivery services and that also can relate from a culturally competent level to be able to serve Tri-City clients.

Interim Executive Director Duff stated that he appreciate these comments which are very valid; and indicated that the Governing Board is also sensitive to those issues and that this will be on their mind when they are conducting the interviews.

A. TRI-CITY MENTAL HEALTH AUTHORITY SERVICES ADJUSTMENT DURING STAFFING SHORTAGES

Chief Clinical Officer Renteria provided a status of what services are looking like during the shortage of staff that Tri-City Mental Health has been experiencing, noting that the staffing shortage in the behavioral health field is not unique to Tri-City and that it is being felt all across the country, and most acutely in California; that as one colleague put it very succinctly – it is decimated; that there are vacancies across the state in behavioral health positions, specifically in those master level clinician roles and psychiatry roles, which are the bedrock of the service provision that we do and unfortunately Tri-City is no exception; that Tri-City has several vacancies that has been impacting our ability to provide care; that staff has been working very diligently as a clinical leadership team to provide as much service so that there is less interruption for folks and that we continue to serve the Community. She then reported that Tri-City numbers for intake and outreach are robust; that we have a challenge in getting folks to work and stay employed; and shared that we simply do not have the capacity to see everyone on an individual level that we would like; that to see to see folks we have been trying to get some groups running because is a very effective and efficient way to meet the needs of our clients, and explained how they work; that it is not a lesser service by any means because it does actually provide people an ability to interact with others and reduce isolation and loneliness; that we are adding groups to address things like depression and anxiety grief, and just wellness from enjoyment and recovery; that in addition to the existing groups through our co-occurring support team, we offer groups through our Wellness Center; that staff are working really diligently to develop care plans for folks involved in group participation; that clinical wellness advocates, which are peer support specialists, are doing a lot of outreach and support of clients as they are in between services or between appointments with our therapists; that today she learned of some additional resignations but expressed being hopeful because the executive team is working really hard on developing retention and recruitment strategies so that we can we can get more folks involved in wanting to be mental health therapists, mental health workers and specialist with our organization. She then expressed being very proud of our staff because they continue to try and meet the needs of our clients, even though their caseload has sometimes quadrupled trying to cover all the vacancies; and encouraged everyone to be nice to a mental health worker because they are really trying their best and a difficult time, noting that some clients are not happy.

Commissioner Reyes commented that it would be a great bumper sticker to say “be kind to your mental health worker”, and inquired what is attributed to the decrease in staffing.

Chief Clinical Officer Renteria replied that behavioral health had a deficit going into the pandemic; then the pandemic happened and people started to reevaluate their life and the ‘great resignation’ began right cross employment sectors, people are moving, are deciding to do different things, deciding work life balance, and these jobs are very taxing and can be very difficult, pointing out that the private sector is offering folks schedules that can be done 100% virtually, really big large sign-on bonuses, and the ability to make their own schedule, which are things that are different than what the public sector can do; however, that we are trying to be creative internally to see how we can support staff and having more work life balance and be more competitive.

Discussion ensued about client referrals; about the workgroups and safety measures at the Wellness Center; about telehealth services; about university internships to create more mental health professionals; about the great resignation; about moving forward with the Tech Suite Innovation Project; about current vacant positions at Tri-City and about the steps taken and policies implemented to work in filling those positions; about conversations about boosting staff

morale and focus on the successes and the joy of this work, as well in self-care; about continued critical staff training to distinguish Tri-City like a premier training and learning institution; and about informing the client about the current treatment status focusing on the value of what we are offering, more of what we can do rather of what we cannot do, which is more of a multi-disciplinary team-based approach to care.

Chief Clinical Officer Renteria stated that she will continue to keep the Mental Health Commission abreast of what is going on, noting that she is really encouraged by the group planning work that is happening here at Tri-City which will be a good offering to the Community.

The Mental Health Commission thanked Chief Clinical Officer Renteria for her work and report.

JPA Administrator/Clerk Olmos reported that a comment submitted via chat from Mary McQueen indicates that Tri-City should focus on the successes of all staff, not just clinical, to change the culture to one that is client friendly and client driven; and that she also concurs with Chief Clinical Officer Renteria's comments.

COMMISSION ITEMS AND REPORTS

Commissioner Villanueva reported that approximately 10 days ago, he had a very good conversation with Chief Clinical Officer Renteria, and indicated he was very satisfied with the conversation wherein she shared with him that Tri-City is developing an innovative program to help with prostitution issues in the three Cities. Chief Clinical Officer Renteria thank him for his kind words.

Commissioner Watson expressed being glad that outside agencies, like project return, for being able to utilize the Wellness Center to an in-person type of activity beginning on March 14th. She then expressed concern about the decline on virtual attendance for support groups because 'zoom fatigue', and is hopeful that soon the masking restrictions will be lifted as we move to a more endemic, not pandemic, kind of situation.

Commissioner Reyes, as a former public health nurse, announced that National Public Health Week will take place on April 6th – 12th, noting that she had received some information and stats such as California being ranked the worst state in the nation in terms of pollution, which poor air quality can have severe health effects and can impact a large number of people, particularly young children and older adults; that only 83% of students graduate from high school in California, which is the 15th lowest high school graduation rate in the nation, noting that this is a public health concern as there is a strong connection between education and health.

Chair Henderson recommended a book by Dr Kelly Harding called 'The Rabbit Effect' which talks about relationships and how to make the world better through kindness; and explained the "rabbit effect".

PUBLIC COMMENT

Mary McQueen, former Tri-City staff member, stated that she is the trainer for the Los Angeles County southern regions and Tri-City, for a project funded by the CHF to center the peer voices with the implementation of the SB 803 (Senate Bill 803) rollout Peer Certification, to bring their voices to the table so that we can hear their ideas. She explained that she represents stakeholders input sessions with peers in the communities at peer run organizations, substance

abuse organizations, mental health organizations, and the peers that we serve in our communities, and whoever is interested in advocating around the Peer Certification, about how can we better serve our clients in the Community, and about what the peer expansion may look like, noting that they may have ideas that we never thought of.

Jennifer Otero, a participant at Tri-City Wellness Center, spoke in support of proceeding with in-person groups at the Wellness Center because she believes it would be very important to mental health and social wellbeing to be able to participate in person; and pointed out that if not able to meet in-person, then at least be able to enact the video portion of the virtual platform RingCentral to see each other.

ADJOURNMENT

At 4:43 p.m., on consensus of the Mental Health Commission its Regular Meeting of March 8, 2022 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, April 12, 2022 at 3:30 p.m. via teleconference due to the COVID-19 pandemic, pursuant to Government Code § 54953.

Micaela P. Olmos, JPA Administrator/Clerk



**Tri-City Mental Health Authority
MONTHLY STAFF REPORT**

DATE: April 12, 2022
TO: Mental Health Commission of Tri-City Mental Health Authority
FROM: Jesse H. Duff, Interim Executive Director
SUBJECT: Executive Director's Monthly Report

EXECUTIVE DIRECTOR RECRUITMENT UPDATE

The Executive Director Recruitment process is on track; the following has already taken place:

- WBCP launched as robust advertising campaign on 2/24/22
- WBCP's mailing company sent brochures to 263 potential applicants, which hit mailboxes on the week of March 7th
- On the week of March 14th, WBCP began the resume/applicant review
- Applications received by March 24th were given first consideration
- WBCP has received a total of 39 applications and has screened candidates
- On Thursday, April 7th, the Governing Board met in Closed Session and selected candidates to be interviewed on April 26th.

COVID-19 OPERATIONS UPDATE

March 1, 2022 was the State's required vaccination booster deadline for all healthcare workers who are booster eligible. As of March 4, 2022, Tri-City staff have a vaccination compliancy rate of 88.17% with a vaccination booster compliancy rate of 86.09%. Additionally, on February 9, 2022, Governor Newsom signed Senate Bill 114, which reauthorizes Supplemental Paid Sick Leave for COVID-19 qualifying reasons with some modifications effective January 1 – September 30, 2022; which was adopted by the Governing Board at its March 16th meeting.

Per Cal-OSHA regulations, masking and physical distancing will continue to be required in healthcare settings; therefore, Tri-City's masking order of January 7, 2022 is still in effect.



**Tri-City Mental Health Authority
AGENDA REPORT**

DATE: April 12, 2022

TO: Mental Health Commission of Tri-City Mental Health Authority

FROM: Jesse H. Duff, Interim Executive Director

BY: Rimmi Hundal, Director of MHSA and Ethnic Services
Dana Barford, Manager of MHSA

SUBJECT: Decide on a Recommendation to the TCMHA Governing Board about the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23

Summary:

The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures. The MHSA Projects Manager presented an overview of the (MHSA) Annual Update for FY 2022-23 for the Tri-City Mental Health Commission during the Public Hearing held on April 12, 2022.

Background:

This MHSA Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23 was posted on March 11, 2022, and the required minimum 30-day review process ended on April 12, 2022. Staff circulated a draft of the Annual Update by posting a copy of the plan on TCMHA's website as well as promoting the posting on social media. Copies of the plan were also placed at the local community centers and the local libraries. Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards. All comments received regarding this plan will be shared during the Public Hearing held on April 12, 2022.

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and staff continue to value and empower them throughout the community planning process. In preparation of this Annual Update, community members were invited to participate in stakeholder meetings and workgroups focusing on reviewing current MHSA programming and identifying possible gaps in service. During the MHSA Public Hearing, attendees will be presented with any stakeholder feedback, which is included in this plan.

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Fiscal Impact:

Tri-City Mental Health Authority has funds available under the Mental Health Services Act to support the MHSA Annual Update for Fiscal Year 2022-23.

Recommendation:

Staff recommends that the TCMHA Mental Health Commission endorse the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23 and recommend it to the Governing Board for approval and adoption.

Attachments

Attachment IV-A: MHSA Annual Update for Fiscal Year 2022-23



MENTAL HEALTH SERVICES ACT (MHSA)

ANNUAL UPDATE

Annual Update FY 2022-23



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MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director Name: JESSE DUFF/Interim Exec. Director Telephone Number: (909) 623-6131 E-mail: jduff@tricitymhs.org	Program Lead Name: RIMMI HUNDAL Telephone Number: (909) 784-3016 E-mail: rhundal@tricitymhs.org
County Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711	

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

This MHSA Annual Update Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA Annual Update Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update FY 2022-23 and Expenditure Plan, attached hereto, was adopted by the Tri-City Governing Board on April 20, 2022.

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 FY 2022-23 and Expenditure Plan are true and correct.

Jesse Duff

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

Signature

Date

MHSA County Fiscal Accountability Certification

County/City: TRI-CITY MENTAL HEALTH AUTHORITY

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

Local Mental Health Director Name: JESSE DUFF/Interim Exec. Director Telephone Number: (909) 623-6131 E-mail: jduff@tricitymhs.org	County Auditor-Controller/ City Financial Officer Name: DIANA ACOSTA Telephone Number: (909) 451-6434 E-mail: dacosta@tricitymhs.org
Local Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711	

I hereby certify that the MHSA Annual Update Plan FY 2022-23 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.

Jesse Duff

Local Mental Health Director/Designee

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2021, 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, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Diana Acosta

County Auditor Controller/ City Financial Officer

Signature

Date


Executive Summary

COVID Update

Throughout FY 2020-21, Tri-City’s MHSAs staff engaged community members and program participants primarily via Ring Central, a virtual platform. However, many critical frontline workers such as the Community Navigators and the Intensive Outreach and Engagement Team were able to work directly in the field meeting individuals “where they are” by utilizing personal protective equipment and following strict safety protocols.

Community Planning Process

The community planning process began in the fall of 2021 and continued throughout the fiscal year utilizing a virtual platform. Community members were invited to attend multiple stakeholder meetings, MHSAs workgroups and the MHSAs Public Hearing. In addition, the community was presented with the annual Community Planning Process Survey which provided an opportunity for participants to share their feedback regarding possible gaps in service or unmet needs of community members.

	MHSAs Event	Dates
	Community Planning Process Survey	Fall 2021
	Stakeholder Meetings	8/11/2021 9/23/2021 9/30/2021 2/24/2022
	MHSAs Workgroups	2/17/2022
	Innovation Workgroups	10/21/2021 12/06/2021 12/16/2021 12/21/2021 1/26/2022
	30-Day Posting of MHSAs Annual Update FY 2022-23	3/11/2022 to 4/12/2022
	MHSAs Public Hearing	4/12/2022
	Tri-City Governing Board Approval and Adoption	4/20/2022

MHSA Plan Highlights & Actions Since Previous Annual Update

Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2020-21
Full-Service Partnerships	641
Full-Service Partnerships Projection for FY 2021-22	674
Community Navigators	1,812
Wellness Center	869
Supplemental Crisis Services	1,281
Field Capable Clinical Services for Older Adults	32
Permanent Supportive Housing	227

Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2020-21
Community Wellbeing	7,805
Community Mental Health Trainings	1,067
Stigma Reduction and Suicide Prevention	149
Older Adult and Transition Age Youth Wellbeing	101 Individual; 246 Group
Wellness Center PEI /TAY and Older Adults	1,427
Family Wellbeing	367
NAMI: Community Capacity Building/Ending the Silence	0
Housing Stability Program	19 Landlords; 70 Attendees
Therapeutic Community Gardening	97
Early Psychosis Program	109

Innovation (INN)

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level.

A new Innovation project, *Restorative Practices in Mental Health (RPIMH)*, was proposed and approved by Tri-City stakeholders, Mental Health Commissioners, and Governing Board members. However, after meeting with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC), it was determined by the Chair and Executive Director of the MHSOAC that the project did not meet the threshold for "Innovation" and the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward.

Workforce Education and Training (WET)

During FY 2020-21, 36 trainings, conferences and educational opportunities were available for staff. Training topics included cultural competence, trauma and parenting, forensic training, Adverse Childhood Experiences (ACEs), stress and resiliency, and restorative practices.

In August 2021, Tri-City stakeholders approved the transfer of \$900,000 from the Community Services and Supports plan to Workforce Education and Training (WET) plan. The purpose of these funds was to create: 1) two new positions within WET. The first position is Social Media Specialist, who will focus on increasing Tri-City's social medial presence. The second position is Diversity Equity and Inclusion Coordinator who will oversee the cultural inclusion strategy of the agency; 2) create new incentives for new hires as well as existing staff as a part of recruitment and retention strategy under the existing WET program, Engaging Volunteers and Future Employees, which includes a student loan repayment option. The budget for the loan repayment option is \$500,000 in one-time funds.

Capital Facilities and Technological Needs (CFTN)

There were two notable events in FY 2020-21 impacting the Capital Facilities and Technological Needs plan. The first is an amendment represented the redistribution of tasks and costs between original vendors contracted to complete capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Avenue, Pomona 91767. The second proposed to expend existing MHSA funds assigned to Capital Facilities and Technological Needs to implement a new Electronic Health Record system and client referral management platform.

Introduction to Tri-City Mental Health Authority

On June 21, 1960, Tri-City Mental Health Authority was formed and established through a Joint Powers Authority Agreement between the cities of Pomona, Claremont and La Verne. This union established Tri-City as a “county” and mental health authority for these three cities. Since 2008, Tri-City has benefited from funding under the Mental Health Services Act and expanded from a “treatment only service” agency to a full system of care based on the Recovery Model.

For more than 60 years, Tri-City has provided services that are clinically, culturally, and linguistically appropriate for community members. Tri-City’s commitment and belief in wellness and recovery for each of our clients has guided our service delivery and program development. By treating each individual based on their own identified cultural, language and health beliefs, Tri-City is able to demonstrate cultural humility while delivering services that are sensitive to both the customs and cultures of our clients.

Demographics

The total population for the Tri-City area is approximately 220,313 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Population by City

Total Population by City				
City	La Verne	Claremont	Pomona	Tri-City Area
Total population	31,334	37,266	151,713	220,313

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

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

Table 2: Total Population by Age Group

Total Population by Age Group					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age Group:					
0-14	5,209	5,187	31,381	23.0%	18.95%
15-24	4,278	7,281	27,404	38,963	17.67%
25-59	13,501	14,626	69,717	97,844	44.37%
60+	9,223	8,996	23,707	41,926	19.01%
Totals	32,211	36,090	152,209	220,510	100.00%

Source: U.S. Census data from 2019 ACS 5-Year Estimates

Table 3: Total Population by Race/Ethnicity

Total Population by Ethnicity					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Ethnicity
Ethnicity:					
African American	906	1,783	8,116	10,805	4.90%
Asian Pacific Islander	3,426	5,858	16,088	25,372	11.52%
Hispanic/Latinx	11,185	9,416	108,044	128,645	58.39%
Native American	81	90	386	557	0.25%
White	14,373	17,628	15,669	47,670	21.64%
Other	183	272	697	1,152	0.52%
Two or more races	1,180	2,219	2,713	6,112	2.77%
Totals	31,334	37,266	151,713	220,313	100.00%

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

Mental Health Service Act (MHSA)

The Mental Health Services Act (MHSA), also known as Proposition 63, has served as the primary source of funding for all MHSA programs for Tri-City Mental Health since 2008. Passed in 2004, the MHSA is funded through a tax imposed on Californian's whose income exceeds 1 million dollars. Known as the "millionaire's tax" this initiative is designed to expand and transform California's county mental health system to provide more comprehensive care for those with serious mental illness, specifically in unserved and underserved populations.

Five Components of the Mental Health Services Act

Component	Focus	Year Plan Approved
Community Services and Supports (CSS)	Provides intensive treatment and transition services for people who suffer with serious and persistent mental illness	2009
Prevention and Early Intervention (PEI)	Implement services that promote wellness and prevent suffering from untreated mental illness	2010
Workforce Education and Training (WET)	Goal is to develop a diverse workforce and provide trainings for current staff	2012
Innovation	Develop new projects to increase access and quality of services to underserved groups	2012
Capital Facilities and Technological Needs	Supports the creation of facilities and technology infrastructure used for the delivery of MHSA services	2013

MHSA Community Planning Process

The success of the MHSA Community Planning Process is built on a strong and effective community partnership. Per the Welfare and Institution Code section 5848, counties are required to collaborate with constituents and stakeholders throughout the planning and development process for any MHSA program or plan.

One critical component to the stakeholder process is the partnership and collaboration between Tri-City staff and stakeholders throughout the community planning process that includes meaningful stakeholder involvement on: mental health policy, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institutions Code (W&I) section 5848).

Stakeholder involvement and opportunities for participation regarding specific areas of the community planning process are listed below:

<p>Mental Health Policy</p> <hr/> <p>Public comments during Mental Health Commission meetings, Governing Board meetings and other stakeholder events</p>	<p>Program Planning and Implementation</p> <hr/> <p>Stakeholder and Orientation meetings, MHSA workgroups, Community Planning Survey, and Cultural Wellness Advisory committees</p>	<p>Monitoring</p> <hr/> <p>Stakeholder/Orientation Meetings, MHSA Workgroups, review outcomes for programs, 30-Day comment period for MHSA plans and updates, comments made during MHSA Public Hearing</p>
<p>Quality Improvement</p> <hr/> <p>Annual Community Planning Survey, surveys completed following trainings, webinars, and presentations, Cultural Wellness Committees</p>	<p>Evaluation</p> <hr/> <p>Stakeholder and Orientation Meetings, opportunity for questions, MHSA workgroups, review outcomes for programs, 30-day postings and public comments, Public Hearing public comments</p>	<p>Budget Allocations</p> <hr/> <p>Stakeholder/Orientation Meetings, MHSA workgroups, 30-day plan postings and Public Hearing</p>

Community involvement and representation matters, and Tri-City continues to seek the involvement of local community partners, consumers, and stakeholders as we strive to achieve diversity, equity, and inclusion in all aspects of this agency.

Opportunities for collaboration include:

Tri-City Event	Description
MHSA Stakeholder Orientation (Virtual)	Virtual presentation which encompasses the history of community mental health leading up to the passage of the Mental Health Services Act. Also includes an overview of all MHSA Plans and programs currently implemented through Tri-City's system of care.
MHSA Staff Orientation (Virtual)	Virtual presentations during new employee orientation includes the history of community mental health leading up to the passage of the Mental Health Services Act. Also includes an overview of all MHSA Plans and programs currently implemented through Tri-City's system of care. Staff are also invited to attend stakeholder meetings where additional information is provided.
Community Planning Survey (Online)	This annual online survey is shared with stakeholders and community partners where they are invited to provide Tri-City staff their thoughts and concerns regarding mental health support services in the cities of Pomona, Claremont, and La Verne. From these responses, future community workgroups and Tri-City staff will work in collaboration to develop or expand programs and services based on MHSA guidelines and funding.
MHSA Workgroups (Virtual)	Stakeholders, community members, and partners participate in virtual workgroups which include the review of current MHSA programs implemented under CSS, PEI, and INN plans.
Innovation Focus Groups (Virtual)	Stakeholders are invited to join the Innovation focus/workgroups to share their ideas or suggestions regarding potential projects that could be considered new and innovative. In addition, videos are posted on Tri-City's website which explain the Innovation project process.
Innovation Idea Survey (Online)	The Innovation Idea Survey was created to help community members and stakeholders develop new ideas to be considered for Innovation Projects. Ideas submitted through the survey are discussed during Innovation focus/workgroups.
Community Meetings	Tri-City staff attend multiple community meetings and events, mostly virtual at this time, to learn first-hand about the needs of the community as well as providing them an opportunity to discuss issues or concerns directly with Tri-City staff.
Interviews with Community Members/Partners	Community members are often interviewed (key informant interviews) and engage in dialogues with Tri-City staff and consultants when community input is critical to informing the decision process. Examples include providing input in the development of Tri-City's new branding campaign and the desired qualifications of a new Executive Director.
Mid-Year Stakeholder Meeting (Virtual)	Stakeholders and community partners are invited to participate in a mid-year stakeholder meeting where they have the opportunity to hear MHSA program updates, review any new MHSA projects or programs, and provide feedback regarding allocation of MHSA funding.
30-Day Posting of 3-Year Plan and Annual Update	All MHSA Three-Year Program and Expenditure Plans and Annual Updates are posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the plans are distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
Public Hearing and Mental Health Commission	The Tri-City Mental Health Commission hosts an MHSA Public Hearing. Community members are invited to join and review a presentation on program updates summarized in the most recent MHSA Three-Year Program and Expenditure plan or Annual Update. Participants can provide feedback to staff which is reviewed and incorporated into the Plan or Update.
Governing Board Meeting/Approval	Community members and stakeholders are invited to all Governing Board meetings to provide feedback and ask questions during the public comment period.

The following table reflects specific community planning activities and collaboration impacting the development of this MHSA Annual Update FY 2022-23.

MHSA Event	Dates	Purpose
Stakeholder Meeting	8/11/2021	Amendment to MHSA Annual Update FY 2021-22 Transfer of Funds from CSS to CFTN and WET
30-Day Posting for Amendment to MHSA Annual Update FY 2021-22	8/13/2021 - 9/14/2021	Opportunity for stakeholders to provide comments regarding this document
Mental Health Commission Approval	11/9/2021	Required by MHSA
Tri-City Governing Board Approval	11/17/2021	Required by MHSA
TAY Stakeholder Meeting	9/23/2021	Introduction to MHSA geared towards TAY and TAY service providers
Stakeholder Meeting	9/30/2021	Orientation to MHSA and introduction to current programs, evaluations, and budgets
Community Services and Supports (CSS) Workgroup	2/17/2022	Workgroup participants reviewed the CSS program outcomes for FY 2020-21 and were able to comment on the successes and challenges of each. In addition, a proposal was shared which allowed the transfer of funds from CSS to WET and CFTN.
Prevention and Early Intervention (PEI) Workgroup	2/17/2022	Workgroup participants reviewed the PEI program outcomes for FY 2020-21 and were able to comment on the successes and challenges of each.
Innovation Workgroups	10/21/2021 12/6/2021 12/16/2021 12/21/2021 1/26/2022	Stakeholders joined together to review the needs of the community and share ideas in an effort to identify and create a new MHSA Innovation project.
Stakeholder Meeting	2/24/2022	Community members came together for the mid-year stakeholder meeting. Presentations included the request for transfer of CSS funds to WET and CFTN; creating three new Community Navigator positions; and approval of the new Innovation project, Psychiatric Advance Directives.
30-Day Posting for New Innovation Plan	3/11/2022 - 4/12/2022	The new Innovation plan, Psychiatric Advance Directives (PADs) was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
30-Day Posting for MHSA Annual Update FY 2022-23	3/11/2022 - 4/12/2022	The MHSA Annual Update for FY 2022-23 was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.

MHSA Public Hearing/ Mental Health Commission Meeting

4/12/2022

The Mental Health Commission for Tri-City will host the MHSA Public Hearing where community members are invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update for FY 2022-23 and the new Innovation project, Psychiatric Advance Directives (PADs). Participant feedback to staff will be reviewed and incorporated into this plan. The Mental Health Commission will be asked to endorse both plans for submission to Tri-City's Governing Board.

Tri-City Governing Board Approval

5/18/2022

Tri-City's Governing Board will meet to approve and adopt the Annual Update for FY 2022-23 and the new Innovation project Psychiatric Advance Directives (PADs).

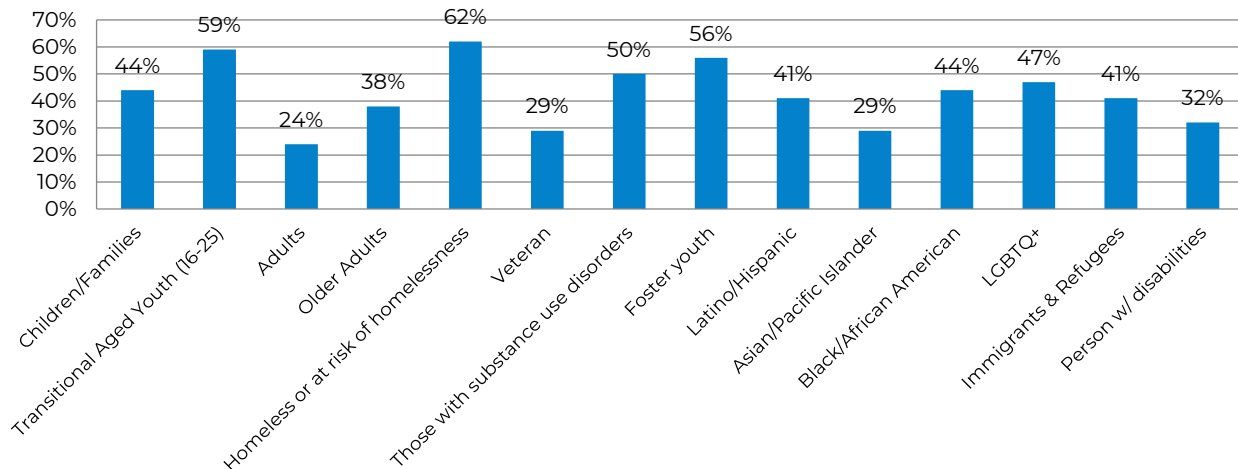
MHSA Community Planning Survey

Beginning in September 2021, stakeholders and community partners were invited to complete Tri-City's MHSA Planning Process Survey which provides an opportunity to share their thoughts and concerns regarding the availability of support services. This annual community planning survey is used to identify the needs and priorities of the three cities. These results are then presented to workgroups who review current MHSA programming and make recommendations for staff consideration. Survey results were then shared with community stakeholders during the stakeholder workgroup and incorporated into this MHSA Annual Update for FY 2022-23. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the communities.

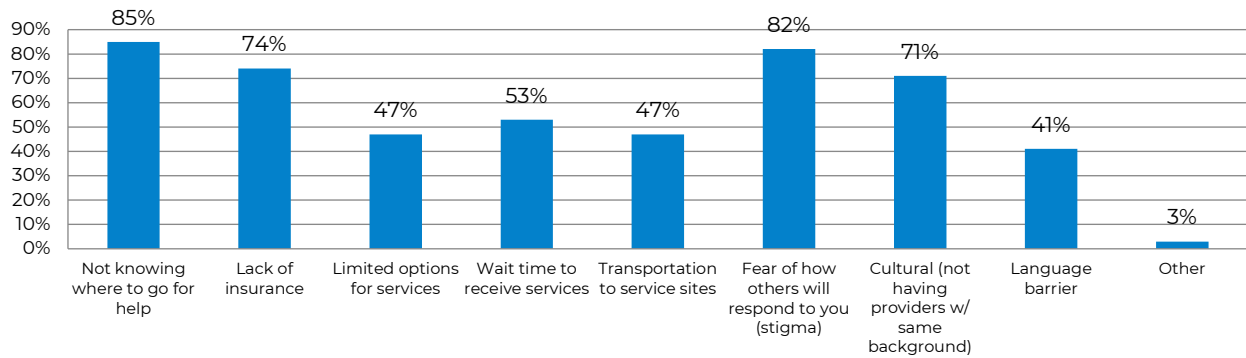
This survey is available in both English and Spanish and sent via email to stakeholders based on a distribution list which is updated throughout the year. In addition, a flyer was created with a QR code and distributed throughout the three cities which allowed participants to complete the survey online. The survey was also presented to specific advocacy groups including four cultural wellness advisory groups and community grant recipients.

Highlights from this survey include:

Indicate the population(s) you feel is most unserved/underserved in the below mentioned communities. (Check all that apply.)



**What do you feel are barriers to individuals seeking mental health support?
(Check all that apply)**



The following are a few examples of comments made by survey participants regarding how they would like to see future MHSA funds used to continue or secure more efficient programming to the community. These comments were presented to the MHSA workgroup participants and will be addressed by staff in future MHSA stakeholder meetings and workgroups.

<p>“Tri-City does the best possible job in providing services and saving lives with the extremely limited budget they manage. I trust that they will do better with more funding. This is one of the best mental health agencies in California. They are saving lives every day.”</p>	<p>“There needs to be more community outreach. Firsthand relationships should be made with constituents so that they know exactly what they need and are connected to resources without middleman. Continue having members of the community involve in the planning process of MHSA services.”</p>	<p>“Decrease in monoethnic hiring. Accountability. Cultural competency needs to be reinforced. Dignity and respect need to be enforced. All community members should have a voice at the table as there is implicit bias that prohibits all community members from having a seat at the table. All community members should have access to equal and appropriate care. Disparities are present.”</p>
<p>“Developing a student/peer led mental health education model for various schools to allow youth to educate each other on mental health issues and provide support in the event a classmate needs more. Utilize youth as advocates for Tri-City services in which student leaders can refer classmates to services.”</p>	<p>“Supportive services for TAY and at-promise youth (BIPOC and LGBTQI). Also, put funds toward Restorative Justice listening circles and RJ conferences for those who have been harmed/those who have done harm/ stakeholders.”</p>	<p>“Continue reaching out to all communities especially those not represented as much as they should be on staff. Find ways to overcome the barriers.”</p>
<p>“Highly recommend stop working with the police and believing that they can be effective mediators or entities that can de-escalate a situation, at that, a mental health crisis. Find alternatives to police being involved and stop working with them altogether and work through TAY’s carceral logic and reflect on how you perpetuate the prison industrial complex and how you can completely divest from funneling BIPOC folks into these institutions.”</p>		<p>“I would love to see the continued partnership with other non-governmental organizations (NGOs) who have a connection with the demographic that Tri-City doesn’t serve.”</p>

Proposals Approved During the Community Planning Process

On February 24, 2022, stakeholders came together to review and provide feedback on four MHSA program updates.

1. Request to transfer \$1,000,000 from Community Services and Supports (CSS) Plan to Workforce Education and Training (WET) Plan

In FY 2020-21, Tri-City experienced the first wave of “The Great Resignation” resulting in thirty-four resignations equaling approximately 16% of Tri-City workforce at the time. By far, Clinical Therapists are the hardest position to attract and retain. In FY 2020-21 Tri-City hired twenty-four staff, fifteen of which were Clinical Therapists. By the end of the same fiscal year, 22 Clinical Therapists had resigned: 64.70% of the resignations for that fiscal year. In comparison, this FY 2021-22, we have hired 31 Clinical Therapists thus far and to date seventeen have resigned: 40.47% of the overall resignations for the current fiscal year

Over the last year, Tri-City has implemented numerous benefits and recruiting strategies to try and attract qualified talent such as:

- Hazard Pay
- \$500 Essential Worker Bonus
- \$2,500 Sign-on Bonus
- Longevity Pay
- 3% Cost-of-Living Adjustment
- Two new Loan Forgiveness programs

However, it is still difficult to compete with private managed care plans like Kaiser who are offering 100% remote work and sign-on bonuses of up to \$10,000. In order to remain competitive in attracting passionate mental health professionals in a climate where employees have their selection of opportunities, Tri-City needs to have the flexibility to create and implement strategies that have never been done before within the public sector, such as offer telecommuting on a more permanent basis, increase tuition reimbursement and loan program values, and provide comprehensive training and internship programs that are a direct pipeline to TCMH positions and the augment its ability to hire knowledgeable staff to help with implementation.

Voting Results:

Ninety-four percent of participants voted in favor of moving forward with the transfer of \$1,000,000 from the Community Services and Supports (CSS) Plan to the Workforce Education and Training (WET) plan to 1) provide one year of operating and training expenses 2) continuation of the loan forgiveness program 3) funding specialized training and conferences and 4) funding activities in promoting careers in mental health.

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from participants.

2. Request to transfer \$1,700,000 from Community Services and Supports (CSS) Plan to Capital Facilities and Technological Needs (CFTN) Plan

Tri-City's Chief Information Officer presented the current technology status of the agency and the need to update and upgrade several critical areas of technological support. These items included replacing outdated computer equipment and a refresh for other vital components including the overall network and security, and update software, including the implementation of Windows in 2024.

In addition, funding was requested for the purchase, construction and/or building expansion for any future MHSA program, client and/or staff space related needs.

Voting Results:

Ninety-four percent of participants voted in favor of moving forward with the transfer of \$1,700,000 from the Community Services and Supports (CSS) Plan to the Capital Facilities and Technological Needs (CFTN) plan for 1) property acquisition/construction/building expansion and 2) technology needs including computer turnover, network refresh, security refresh, paging system refresh and software-Windows implementation

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from the participants.

3. Request to allocate \$152,000 annually in Community Services and Supports (CSS) funds for salary and benefits to create three new Community Navigator positions

Stakeholders were presented with an overview of the Community Navigator program and the type of services and supports that community members, clients and staff have come to rely on. Tri-City currently has four navigators and has identified the need to add three more to the team.

In FY 2020-21, the Community Navigators saw an increase in the number of individuals served. In FY 2019-20, the CN's served 1,578 which increased to 1,812 in FY 2020-21. This highly qualified team of individuals also saw an increase in the number of contacts and requests for resources going from 4,429 to 7,179. This increase can be attributed in part to COVID 19 and the need for basic services. The primary resources requested include housing, shelters, food banks and mental health counseling.

Projected services provided by these three new Community Navigators include:

- Assisting clients who do not meet medical necessity with finding lower-level care and services.
- Assisting clients navigate insurance issues and non-mental health requests for services.
- Allow a Community Navigator to be embedded in the community at strategic locations where they can provide immediate support and/or linkage and referrals.
- Allows for faster response for individuals if other Community Navigators are already collaborating with clients.

- Assist clients who are struggling with obstacles when trying to connect to resources due to agencies having long waiting periods or long holds through the phone.
- Allows for additional Community Navigators to assist with resources when events, health, and medical screenings take place in the community.
- More staff available to help cover multiple resource and health fairs that may land on the same day

Voting Results:

One hundred percent of participants voted in favor of moving forward with allocating \$152,000 annually in Community Services and Supports (CSS) funds for salary and benefits to create three new Community Navigator positions.

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from the participants.

4. Request to approve the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives

Stakeholders were presented with the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives. This three-year project is the product of four months of community workgroup discussions which incorporated the results of Tri-City's Community Planning Survey and new Innovation Idea Survey.

Psychiatric advance directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. A PAD preserves an individual's voice and autonomy when receiving care by allowing them to state their preferences and choices for mental health treatment.

Five additional counties are currently a part of the Collaborative. Tri-City's financial contribution to this project is estimated to cost approximately \$800,000 and will continue forward through the final stages of the approval process.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation project was posted on Tri-City's website on March 11, 2022 for a 30-day public comment period ending April 12, 2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. This plan is scheduled to be presented to the Mental Health Board during a Public Hearing scheduled for April 12, 2022. This plan will then be presented to Tri-City's Governing Board on April 20, 2022 for approval and adoption.

Voting Results:

One hundred percent of participants voted in favor of moving forward with the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives.

The Multi-County Collaborative Psychiatric Advance Directives was previously reviewed and selected as a priority project by Innovation workgroup participants during the recent Innovation project development process which occurred between October 2021 and January 2022.

30-Day Public Comment Period and Public Hearing

The MHSA Annual Update FY 2022-23 to the Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2020-21. An electronic draft of this Annual Update was posted on Tri-City's website on March 11, 2022 for a 30-day public comment period ending April 12, 2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings.

DRAFT



MHSA Programs

The following pages contain descriptions of each MHSA funded program. The descriptions include updates to the program's development; performance outcomes; and cost per participant calculations for programs that provide direct services.

The services provided for Fiscal Year 2020-21 are highlighted in each program summary by age group, number of clients served, and average cost per person.

Community Services and Supports (CSS)

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

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

Full-Service Partnerships

Program Description

Full-Service Partnership (FSP) programs are designed for individuals who are experiencing serious emotional disturbance (SED) or severe mental illness (SMI) who would benefit from an intensive service program including housing support. The program uses a “whatever it takes” approach to help individuals achieve their goals. The Mental Health Service Act requires that 51% or more of the Community Services and Supports funds be used for Full-Service Partnerships programs.

Target Population

Unserved and underserved individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) including children and youth ages 0-15, transition age youth ages 16-25, adults ages 26-59 and older adults ages 60 and over.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2020-21	78	161	315	87	641
Projected Number to be Served FY 2021-21	88	168	327	90	674
Cost Per Person	\$21,082	\$11,873	\$11,925	\$7,150	N/A

Program Update

The overarching theme of the Full-Service program is the collaborative relationship between Tri-City Mental Health and the client. This may also include the client's family members when appropriate. Through this collaboration, a plan is developed to provide a full spectrum of therapeutic and community services where the client can achieve their identified goals. These support services may be mental health specific or non-mental health specific, and can include housing, employment, education, and integrated treatment of co-occurring mental illness and substance abuse disorders. Personal service coordination/case management is available to assist the client with accessing needed medical, educational, social, vocational rehabilitative and/or other community services.

During fiscal year 2020-21, a total of 641 individuals were served through the Full-Service Partnership program with the majority of these being adults ages 26 to 59. This number reflects only a slight increase in numbers served in FY 2019-20 which was 636.

Most participants served through the FSP program reside in the city of Pomona and identify their race as Hispanic or Latino. Primary diagnosis for adult FSP clients includes depressive disorders and schizophrenia and psychotic disorders. For Child/TAY, depressive disorders also represented the primary diagnosis.

During FY 2020-21 the FSP staff showed incredible resiliency despite the challenges that the pandemic presented both personally and professionally. For the first part of the year, there was minimal turn over. Staff continued to provide essential crisis support and field visits to ensure that clients were receiving needed support.

In response to the limitations of the pandemic, staff focused on increasing encouragement of family support and involvement. As a result, clients who required more assistance, their family support systems were prepared and made aware of how to respond. Increased access to LPS designated staff made crisis de-escalation more efficient contributing to a decrease in involuntary hospitalizations.

Highlights for adult FSP clients included a reduction in three categories as noted in the Department of Mental Health Outcomes Measurement Application: justice involvement, hospitalizations, and homelessness.

Challenges and Solutions

Adequate staffing continues to be a challenge for the Full-Service Partnership program. Since January 2021, Tri-City has experienced a significant reduction in workforce agency-wide including FSP staff.

During this past fiscal year, there was an increase in families who were struggling with being insufficiently housed. As a result, there was an increase in temporary emergency housing support using flex funds (funds designated to be used under special circumstances to cover additional or alternative support services). In addition, there was a shortage of housing resources available, and it was difficult to access resources due to restrictions related to the pandemic (i.e., rental offices not being open, lack of inventory).

To address the challenges related to housing needs, staff initiated an increase in collaboration between Tri-City's clinical and housing teams as well as external agencies (i.e., family solutions). Clinical teams also became more proficient in setting realistic goals and expectations with consumers and their families around housing. In the past fiscal year, a new policy was established regarding funding for temporary emergency housing funding. Staff were able to structure how they had conversations with clients about funding and resources better as a result. Along with this, clients were and continue to better understand what to expect.

Although there were several FSP clients that were responding well to the use of telehealth, the younger clients (under 10) and older TAYs (over 20) were struggling to participate in services. Staff were noticing that since the implementation of telehealth, clients were not attending sessions as consistently and seemed guarded or more difficult to engage.

To address the challenges with telehealth services, staff were able to evaluate their caseloads and increase field and in person visits to meet client care needs. There was an increase focus involving support systems in services. This not only helped clients engage in services but also ensured that clients had natural supports available, along with Tri City, during such a challenging time.

Finally, during this fiscal year, there was an increase of consumers who were using prescription medication such as Fentanyl and Xanax. Many staff didn't understand the risks of these substances and required training on how to support clients who may not be ready for substance use treatment.

To address the increase in prescription drug use, clinical teams collaborated with the Substance Use Disorder (SUD) team to make sure that staff were appropriately educate about these substances, the risks and treatment recommendations. Teams increased collaboration with

clients' support systems, psychiatrists, SUD providers, and external SUD programs. One area of ongoing improvement is collaboration with primary care doctors. Along with this, teams became more comfortable having regular conversations about substance use and the connection with mental and physical health. In addition, motivational interviewing has been a regular topic in group and individual supervisions.

Cultural Competence

Cultural barriers and challenges are a topic that's regularly discussed in group supervision, individual supervision, and staff meetings. When conceptualizing cases, efforts are made to consider how culture may impact mental health and how intervention is offered. With support of supervisors, staff are encouraged to educate themselves on the cultures that they are servicing and familiarize themselves with resources. Along with this, staff are encouraged to create safe spaces that affirm client identities and to have open, nonjudgmental discussions with consumers about how culture impacts mental health. When possible and desired by clients/families, teams look to identify support systems that share similar identities as client/family. Often, staff make referrals to Community Wellness Advocates (CWA) or Peer Mentors so that clients/families have a support person that is representative of their culture and background.

In addition, the FSP program seeks to hire staff that are representative of the population we serve. When this is not possible, Tri-City seeks to identify supports in the community or within other internal programs that are available to clients (i.e., language line, CWAs, peer mentors). This helps to reduce barriers to services. Along with this, the program makes efforts to consult and educate staff so not to further perpetuating the disparities.

Training continues to be an ongoing need, especially pertaining to supporting the LGBTQ+ population. As there has been a great deal of staff turnover, there are staff who have not received core trainings to educate them on important concepts that ensure we are providing inclusive and affirmative services. However, the leadership team continues to make these topics relevant in their own conversations to ensure that internal trainings are prioritizing these topics.

Community Partners

Housing

Tri-City's clinical and housing teams collaborate regularly to support families who may be insufficiently housed access resources in the community. The housing team and clinical team communicate often to discuss available resources and feedback provided to families.

Along with this, the clinical programs often collaborate with external housing resources such as YCES, Family Solutions, House of Ruth, Hope for Homes, Cedar Springs, etc. In doing this, clinical teams can better understand resources available and steps they may need to support clients/families in taking to obtain resources.

Substance Use Disorder (SUD) Teams

The FSP and internal and external SUD programs also communicate and collaborate regularly as well. SUD providers join FSP meetings regularly to streamline communication and feedback when discussing high risk cases. Staff regularly hold treatment team meetings together, both with and without family, to make sure that everyone is efficiently and effectively supporting clients in their treatment goals. Internal SUD providers help the clinical team in enrolling clients in external SUD programs and establishing lines of communication.

Department of Children and Family Services (DCFS) and Probation

Treatments teams regularly collaborated with DCFS and probation. The purpose of this collaboration is to highlight progress, strengths, and potential needs that clients and families may have that may be preventing them from meeting their recovery goals. These teams come together to support clients and families to remove these barriers to meeting goals (i.e. needing SUD services). Collaboration is done through Child and Family Teaming meetings, Treatment team meetings, and regular collateral contact.

Schools

Staff regularly communicate with schools to make sure that sufficient support is provided in the school setting. Often, school officials can see strengths and challenges that clients may have that clinical staff cannot. Clinical teams also collaborate with school mental health teams when there are crises needs to ensure that clients get the needed support to keep them safe and to transition safely back to school.

Other

One area that needs improvement is collaboration with medical providers, in particular primary doctors. This will be a goal in the next fiscal year.

Success Story

Adult FSP

An adult client enrolled in FSP services who was struggling with managing his mental health symptoms. This client remained in the FSP program for 3 years as he struggled with engaging and managing recovery. Over time, by consistently attending appointments, meeting with services as schedules and following through with treatment, this individual was able to transition to adult outpatient, a lower level of care, and continued with treatment services.

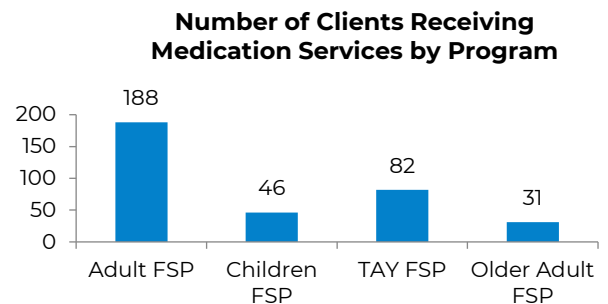
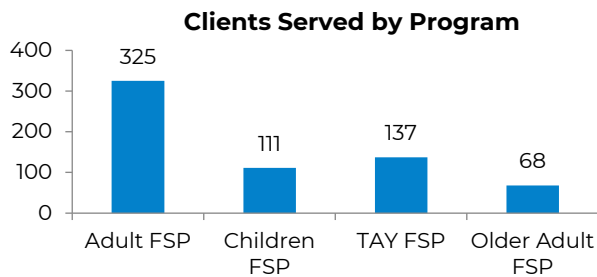
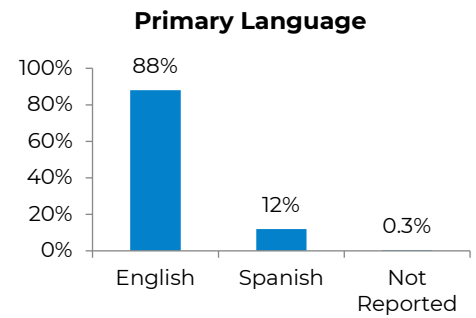
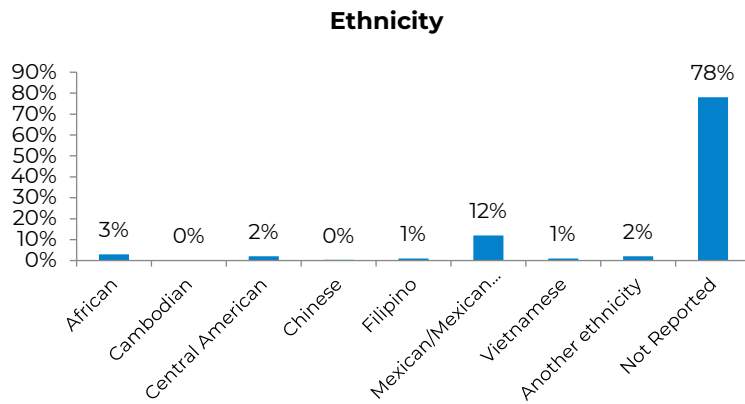
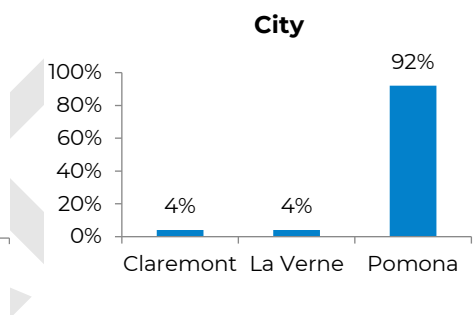
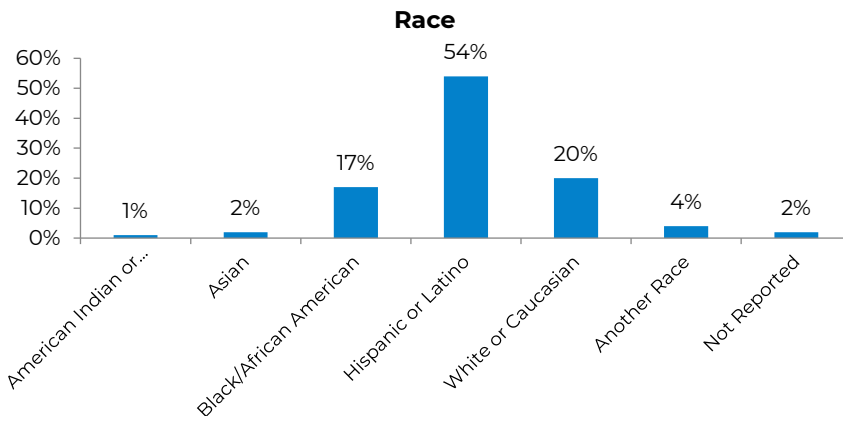
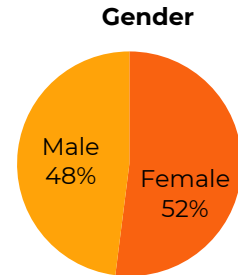
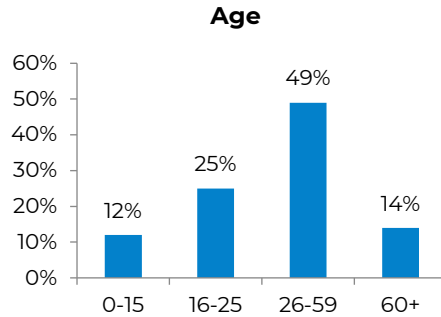
Child and TAY FSP

A transition age youth was referred to Tri-City due to being insufficiently housed. In addition, this client had experienced severe psychosis that was contributing to several unsafe behaviors leading to involuntary hospitalizations. This client was distrusting of providers and would often avoid phone calls or visits from providers and would block communication between his treatment team and his natural supports. The FSP team did extensive outreach and support to re-engage the client in treatment who then began participating more regularly and became medication compliant. The client was able to re-establish relationships with family members who became a primary source of support and was able to then obtain stable housing and employment.

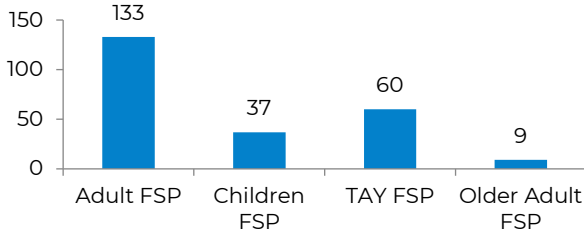
Program Summary

How Much Did We Do?

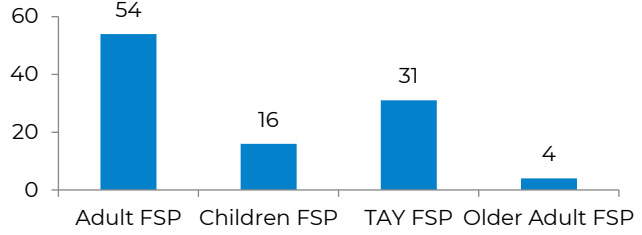
641
Individuals
Served



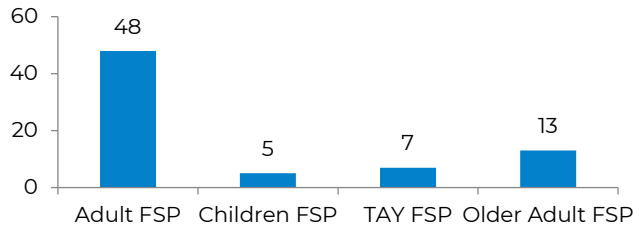
Number of Crisis Episodes by Program



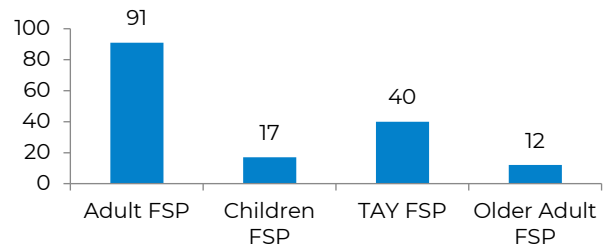
Number of Unique FSP Clients with Crisis Episode by Program



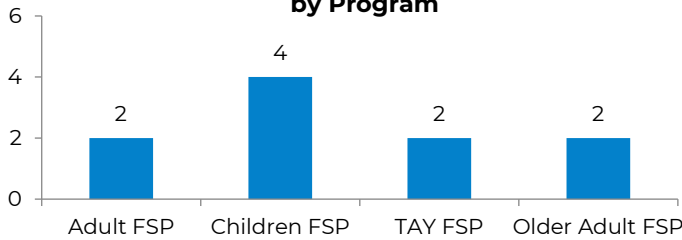
Number of FSP Clients Connected to Housing Services by Program



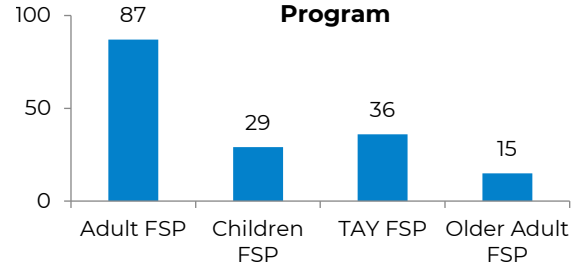
Number of FSP Clients Connected to Co-occurring Services by Program



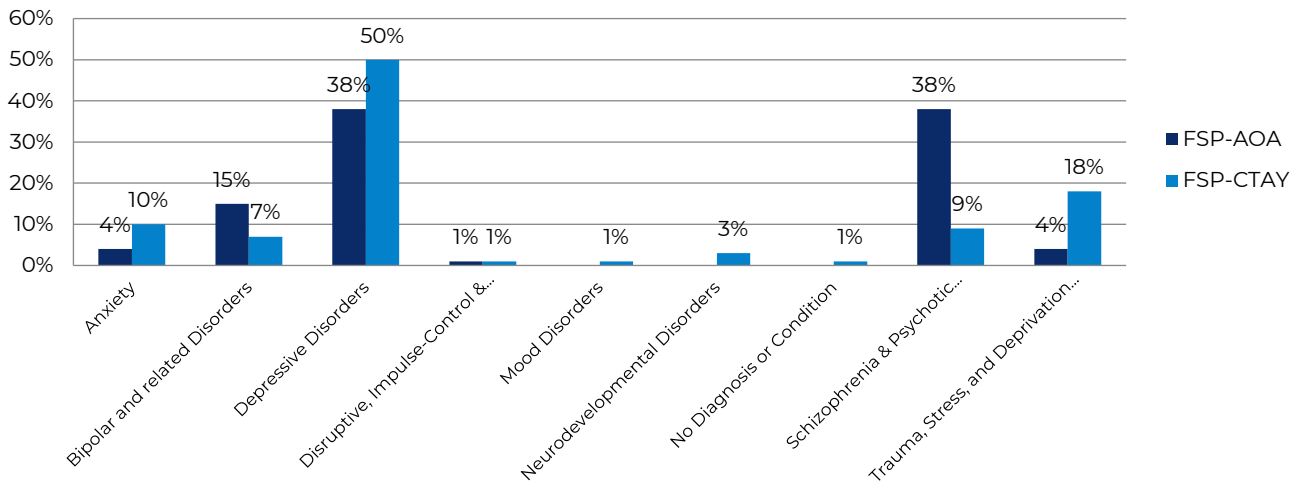
Number of FSP Clients Connected to Therapeutic Community Gardening Program by Program



Number of FSP Clients Connected to Clinical Wellness Advocates Program

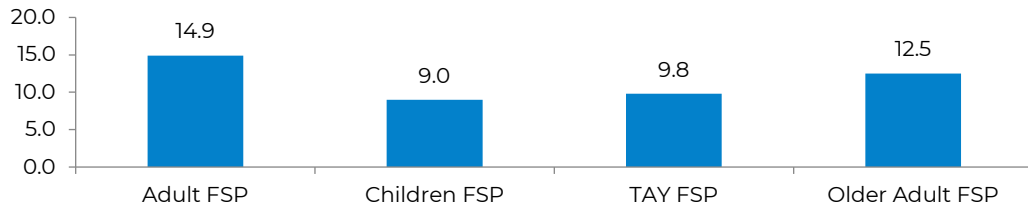


Primary Diagnosis By Program



How Well Did We Do It?

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



Is Anyone Better Off?

FSP Adult and Older Adult

216
Discharges During
FY 20-21

FSP Children/TAY (CTAY)

146
Discharges During
FY 20-21

OMA Outcomes for FSP CTAY (n=100)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	25% (n=25)	2% (n=2)	Yes
Hospitalizations	46% (n=46)	11% (n=11)	Yes
Homelessness	15% (n=15)	13% (n=13)	Yes
Expulsions/Suspensions from School	10% (n=5)	0% (n=0)	Yes

OMA Outcomes for FSP Adult/Older Adult (n=90)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	47% (n=42)	1% (n=4)	Yes
Hospitalizations	57% (n=51)	20% (n=18)	Yes
Homelessness	59% (n=53)	48% (n=43)	Yes

Community Navigators

Program Description

Since 2009, the Community Navigators have served as the primary connection for community members to local resources, including informal community supports and available formal services. In addition, Community Navigators work closely with community partners, non-profit organizations, agencies, community food banks, and faith-based organizations who often contact Community Navigators for assistance. Resources include mental health services, substance use treatment, support groups and parenting classes. Community Navigators also collaborate with local advocacy groups in an effort to build a localized system of care that is responsive to the needs of the clients and community members we serve.

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Total Served
Number Served FY 2020-21	94	139	1,128	148	303	1,812
Cost Per Person	\$175	\$175	\$175	\$175	\$175	\$175

Program Update

In FY 2020-21, the Community Navigators saw an increase in the number of individuals served. In FY 2019-20, the CN's served 1,578 which increased to 1,812 in FY 2020-21. This highly qualified team of individuals also saw an increase in the number of contacts and requests for resources going from 4,429 to 7,179. This increase can be attributed in part to COVID 19 and the need for basic services. The primary resources requested include housing, shelters, food banks and mental health counseling.

Challenges and Solutions

One of the primary goals for FY 2020-21 was the identification and reestablishment of community connections and resources that were depleted during the COVID 19 pandemic. Many agencies and organizations were forced to close or lost their funding streams during this time and those that survived are now beginning to reopen. Community Navigators have made it a priority to attend local resource and health fairs in order to update their list of current and viable resources.

Finding local psychiatrists that accept Medi-Cal health plans has also been a challenge. Individuals who request services and medication support but do not meet medical necessity are referred to their primary care physicians for their medications.

The Unite Us platform, a coordinated care network, will play a critical role in FY 2021-22 for the Community Navigators. This new platform will streamline the referral process and allow Navigators to electronically refer individuals to multiple community partners in real time and also track their progress.

Cultural Competence

The Community Navigator program consists of highly trained individuals who are bilingual in English, Spanish, and Vietnamese. This has proved to be helpful since there is a high population of Spanish speaking individuals in Pomona. When out in the community, the Navigators can engage monolingual Spanish and Vietnamese speaking families and individuals. In addition, some of the navigators identify with lived experience or were raised in the area so they can better connect with local clients they serve.

The Community Navigator program receives ongoing cultural inclusion training to better assist the populations that they serve. In addition, Community Navigators are trained to identify and research any resources that can help further support the mental well-being of individuals who have additional barriers. Finally, all flyers and outreach materials are available in both English and Spanish.

Community Partners

- **Hope for Home Service Center** - The Community Navigators have 6 beds available for clients. Navigators also collaborate closely with the Center to assist other individuals with resources and support.
- **The City of Pomona** - Navigators often get referrals from the city to help assist families and individuals who need assistance.
- **Police Departments** - The police departments in each of the three cities contact Community Navigators when they encounter individuals in need of resources or homeless assistance.
- **East Valley Medical Center** is a partner at the Hope for Home Service Center where Navigators often refer clients for COVID-19 medical clearance when putting a participant at Hope for Home and for other medical care.
- **Volunteers of America** - Navigators work closely with many of the case managers that are stationed at Hope for Home.
- **Family Solutions** - Navigators often refer families for additional crises housing and support.
- **Union Station** - Navigators will outreach to the homeless with teams that are assigned to Claremont and La Verne.
- **Los Angeles Homeless Services Authority (LAHSA)** - Navigators are able to enter data into the Homeless Management Information System (HMIS) and put homeless clients into the Coordinated Entry System (CES) to help further assist our clients.

Success Story

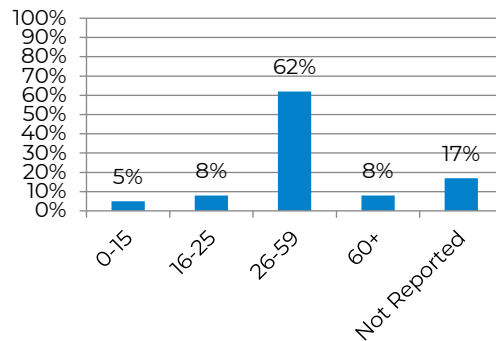
A single adult with a terminal illness was experiencing homelessness in the Tri-City area and residing in their car. After contacting the Community Navigator program for assistance, they were able to receive referrals for both food and housing. However, the client refused emergency shelter due to a negative experience in the past. The Community Navigators were then able to connect them with an agency that secures housing for individuals with terminal illnesses where they received a placement. In addition, the Navigators submitted a referral for this individual to the Change Reaction, a non-profit community support organization, where they were approved for assistance with moving to their new apartment including a portable washer to help meet medical needs. The client was very thankful and continues to be permanently housed.

Program Summary

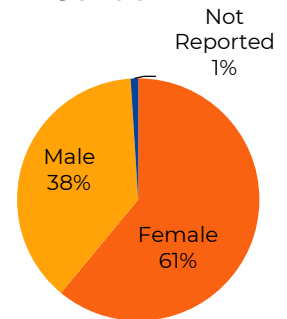
How Much Did We Do?

1,812
Unique
Individuals Served

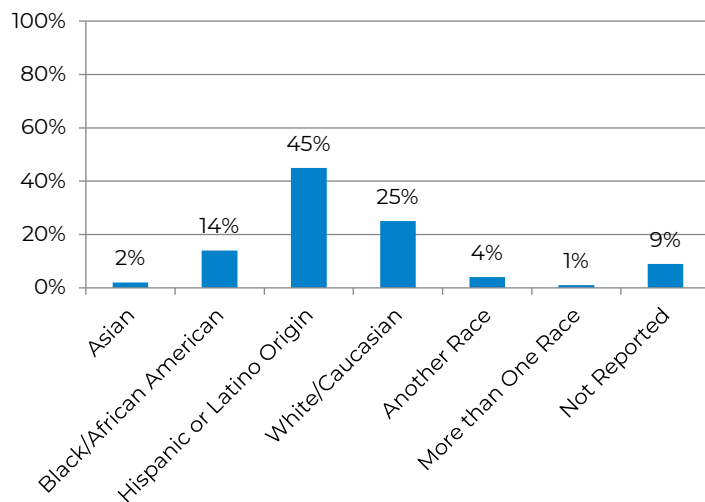
Age



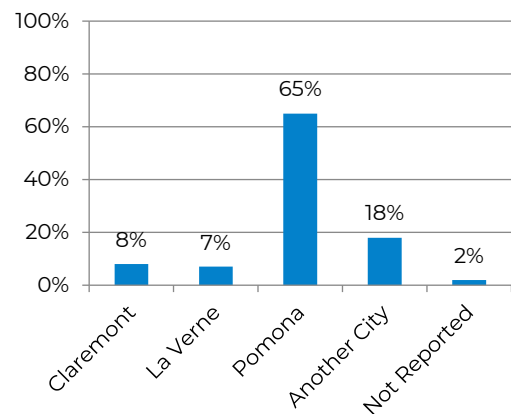
Gender

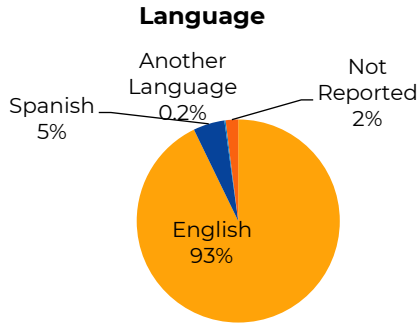


Race



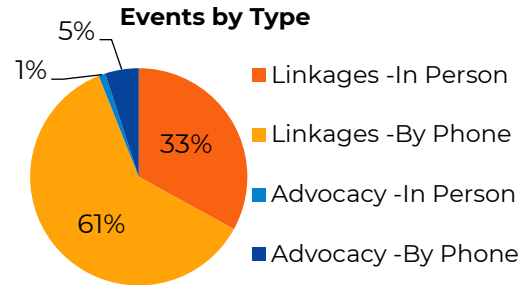
City



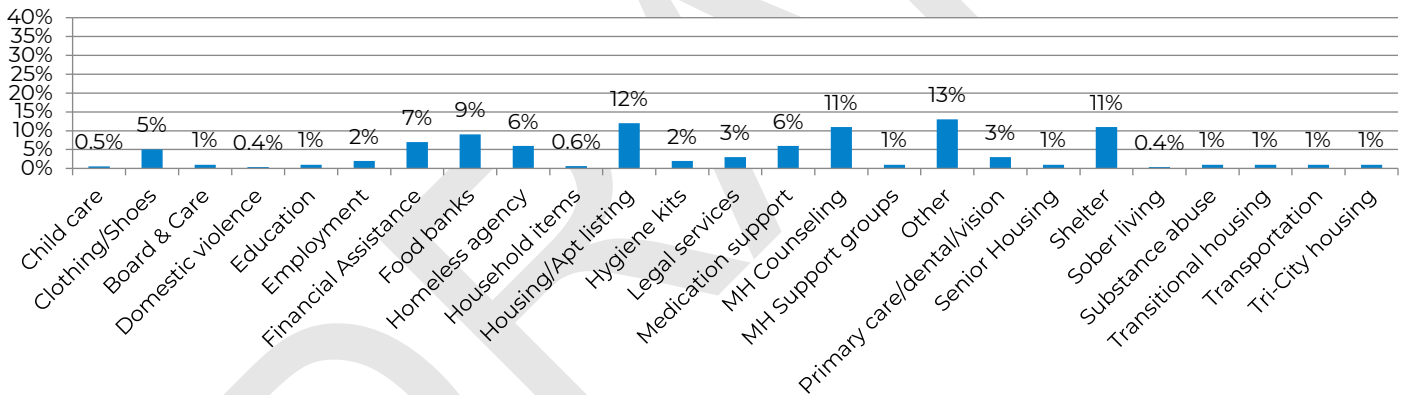


690
Unique Homeless Individuals

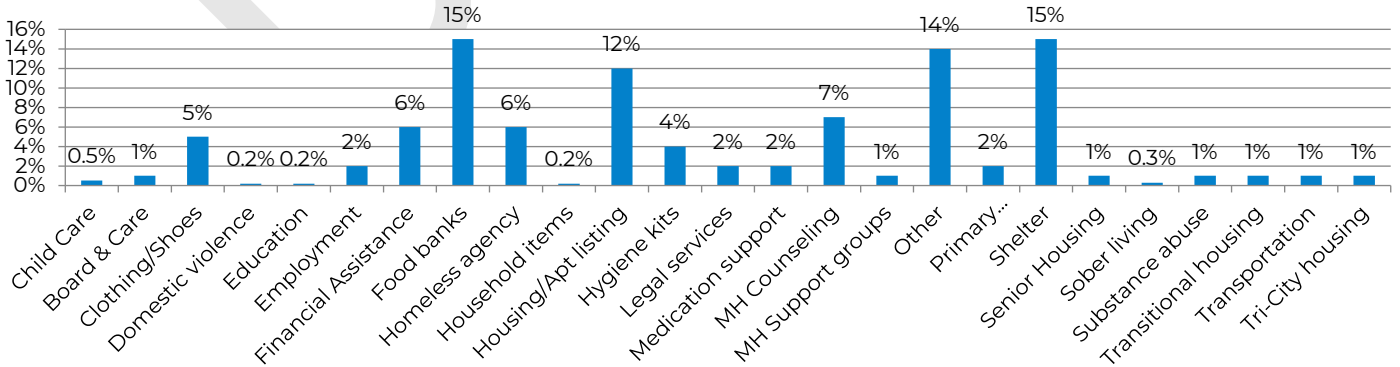
7,179
Linkages made by
Community Navigators



All Linkages by Type



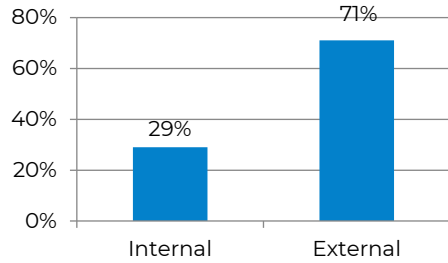
In-Person Linkages by Type



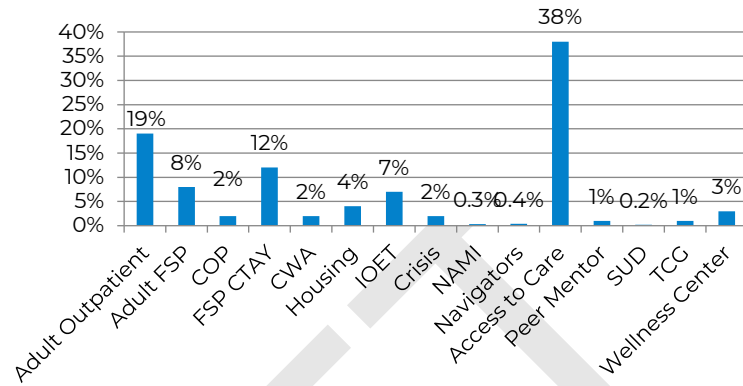
Navigator Outreach Data not available for this fiscal year

How Well Did We Do It?

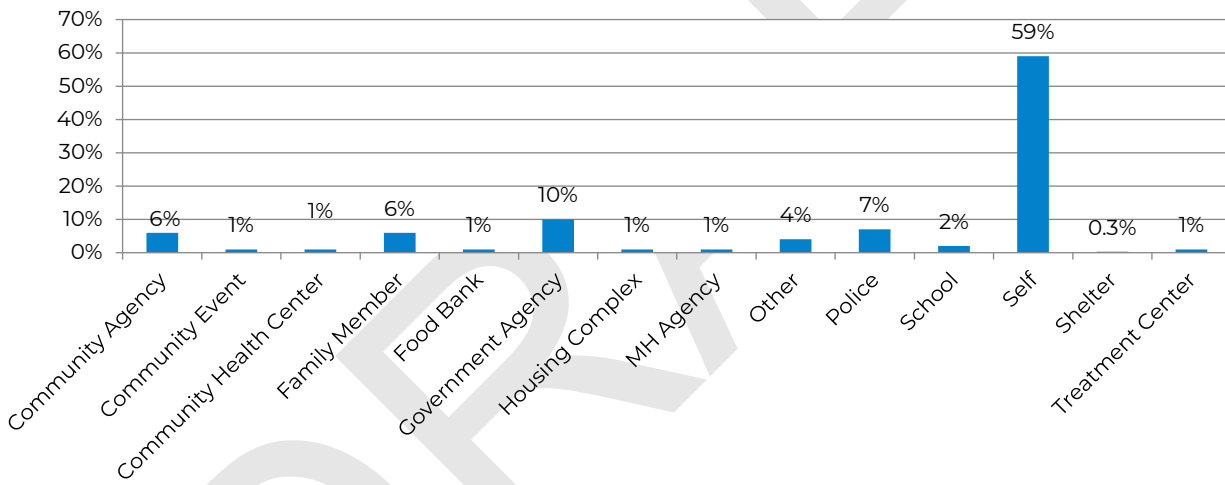
Referral Type



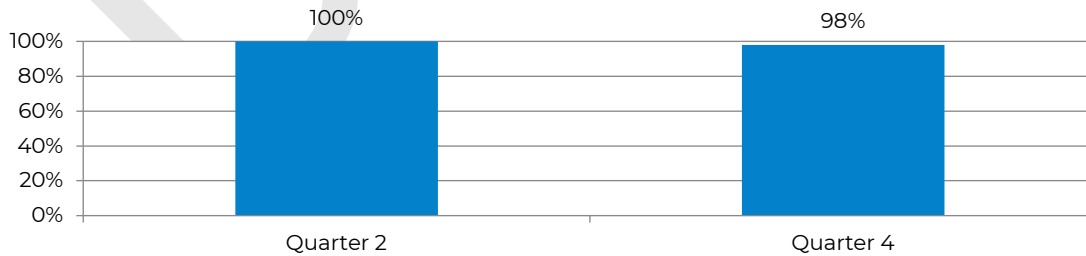
Internal Referrals by Type



External Referrals by Type

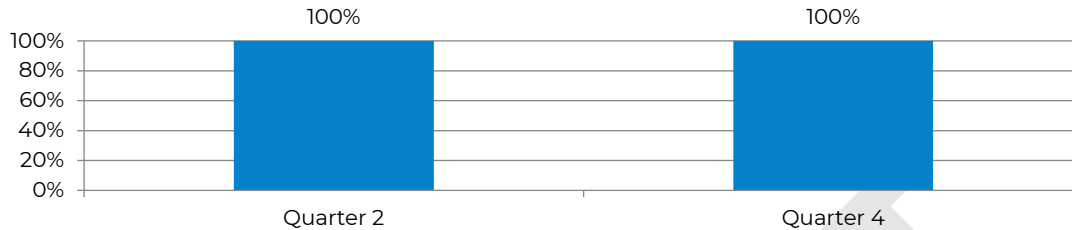


Percentage of Participants Reporting Satisfaction with Services Provided



Is Anyone Better Off?

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



How did you benefit from talking with a Community Navigator?

“Resources provided for friend”	“It helped me a lot because I would not know where to find a Psychiatrist”
“It is hard to find resources yourself so I am glad they have navigators to help”	“I was able to get the help I needed”
“I was so grateful to get the help I needed for what I was asking for”	“I was glad to speak with the navigators because they are able to find me the resources I needed”
“I was able to get the resources I needed right away”	“I would have not been able to find those resources myself”
“I am able to find a safe place for my friend”	“I got assisted quickly with mental health resources”
“I was glad to get help from a navigator”	“I was pleased talking with the Navigator and getting help”
“Helped me with supplies to protect myself from COVID”	“I am glad the navigator was able to find me some meetings”
“I am happy to get help being I do not know where I would find what I need”	“My conversation went well and it was very helpful for me”
“The Navigator was very helpful”	“Help with finding a detox that I can afford”
“I was happy to speak with a Navigator and get the resources I needed”	“I will be taking my son to the place you referred me to”
“I was happy to get the resources I needed for my child”	“I got the Food Bank List”
“Client was provided with shelter and transportation to shelter”	“I’ll be sheltered and be in a safer environment”

Wellness Center

Program Description

The Wellness Center serves as a community hub that sponsors support groups and provides an array of holistic services through collaboration with other community partners. Specialized services include activities focused on TAY, older adults, and employment support. Services include support groups, educational resources and workshops, recreational activities, employment, and vocational support. Wellness staff include peer advocates, volunteers and clinical staff who can help participants engage in support services designed to increase wellbeing.

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	12	164	557	98	38	869
Cost Per Person	\$632	\$632	\$632	\$632	N/A	\$632

Program Update

As with many MHSAs programs and support services, the Wellness Center had to respond quickly to the pandemic in order to provide as much continuity of services as possible. During FY 2020-2021, the Center was forced to transition an average of 72 monthly in-person support groups to virtual care via a telehealth platform. Through this adapted method of service delivery, the Wellness Center staff were still able to offer 40 support groups utilizing a virtual platform.

During this time, the Center's full-time staff were home-based while a small number of part-time staff were available onsite. Although the staff and community are waiting patiently for the return to full in person service within the next fiscal year, efforts are currently underway to develop a hybrid model which will allow for both in-person and virtual delivery of services.

Challenges and Solutions

The biggest challenge faced by the staff in FY 2020-21 was the transition associated with moving from in-person services to a virtual platform. In addition, many Wellness Center participants found it difficult to make the switch to telehealth including limited knowledge on how to navigate these applications as well as having access to adequate technology to support their efforts.

In response to these challenges, Wellness Center staff engaged in extensive training to improve the delivery of services utilizing a virtual platform. Staff focused on addressing issues and

identifying solutions related to the lack of technology for participants where it became a barrier for participating in the virtual groups.

Cultural Competence

Cultural inclusion is critical to the success of the Wellness Center. The Center has implemented specific groups to target LGBTQ, Spanish monolingual and TAY communities. These services are free and include linguistic support offered in several languages as well as groups designed for specific age populations. Materials are offered in the threshold languages and the Center strives to create a space where individuals can feel safe and heard.

Community Partners

The Wellness Center works closely with outside community organizations to strengthen their network of support. Examples include Generation Her, a teen parent support group; Al-Anon for family Alcoholics Anonymous (AA) support; MSW Consortium for workforce development and other local community-based organizations for specific age-related services.

Success Story

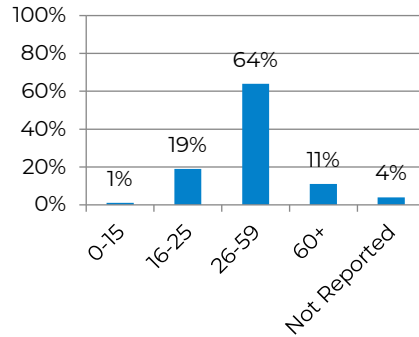
Over several years, a Wellness Center attendee participated in employment/ vocational services at the Center. Although homeless, this individual discussed their interest in obtaining a fulltime job and hoped to eventually rent their own apartment. After meeting with Wellness Center employment staff, this individual received resume assistance, current job leads and was invited to various hiring events. Center staff assisted with the application process due to this individual's limited computer skills and access to a computer. A date was scheduled for them at the Wellness Center to take their employment exams. A laptop was provided in the employment office at the Wellness Center and staff assisted with linking them to the exams. Within a few weeks of completing the exams, they received an email with a contingent offered of employment. This individual is very excited about this new opportunity and reported that they could not have completed the application without the support and encouragement of the Employment team at the Wellness Center.

Program Summary

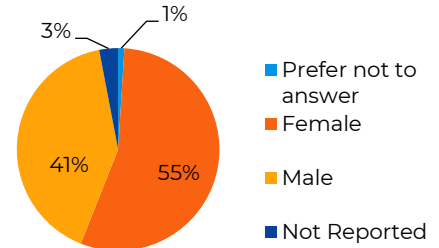
How Much Did We Do?

869
Unique
Individuals
attending
Wellness Center

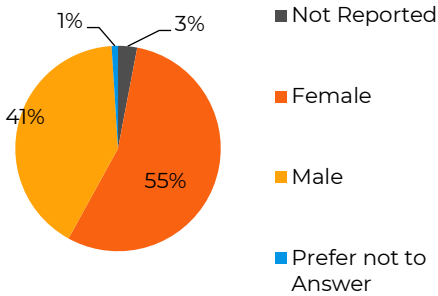
Age Group



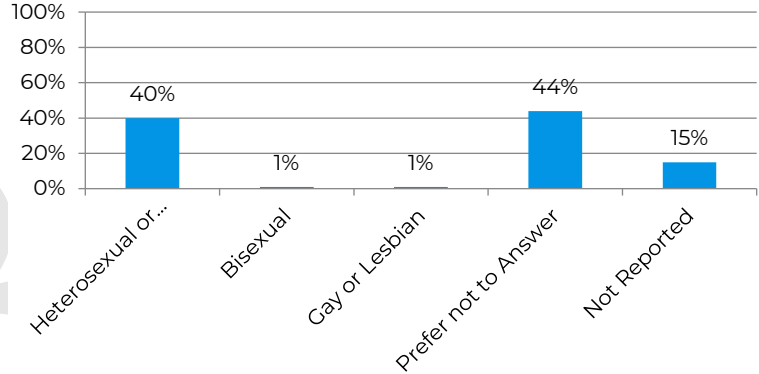
Current Gender Identity



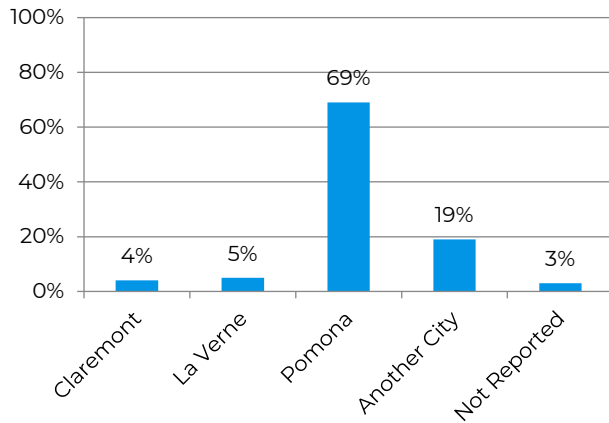
Assigned Gender at Birth



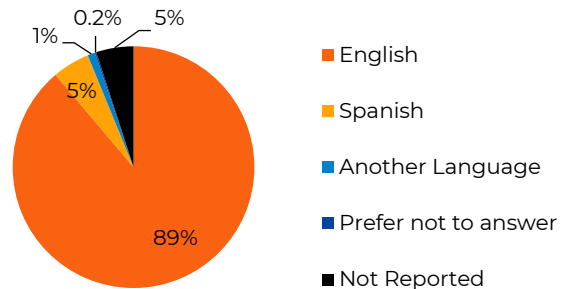
Sexual Orientation



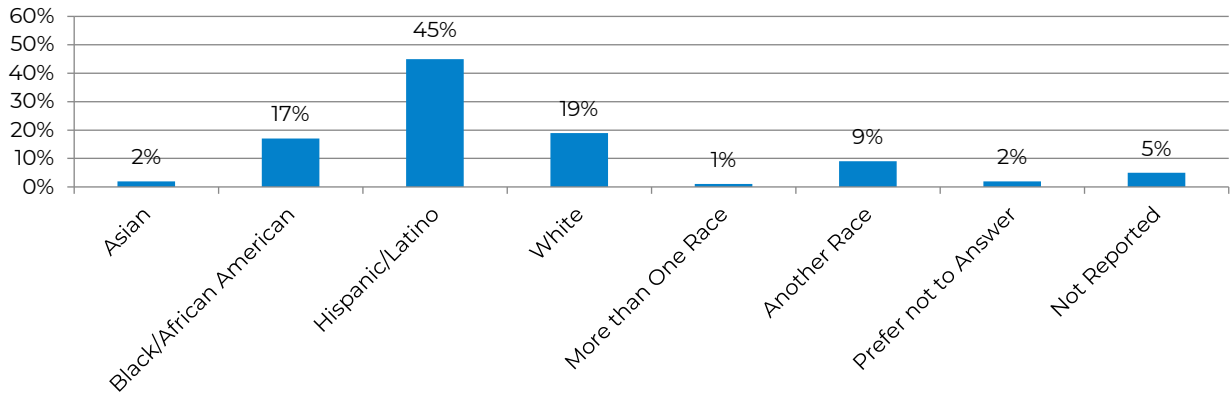
City



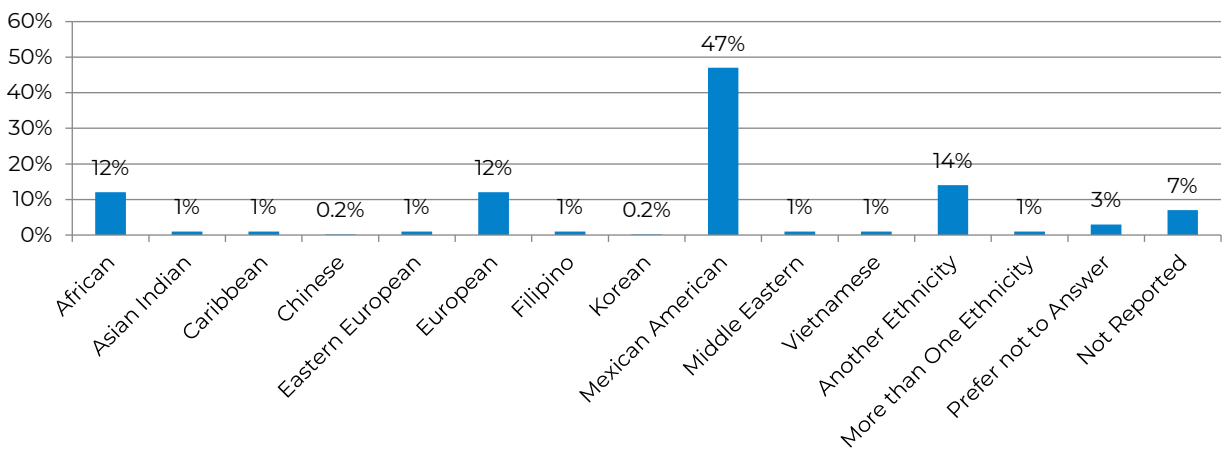
Primary Language



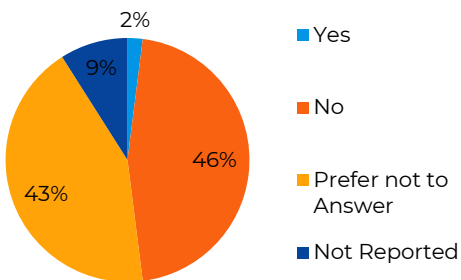
Race



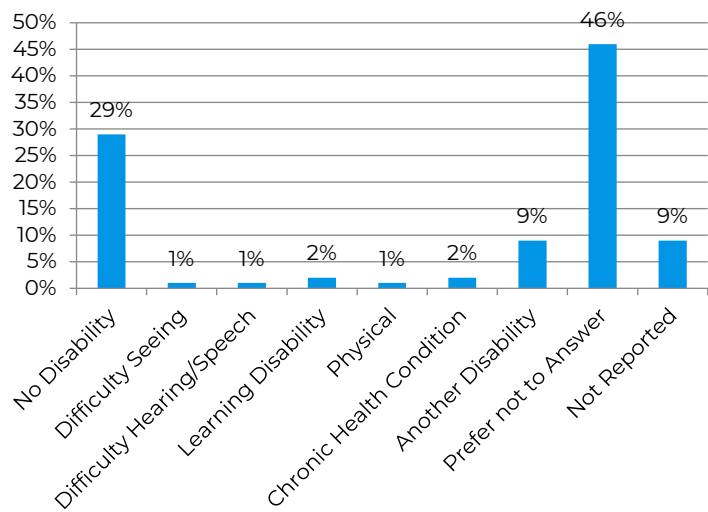
Ethnicity



Veteran



Disability



How Well Did We Do It?

17,391

Number of Attendees at
Wellness Center Events
(Duplicated Individuals)

Number of Times People Visited

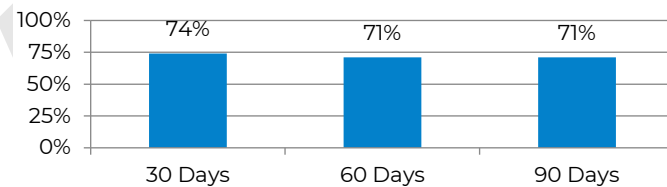


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Adult Orientation (Group)	25	1
Anger Management (Group)	53	9
Anxiety Relief (Group)	55	8
Dual Recovery Anonymous (DRA) (Group)	50	6
Freedom Through Reality (Group)	52	11
Lose the Blues (Group)	48	4
Men's Depression (Group)	55	3
Socialization (Group)	49	9
Strong Women (Group)	55	7
Women's Self-Esteem (Group)	41	6
Comadres y Compadres (Group Español)	53	3
Sobrellevando La Ansiedad (Group Español)	45	3
Socialization (Group Español)	51	3
College Wellbeing (Group)	19	1
Computer Class Beginner (Vocational)	2	1
Educational/School (Vocational)	3	1
Employment Workshop (Vocational)	37	2
GED Prep (Vocational)	46	2
Hiring Event (Vocational)	8	11
Job Search (Vocational)	248	5
Resume/Interview (Vocational)	37	1
Work Maintenance (Vocational)	19	1

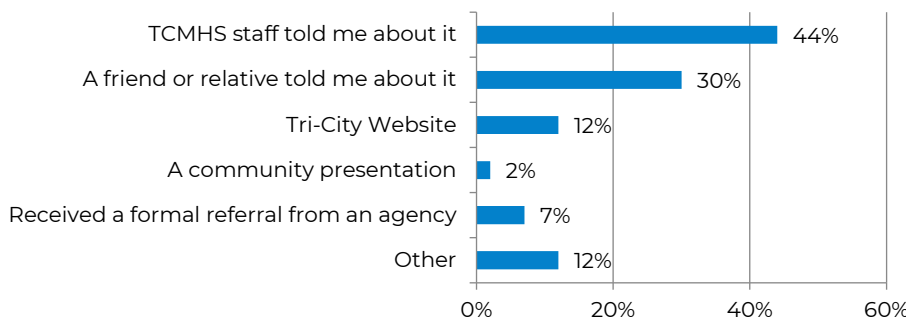
Contacts by Type	Number of Times Contact was Made
Attendance Letter	56
One-on-One	30
CCEF Grant	39
Brief Check-in	11
Other	363
PC Lab	560
Phone Call – Wellness Calls	10,711
Vocational – Phone Calls	313

31
Individuals Secured
Employment

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

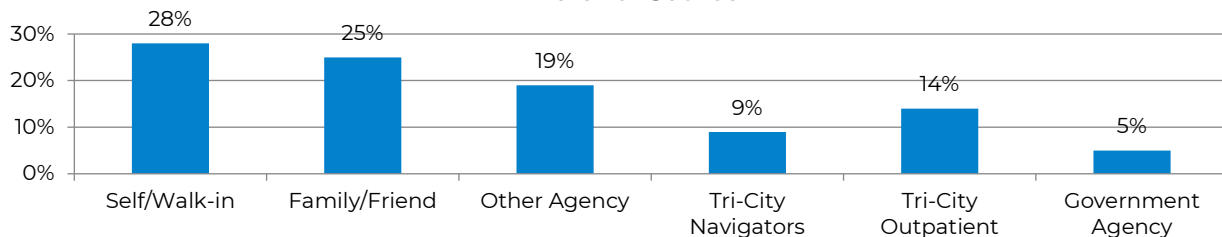


How Did You Learn About the Wellness Center Programs? (Choose All that Apply)



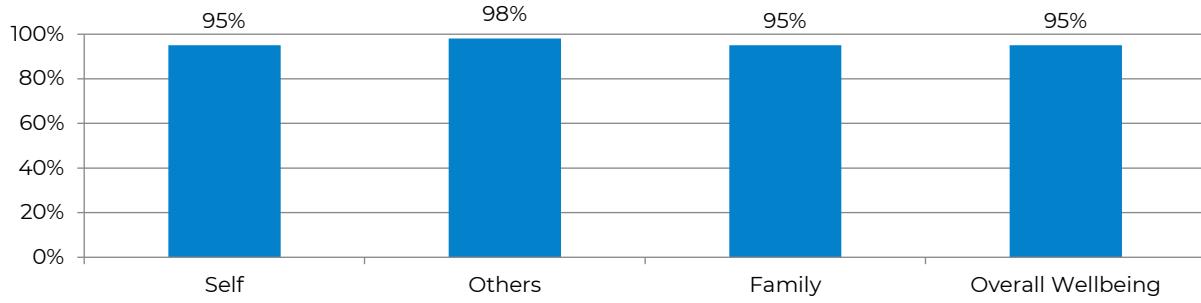
93%
Satisfied with
the “Help I get
at Wellness
Center
Programs”

Referral Source



Is Anyone Better Off?

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



DRAFT

Supplemental Crisis Services

Program Description

The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMHC services. Crisis walk-in services are also available during business hours at Tri-City’s clinic location. Through follow-up efforts by the Intensive Outreach and Engagement Team (IOET), individuals located in the community who are having difficulty connecting with and maintaining mental health support can receive services in an effort to help reduce the number of repeat hospitalizations and guide these individuals to the most appropriate care.

Target Population

Individuals in crisis and currently not enrolled in Tri-City for services, who are seeking mental health support after-hours. Individuals located in the community who are having difficulty connecting with and maintaining mental health support.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	63	129	660	127	302	1,281
Cost Per Person	\$706	\$706	\$706	\$706	N/A	\$706

Program Update

During FY 2020-21, the Supplemental Crisis Services program received 244 after-hour crisis calls (which was a 112% increase from the previous year). Even with a higher number of crisis calls for the year, program staff continued to demonstrate the ability to decrease the level of stress for callers (1 mild and 10 severe). The mean level of caller distress decreased from 3.94 at the beginning of call, to 2.52 at the end of the call. The primary reason for contacting the SCS team is by someone with symptoms who is seeking support followed by individuals who are requesting resources.

The Intensive Outreach and Engagement (IOE) team was specifically designed to reach underserved populations. The IOE team utilizes a field-based approach to outreach to known “hot spots” within the communities including encampments, parks, abandoned buildings, freeway underpasses, Hope 4 Home Service Center and home visits. They offer a whole person system of care, in which staff address all aspects of the individual’s needs.

This team of highly qualified staff receive the highest number of crisis referrals of all departments within Tri-City. In FY 2020-21, the IOE team served 982 individuals with 342 cases opened for services within Tri-City Mental Health, primarily in adult outpatient services.

Challenges and Solutions

Although this program experienced an increase in the number of requests for assistance, Tri-City staff continue to respond to every call with a focus on the needs of each individual and the goal of meeting them “where they are”. With an ever-changing environment due to the pact of COVID, the staff met each new challenge or obstacle with a strong commitment to continue assisting community members in crisis while navigating barriers to any needed service.

Cultural Competence

The Intensive Outreach and Engagement Team (IOET) demonstrates a non-judgmental approach to working with all individual. Each person is treated on an individual basis and without the use of labels. The IOE team incorporates literature regarding resources and referrals geared towards providing information that is culturally relevant on how to access both formal and informal services through several different avenues (traditional office, phone, or other electronic media). This allows for the individual to choose an entry point that is most comfortable and conducive to their specific needs.

The IOE team is committed to removing barriers even before they encounter a person in need. Examples of these anticipated barriers include eliminating any narrative, legal status, criminal history, medical issues, or other extenuating factor, as long as there is not eminent danger and policy allows, in order to provide fair and equitable service to those in need.

Community Partners

The Intensive Outreach and Engagement Team is actively engaged with several community partners with the goal of providing the highest quality of support and resources. A few examples of this extensive network of support includes partnerships include Claremont, La Verne, and Pomona Police Departments, Los Angeles Homeless Services Authority (LAHSA), Union Station Homeless Services, ARC (housing advocacy), Department of Public Social Services, Prototypes (Drug Rehabilitation), East Valley Community Health Center, Hope for Home, as well as the cities Of Claremont, La Verne, and Pomona.

Success Story

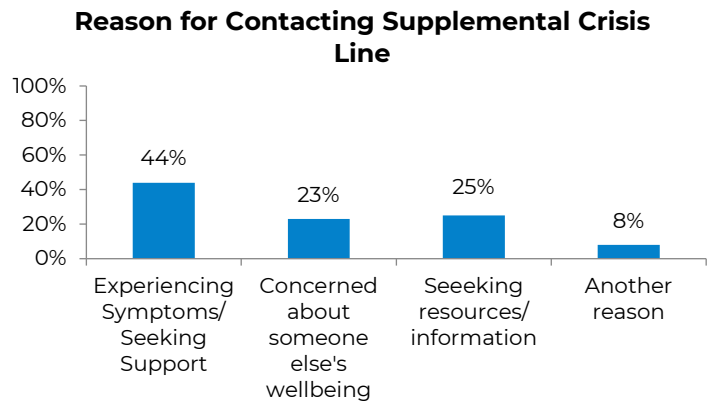
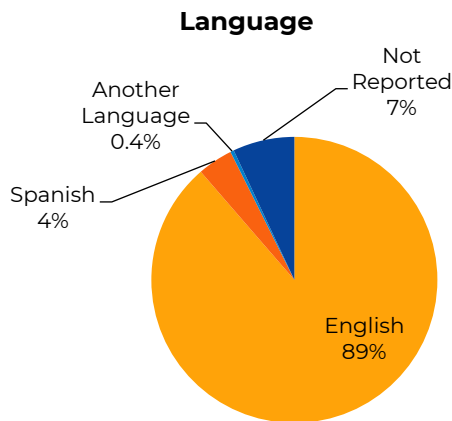
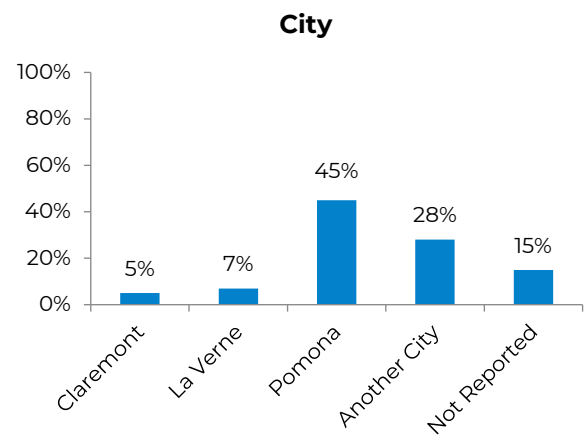
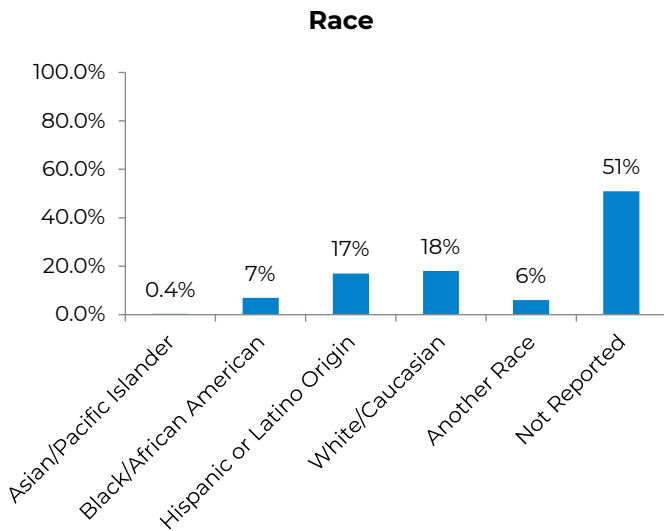
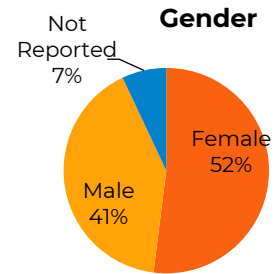
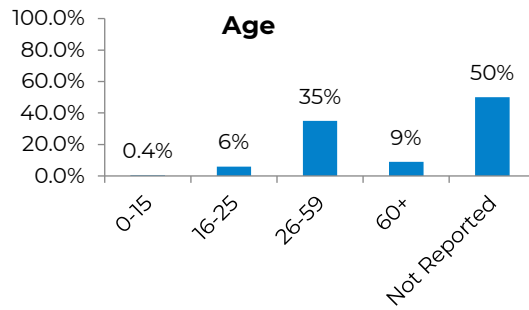
Throughout FY 2020-21, the Intensive Outreach and Engagement Team continued its commitment to removing barriers even before they encounter a person in need. Examples of these anticipated barriers include eliminating any narrative, legal status, criminal history, medical issues, or other extenuating factor, as long as there is not eminent danger and policy allows, in order to provide fair and equitable service to those in need. Known as the “Go To” team, the IOET received the highest number of referrals from the Supplemental Crisis call lines.

Program Summary

How Much Did We Do?

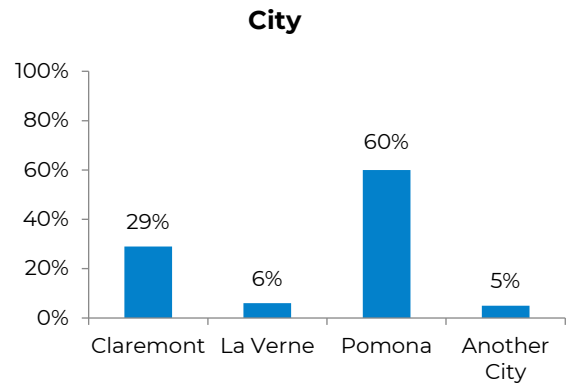
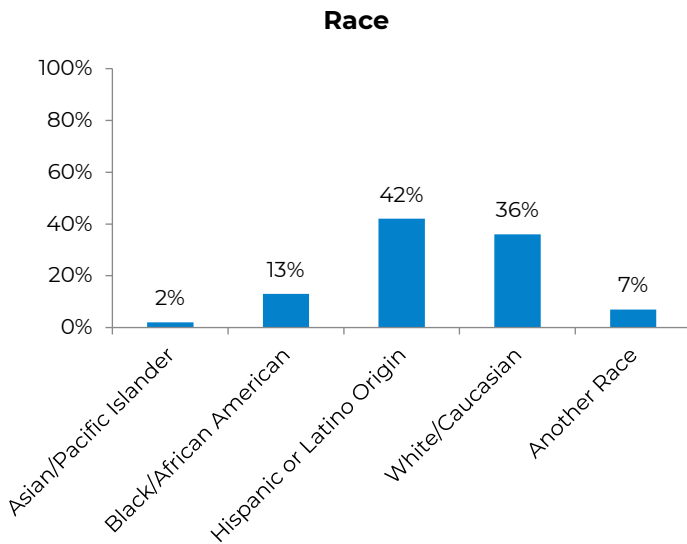
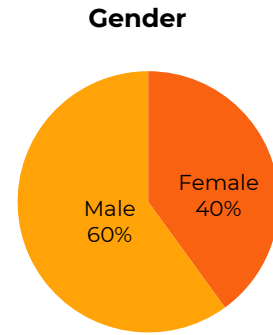
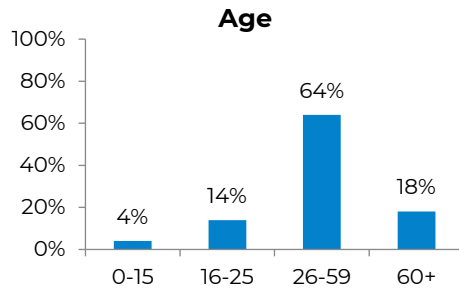
Supplemental Crisis Calls

244
Supplemental
Crisis Calls

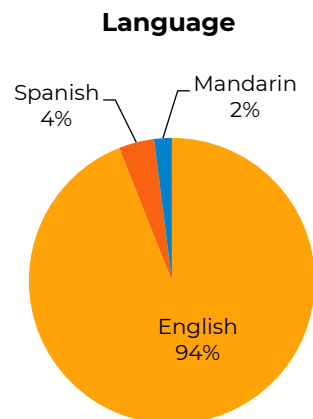


Supplemental Crisis Walk-Ins

55
Individuals
Served



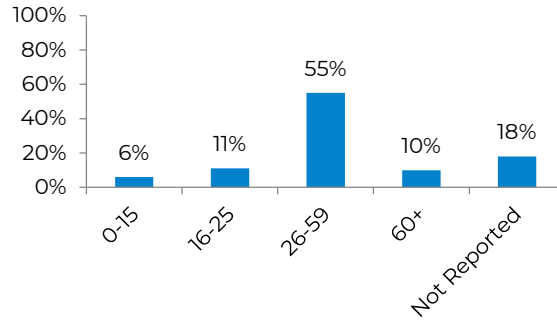
46%
Crisis walk-ins also
outreached by the Intensive
Outreach and Engagement
Team



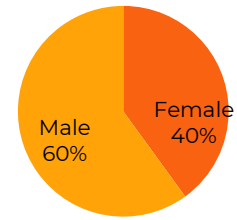
Intensive Outreach and Engagement

982
Individuals
Served

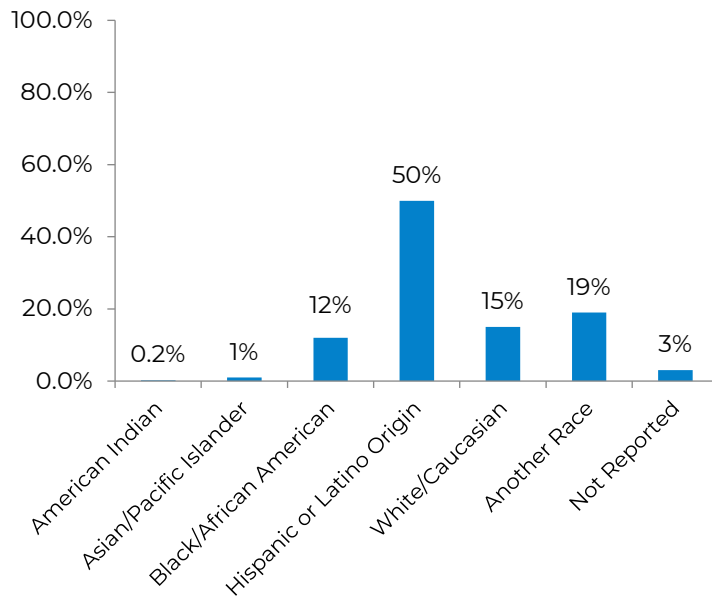
Age



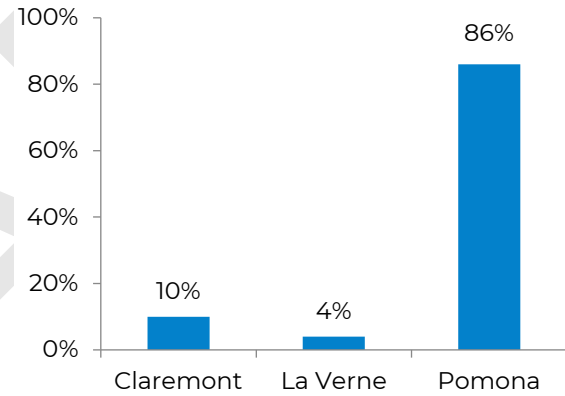
Gender



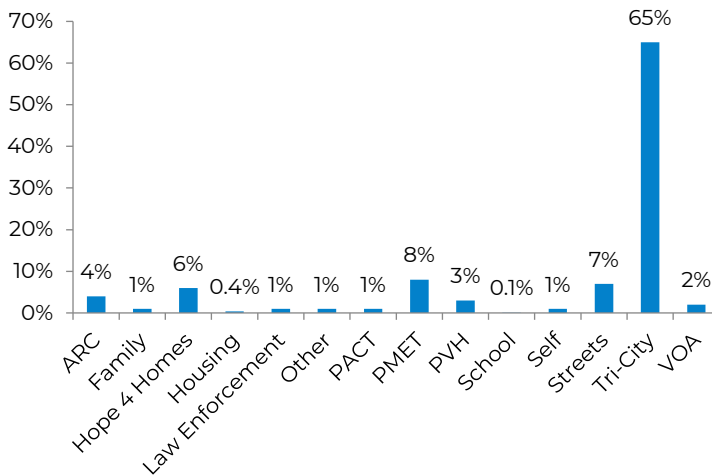
Race



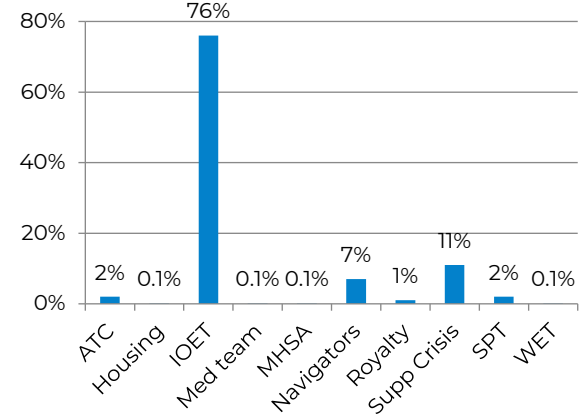
City



Referral Source



Tri-City Referral Source

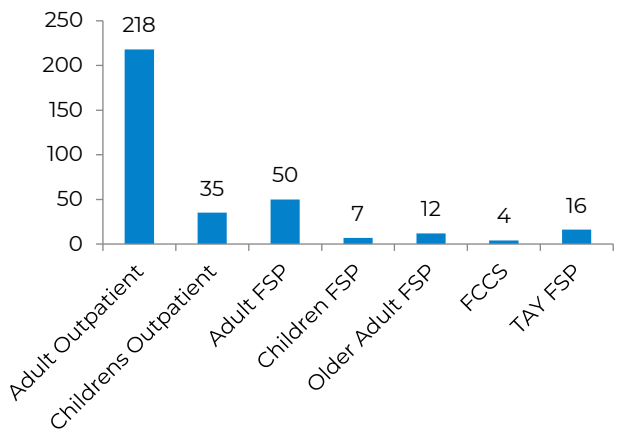


How Well Did We Do It?

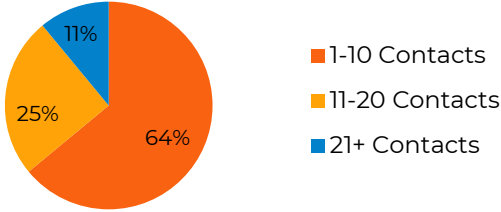
342
Individuals were opened for services at Tri-City through the Intensive Outreach and Engagement Team



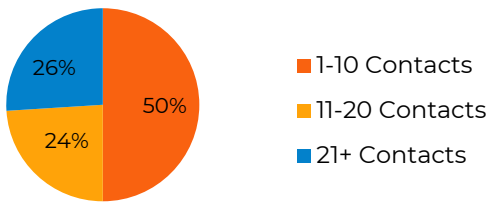
Opened for Services



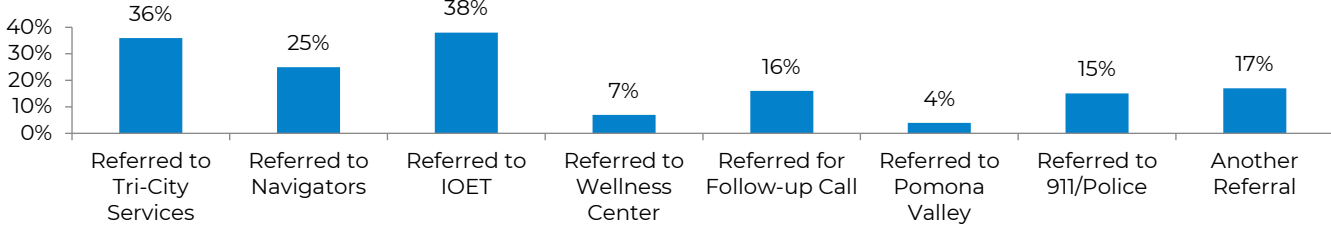
Percent of IOET Contacts for Closed Cases



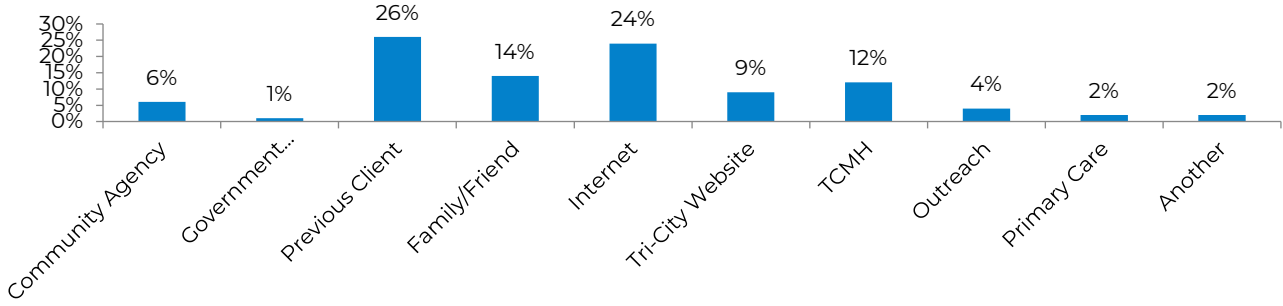
Percent of IOET Contacts for Currently Open Cases



Disposition of Crisis Calls



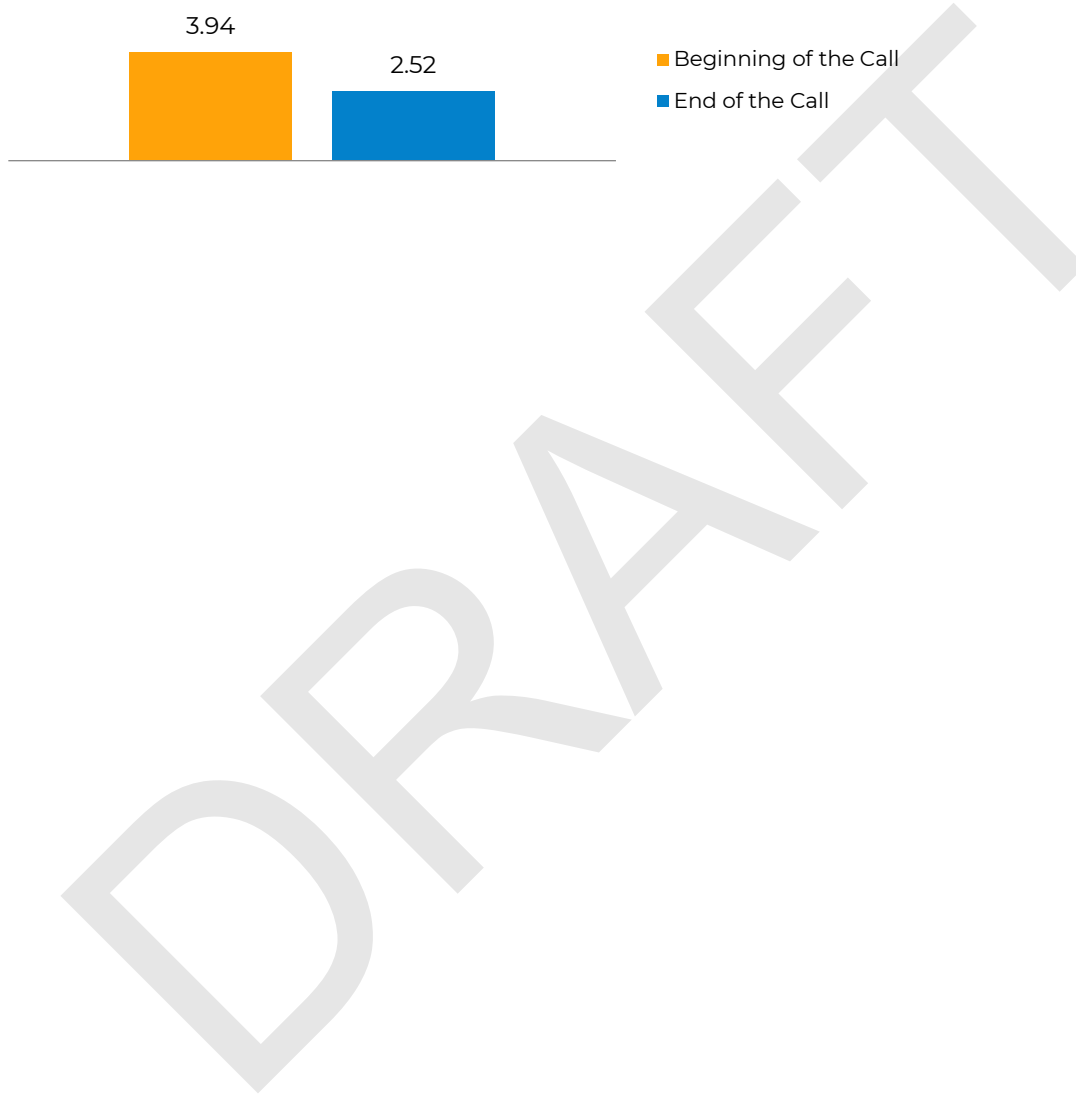
How did you hear about the Supplemental Crisis Line?



IS ANYONE BETTER OFF?

Level of Distress for Crisis Callers

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



Field Capable Clinical Services for Older Adults

Program Description

Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMH staff members provide mental health services to older adults ages 60 and above. FCCS offers an alternative to traditional mental health services for older adults who may be unable to access services due to impaired mobility, lack of transportation, frailty, stigma, or other limitations. Available services include but are not limited to 1) bio-psycho-social assessment 2) individual and group counseling 3) psychiatric and medication follow-up 4) case management and 5) referrals to appropriate community support services. These services are provided at locations convenient to older adults, including in-home, senior centers, medical facilities, and other community settings.

Target Population

Older adults, ages 60 and over, who are experiencing barriers to mental health service due to a variety of issues including lack of transportation, stigma, or isolation.

Age Group	Older Adults 60+
Number Served FY 2020-21	32
Cost Per Person	\$2,503

Program Update

During FY 2020-21, Field Capable Clinical Services for Older Adults (FCCS) served 32 unique individuals. This was an increase from 26 served in FY 2019-20. The primary city where participants reside continues to be Pomona with 78% percent of those served. The primary diagnosis seen for FY 2020-21 participants is depressive disorders and the average length of enrollment is 17.9 months.

Housing for this age group is a critical factor for recovery for this population. During this past fiscal year, 2 FCCS participants were successfully connected with housing. In addition, 12 participants were assisted by medication servicing, another support service offered through the program.

Challenges and Solutions

In previous years, a portion of the clients in the FCCS program struggled with the concept of graduating for this program. The FCCS staff addressed this issue by focusing on offering transition support which included referrals to other programs in Tri-City's system of care including MHSA programs such as the Wellness Center, Peer Mentors, and the Therapeutic Community Garden. With this added support, 13 participants successfully completed this program and were discharged in FY 2020-21.

Cultural Competence

The FCCS program continues to be led by a bilingual (Spanish speaking) FCCS clinician. In addition, all program brochures are available in both English and Spanish and an approved language line is also available. Community Navigators are available to provide culturally appropriate resources for clients as needed.

Community Partners

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

- **Joslyn Senior Center** – Community senior services in the city of Claremont
- **La Verne Community Center** – Community services for children, youth, adults and older adults
- **Palomares Park Community Center** – Community services and recreational programs for residents of the city of Pomona
- **Blaisdell Senior Center** - Community senior services in the city of Claremont
- **Washington Park Community Center** - Community services and recreational programs for residents of the city of Pomona
- **Meals on Wheels** – Nutrition, education, linkage and social supportive services
- **Dial-A-Ride** – Transportation services
- **Access** – Transportation services

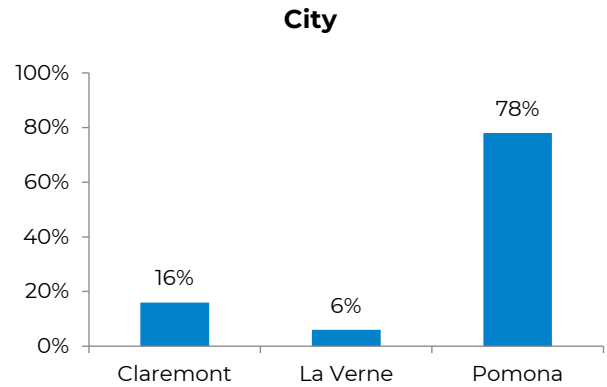
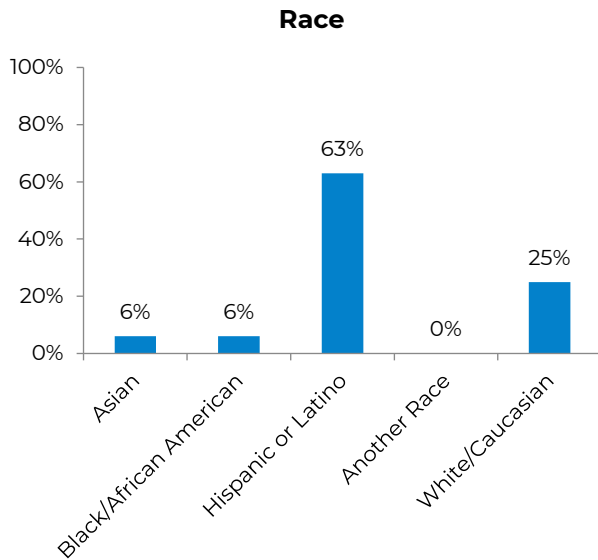
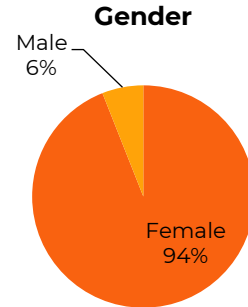
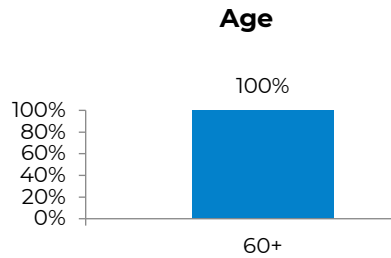
Success Story

During FY 2020-21, a 75-year-old client suffering from depression and anxiety began weekly sessions with the FCCS therapist. Poor socialization and suicidal ideation were behaviors of concern. This client made significant progress and reported decreased depressive symptoms and presents as more optimistic. They also participated in a psychotherapeutic group at FCCS to enhance their social and communication skills. In addition, the client reported that their suicide ideation had reduced dramatically and continues to work on eliminating any negative thoughts. Lastly, the client shared they developed a “new way of thinking” and no longer assumes blame for the negative comments or behaviors of others.

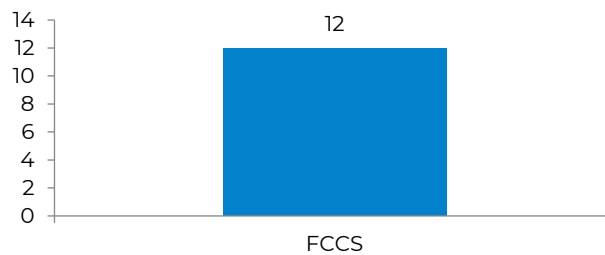
Program Summary

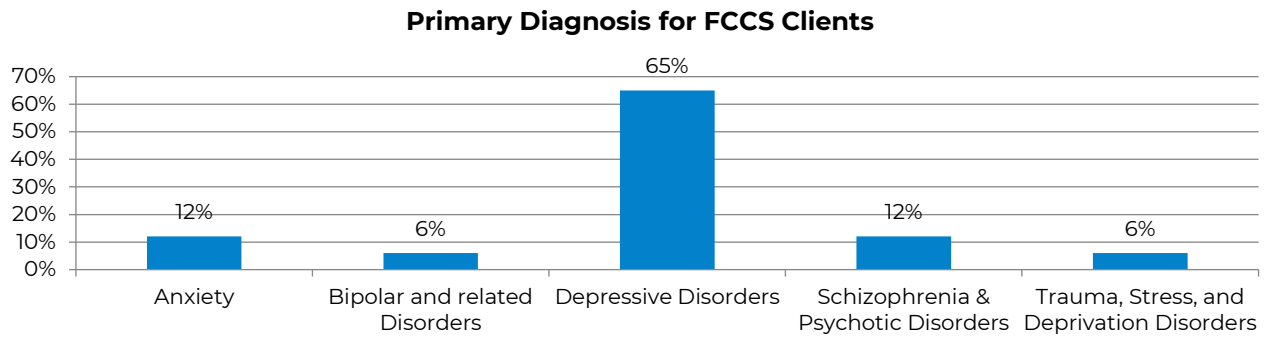
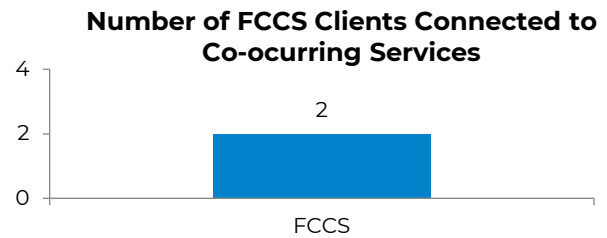
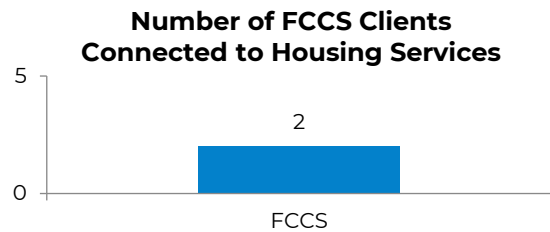
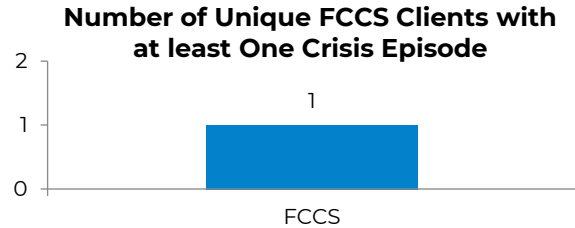
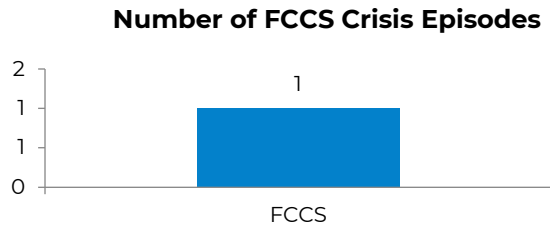
How Much Did We Do?

32
Unique
Individuals
Served

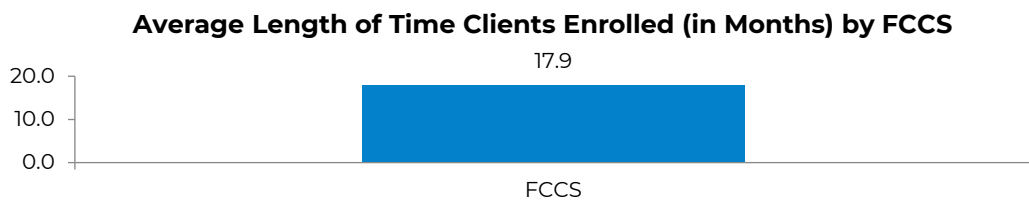


Number of FCCS Clients Receiving Medication Services by Program





How Well Did We Do It?



Is Anyone Better Off?

13
Discharges During
FY 20-21

Permanent Supportive Housing

Program Description

Tri-City's Permanent Supportive Housing units offer living spaces for Tri-City clients who are currently receiving mental health services and their families in the cities of Claremont, La Verne and Pomona. Residential Service Coordinators are located at these sites to offer support and act as a liaison between tenants and the property staff. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration.

Target Population

Tri-City clients living with severe and persistent mental illness and their family members.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2020-21	7	21	148	51	227

Program Update

As the impact of the COVID pandemic continued throughout FY 2020-21, many clients and community members experienced hardships related to their finances. Stay-at-home orders kept people home from places of employment due to business closures, work hours reduced, or because they or someone in their home was vulnerable to COVID-19. Clients began to fall behind on their rent and utility payments putting them at-risk of becoming homeless.

On August 21, 2020, Governor Newsom signed Assembly Bill 3088 which extended the protections that were in place that stopped tenants from being evicted due to nonpayment of rent. Los Angeles County opened applications for rent relief assistance and the city of Pomona also offered their own rental assistance. Both programs added some relief, but the application processes presented obstacles that made it difficult for many households to apply.

By the beginning of the next calendar year, the concern for many households continued. Fortunately, on January 31, 2021, Governor Newsom signed SB 91 which outlines the rules for how California uses the \$25 billion emergency rental assistance funding gained through the stimulus bill passed by Congress on December 27, 2020. SB 91 also extended the tenant eviction protections through June 30, 2021.

The Housing Division team focused on providing the most up-to-date housing protection and assistance information to clients and community members as well as staying connected with partner agencies that were focused on providing those updates.

Challenges and Solutions

FY 2020-21 presented multiple changes in the types of housing protections and assistance with the pandemic including overlapping guidelines between federal, state, county, and city mandates. It became difficult for service providers, clients, and the community to stay current and accurate on what level of protection they had and what options were available to them. The Housing Division team found many agencies experienced the challenges of limited office hours, virtual meetings and having to find alternative way of completing required paperwork. Staff made use of weekly webinars through agencies like the Housing Rights Center, Continuum of Care meetings, and Coordinated Entry Systems meetings to stay current with changes to renter protections and resources available. Staff shared updates within the team as well as with the agency to make sure clients were receiving accurate and consistent information.

Residential Service Coordinators (RSC) had to look for alternative ways to engage the tenants at their sites as in-person groups were no longer an option. Three new socialization and support groups were created virtually: Parent Talk, Community Resource Forum, Game Space, and a site-specific Casual Chat. The groups were offered to each client housing location, however, attendance was limited. In response, flyers for groups were created and announced prize raffles for those who attend. RSCs created and administered surveys to solicit feedback from tenants about the type of groups they would be interested in participating in. Tenants were also informed that there would be a gift card raffled at each site for completing the survey. Yet still, only a handful of responses were received.

Finally, clients continued to be matched to voucher opportunities through the Coordinated Entry System. However, staff encountered challenges when completing these applications. Staff were limited on when they could meet with the applicants and sought out support from Tri-City's clinical team and other housing staff to receive documents from applicants to try to speed up the process.

Cultural Competence

Tri-City's housing programs offer fair housing to all individuals and families regardless of status. The Housing Department staff are trained in cultural competency and work with clients to help identify their rights regarding housing. During the Supportive Options Group (SOG), staff share with clients about resources such as Social Security Disability Insurance and Health Advocates for those who have identified having a physical disability.

Four of the six Housing Division staff are bilingual in English and Spanish. In addition, the team will offer the Language Line where interpreters are readily available if assistance is needed with a different language. In addition, communication is maintained with clients and the community by providing flyers and information in multiple languages.

During Housing Department (HD) groups, if clients identify that they encounter some type of obstacle in their current housing due to something related to being part of an underserved community, the HD team shares information about reasonable accommodations and work with housing owners and property managers to make accommodations for someone with a disability to ensure they have fair and equitable use of their unit.

Community Partners

The following list of agencies provide additional resources to clients to help them obtain and maintain housing:

- Housing Rights Center
- Neighborhood Legal Services LA
- Summit Payee Services, Inc.
- Union Station
- Volunteers of America
- Prototypes
- Helping Hands Senior Foundation
- National Alliance on Mental Health (NAMI)
- Volunteers of America
- People's Concern
- Foothill Aids Project
- Friends in Deed
- Family Promises
- PATH
- Door of Hope
- Inland Valley Hope Partners
- YMCA
- Salvation Army
- Pacific Clinics
- Los Angeles County Offices of Education

Housing Division staff strive to understand the following agencies, their systems, and expectations to anticipate and avoid potential barriers for clients who are seeking connections to housing resources.

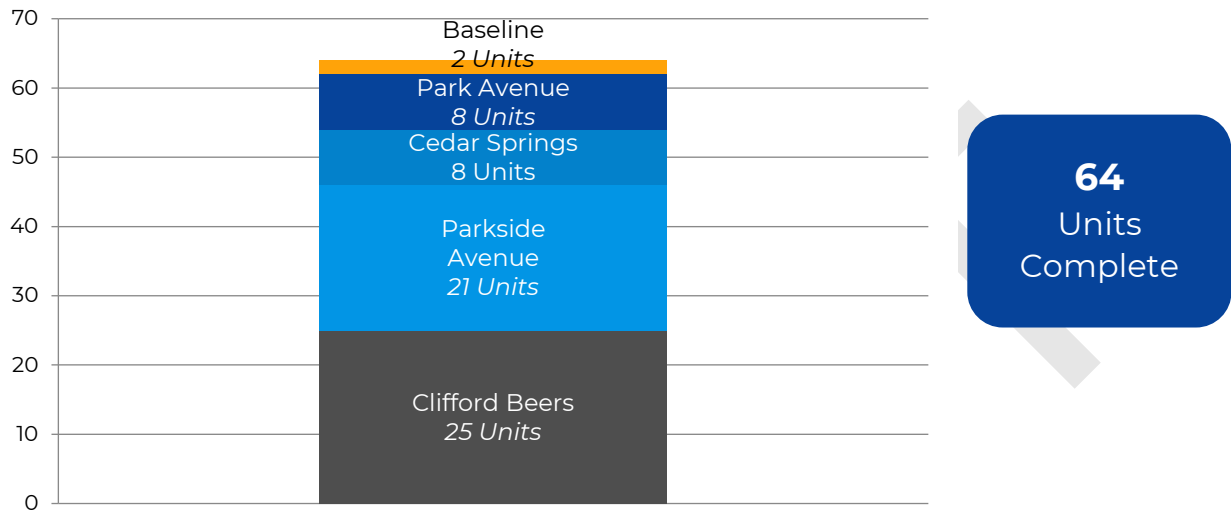
- Pomona Housing Authority (PHA)
- Los Angeles Homeless Services Authority (LAHSA)
- Los Angeles County Development Authority (LACDA)
- Housing Authority of the City of Los Angeles (HACLA)
- Los Angeles County Housing Authority (HACOLA)

Success Story

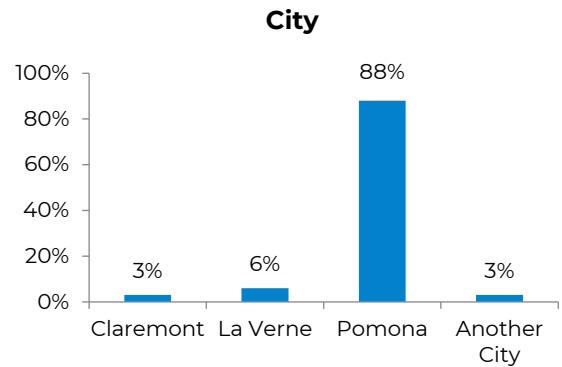
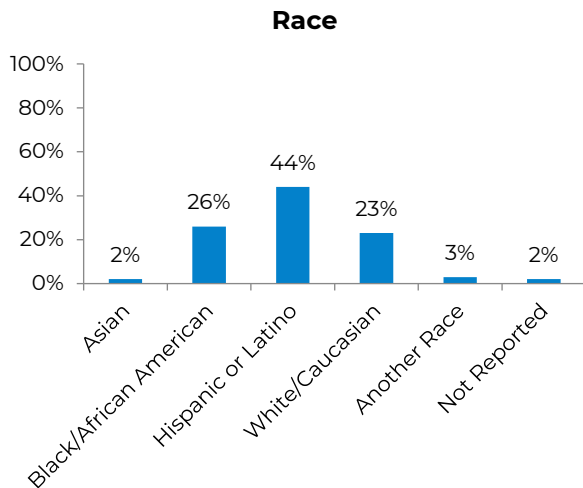
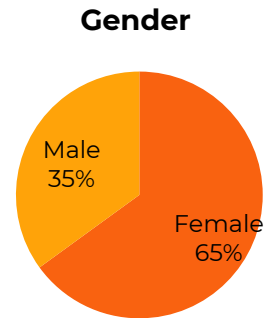
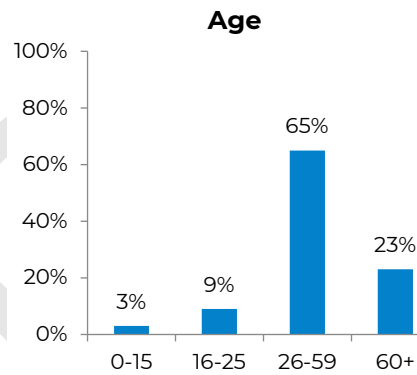
In FY 2020-21, an elderly tenant who resided in one of the permanent supportive housing units made the decision to move to a board and care facility due to deteriorating health conditions. This was not an easy decision for this individual and came only after months of support from the Residential Services Coordinator (RSC) located on site. The tenant was presented with various options over time and allowed to make the decision on their own. Once an alternative living arrangement was determined the RSC and housing team supported this individual and helped to make a smooth transition.

Program Summary

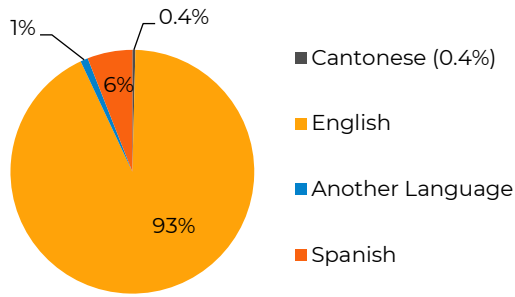
How Much Did We Do?



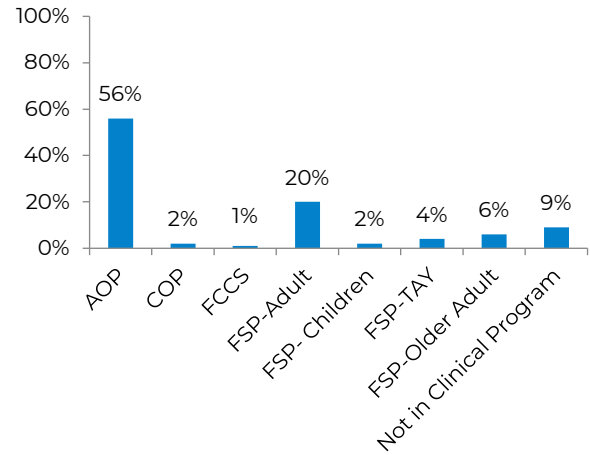
227
Individuals served with Housing needs



Language



Clinical Program

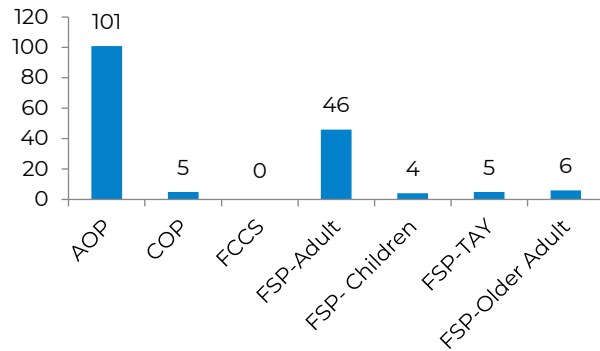


35
Housing Clients Discharged due to Lower Level of Care or No Further Care Needed

24
Individuals with Shelter Plus Voucher (LA/Pomona)

167
Housing Referrals Received

Housing referrals by program

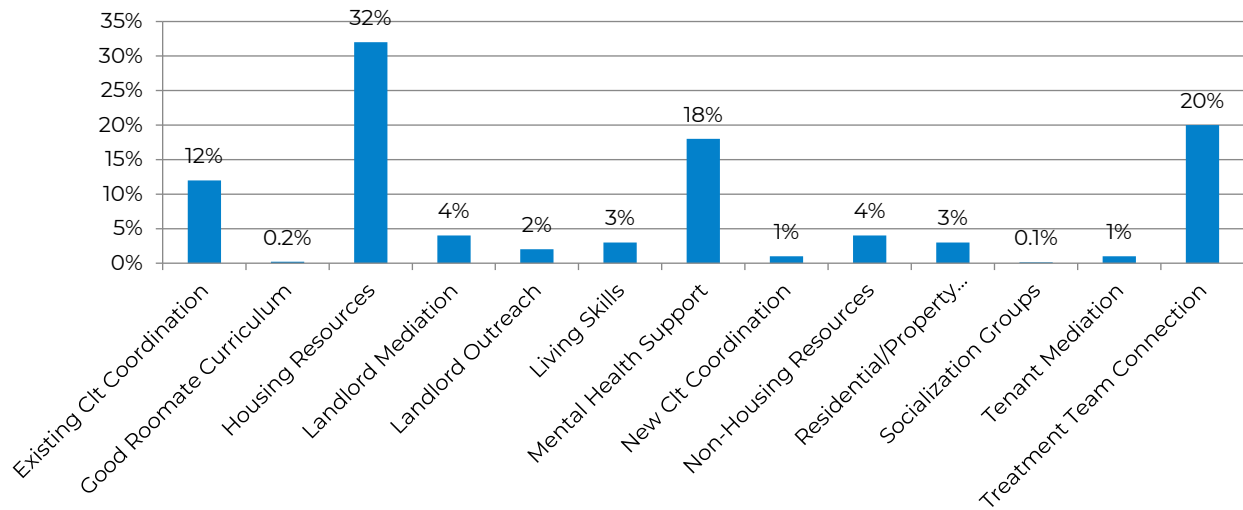


How Well Did We Do It?

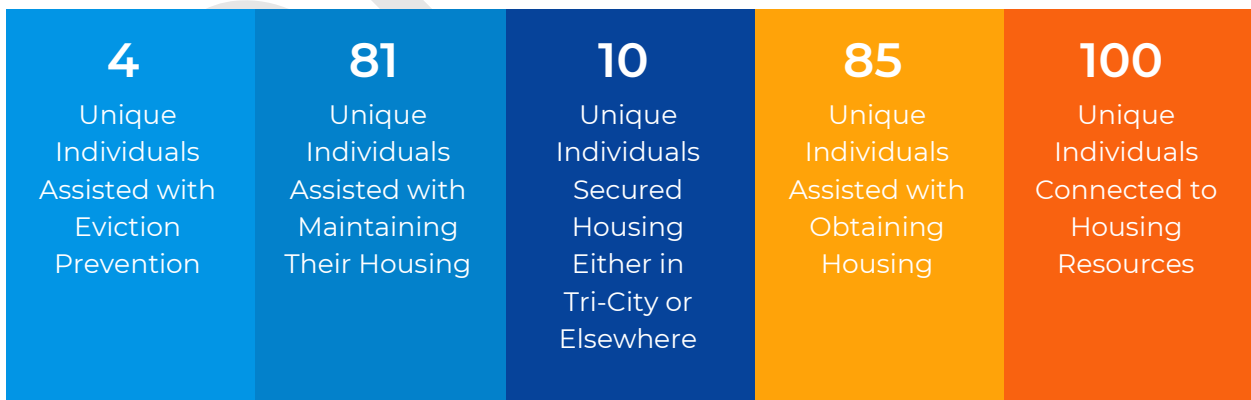
983
Housing Actions

46 Months
Average Length of
Time Clients Living in
Housing Unit

Additional Types of Services Provided



Is Anyone Better Off?



Prevention and Early Intervention Programs

The Prevention and Early Intervention (PEI) Plan focuses on early intervention and prevention services, in addition to anti-stigma and suicide prevention efforts.

- Community Wellbeing Program
- Community Mental Health Trainings
- Stigma Reduction and Suicide Prevention
- Older Adult Wellbeing/Peer Mentor
- Transition Age Youth Wellbeing/ Peer Mentor
- Family Wellbeing Program
- NAMI – Ending the Silence
- Housing Stability
- Therapeutic Community Gardening
- Early Psychosis Program

MHSA Regulations for Prevention and Early Intervention

“The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations”.

Prevention and Early Intervention Regulations/July 1, 2018
(Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA)

Per the Regulations stated above, Counties are required to identify each program funded under their Prevention and Early Intervention Plan by one or more of the following categories:

Prevention and Early Intervention Plan Required Categories/Programs

1. Prevention Program

- a. Housing Stability Program
- b. Therapeutic Community Gardening

2. Early Intervention Program

- a. Early Psychosis Program
- b. TAY and Older Adult Wellbeing (Peer Mentor Program)
- c. Therapeutic Community Gardening

3. Access and Linkage to Treatment Program

- a. Early Psychosis Program
- b. Family Wellbeing Program
- c. Housing Stability Program
- d. TAY and Older Adult Wellbeing (Peer Mentor Program)
- e. Therapeutic Community Gardening
- f. Wellness Center (TAY and Older Adults)

4. Stigma and Discrimination Reduction

- a. Community Mental Health Trainings
- b. Community Wellbeing Program
- c. Early Psychosis Program
- d. Family Wellbeing Program
- e. Housing Stability Program
- f. TAY and Older Adult Wellbeing (Peer Mentor Program)
- g. Therapeutic Community Gardening
- h. Wellness Center (TAY and Older Adults)

5. Outreach for Increasing Recognition for Early Signs of Mental Illness Program

- a. Community Mental Health Trainings
- b. Community Wellbeing Program
- c. Early Psychosis Program
- d. Family Wellbeing Program
- e. Housing Stability Program
- f. TAY and Older Adult Wellbeing (Peer Mentor Program)
- g. Therapeutic Community Gardening
- h. Wellness Center (TAY and Older Adults)

6. Suicide Prevention

- a. Stigma Reduction/Suicide Prevention
- b. NAMI: Ending the Silence
- c. TAY and Older Adult Wellbeing (Peer Mentor Program)

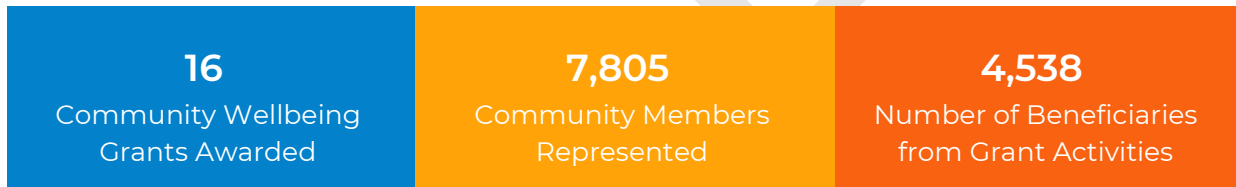
Community Wellbeing Program

Program Description

The Community Wellbeing (CWB) program provides grants to local communities for the promotion of their member’s wellbeing. This program supports communities and groups in Tri-City’s catchment area to assist them in strengthening their capacity to increase social connection and wellbeing. Through grants totally up to \$10,000, community projects are funded to increase awareness of mental health and wellbeing in addition to providing opportunities for these communities to network and build collaboration with other local communities. Tri-City provides technical assistance including collecting data and helping grantees evaluate the impact of their projects.

Target Population

Communities and groups located in the cities of Claremont, La Verne and Pomona who are interested in building their own capacity to strengthen the wellbeing of their members.



Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	390	3,746	2,888	781	0	7,805

Program Update

In FY 2020-21, a total of 16 Community Wellbeing Grants were awarded. These communities represent 7,805 members who will have the opportunity to participate in these community-designed and led wellbeing projects. This fiscal year marks the 10th cohort who have participated in this impactful program. Meetings were held virtually in keeping with COVID guidelines included both joint meetings with all cohort representatives as well as one-on-one meetings to discuss the individual needs and challenges experiences by each grantee. During these meetings grantees were able to share program updates as well as challenges they are currently facing. In addition, many expressed their gratitude of being a part of the CWB grant program and were eager to learn more about other Tri-City programs and services.

Each quarter grantees provide financial reports to Tri-City which reflect their spending and making sure any remaining funds are in line with their project’s needs.

Challenges and Solutions

A common theme expressed during the meetings is the impact COVID-19 has brought to their community/projects and the need to make changes and modifications on how they deliver their projects and services. Grantees expressed that it's difficult to engage with their participants through zoom meetings and have shared ideas on how to better connect with them such as putting together wellness packets that can be mailed/delivered to their participants. To provide resources and support to their communities, grantees are interested in hosting/offering Tri-City Mental Health trainings throughout the grant year on various topics that promote mental health and wellness. Program staff shares all Tri-City resources, events, and trainings that are being offered to community members and partners such as educational webinars, Community Connections webinar, and upcoming events.

To stay connected with grantees, program staff created a "Community" Newsletter that was distributed to all grantees. Contents include Tri-City announcements, events, resources, walk-in hours, cohort announcements, and grantee project information such as the Boys and Girls Club of Parkside craft/activity ideas and After School Intervention for Dyslexic Students.

Cultural Competence

The Community Wellbeing staff consist of a bilingual coordinator and all materials and applications are available in both English and Spanish. In addition, presentations are available in both English and Spanish.

Bright Prospect, one of the grant recipients, invited Tri-City staff to their parent meeting to share Tri-City's programs, resources, and services that can be utilized by parents and/or their children. This presentation was provided in English and Spanish. Parents were engaged and asked questions during the presentation stating they knew of Tri-City as an agency but were not aware of the programs and services Tri-City offers. The parents felt the presentation was helpful and informative because they have faced some challenges with their children during the COVID-19 pandemic and were happy to know that mental health services are available to support them and their kids.

Community Partners

The Community Wellbeing Grant program is based on community collaboration and connection. In anticipation of new grants during the next fiscal year, 20 applicants were interviewed in May 2021 with 17 chosen to be awarded a Community Wellbeing Grant for Fiscal Year 2021-2022. These new grantees will be working with program staff to revise and finalize their budget based on the awarded amount. These new grantees attended an orientation where program staff provided an overview of the CWB program, forms, and procedures. This new cohort will begin their projects in July 2021.

Success Story

The Community Wellbeing Program offers grants to community organizations and groups who are interested in building the wellbeing of their members. Casa Colina Hospital and Center for Health, a Wellbeing Grantee, offers the No Limits Creative Arts Program, which provides art (e.g. painting, writing, cooking, music) as a medium to help transition age youth (TAY) with special needs to build a community support system that will help decrease feelings of loneliness,

depression, anxiety, and isolation. The goal of this project is providing a safe, comfortable environment for the TAY participants to express themselves using creative arts in a safe space.

One specific example was a holiday crafting event where TAY participants could make gifts or creations for themselves. Some participants reluctantly attended due to social anxiety and even requested that their parents wait in the parking lot in case they needed a quick escape. However, everyone stayed until the end, and even expressed enthusiasm for the next event.

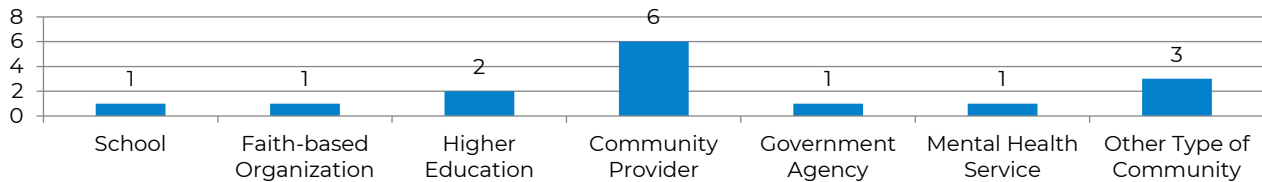
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Program Summary

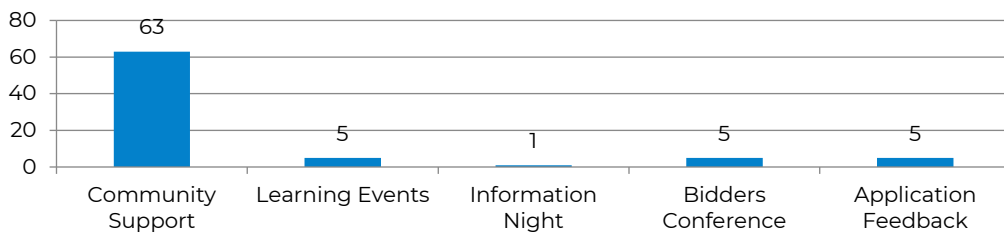
How Much Did We Do?



What Type of Grantee is Your Community Considered?

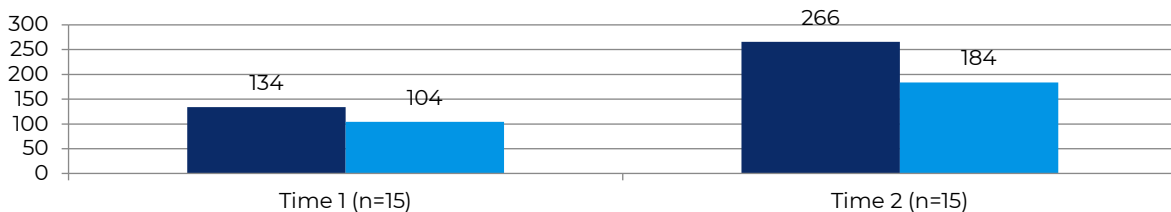


Number of Events Held by Community Capacity Organizer



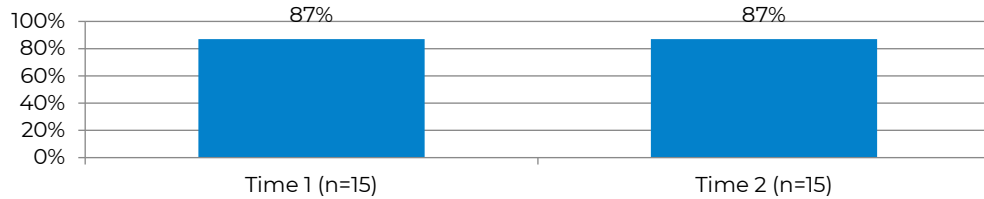
353
Attendees

■ Events/Activities ■ Meetings

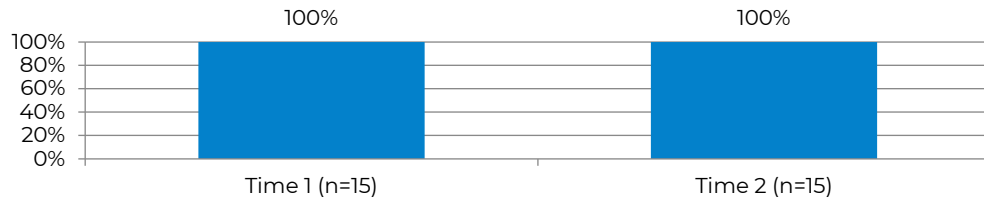


How Well Did We Do It?

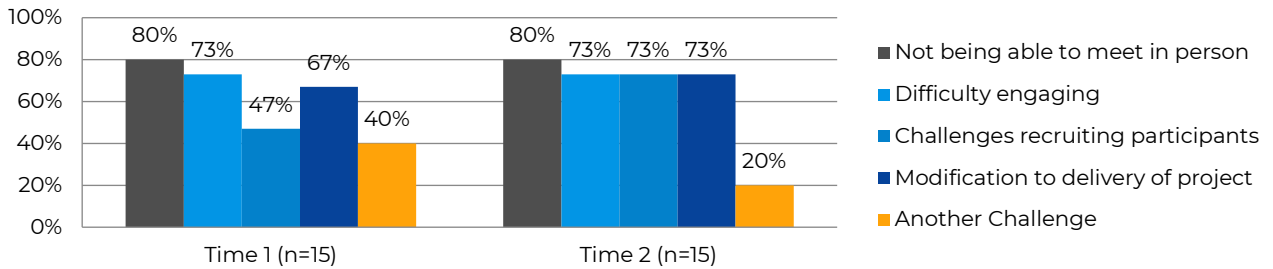
Percentage of Grantees who Report How Successful their Community's Activities were:



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

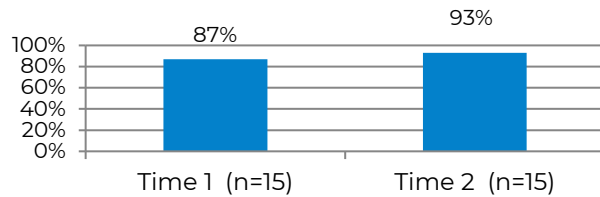


Percent of Grantees who report challenges their communities faced (Check all that apply)

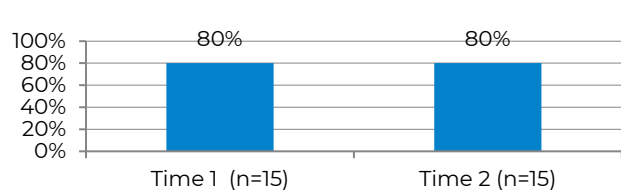


Is Anyone Better Off?

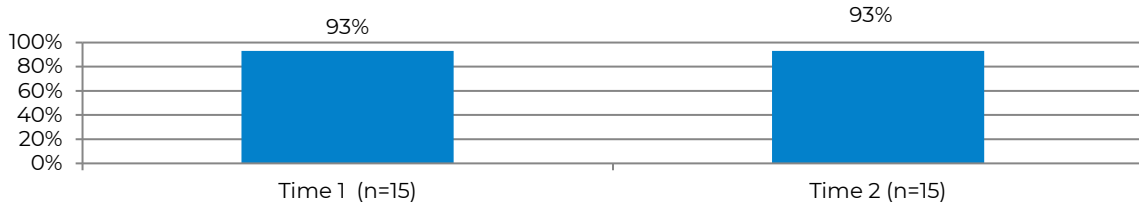
Percentage of Grantees who Report Improvement in Supporting Each Other



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

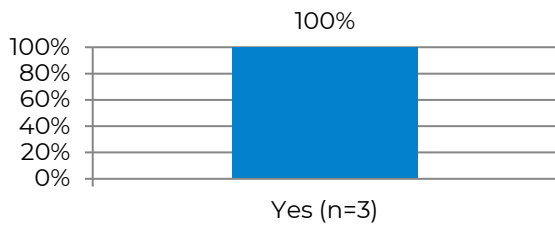


Percentage of Grantees who Report They Know How to Access Additional Support Services from Tri-City

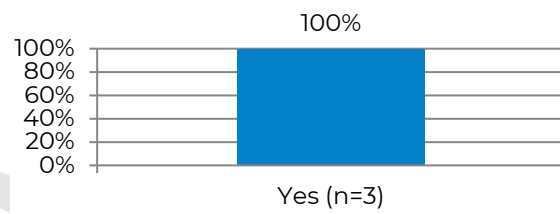


Grantee Follow-Up Survey

Were you able to sustain the project?

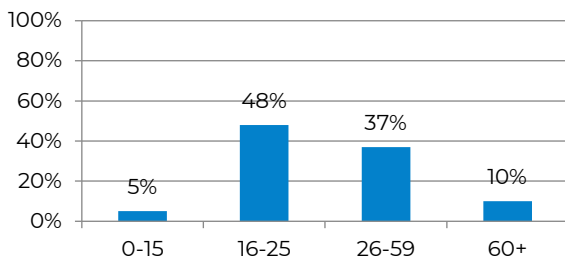


Did Your Challenges Improve Since Receiving the Award?

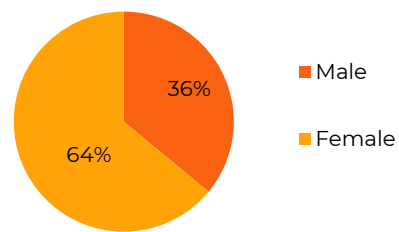


Grantee Community PEI Demographics

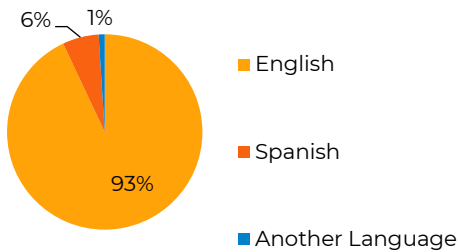
Age Group



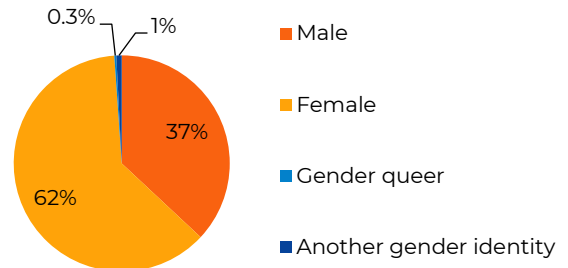
Assigned Gender at Birth



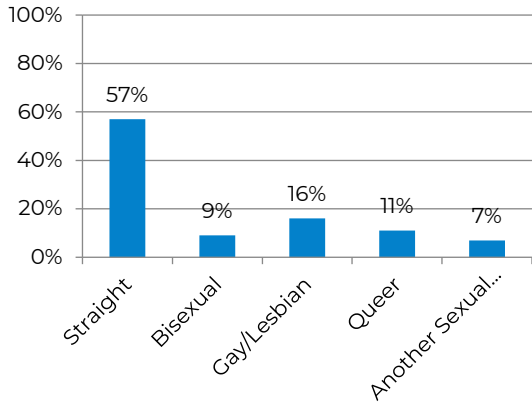
Language



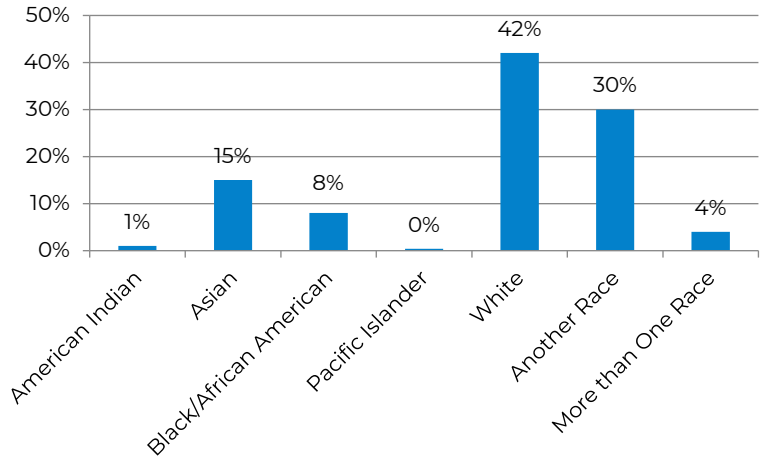
Current Gender Identity



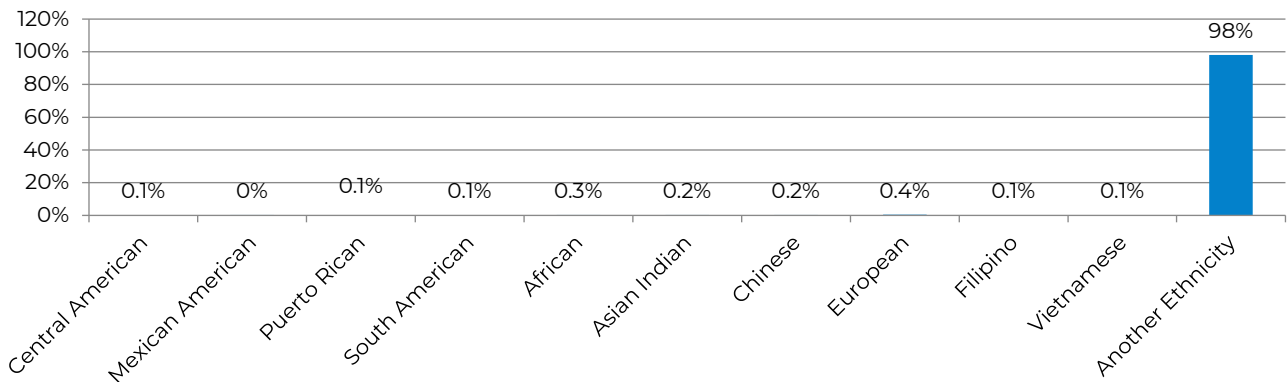
Sexual Orientation



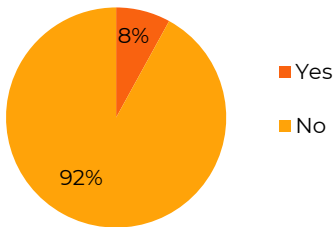
Race



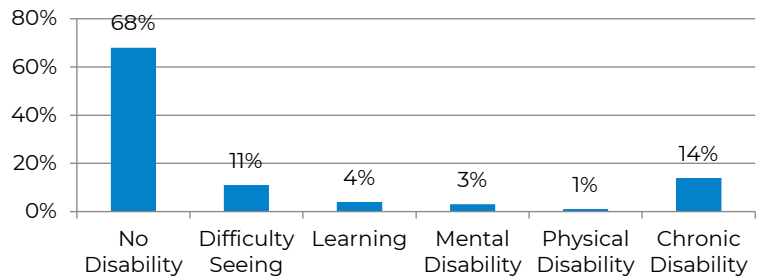
Ethnicity



Military Veteran



Disability



Number of Potential Responders	7,805
Setting in Which Responders were Engaged	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
Type of Responders Engaged	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

DRAFT

Community Mental Health Trainings

Program Description

Community Mental Health Trainers offer free group trainings to community members and partners in the Tri-City service area of Claremont, La Verne and Pomona. These trainings are designed to provide participants with the skills and information they need to support themselves, friends, families, and others in mental wellness. These free trainings include Mental Health First Aid (MHFA), Adverse Childhood Experiences (ACEs), Community Resiliency Model™ (CRM), Motivational Interviewing (MI), and Everyday Mental Health (EMH) as well as workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes. Since the onset of COVID-19, these trainings are offered virtually.

Target Population

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

57 Community Mental Health Trainings		1,067 Number of Individuals Trained				
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	11	35	60	7	954	1,067

Program Update

The Community Mental Health Training (CMHT) program was able to conduct and present to more community members during FY 20-21 than previous fiscal years. The program trained 1,067 community members across a wide range of mental health topics in 57 conducted trainings. Significant ratings from participants include: 84% of participants reported feeling confident in using or applying the skills learned in the training. Additionally, 97% of participants reported that they would recommend the training to others.

The CMHT program has outreached and trained various audience types (i.e., schools, health agencies, mental health agencies). The trainings provided support to the Tri-City community by increasing access to mental health services and helping agencies better support the community members they serve.

Challenges and Solutions

During FY 2020-21, CMHT staff were limited as far as the number of in-person trainings they were able to complete. In response to the continuing challenges with COVID-19, CMHT staff in

partnership with other community agencies and schools increased their webinar presentations with a focus on subjects that are relevant to our community members. Some of these webinar topics included Minority Mental Health Month, Early Psychosis, Wellness Together, COVID & Stress Management, Adverse Childhood Experiences (ACEs) and Community Resiliency Model™ (CRM). Specific examples of these community trainings for notable participants included Mental Health, Wellness, and Awareness for the Health Bridges staff and students with Pomona College; Stress Management During COVID-19 for Bright Prospects staff, volunteers, and students; Everyday Mental Health and Wellness for Tri-City Interns who are currently enrolled in a graduate program and Motivational Interviewing to Tri-City Peer Mentors and graduate students enrolled at Claremont Graduate University.

Cultural Competence

The Community Mental Health Training team consists of bilingual staff who are available to offer trainings in both English and Spanish. In addition, most materials and brochures are available in both English and Spanish.

Community Partners

Community engagement is key to the success of the Community Mental Health trainings. Partners include local colleges, school districts, law enforcement, community-based organizations, faith-based organizations as well as Community Wellbeing Grant recipients.

Success Story

The most popular and requested training was Adverse Childhood Experiences (ACEs). This training focused on helping participants understand that although they may have experienced childhood trauma and stress, which can have a negative impact on lifelong health and well-being, individuals and our community, as a whole, can create an environment of healing and resilience.

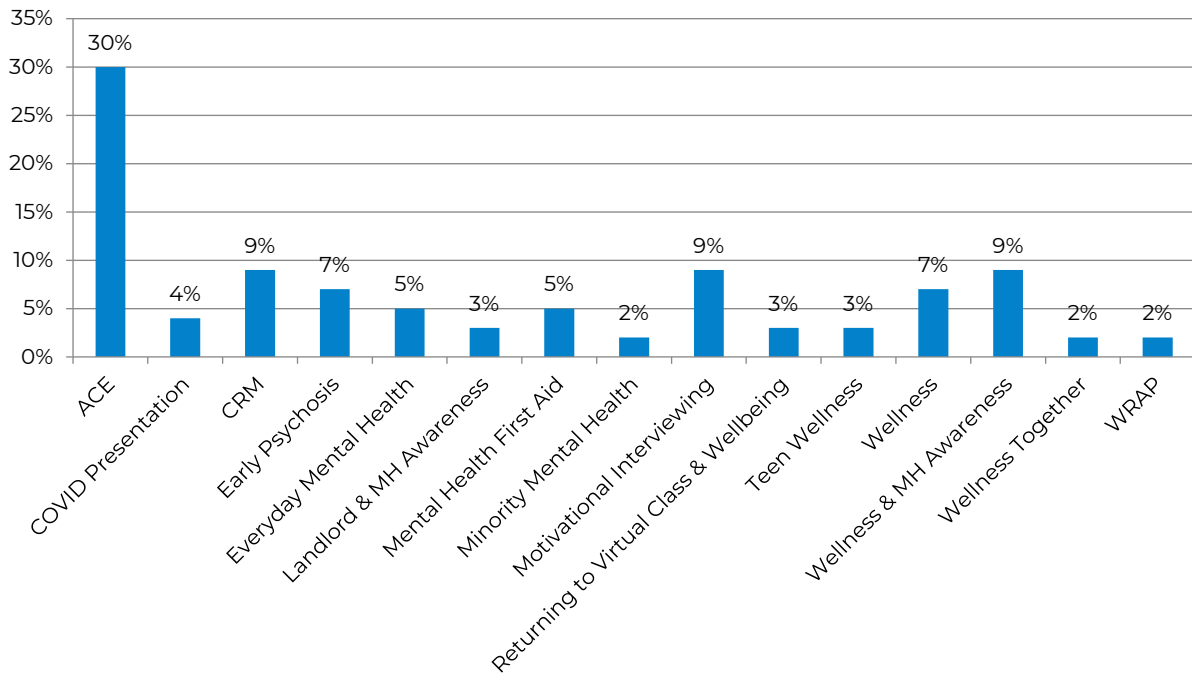
When surveyed about the trainings offered through this program, 87% of participants reported that the training was relevant to their day-to-day activities. In addition, 96% of participants rated the training sessions as good or excellent.

Program Summary

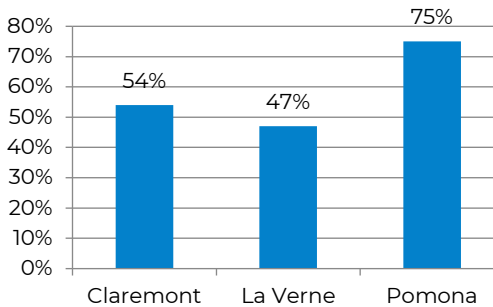
How Much Did We Do?



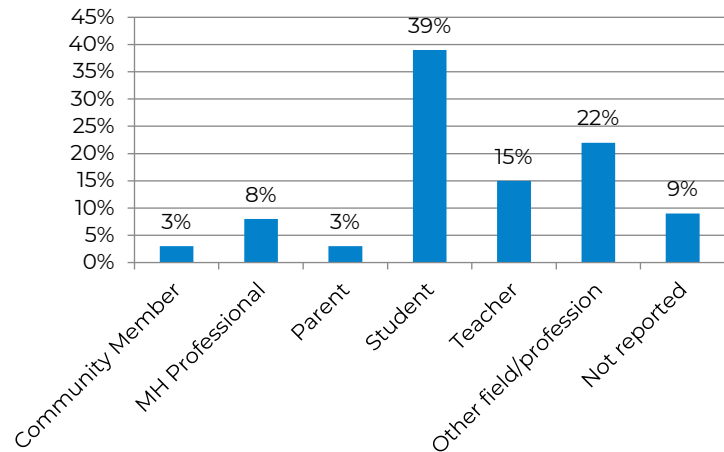
Community Mental Health Presentations



City of Attendees

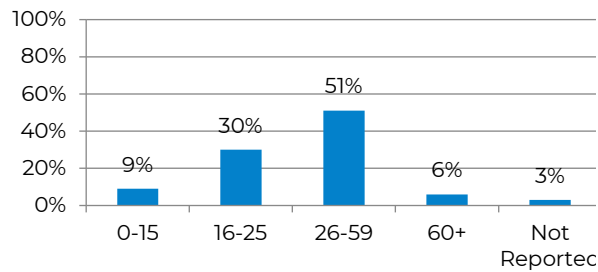


What field/profession are you in:

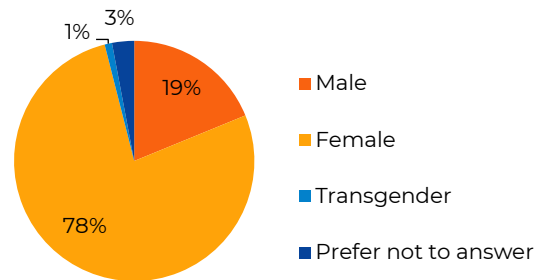


PEI Demographics from Surveys

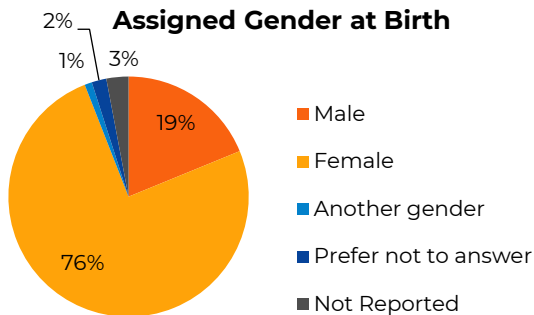
Age Group



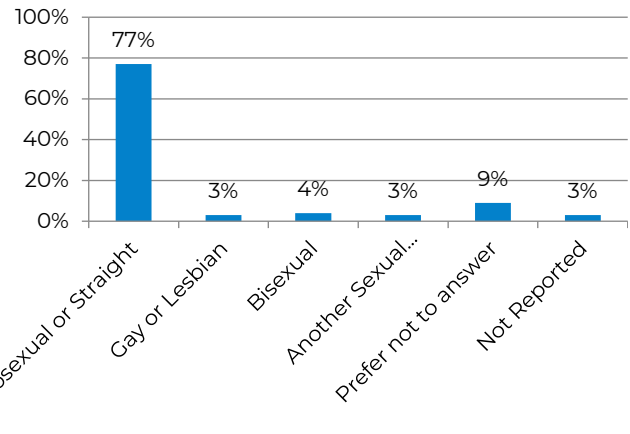
Current Gender Identity



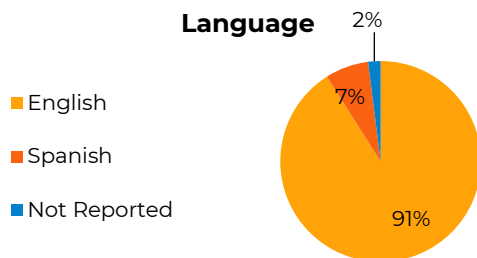
Assigned Gender at Birth



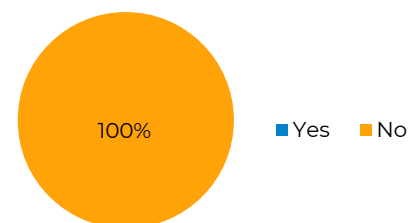
Sexual Orientation



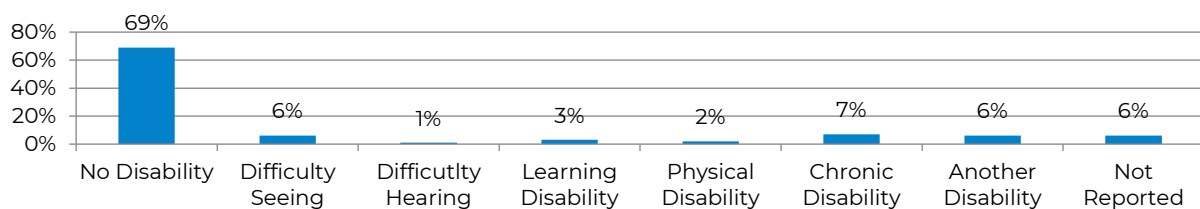
Language



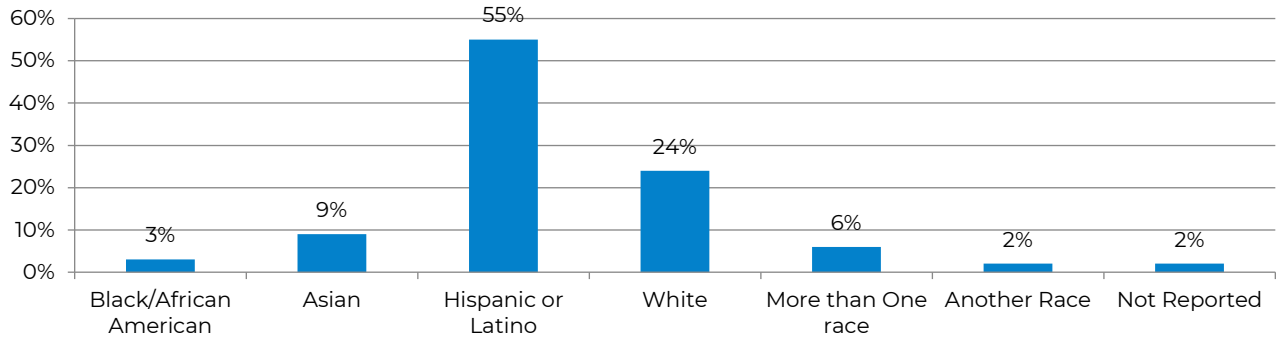
Military Veteran



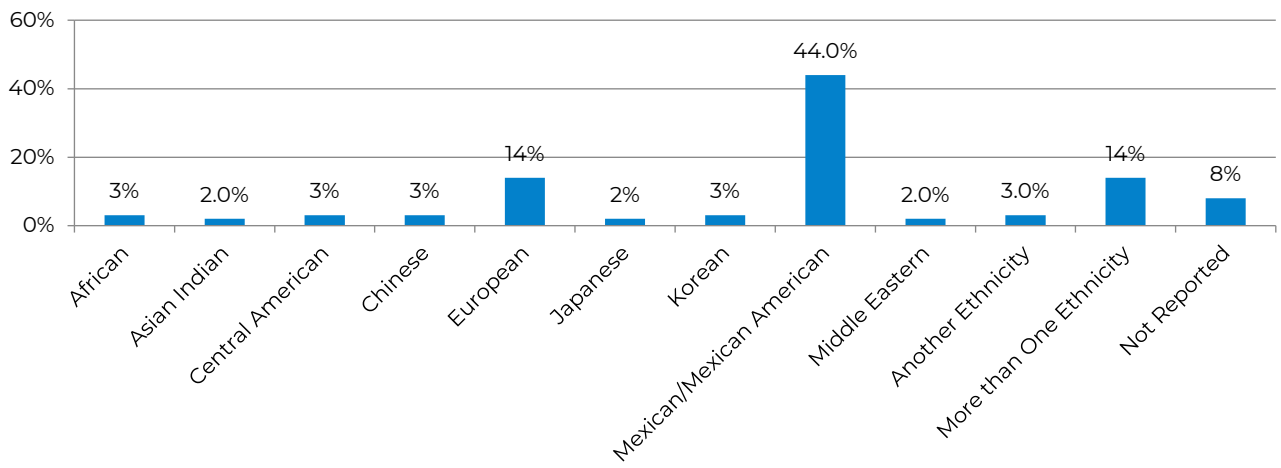
Disability



Race

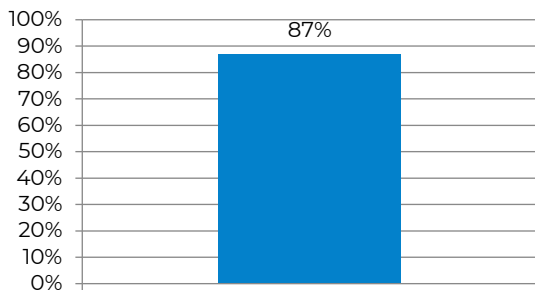


Ethnicity

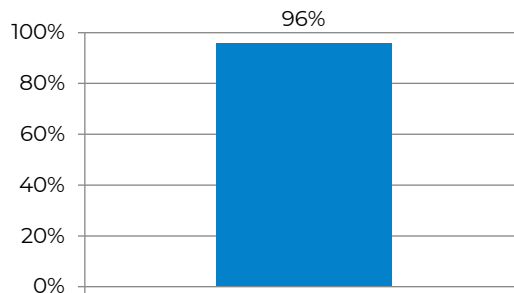


How Well Did We Do It?

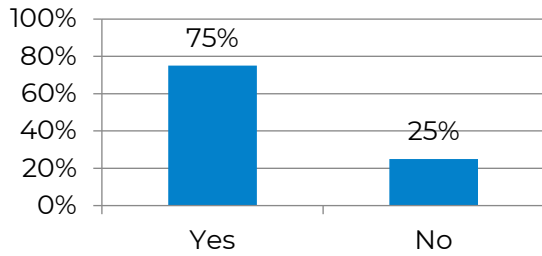
Percentage of participants who report the training was relevant to their day to day activities:



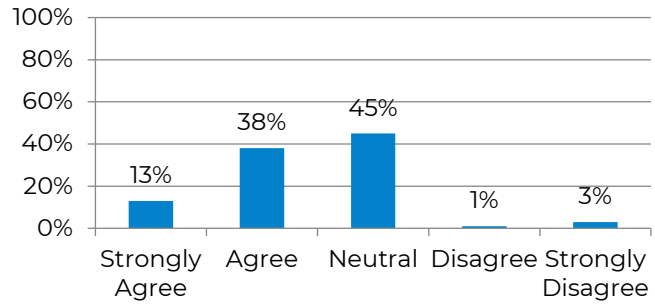
Percentage of participants who rated the training session as good or excellent:



At any time in your life, have you experienced trauma or mental illness?

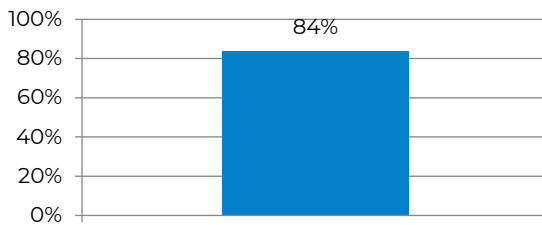


If so, has this training helped you manage your recovery?

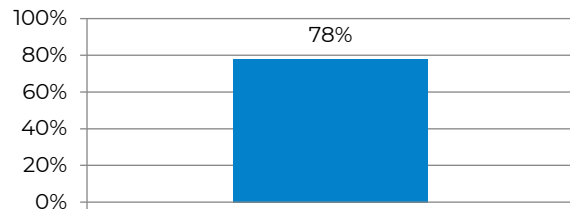


Is Anyone Better Off?

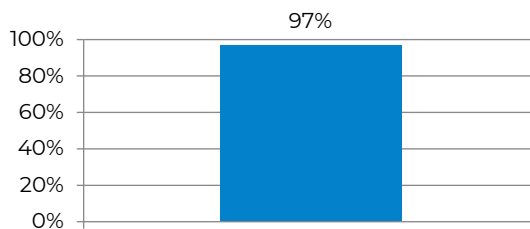
Percentage of participants who report feeling confident in using or applying the skills learned in the training



Percentage of participants who report feeling more confident reaching out to someone who may be dealing with a mental health challenge or crisis



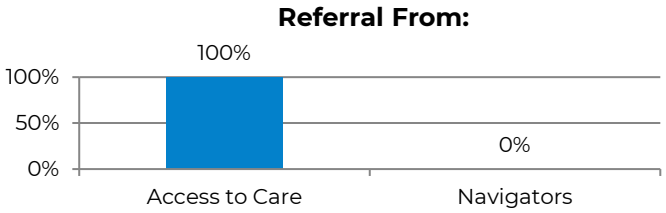
Percentage of participants who would recommend training to others:



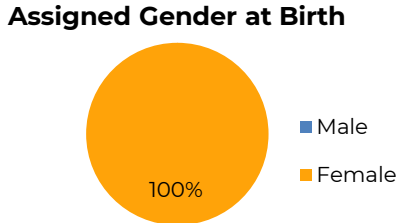
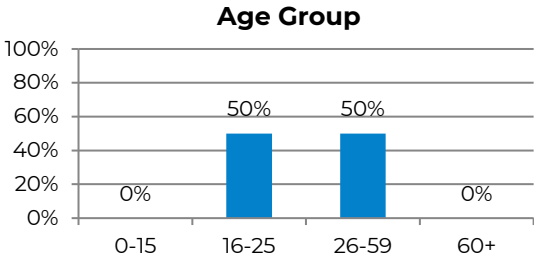
Number of Potential Responders	1,067
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, adults, seniors, landlords, parents, residents, consumers, students, service providers, faith-based organizations and community-based organizations
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

Timely Access to Services for Underserved Populations Strategy

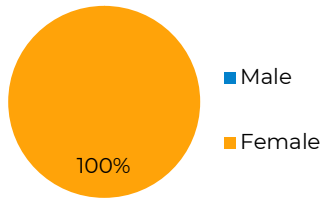
2
 MHSA Referrals to
 Community Mental Health
 Trainings



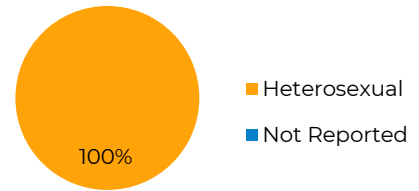
PEI Demographics Based on Referrals



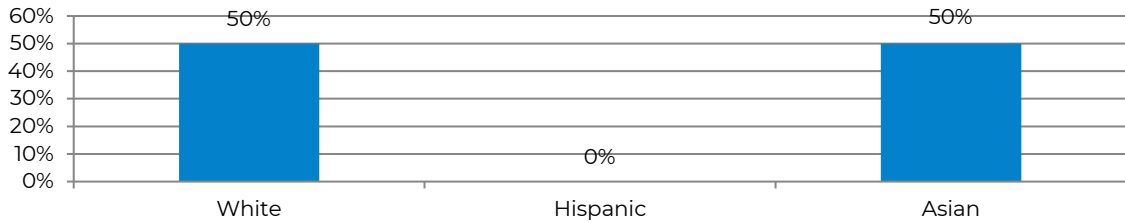
Gender Identity



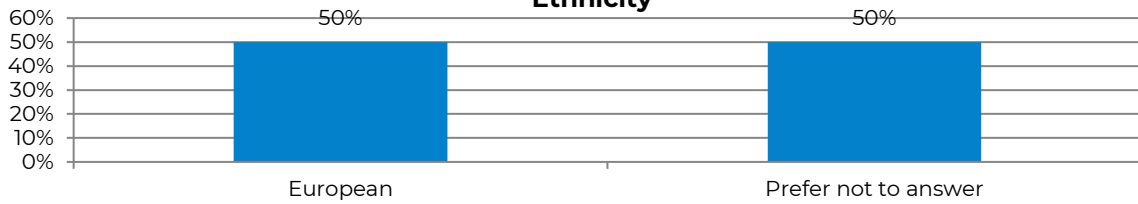
Sexual Orientation



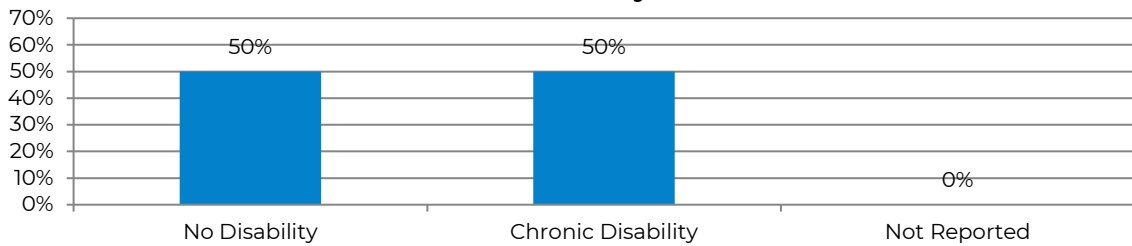
Race



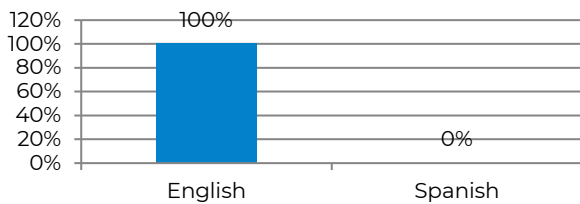
Ethnicity



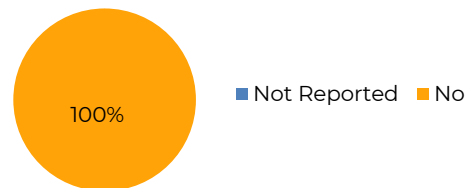
Disability



Language



Military Veteran



Stigma Reduction and Suicide Prevention

Program Description

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

Target Population

Community members and partners including local colleges, schools, agencies, organizations, and Tri-City staff.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	3	42	1	103	149

Program Update

The Room4Everyone campaign includes community efforts such as Green Ribbon Week, Mental Health Awareness Month, Minority Mental Health Awareness Month and Suicide Prevention and Awareness Month.

In addition, community members with lived experience participate in projects focusing on stigma reduction. Courageous Minds Speakers Bureau provides individuals with the opportunity to share their stories and struggles with mental illness and path to recovery. The Creative Minds Art Gallery is located in the MHSA Administration building and showcases art by local residents and the story behind each piece. Finally, stigma reduction presentations are offered throughout the three cities where information on mental illness as well as messages of hope and recovery are shared with community organizations, schools, and agencies.

Suicide prevention efforts include both local and state level trainings. Each Minds Matters [EMM] (California's statewide stigma reduction campaign) created the theme for Suicide Prevention Awareness Month called Hope, Resiliency, and Recovery. EMM provided all state partners a very extensive resources kit that included marketing materials [flyers, posters, social media post/blogs, etc.] and activities people can participate in throughout the month. These resources can be found on Tri-City's website and shared on social media accounts. A webinar on *Know the Signs: Suicide is Preventable* was offered to community members, partners and staff. Suicide Prevention toolkits were also provided to be distributed to community members.

Challenges and Solutions

During FY 2020-21, the Community Capacity Organizer for this program resigned. However, the Prevention and Early Intervention staff worked diligently to review suicide prevention presentation materials and update content, and attempted to schedule stigma reduction and suicide prevention trainings for community members and partners. Due to COVID-19, the Creative Minds Art Gallery was put on hold since Tri-City was not able to collect art from local artists. However, in collaboration with Peer Mentor program staff and mentors, efforts were made to create a virtual art gallery which took place in March 2021 during Green Ribbon Week.

Community Partners

The following are examples of community outreach and engagement:

- **Directing Change Video Contest** – Directing Change is a part of California’s statewide Stigma Reduction campaign Each Mind Matters [EMM]. The Directing Change Program and Film Contest is a unique opportunity for California students to show their creativity and educate their peers about mental health and suicide prevention by making 60-second PSAs. All Tri-City area video submissions from Cal Poly Pomona, Claremont High School, Mt. View Elementary, and School of Arts and Enterprise were viewed. After the videos were viewed, there was a panel discussion with two advisors and five students to share their experience, how this project impacted them, and encouraged others to participate next year.
- **Creative Minds Virtual Art Gallery** – Due to COVID and Social/Physical restrictions, Tri-City hosted the first virtual art gallery during Green Ribbon Week. The art theme was *Through the Lens of COVID*. Participants submitted self-made art [painting, sculpture, etc.], photography, and poetry.
- **Green Ribbon Week [GRW]** - During FY 2020-21, the GRW’s theme was “Each of Us.” During the week, social media challenges, resources, and information regarding mental health and stigma were posted for anyone to share and participate in. A list of local eateries, who had supported Tri-City’s GRW campaign in previous years, were highlighted on social media in hopes community members will support them in this time of need. A Lunch and Learn for Tri-City staff was held to discuss *Successes, Strategies, and Struggles during COVID*. The purpose was to provide a space to share, learn, and support each other during this challenging time.
- **Striving for Zero Suicide Learning Collaborative** - In an effort to better serve our communities, with our suicide prevention plan, Tri-City joined the state-wide Striving for Zero Suicide Learning Collaborative. This collaborative allowed Tri-City to network with other counties and state-wide agencies on up-to-date effective suicide prevention strategies, communication, resources, trainings, and post-intervention work. Technical Assistance will be provided to gain access to local data around suicide statics and behavioral health challenges that currently impacts our communities. This will be a 12-18-month collaborative that will start FY 2021-22.

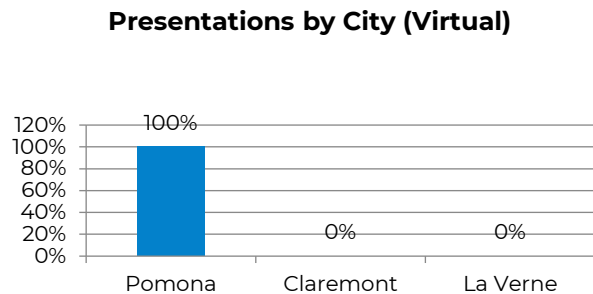
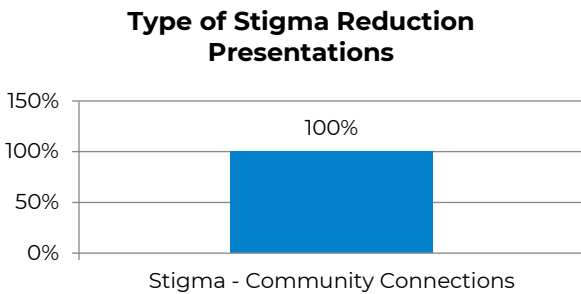
Success Story

Although an in-person Creative Minds Art Gallery was placed on hold due to the pandemic, PEI staff and mentors from the Peer Mentor program collaborated to host a Creative Minds Virtual Art Reception. The theme for this virtual event was “Through the Lens of COVID-19” and took place during Green Ribbon Week, which is an annual event celebrating mental health awareness. This virtual art gallery event featured 55 pieces of original art provide by 25 local artists. Each piece included a personal story about how art impacts the individual artist.

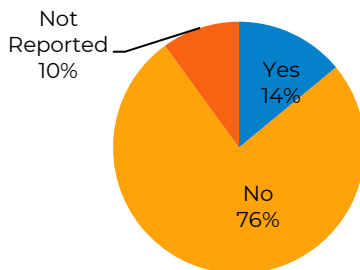
Program Summary

How Much Did We Do?

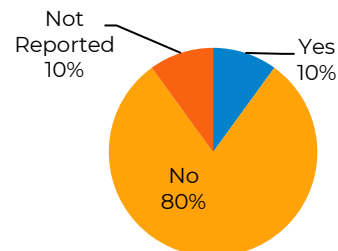
Stigma Reduction



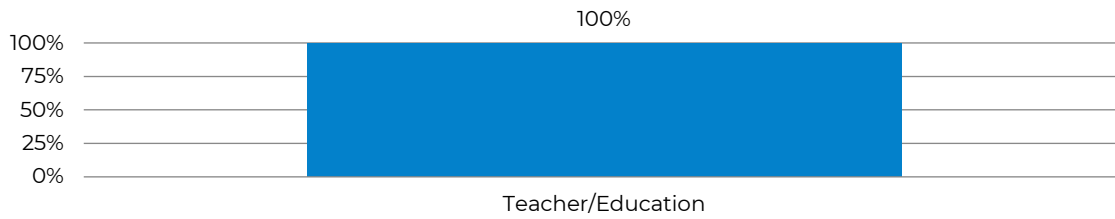
Do You Identify As An Individual Who Struggles With Mental Health:



Are You Currently Receiving Mental Health Services?

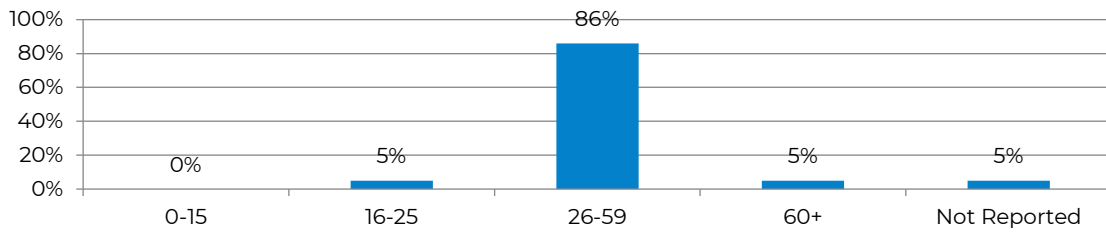


What field/profession are you in:

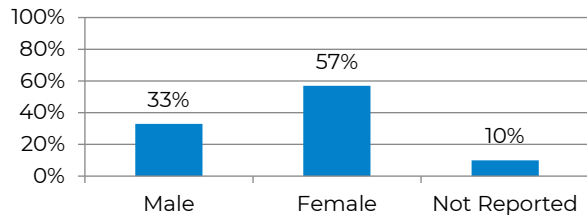


Demographics based on participants who completed Stigma Reduction Surveys (n=21)

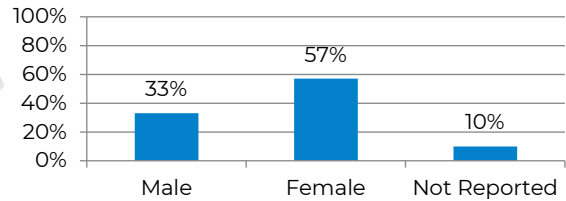
Age Group



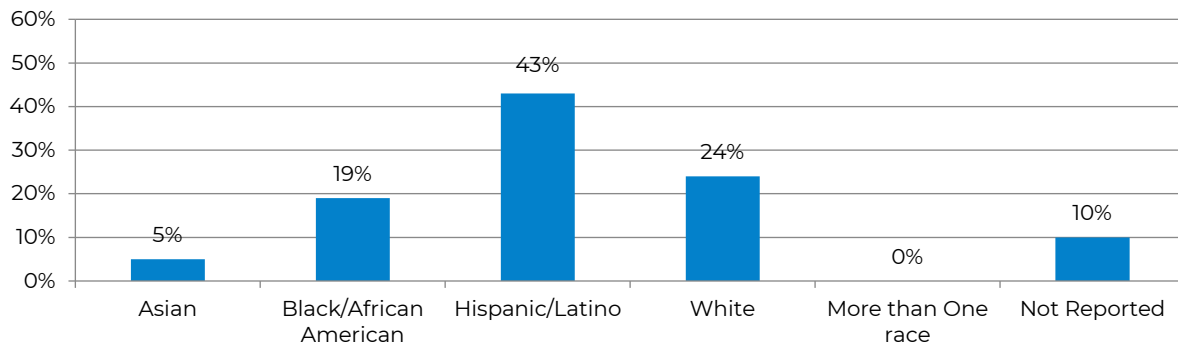
Current Gender Identity



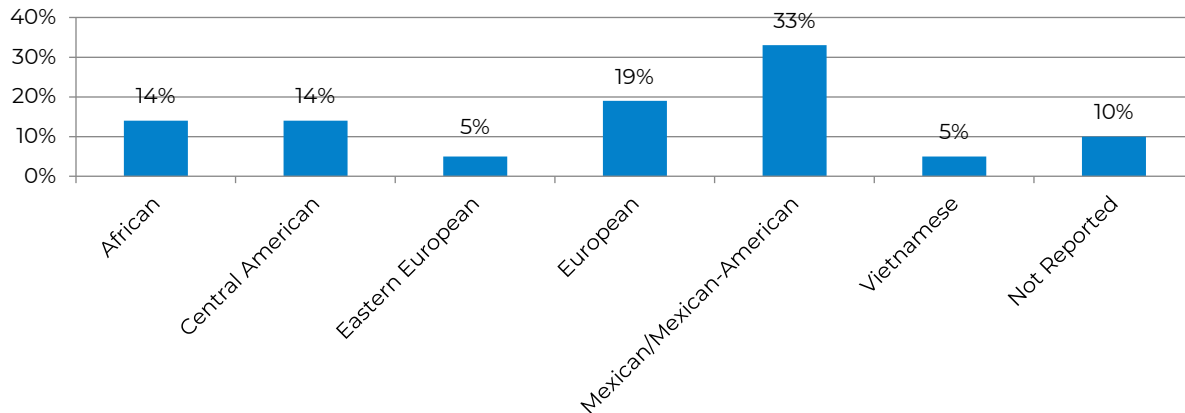
Assigned Gender at Birth



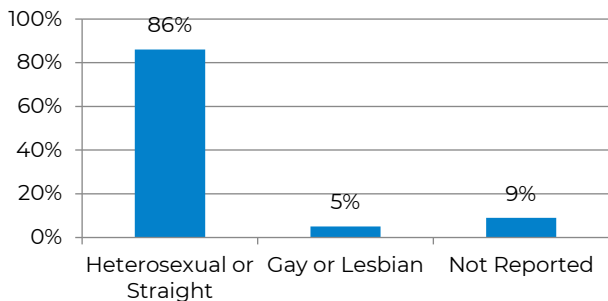
Race



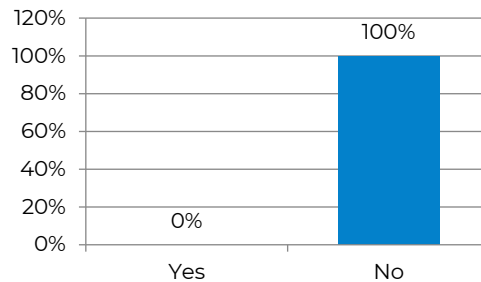
Ethnicity



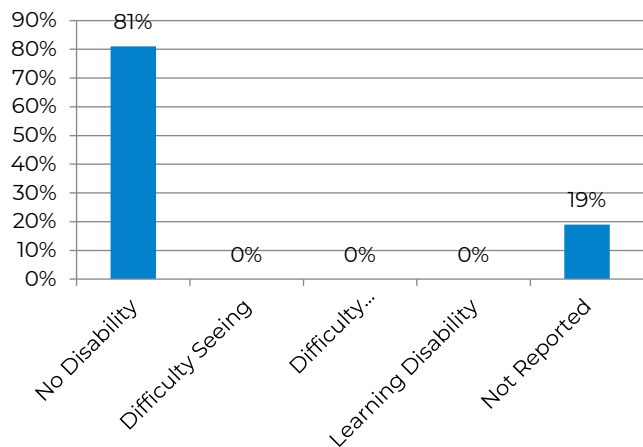
Sexual Orientation



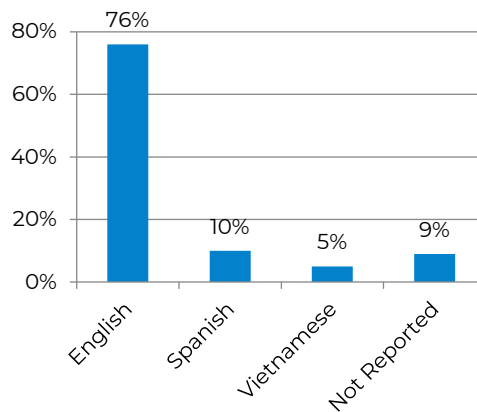
Veteran



Disability



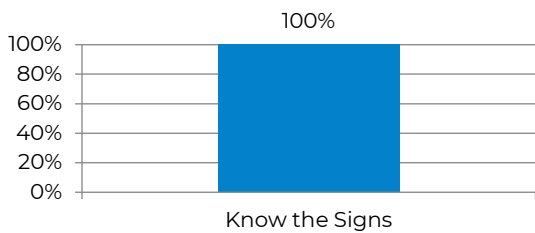
Primary Language



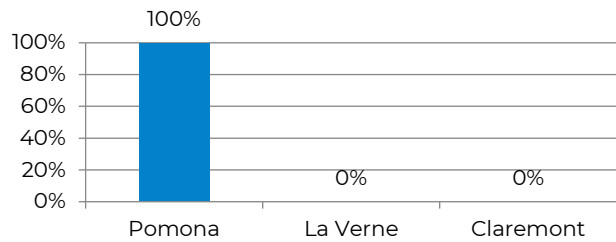
Suicide Prevention

2 Suicide Prevention Trainings/ Presentations

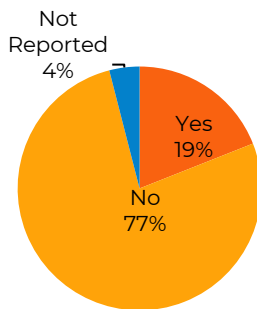
Type of Presentaion



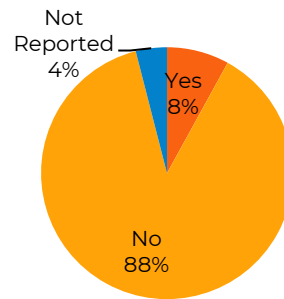
Presentations by City (Virtual)



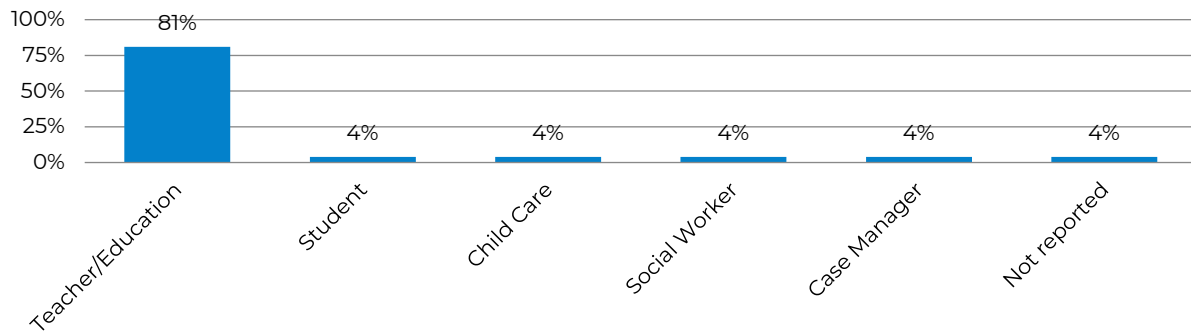
Do You Identify As An Individual Who Struggles With Mental Health:



Are You Currently Receiving Mental Health Services?

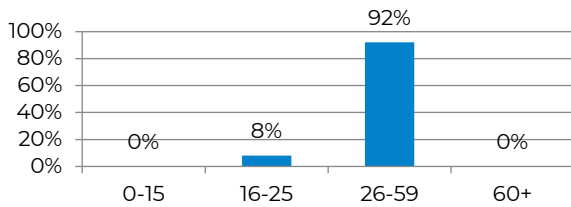


What field/profession are you in:

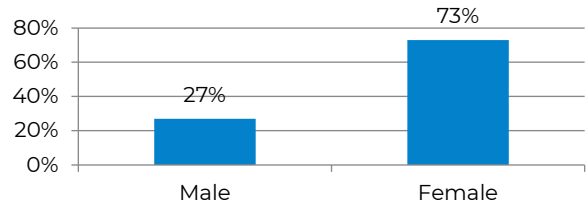


Demographics based on participants who completed Suicide Prevention Surveys (n=26)

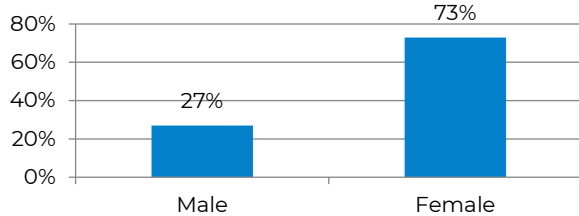
Age Groups



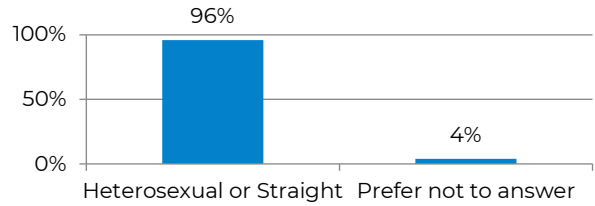
Gender at Birth



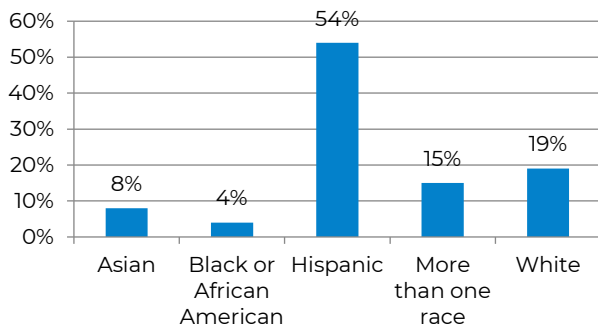
Gender Identity



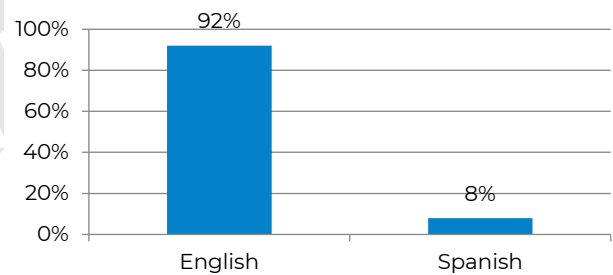
Sexual Orientation



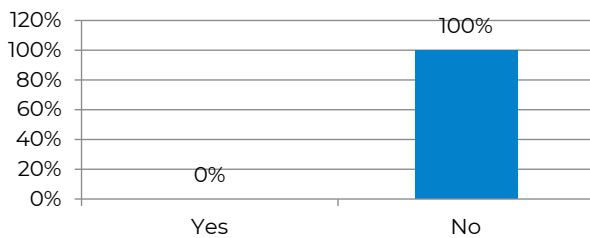
Race



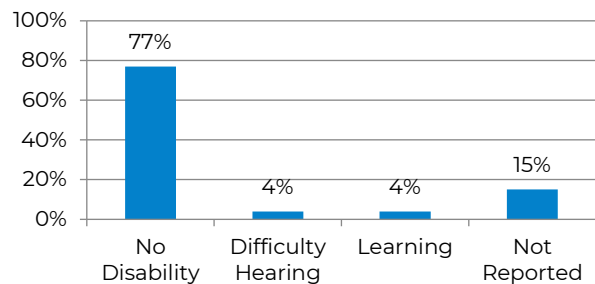
Primary Language



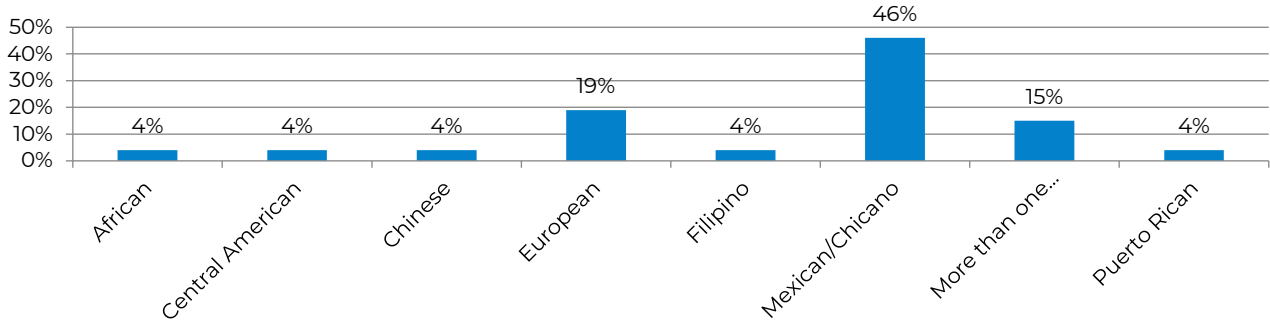
Veteran



Disability



Ethnicity



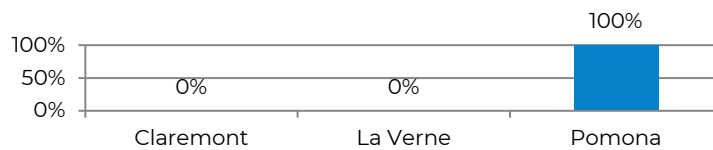
Creative Minds



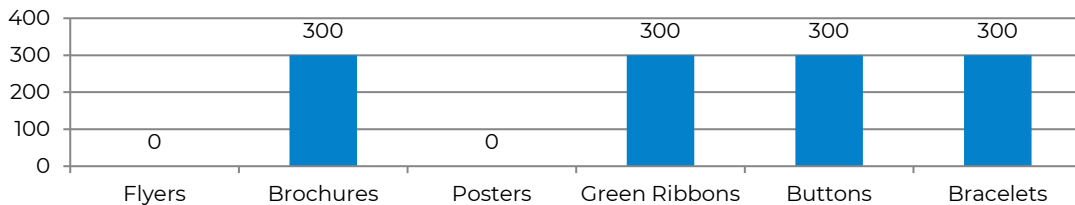
Promotional Materials



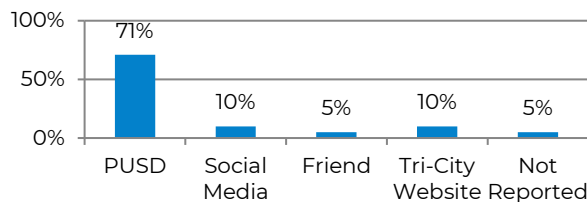
City of Promotional Materials Distribution



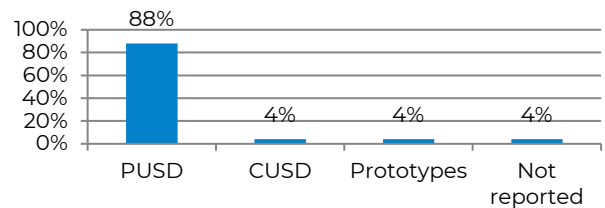
Type of Promotional Materials



How did you hear about Stigma Reduction Presentations



How did you hear about Suicide Prevention Presentations



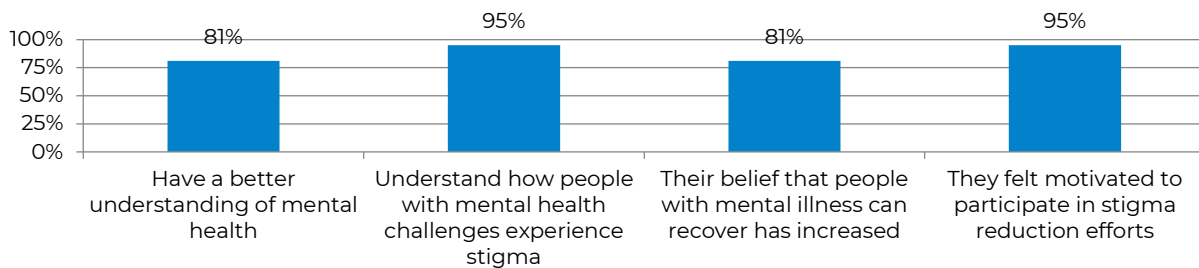
How Well Did We Do It?



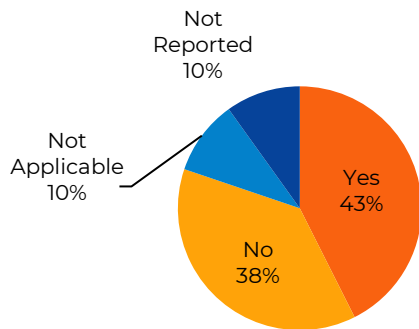
Is Anyone Better Off?

Stigma Reduction

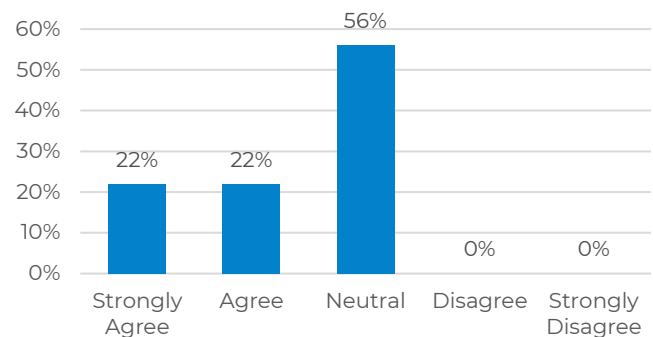
Percentage of Stigma Reduction Attendees who reported that, as a result of the trainings:



At Any Time In Your Life Have You Experienced Trauma Or Mental Illness

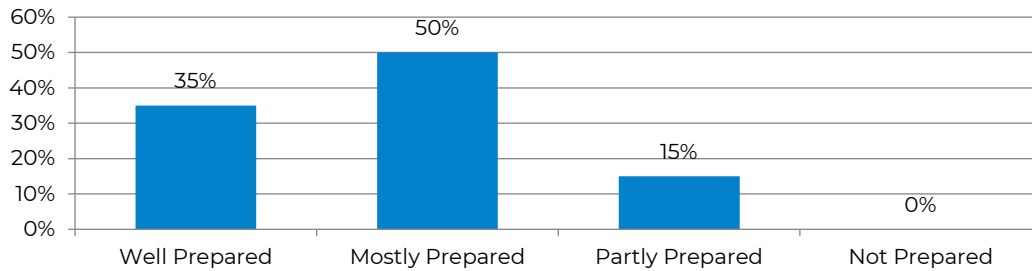


If So, Has This Training Helped You To Manage Your Symptoms:



Suicide Prevention

Percentage of Suicide Prevention attendees who reported how prepared they feel to talk directly and openly to a person about their thoughts on suicide



No workshops were held between July 2020 through June 2021

Number of Potential Responders	149
Setting in Which Responders were Engaged	Virtual platforms, Community, Colleges, Schools, health centers, workplace, shelters, online and outdoors
Type of Responders Engaged	TAY, adults, seniors, teachers, LGBTQ+, families, suicide survivors, religious leaders, and those with lived experience
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

Older Adult and Transition Age Youth Wellbeing Peer Mentor and Wellness Center PEI Programs

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

Peer Mentor Program

Program Description

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

Target Population

All community members with a focus on Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over).

Mentors						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	14	13	5	0	32
Cost Per Person	\$371	\$371	\$371	\$371	N/A	\$371
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	25	59	17	0	101

Peer Mentor Groups						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	18	29	64	17	118	246

Program Update

During FY 2020-21, the Peer Mentors met bi-weekly with 16 returning mentors and 12 new mentors making a total of 28 mentors.

Activities during FY 2020-21 included the Peer Mentors and program staff creating the following virtual wellness roundtables 1) *Stronger Together in Recovery*, focusing on individuals recovering with life stressor while focusing on positive coping skills 2) *Let the Music and Lyrics Speak*, focusing on sharing current life experiences through music and poetry and 3) *Art Through Your Lens*, focusing on expressing thoughts through various arts and crafts activities. These virtual wellness roundtables were conducted via RingCentral and were designed to help combat the holiday blues, life stressors and physical distancing due to COVID-19.

Program staff created a presentation titled *Zoom Fatigue During COVID-19* for Claremont High School students that was held via RingCentral. The presentation focused on addressing the increase of zoom meetings and the impact it can have on an individual's stress level and mental wellbeing.

Another presentation involved collaboration with a Peer Mentor, who's a Vietnam Veteran, to research and create a presentation titled *Veterans and Mental Health*, focusing on mental health themes, mental wellbeing, and shared lived experience.

Staff and Peer Mentors continued to collaborate with Tri-City's Creative Minds Art Gallery to host a Creative Minds Virtual Art Reception. Staff and Peer Mentors outreached to local community partners to participate along with developing and creating the virtual gallery. The theme was *Through the Lens of COVID-19* and the reception was held during Green Ribbon Week.

Challenges and Solutions

As with other MHSAs programs, the Peer Mentors were limited by COVID restrictions and safety protocols. Contact with mentees was primarily by phone and groups meetings and trainings were held virtually. However, Tri-City staff and Mentors continued to offer support to over 100 mentees and adapted their approach based on current agency policy and protocols.

Cultural Competence

Peer Mentors are comprised of a diverse group of individuals fluent in Hindi, Malayalam, Tamil, English, Korean, Spanish, and Cantonese. Peer Mentors were also trained in the following topics including, Culture and Minority Mental Health, Ongoing Self-Care, Positive Coping Skills and Well-being. In addition, the Peer Mentor program participated and/or facilitated in the following events and activities with topics focused on cultural competence, equity and inclusion:

Peer Mentor Activity	Dates	Description
40th Annual Virtual Mental Health and Aging Conference focusing on COVID and Racism on Older Adults	11/12/2020	Peer Mentor staff attended this conference, which focused on discussing the mental, physical, and spiritual impact of COVID and the racial pandemic among diverse older adults.
Virtual Wellness Roundtable: Proud to be Me	11/05/2020 & 11/19/2020	Staff and Peer Mentors facilitated <i>Proud to be Me</i> , a virtual wellness roundtable that provides support to consumers who identify in the LGBTQ+ community or as allies.
Virtual Wellness Roundtable: Stronger Together in Recovery	12/07/2020	Staff and a Peer Mentor facilitated <i>Stronger Together in Recovery</i> for consumers seeking extra support as they navigate transition and change in their lives. Due to participants disclosing that the group was beneficial the virtual roundtable was extended and occurred 2x/month.
Positive Coping Skills During COVID	12/17/2020	A Peer Mentor hosted a webinar via RingCentral titled Positive Coping Skills during COVID for St. Mary Orthodox Church, an Indian American community. The presentation focused on identifying common mental health themes, stigma of mental health, identifying positive coping skills and local resources during COVID.
Cultural Competence: Implicit Bias, Micro-Aggression and the Danger of a Single Story	03/02/2021 & 03/23/2021	Peer Mentors attended this training presentation. Afterward, Peer Mentor staff provided 1:1 supervision and support to mentors.
Working with the LGBTQ+ Communities and Mental Health	04/06/2021	Peer Mentors received this training for skill-building and awareness.
Transition and Change within the Peer Mentor-Mentee Relationship	04/20/2021	Peer Mentors received this training for skill-building and awareness.
Culture Fest, Claremont High School	04/20/2021 & 04/28/2021	Peer Mentor staff supported and facilitated wellness activities with Claremont High School's Mental Health Association for a Culture Fest event.
Virtual Wellness Roundtable: Proud to be Me	06/03/2021	The group discussed the impact of disclosing their sexual orientation and gender identity has had on their relationship with friends and family and the impact it has had on their mental well-being.
Virtual Wellness Roundtable: Stronger Together in Recovery	06/28/2021	During the group, participants highlighted their strengths and identified their support systems that they can reach out to when life stressors increase.

Community Partners

- **Project Horseshoe Farm** – Peer Mentor staff hosted a “Working with Older Adults During COVID-19” webinar for this non-profit organization. The presentation focused on working with older adults and the common mental health themes that may arise. The focus of the presentation was also on positive communication via telephone, identifying positive coping skills and local resources during COVID.
- **Neighborhood Services Department, City of Pomona** - Peer Mentor staff hosted a “Working with Older Adults During COVID-19” webinar.
- **Mental Health Association, Claremont High School** – Staff provided a presentation titled Restfulness and Mental Health for this student-led club on campus. The presentation focused on how our surroundings can contribute to the outcome of our mental wellbeing.
- **Mental Health Club, Claremont High School** - Staff and peer mentors collaborated with students and facilitated a positive coping skill activity while discussing diversity during their Culture Fest.
- **Child and Family Services, Tri-City Mental Health** - Staff connected with Child and Family Services Program Manager to discuss future collaboration to help support TAY and their family members. Program Manager shared monthly support groups and topics discussed during the meetings. The themes identified focused on family and community connection to help improve interaction with others and decrease isolation. Possible wellness roundtable to occur 1x/monthly beginning Fall 2021.

Success Story

The Peer Mentor staff, with support from mentors, connected with Claremont High School's Mental Health Association to brainstorm with students on various activities and discussion topics related to youth and mental well-being for their Culture Fest event. This included hosting an activity and open discussion related to positive coping skills that youth could utilize when feeling overwhelmed during the pandemic and ongoing adjustments and changes. Twenty-one students participated in the event.

Program Summary

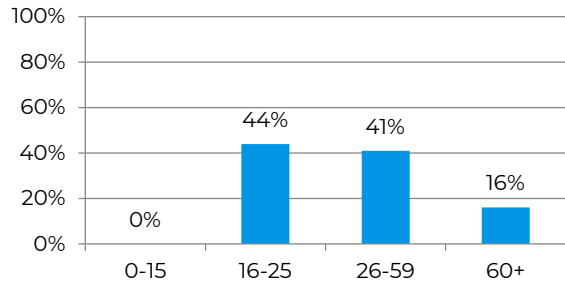
How Much Did We Do?

Peer Mentors

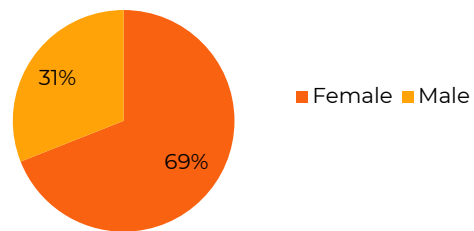
32
Active Peer Mentors

22
Peer Mentor Trainings

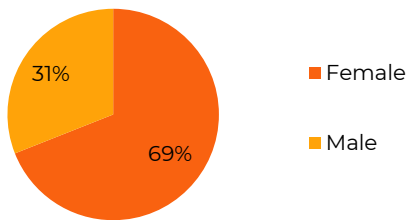
Age



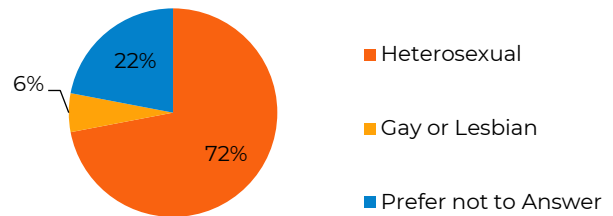
Gender At Birth



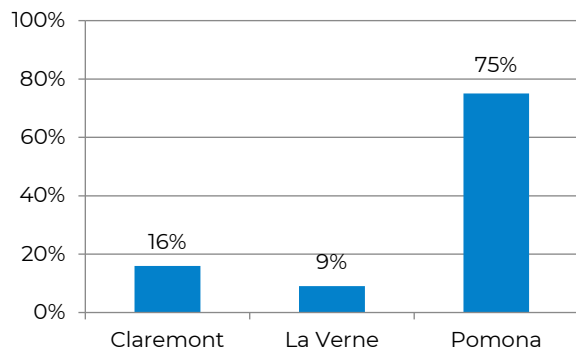
Gender Identity



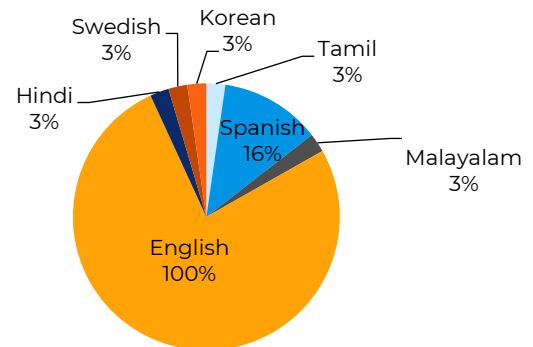
Sexual Orientation



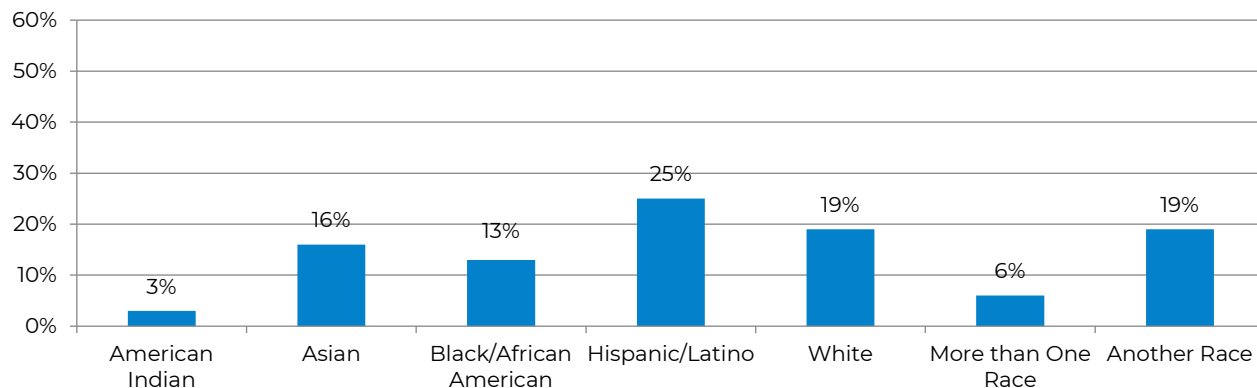
City



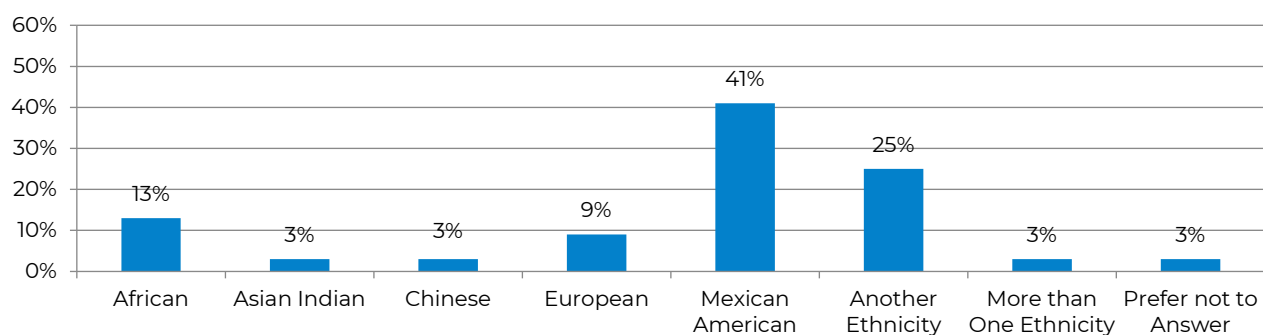
Languages Spoken By Mentors



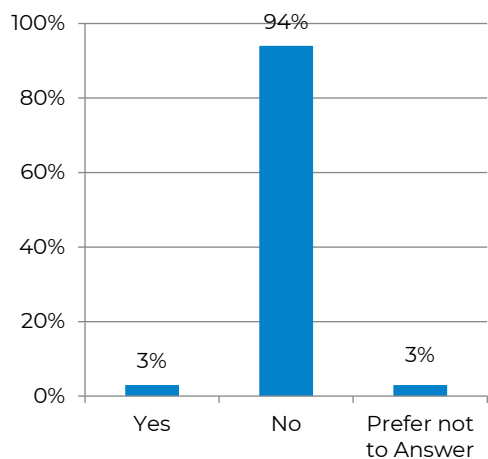
Race



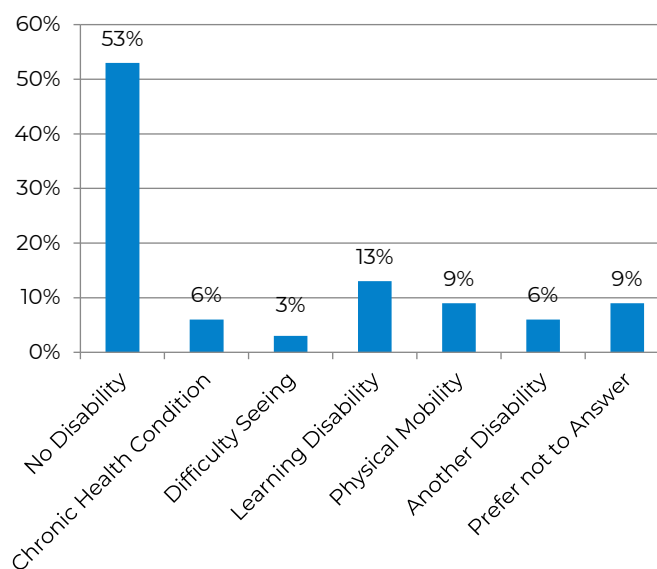
Ethnicity



Veteran



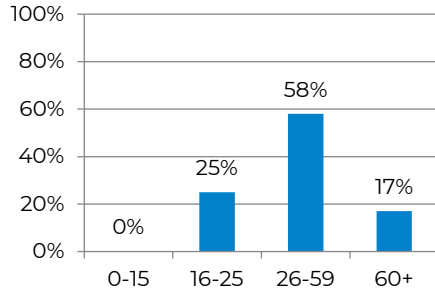
Disability



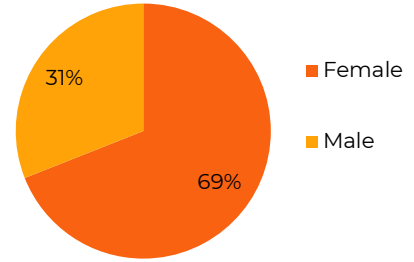
Peer Mentees

101
Mentees
Served

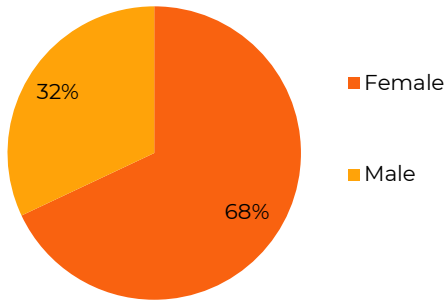
Age



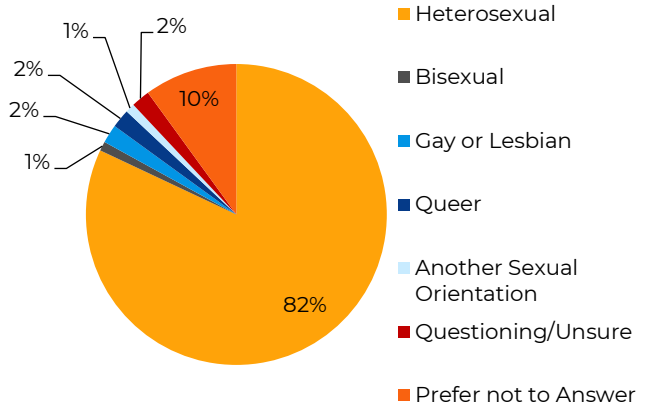
Gender At Birth



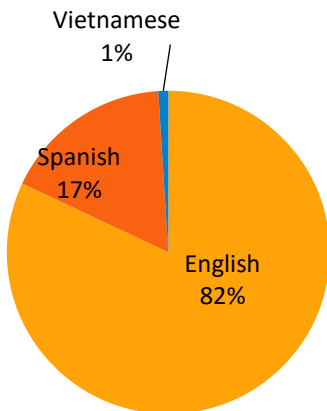
Gender Identity



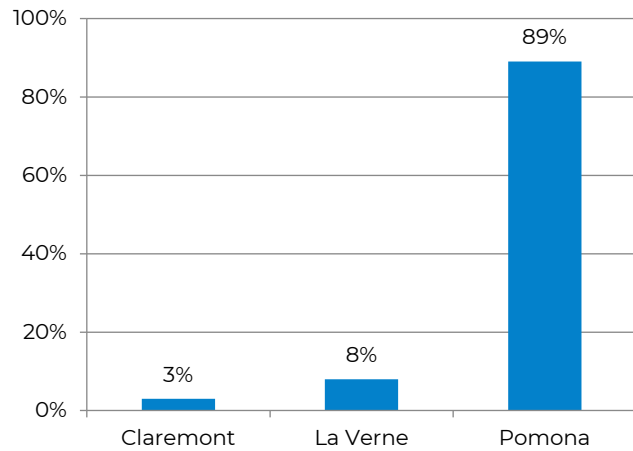
Sexual Orientation

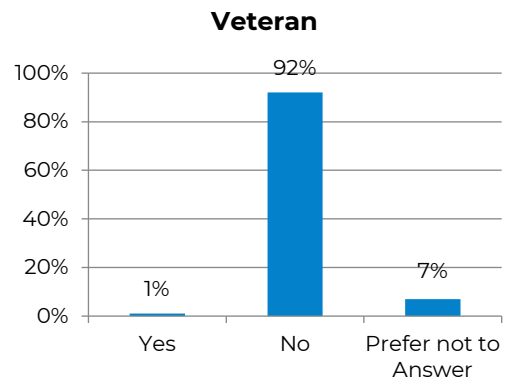
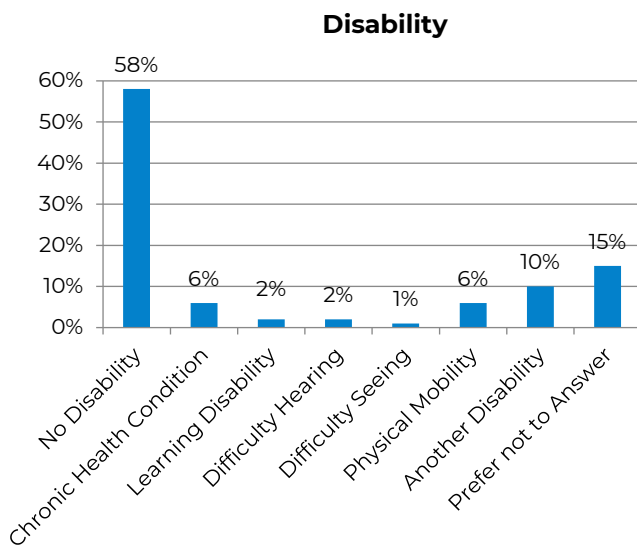
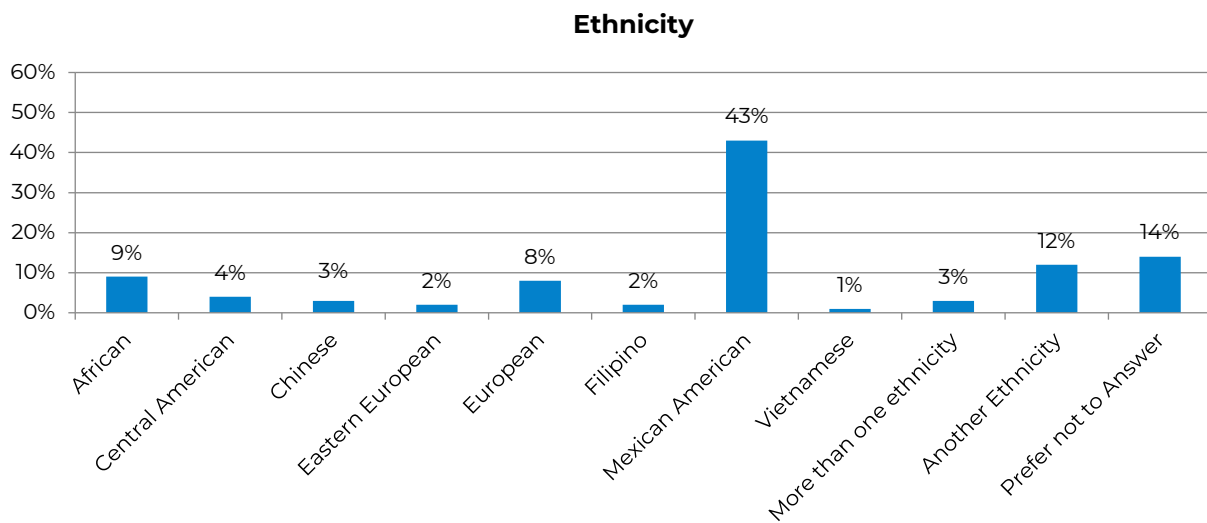
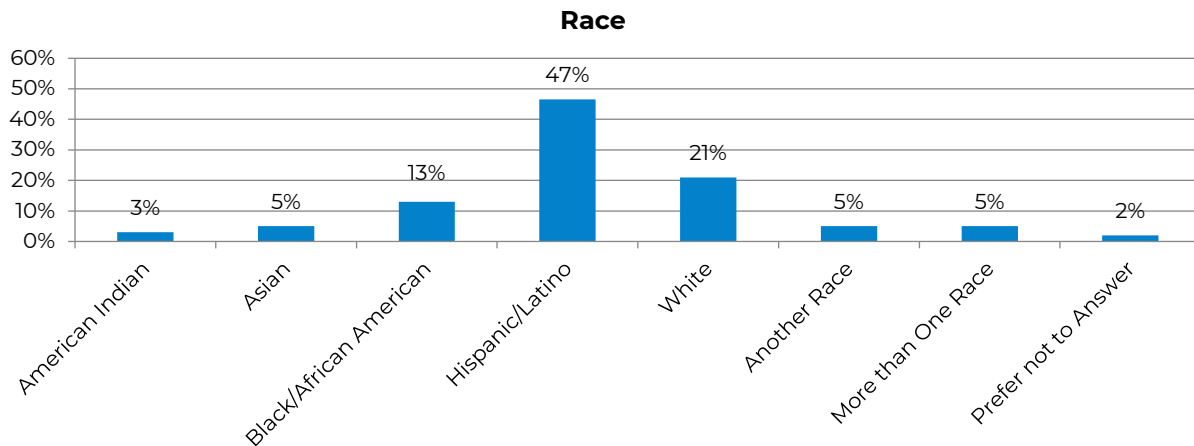


Language



City



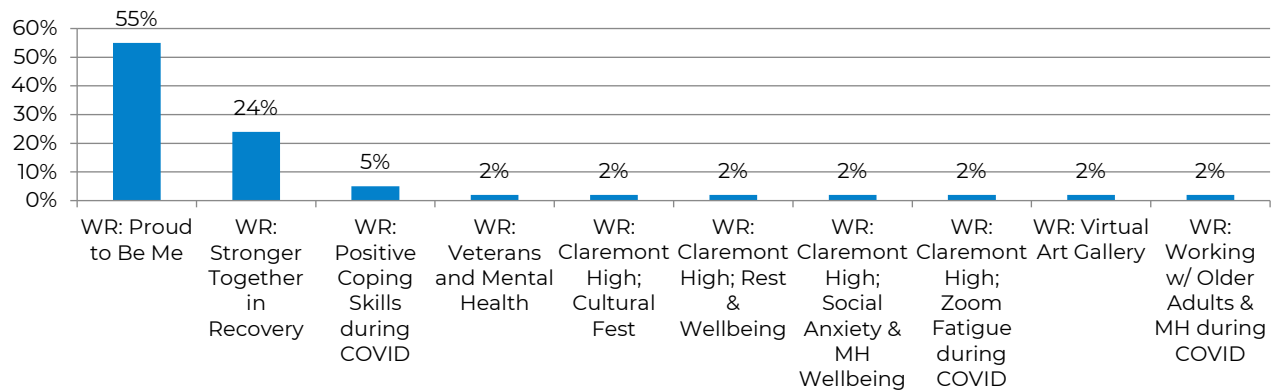


Wellness Roundtable (WR) Activities

147
Unique Participants at Wellness Roundtables

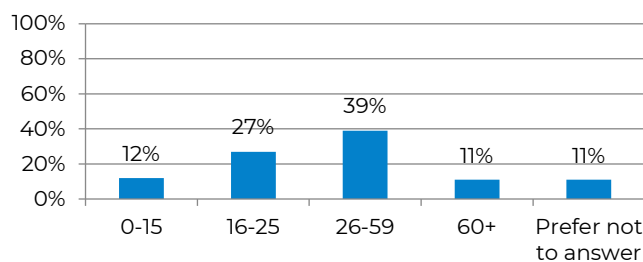
246
Duplicate Participants at Wellness Roundtables

Wellness Roundtable (Total= 42)

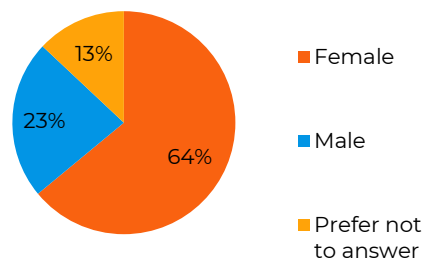


PEI Demographics based on individuals who registered to Wellness Roundtable Activities (n=147)

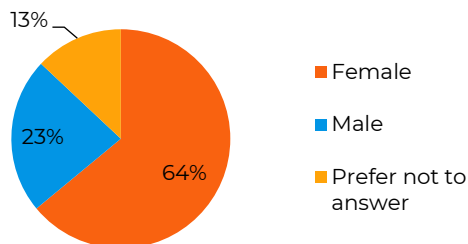
Age Group



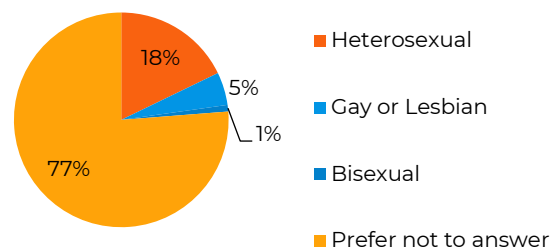
Assigned Gender at Birth

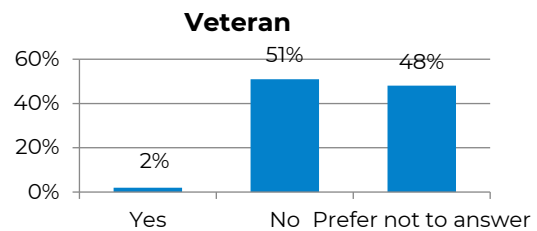
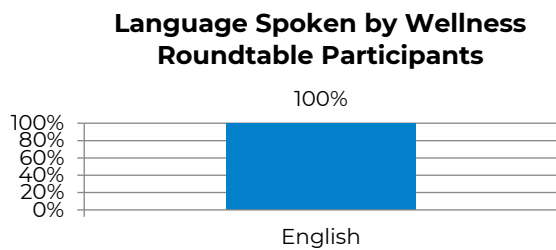
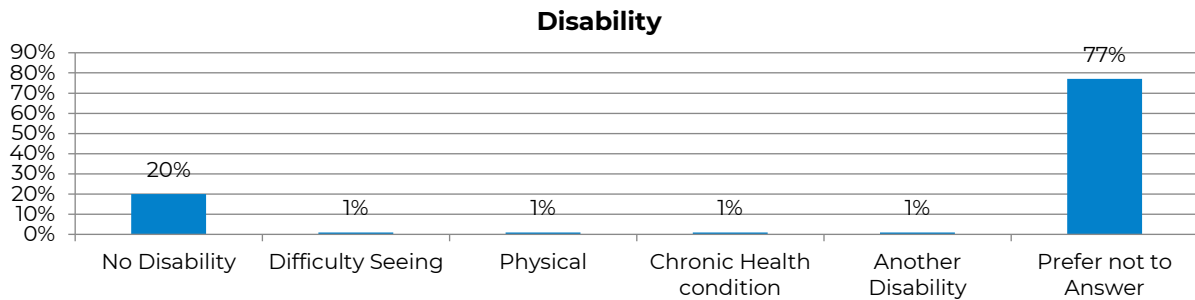
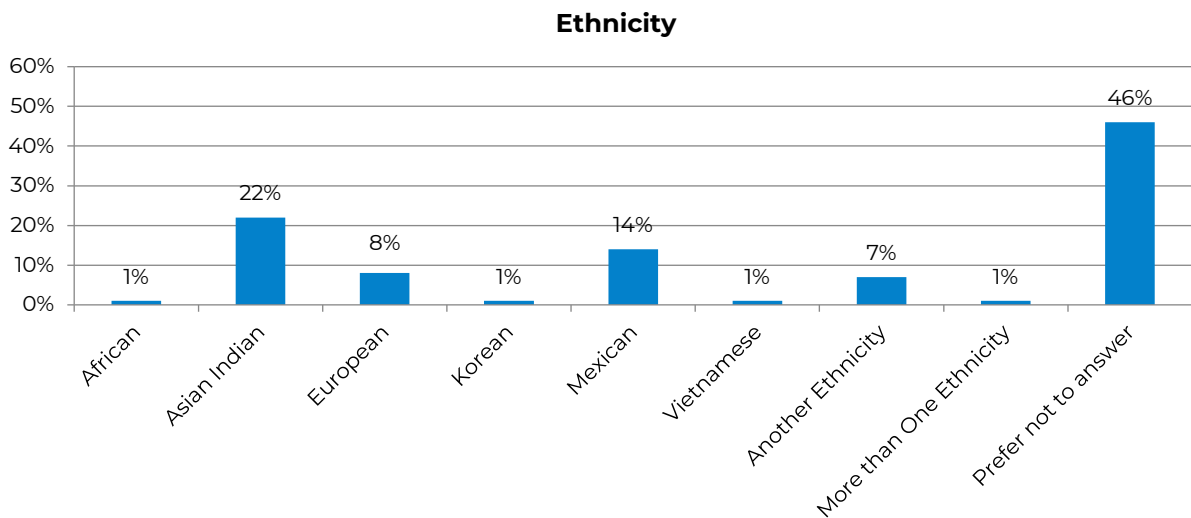
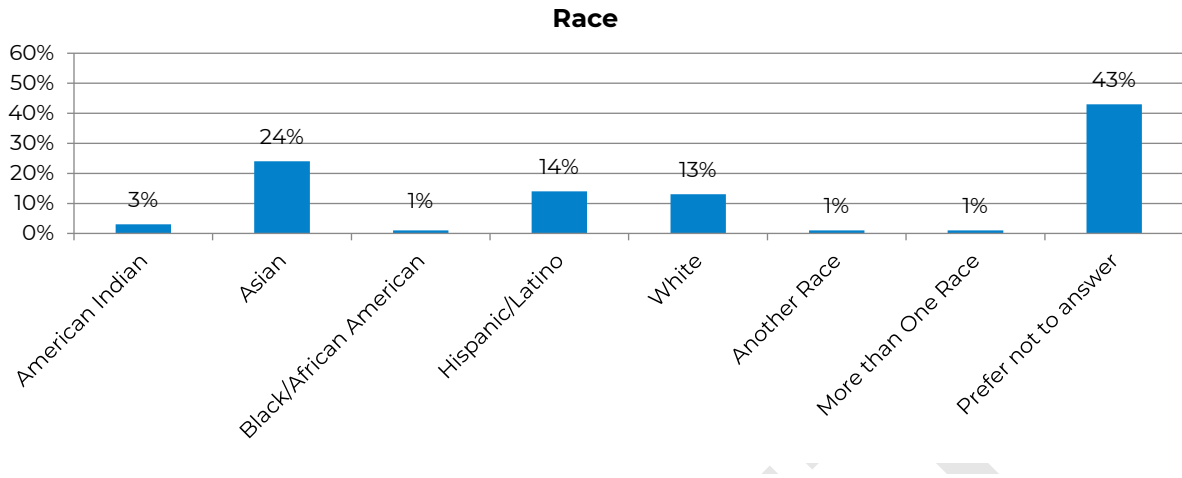


Gender Identity

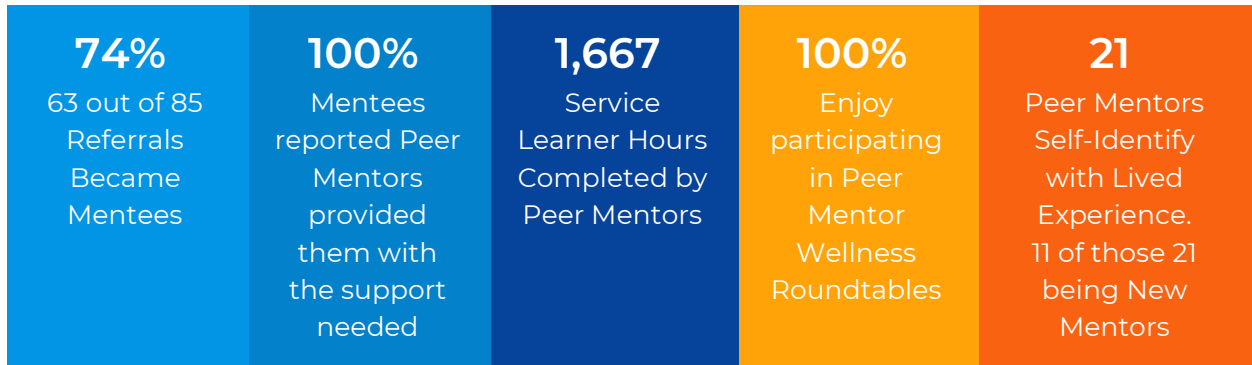


Sexual Orientation





How Well Did We Do It?



Is Anyone Better Off?



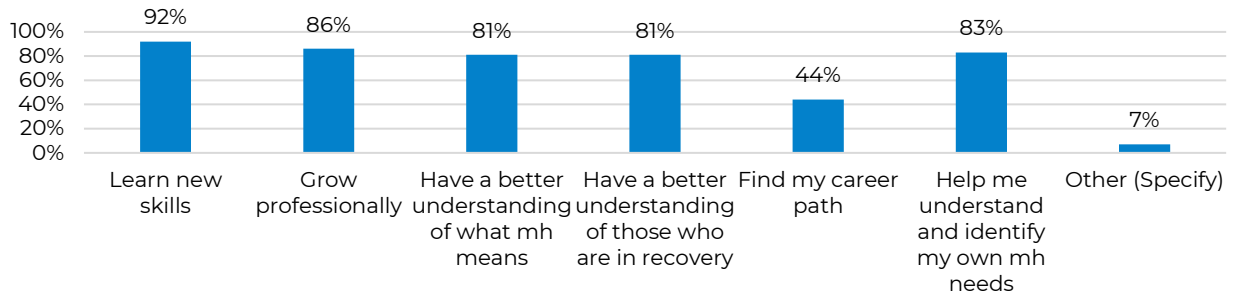
What was your favorite part of being a mentor?

“Connecting and helping others.”	“Being able to help out another person.”
“A chance to make a difference in someone's life. To have an opportunity to grow and learn new skills for the future.”	“The program is incredibly rewarding, as I feel like I am giving back to my community.”
“How much my mentee and I learn from each other.”	“To actually observe the increased self-assurance of the mentee.”
“Ability to give back.”	“My favorite part is getting to meet with the mentees and hearing about their progress over time.”
“Providing support and resources to my mentees”	“Being able to connect and work on mental wellbeing with people from different walks of life, both mentees and other peer mentors.”
“Being able to provide support to those during a difficult experience. As well as still feeling connected with the other mentors.”	“Allowing mentees to make a difference in their lives. Finding more opportunities for the future in a positive way.”
“Helping the community and job experience.”	“Listening to people and realizing how much other people are going through.”

List one thing from the Peer Mentor program you feel was most beneficial

"Interaction between peer mentor and mentees"	"The Wellness Center"
"Bi-weekly trainings"	"Found the experience very helpful for academics"
"Learning about others"	"The constant support from supervisors"
"Being able to listen to others"	"Learning more about my own mental illness"
"Learning new skills for mentees"	"Being able to learn about my myself"
"Emphasis of community care and wellbeing"	"Group facilitation training"
"Training and hand-on experience"	"Being able to be there for someone else who is in need"

How has the program helped you personally? (Mark all that apply)

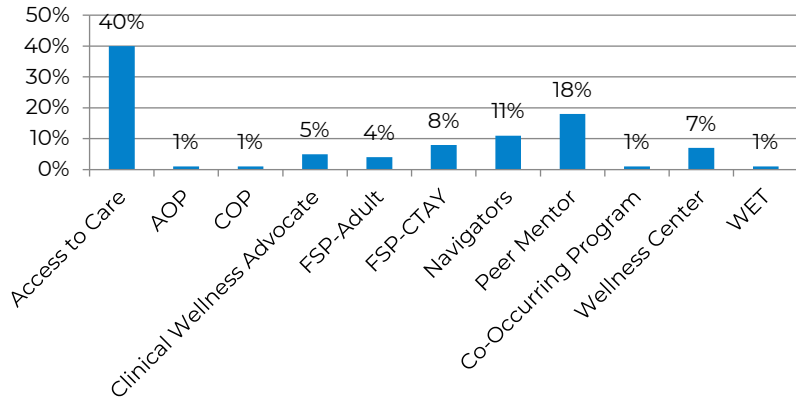


Number of Potential Responders	255
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community,
Type of Responders Engaged	TAYs, adults, seniors, and those with lived experience
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

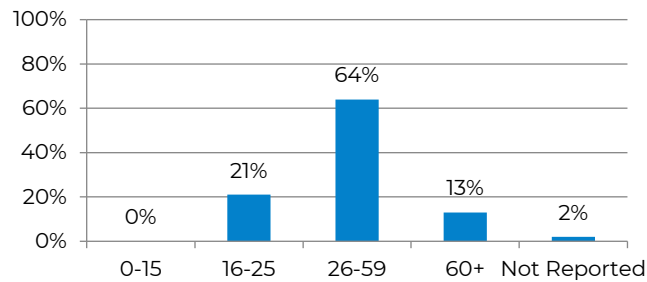
85
MHSAs Referrals
into Peer Mentor
Program

Referral From:

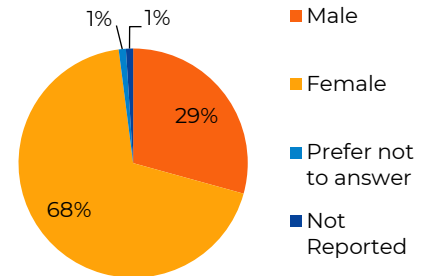


PEI Demographics based on Referrals

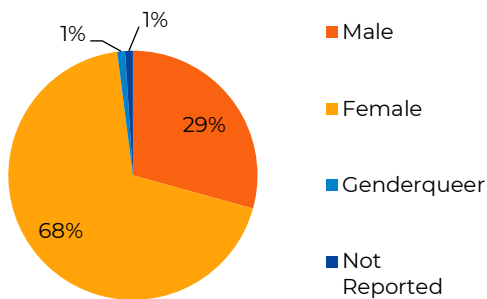
Age Group



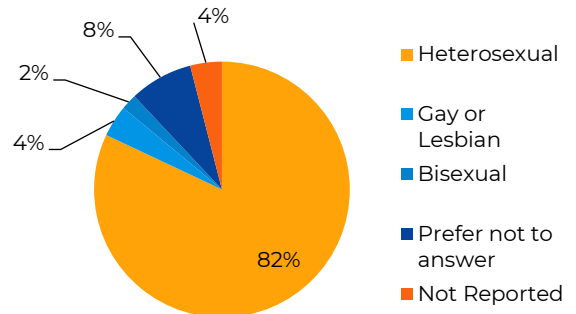
Assigned Gender at Birth

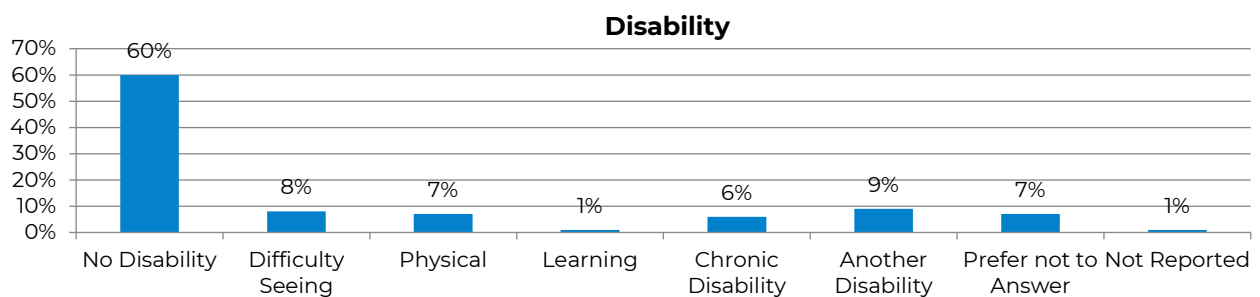
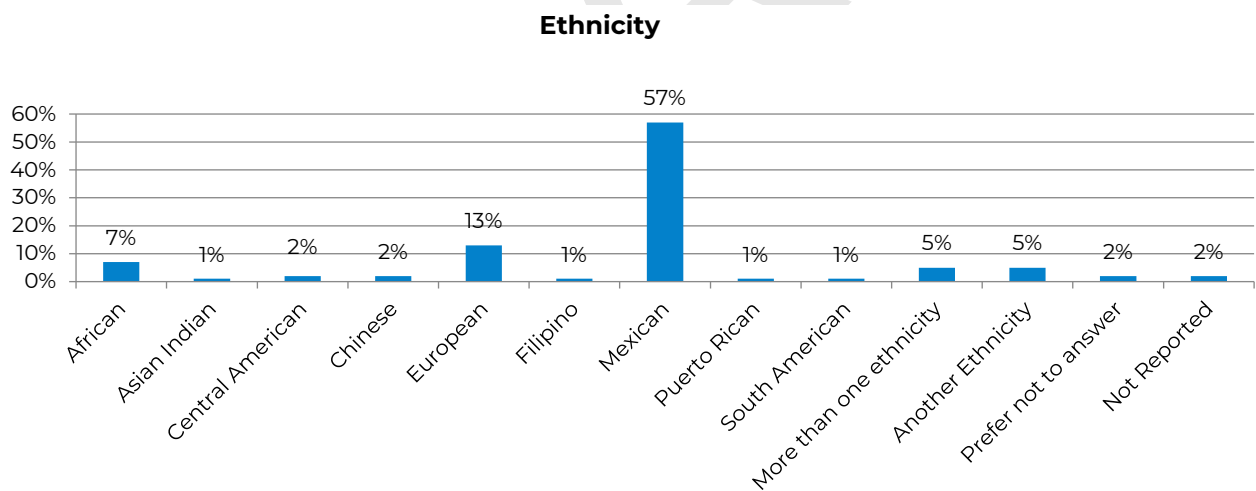
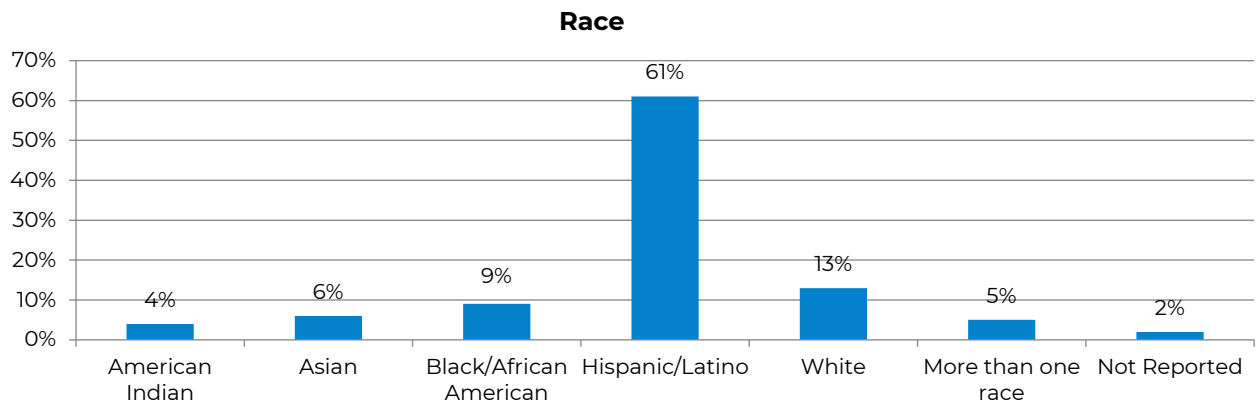
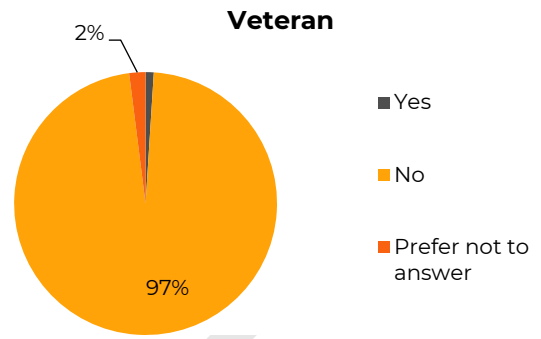
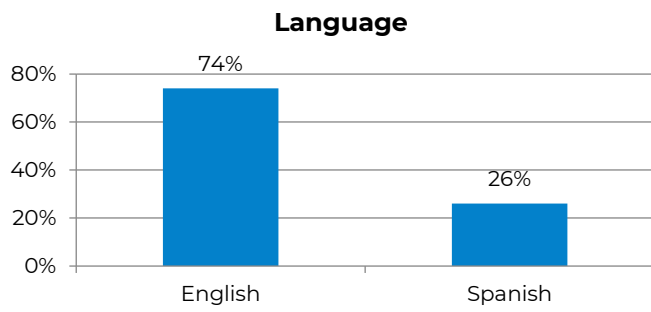


Gender Identity



Sexual Orientation





Wellness Center PEI Programs: Transition Age Youth and Older Adults

Target Population

Transition age youth (TAY) and older adults are considered critical populations in need of support yet tend to be some of the most difficult to engage. Reasons include issues related to stigma and difficulty with transportation. In an effort to meet the needs of these individuals, the Wellness Center utilizes Prevention and Early Intervention (PEI) funding to create programming specific to the needs and interests of these, often considered, at-risk individuals.

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	34	1,315	47	31	N/A	1,427
Cost Per Person	\$632	\$632	\$632	\$632	N/A	\$632

Program Update

The Wellness Center PEI staff collaborated with outside agencies to offer various workshops based on staying healthy during the pandemic and integrating back into the community and workspace due to the gradual reopening of the state.

The TAY space, designed for transition age youth ages 16-25, was reopened with safety protocols in place and is functioning as a hybrid model where participants can join in person or virtual. A new support group was created at the request of TAY participants titled Peace of Mind (self-care group).

For seniors and older adults, an increase focus on programming was implemented which consisted of new groups created to benefit these individuals including Senior Vacation, Senior Bingo, and Tele-Commute, to assist seniors with understanding technology. In addition, the first annual senior retreat was implemented which consists of a 4-week retreat featuring a different theme each week.

Program staff conduct extensive outreach efforts to senior living homes and local senior community centers. The Center calendar of senior groups and events is promoted in each of these locations as well as in their newsletters and websites. Finally, staff conduct wellness calls to senior communities where residents or attendees have previously participated in Wellness Center hosted senior events.

Future programming includes increasing in-person events, especially for senior and older adults who prefer this approach to meeting over a virtual platform.

Challenges and Solutions

Challenges for this program during FY 2020-21 included limited outreach and engagement efforts, especially for TAY, due to limited staff availability at the Center. Other challenges include attendance in TAY groups. Many will express an interest and signup, but ultimately, the attendance numbers continue to be low.

To address these challenges, the WC/PEI staff will increase their collaboration with outside agencies and offer one-time workshops and events. Historically, attendance tends to be higher for one-time workshops or events targeting TAY. Staff have reported that TAY participants have expressed a desire to rejoin the groups as the TAY space reopens.

For seniors and older adults, many of the participants continue to request in person groups and state they will not join unless they can attend in person. With this in mind, staff continue to look towards scheduling more in-person events for this population as restrictions allow.

Cultural Competence

The Wellness Center includes Spanish speaking staff and materials, and resources are available for non-English speaking participants. Furthermore, the Center hosts support groups for non-English speaking individuals.

The TAY and older adult programming offered at the Wellness Center is open to everyone. The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees.

Community Partners

The Wellness Center TAY and Older Adult programs partner with several organizations to offer workshops, events trainings, and other forms of support. These groups include Compass Point, a drop-in Center for transition age youth located at David and Margaret Youth and Family Services, Claremont High School-Youth Activity Center, City of Claremont, City of Pomona, Pomona Unified School District as well as local probation officers who work with transition age youth.

Success Story

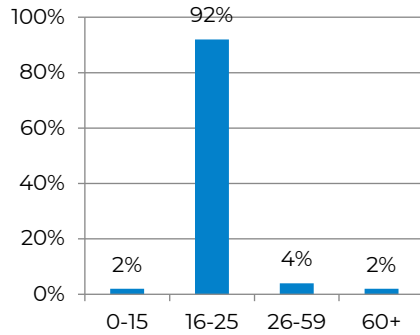
A TAY program participant, upon first attending the Wellness Center, was initially only able to participate in events with their sibling. However, over time, through the supportive efforts of Wellness Center staff and the commitment on the part of this individual, this youth slowly began to engage in TAY events and participate in support groups and outside activities independently.

Program Summary

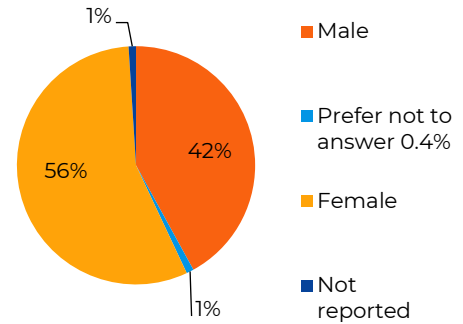
How Much Did We Do?

1,427
Unique
Individuals
attended
Wellness
Center (PEI)

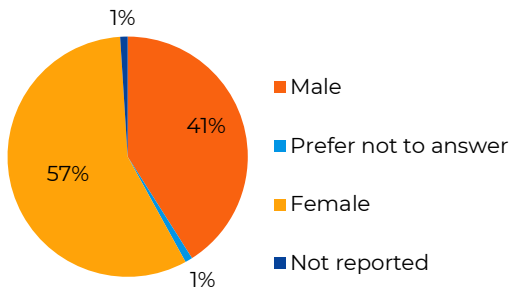
Age Group



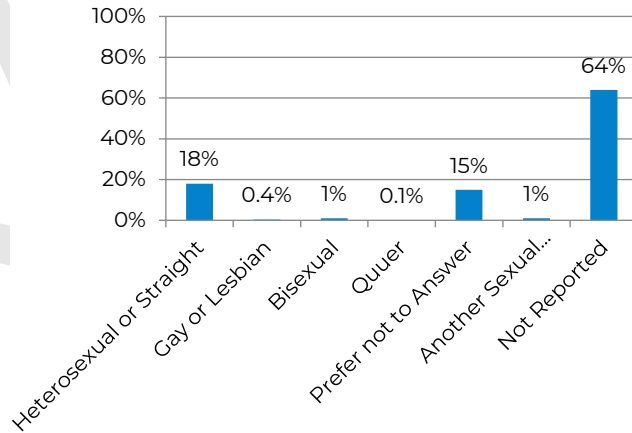
Current Gender Identity



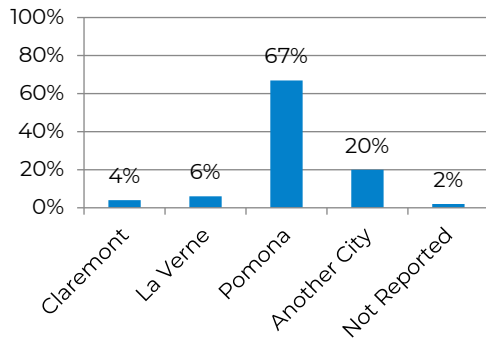
Assigned Gender at Birth



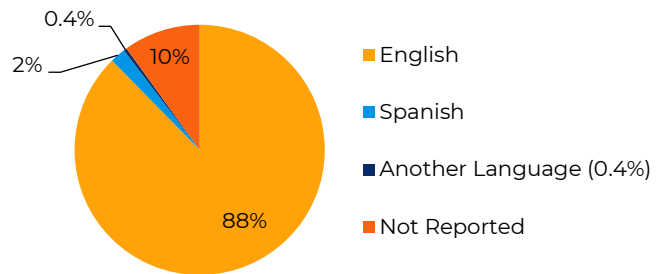
Sexual Orientation



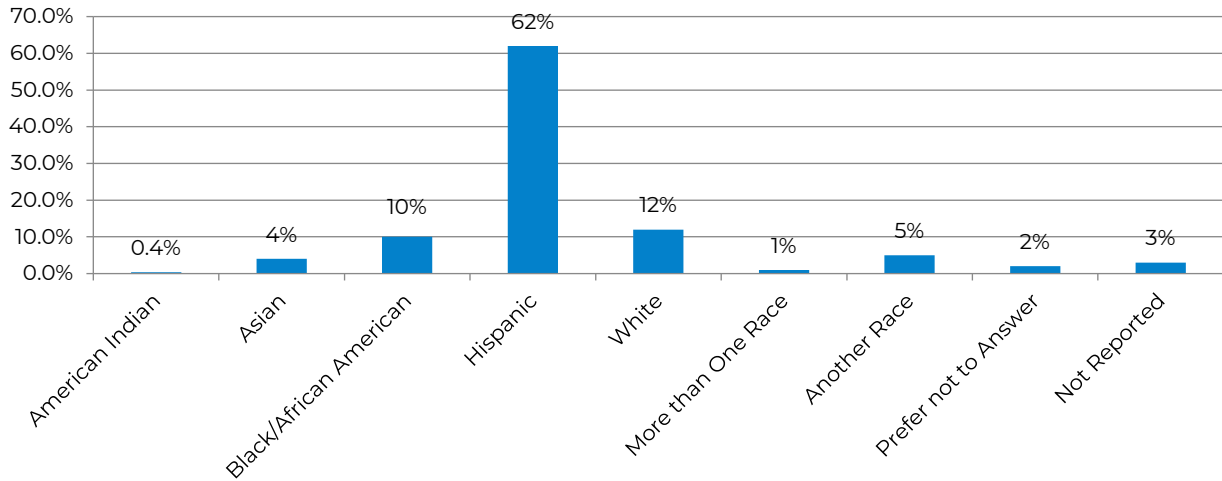
City



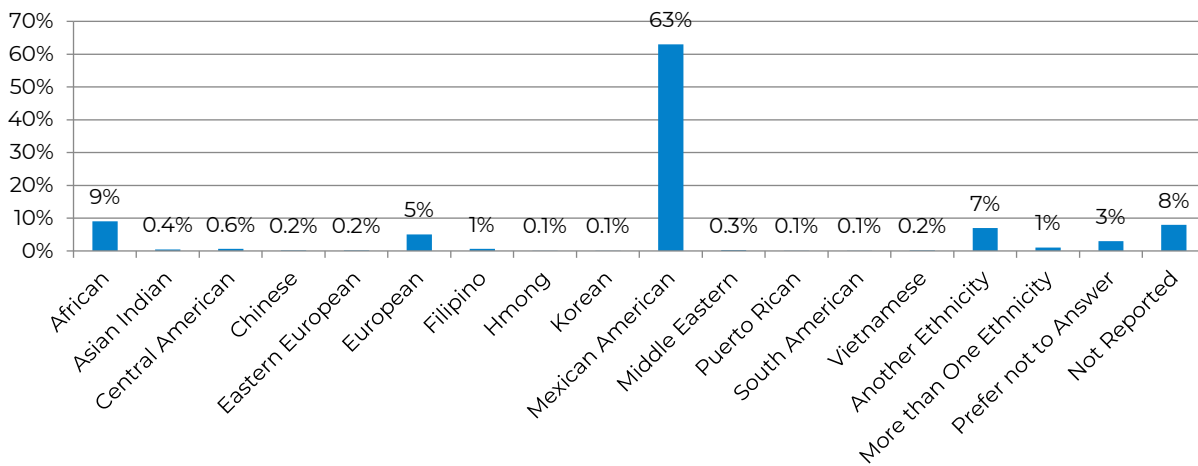
Primary Language



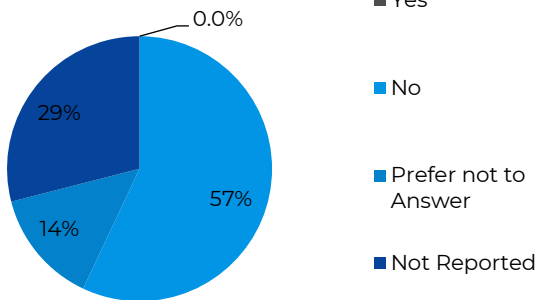
Race



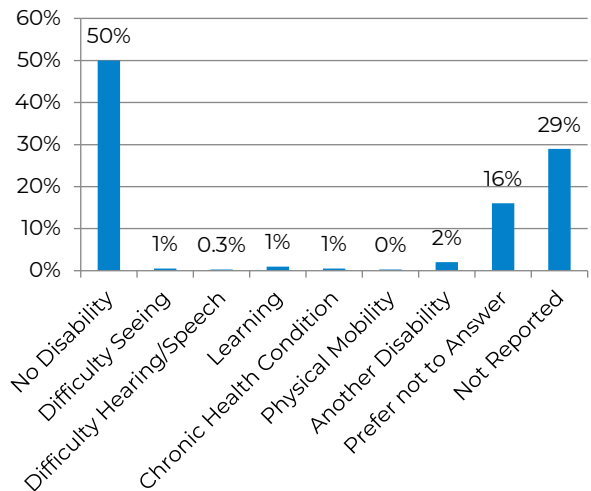
Ethnicity



Military Veteran



Disability



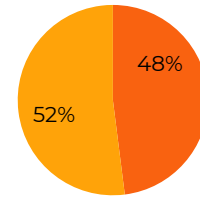
How Well Did We Do It?

5,832

Number of Attendees at Wellness Center PEI Events (Duplicated Individuals)

Number of Times People Visited

- One Visit
- Two or More Visits



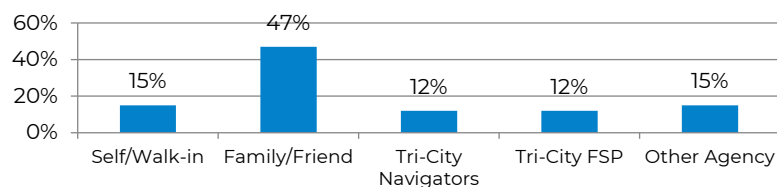
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos (Group Español)	34	2
Senior Calm	48	5
Senior Socialization	53	6
Senior Bingo	7	3
Senior Virtual Vacation	4	4
TAY – Friendly Feud	31	3
TAY – Guy/Girl Talk	8	2
TAY – Hope**	9	1
TAY – PPL	33	3
TAY – Stress Me Not	17	1
TAY – Together We Stand / Fun with Friends	12	1
<i>**Groups that have been discontinued</i>		

Contacts by Type	Number of Times Contact was Made
TAY – PC Lab	3
TAY – Phone Call	4,913

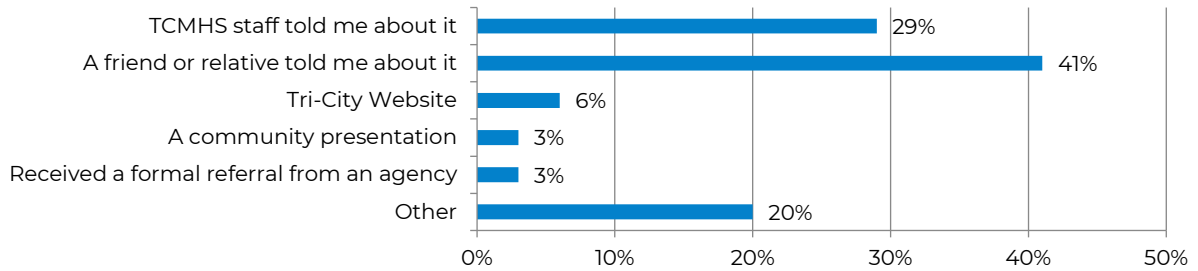
91%

Satisfied with the “Help I get at the Wellness Center”

Referral Source

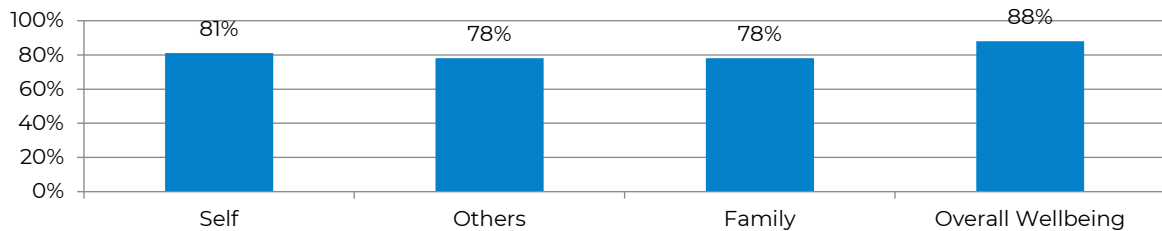


**How Did You Learn About the Wellness Center Programs?
(Choose All that Apply)**



Is Anyone Better Off?

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

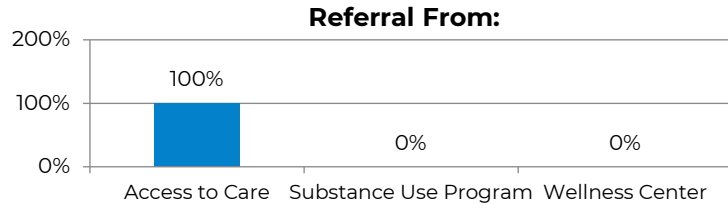


Number of Potential Responders	1,427
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, adults, seniors, and those with lived experience
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

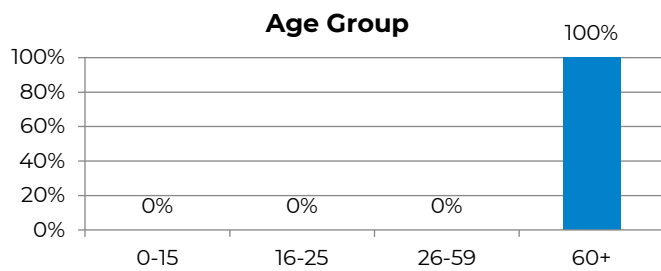
Timely Access to Services for Underserved Populations Strategy

1
Referral coming into
Wellness Center PEI

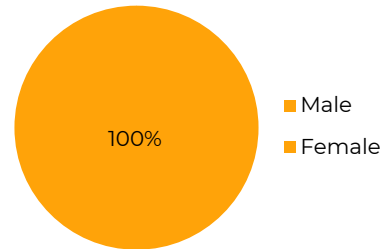
0 out of 1
Referrals
Participated in
Wellness Center PEI



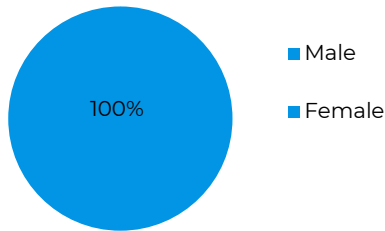
PEI Demographics based on MHSA Referrals



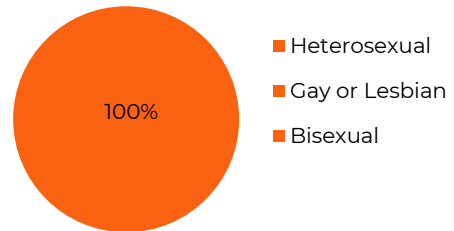
Assigned Gender at Birth



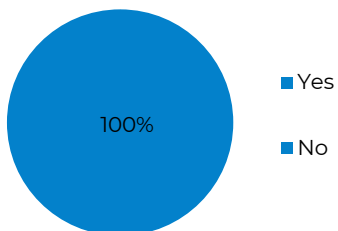
Gender Identity



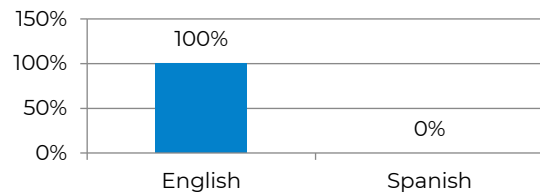
Sexual Orientation



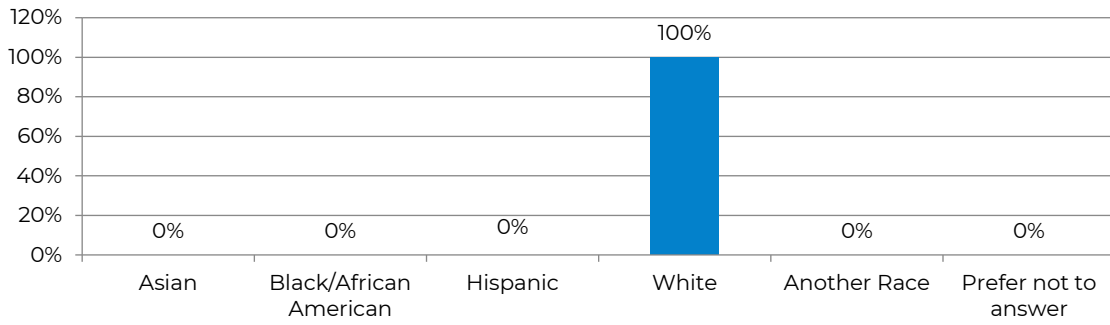
Military Veteran



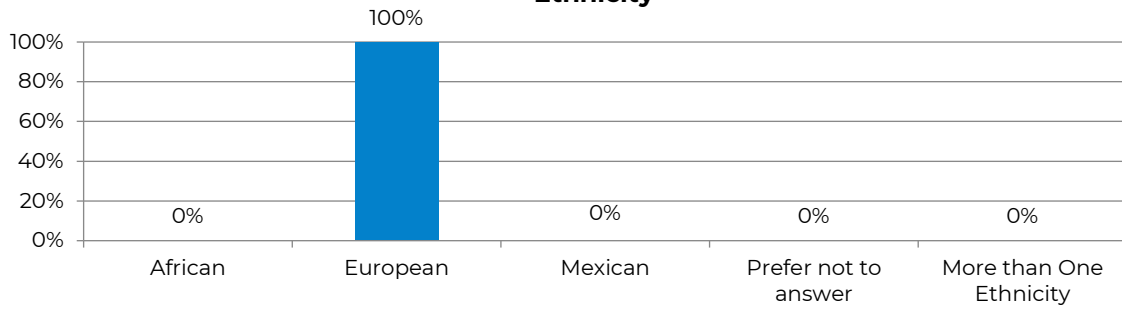
Language



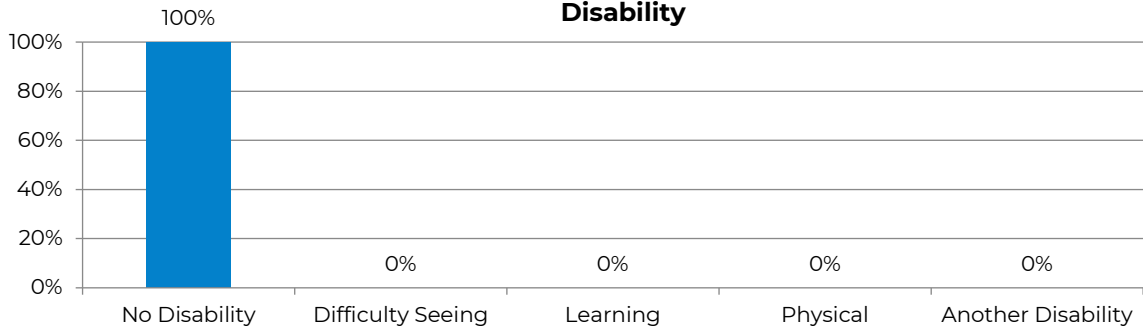
Race



Ethnicity



Disability



Family Wellbeing Program

Program Description

The Family Wellbeing (FWB) program consists of a dynamic set of programming focused on addressing the needs of families and caregivers of people experiencing mental health challenges. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g., exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences. By creating a positive and nurturing support system, family members are provided the knowledge and skills necessary to increase the wellbeing of all members.

Target Population

Family members and caregivers of people who struggle with mental illness, especially those from unserved and under-served communities.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	35	71	212	25	24	367
Cost Per Person	\$244	\$244	\$244	\$244	\$244	\$244

Program Update

As with most MHSAs programs, the COVID-19 pandemic necessitated the transition from in-person services and groups to a virtual platform. This provided an opportunity for the FWB staff to connect with families on a new level including learning more about the individual needs of the participants throughout the pandemic. This increased connection allowed for a deeper level of trust and communication as both staff and participants were experiencing similar situations.

FWB staff were successful in adapting their annual summer camp which took place in June and July 2021. Attendees included eight campers – five of which were new participants that had never attended any services at Tri-City's Wellness Center. Campers were provided with a virtual platform to use, and supplies needed to complete each day's activities were delivered right to their doors through a contactless delivery method. Campers met virtually once a week and maintained communication via Ring Central video conferencing with some of the campers continuing to participate in weekly Kid's Zone groups.

Family Wellbeing staff collaborated with the Claremont, Pomona, and Bonita (La Verne) school districts to engage with parents and offer support. Learning about the parent's needs through various virtual meet ups, staff were able to ascertain that parent's need for mental health support has increased since the onset of the pandemic.

Challenges and Solutions

Since the onset of the pandemic the needs and priorities for families have changed. Parents changed their focus to other basic needs such as food banks, income assistance and school support. Supporting students who were distance learning became a challenge that had never been seen before.

Utilizing technology to communicate with parents played a major role in meeting their needs. Though the use of emails and text messaging, FWB staff were able to effectively communicate with parents who were home working with their children's distance learning schedules. During support groups with children and teens staff attempted to assist with homework as much as possible as distance learning proved challenging for some students. Staff also provided resources to families to assist with homework while distance learning.

In addition, staff were able to check in more often with families. During regularly schedule support groups with parents, staff found that they were able to keep up to date with available resources as they were now in higher demand than prior to the pandemic.

Cultural Competence

Family Wellbeing staff are bilingual and diverse in race, ethnic background, cultures, age, and sexual orientation which helps to reduce stigma and barriers to seeking services.

Staff attend various community events to meet with children and families individually to reduce barriers when accessing mental health services. By engaging families using personal stories of success and asking participants to share their experience in groups, staff attempted to reduce the stigma surrounding mental health services.

Programing is available in both English and Spanish and Family Wellbeing information brochures are available in both English and Spanish. Future efforts include to increase use of the language line to connect with participants who may prefer a language other than English. Providing additional culturally sensitive trainings for staff will also assist in enhancing current practices.

Community Partners

Family Wellbeing program collaborates with the following programs to improve existing groups and supportive programs as well as support the community in their Family Wellbeing needs:

- **Tracks Activity Center (TAC) at El Roble Middle School in Claremont** - Provide monthly mental health workshops for teens.
- **Bonita Unified School District** - Provide quarterly presentations for PTA groups on Mental Health and Families.
- **Tri-City's Master's in Social Work Interns** - Provided behavior modifications to students at 6 assigned schools during the 2020-21 school year. Thirty two students participated.
- **Pomona Unified School District (PUSD) Parent University** - Provide quarterly presentations for PTA groups on Mental Health and Families.
- **Cal Poly Pomona** - Collaborate with students majoring in Nutrition to provide education for participants through support groups.

- **Parents in Partnership** - Collaboration and platform provided to support program in their efforts to support parents who have their children removed from the home.
- **Generation Her** (non-profit organization that seeks to empower teenage mothers and their children) - This program hosts their support groups at the Wellness Center. Family Wellbeing staff connect with the group facilitator to exchange resources that would benefit children and families.

Success Story

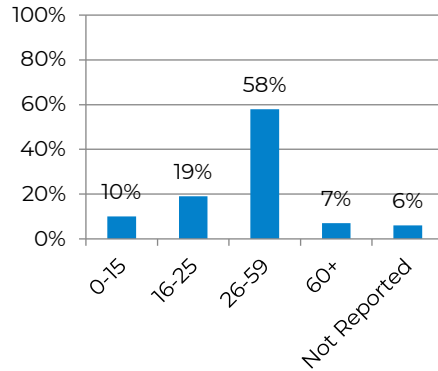
The Summer Camp program continues to be an important component for Family Wellbeing program participants especially during the pandemic. One pair of young family members learned of the Summer Camp program and were very excited to participate. They had never been to a Tri-City group prior to Summer Camp but heard about the services offered through a friend. From the very beginning they were both extremely grateful to be in the camp and each week they thanked staff for the bags and supplies! FWB staff were able to connect with the parent to offer various resources in the community including local food banks and assistance with paying bills. Both participants got along extremely well with the other campers and participated in all the activities each week. As a result of their experience in the summer camp program, both youngsters decided to join the Kid's Zone group every week and were also very engaged in that group.

Program Summary

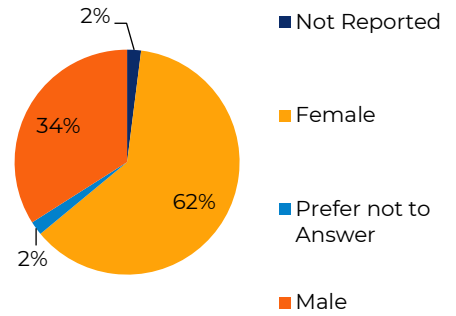
How Much Did We Do?

367
Unique
Individuals
attended Family
Wellbeing

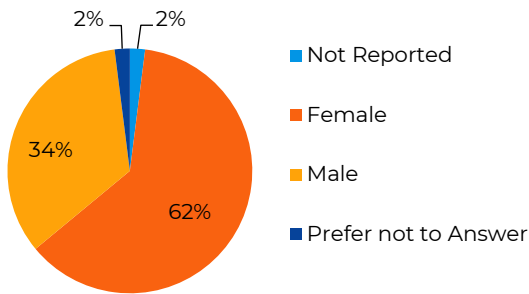
Age Group



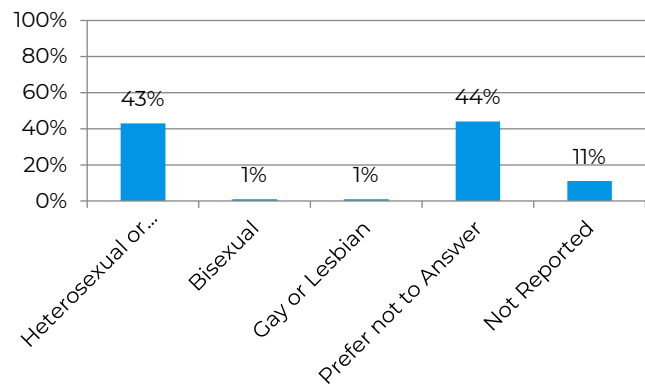
Current Gender Identity



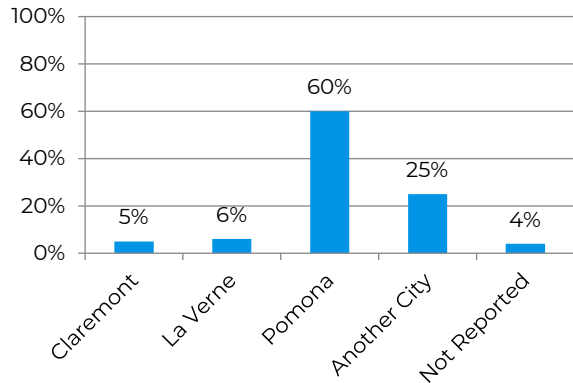
Assigned Gender at Birth



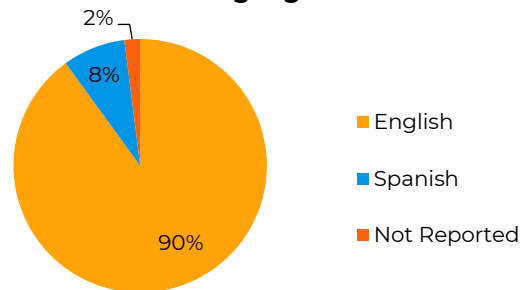
Sexual Orientation



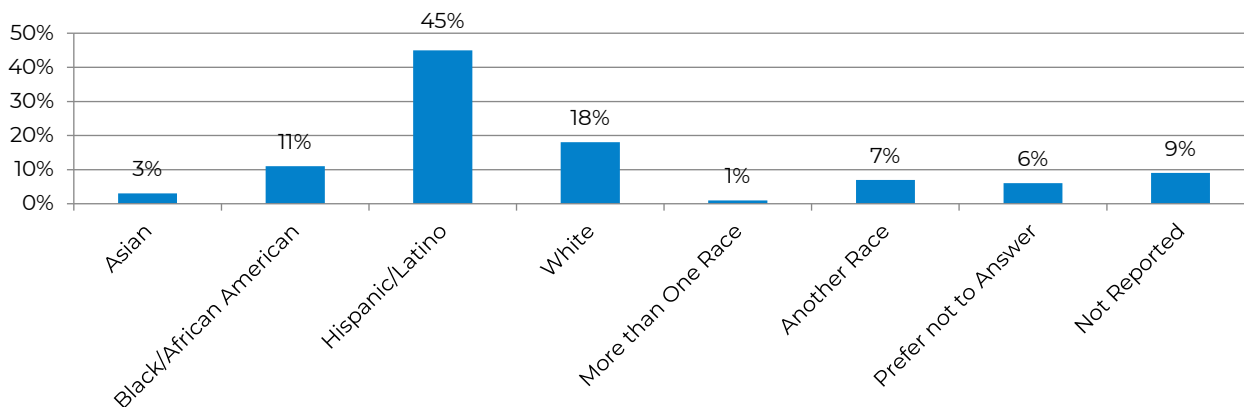
City



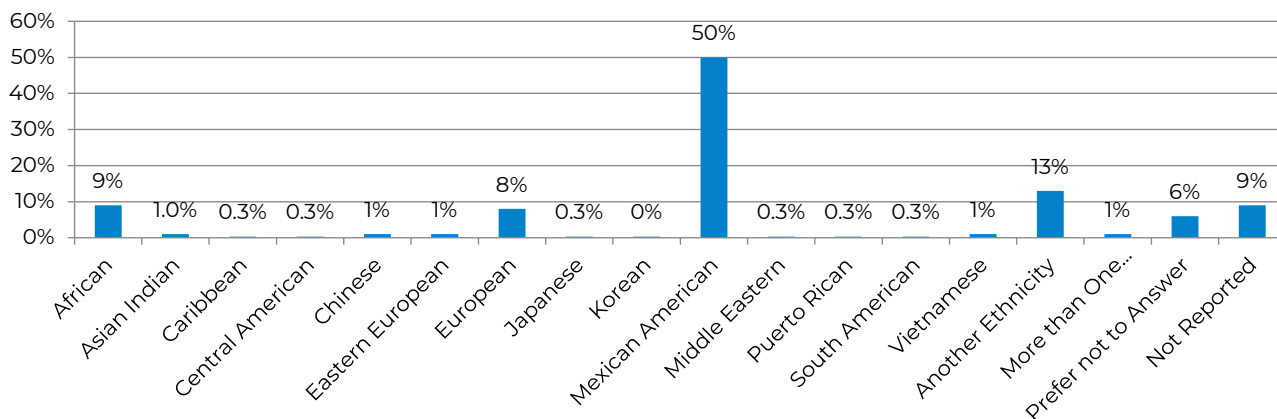
Language



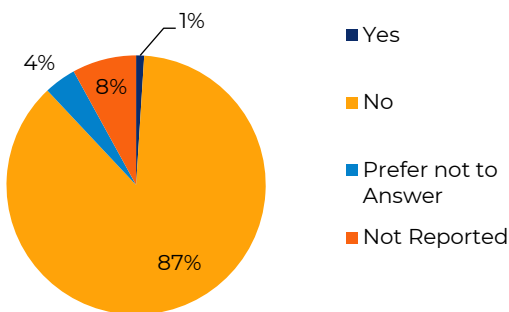
Race



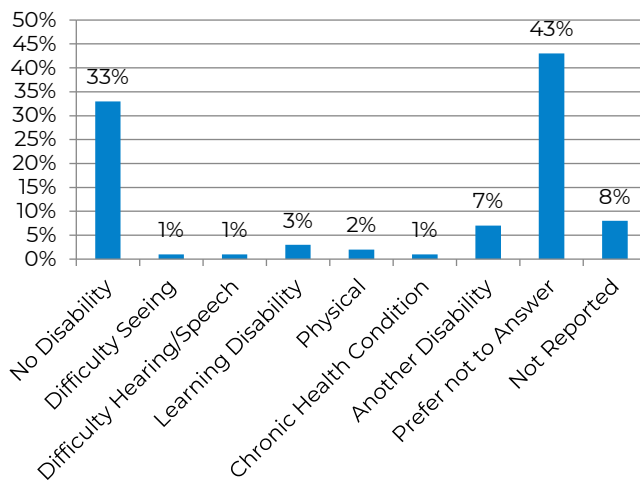
Ethnicity



Military Veteran



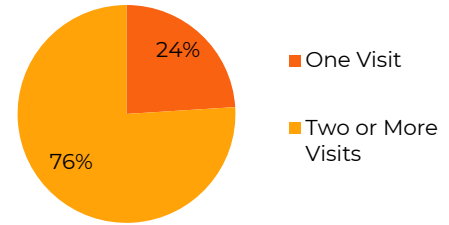
Disability



How Well Did We Do It?

6,493
Number of Attendees at Family Wellbeing Events
(Duplicated Individuals)

Number of Times People Visited



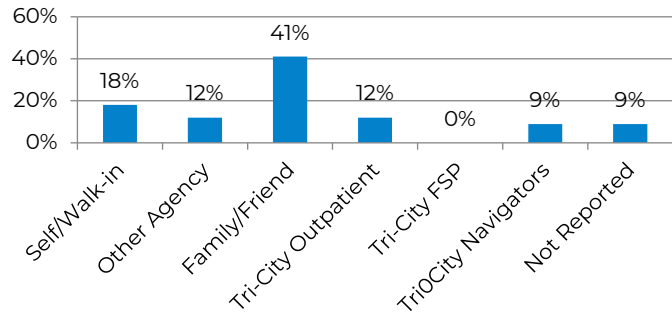
Family Wellbeing Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts & Crafts	52	4
Bore No More**	3	3
Creative Writing**	1	1
Grief & Loss	42	2
Kid's Hour	50	3
Limited to Limitless**	7	3
Movie Night	6	2
Spirituality	47	5
Sacred Heart**	3	1
Summer Camp	24	5
Teen Hour	25	1
United Family	81	4

**Groups that have been discontinued

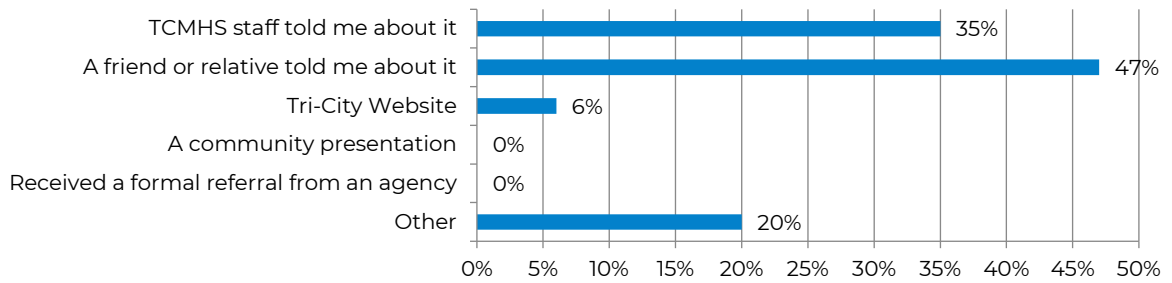
Contacts by Type	Number of Times Contact was Made
(FWS) Attendance Letter	106
(FWS) Brief Check-in	15
(FWS) One-on-One	3
(FWS) Other	57
(FWS) Phone Call	5,142
(FWS) Event	4

97%
Satisfied with the
“Help I get at the Family
Wellbeing Program”

Referral Source

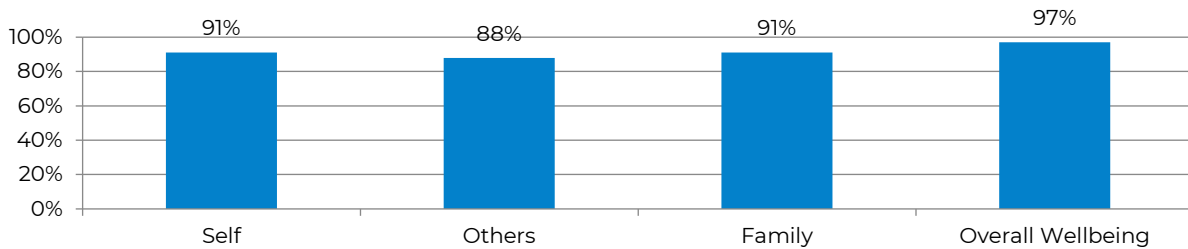


**How Did You Learn About the Family Wellbeing Program?
(Choose All that Apply)**



Is Anyone Better Off?

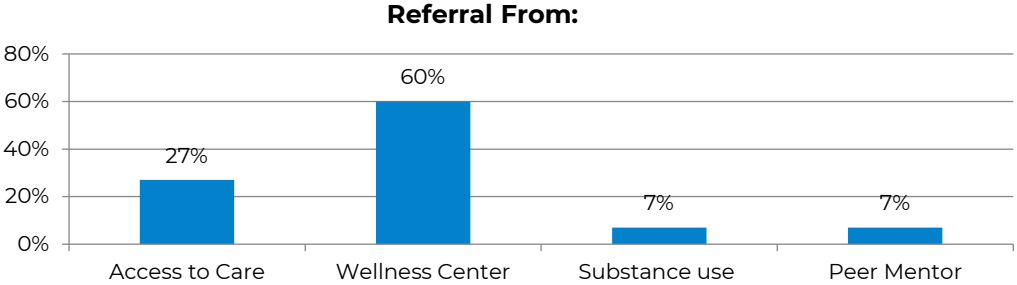
**Percent of people who report improved relationships with the following
because of the help they get from the Family Wellbeing Program:**



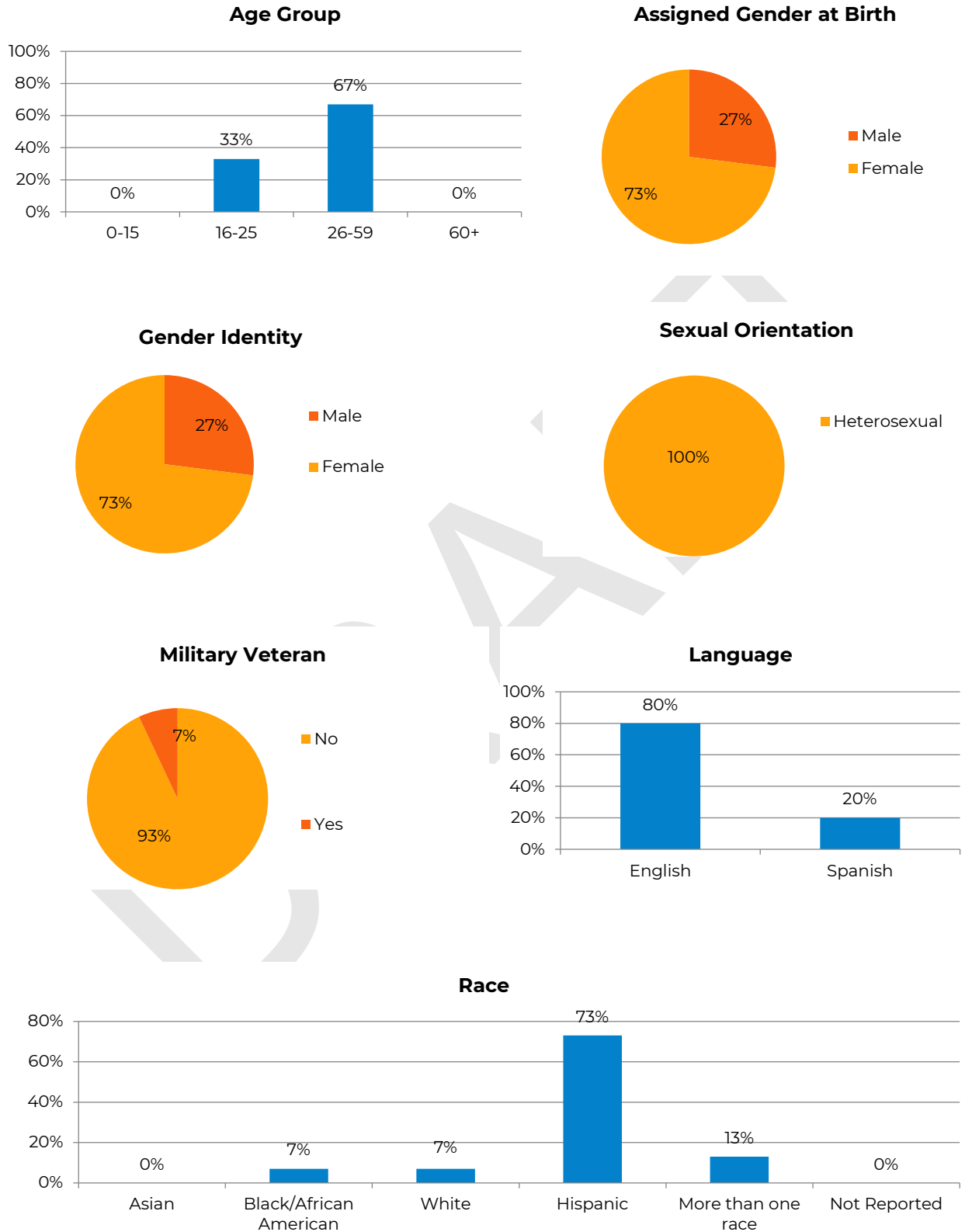
Number of Potential Responders	367
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	Parents and children
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

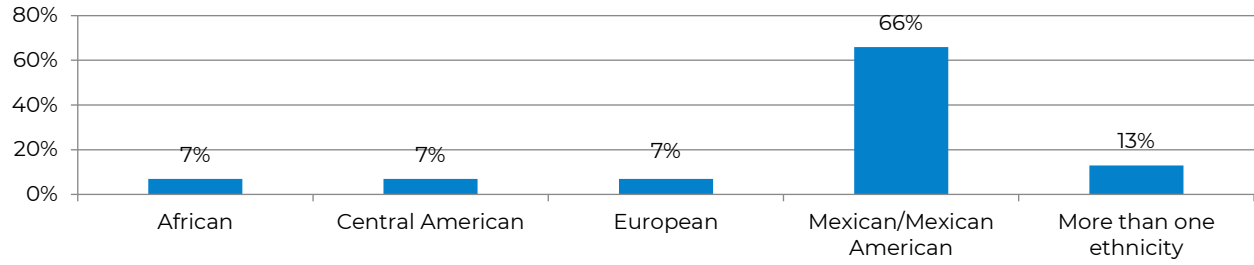
<p>15 MHA Referrals coming into Family Wellbeing Program</p>	<p>11 out of 15 Referrals Participated in Family Wellbeing Program</p>	<p>6 Days Average Time between Referral and Participation in Family Wellbeing Program</p>
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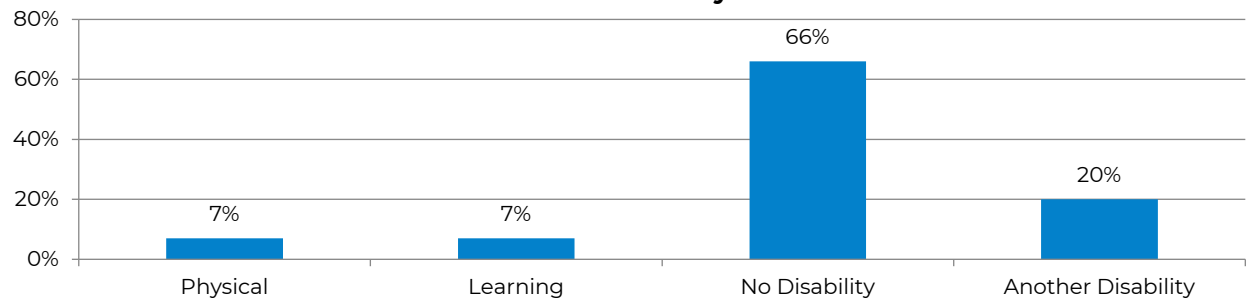
PEI Demographics based on Referrals



Ethnicity



Disability



DRAFT

Community Capacity Building: NAMI Ending the Silence

Program Description

Ending the Silence is a community presentation offered by the National Alliance on Mental Illness (NAMI). This 50-minute program is designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

Target Population

Ending the Silence offers three separate presentations targeting; 1) middle and high school students; 2) teachers and school staff; and 3) adults with middle or high school youth.

Program Update

On July 16, 2020, Richard Martinez, Superintendent for Pomona Unified School District, issued a letter to parents and guardians of students advising them that when school reopens in August 2020, "it will be solely through the established distance learning model until circumstances permit otherwise". Bonita Unified School District and Claremont Unified School District issued similar notifications.

Based on lack of access to schools and staff, NAMI Pomona Valley was not able to complete the required number of Ending the Silence trainings as indicated in their Memo of Understanding with Tri-City Mental Health.

Challenges and Solutions

Although NAMI staff continued to outreach and promote the Ending the Silence presentations, they quickly learned that since the on-set of the pandemic, the audiences were looking for more specific information that could help them navigate the impact of COVID 19.

Since NAMI California does not allow modifications to their signature program presentations such as Ending the Silence, NAMI trainers were able to supplement the presentation with information that focused on the mental health challenges that so many of the community members were experiencing at that time.

Modification to Existing Project for 2021/22:

When facing the continuing challenges of the pandemic, NAMI staff proposed an additional program that could augment the Ending the Silence program and meet the additional needs of the community. This program entitled NAMI 101 was combined with the NAMI Community Capacity Building plan thereby creating two training options for community members. The original funding allocation for Ending the Silence program of \$35,500 per year will remain the same and NAMI Pomona Valley will now be able to offer both programs under this revised plan which went into effect on July 1, 2021.

This program modification became part of the MHSA Annual Update for FY 2021-22, posted for a 30-day comment period, was endorsed by the Mental Health Commission during the Public Hearing on June 8, 2021 and approved by Tri-City Governing Board on June 16, 2021.

Cultural Competence

The Ending the Silence program is available in both English and Spanish and is facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health condition and/or signs and symptoms not being addressed or acknowledged. Training materials are also available in Spanish.

Community Partners

NAMI collaborates with local school districts to assist with training parents and teachers in a multitude of programming including Ending the Silence.

They are also connected with the local Kiwanis Club which traditionally services older adults in addition to other local organizations who serve veterans.

Data and Outcomes

Based on lack of access to schools and staff, NAMI Pomona Valley was not able to complete the required number of Ending the Silence trainings as indicated in their Memo of Understanding with Tri-City Mental Health. With these limitations in mind, outcome and performance measures are not available for Ending the Silence for FY 2020-21.

Housing Stability Program

Program Description

Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The Housing Stability Program (HSP) is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing.

Target Population

Landlords, property owners and property managers in the Tri-City area who could have tenants experiencing mental illness who need support to maintain their current housing or to find a more appropriate place of residence. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

New Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
19	8	56	70

Program Update

Housing in general became even more of a challenge in FY 2020-21. The stay-at-home orders put into place to reduce the spreading of COVID 19, resulted in people confined to their place of residents due to employment closures, reduction in work hours, or because they or someone in their home was vulnerable to COVID-19. This created a financial challenge as many households began to fall behind on their rent which in turn impacted property owners, landlords, and property managers who grew concerned about being able to pay their own bills as they were not collecting on all rents.

In addition to halting evictions for nonpayment of rent, landlords had restrictions on evictions for no-fault reasons, denying entry to a landlord, or unauthorized occupants or pets if those situations were related to the pandemic. These restrictions made it difficult for landlords to address concerns on their properties.

In response, the HSP staff made it a point to assist with Housing referrals that involve evictions or landlord issues. By adding this support, staff were able to connect to new landlords and demonstrate how Tri-City can help troubleshoot when issues arise. HSP staff also assisted with the City of Pomona Rent Relief program with outreaching to landlords to encourage their participation. Through these community connections, HSP staff received calls from other landlords inquiring about the program and how they could connect their tenants to it.

Landlord Hour provided opportunities for a virtual round table where participants could discuss situations they were encountering and assist each other by providing feedback regarding dilemmas presented. The Housing Rights Center, a non-profit organization dedicated to securing

and promoting fair housing, was also invited to present multiple times during the year to educate the landlords and property owners about the changes in tenant protections, landlord resources and responsibilities during the pandemic.

Future efforts for the HSP staff include focusing on increasing landlord outreach, providing more information about the different subsidy programs that renters can receive through the Housing Authorities, and reminding them how beneficial these programs were to keeping rents up to date during the pandemic.

Challenges and Solutions

As group activities moved to virtual platforms during the pandemic, the monthly Landlord Lunch meetings saw a significant drop in attendance. In 2018-19, the attendance for this group was 240, in FY 2019-20 total attendance was 165 and in FY 2020-21 it dropped to 71. This made it harder to engage with landlords to help give them the most up-to-date information and resources that could help them in at their sites.

In response to this concern, the monthly Landlord Lunch meeting was rebranded to Landlord Hour to eliminate the expectation of a provided meal. The RSVP system for these meetings was also altered. Previously, attendees would call or send an email to confirm their attendance. By implementing the use of Eventbrite, it became easier to keep track of RSVPs, gather contact information, and the system provides a calendar invite and reminders to those who RSVP.

The Housing Division identified that with all the additional stressors landlords were encountering during the pandemic, it would be helpful to have a webinar to help them with stress management. In September 2020, a new webinar debut entitled Landlord Everyday Mental Health. The focus of the webinar is to help property owners and managers identify how they can best address a difficult situation or interaction with someone on their property and learn coping skills to help take care of themselves, as well.

Cultural Competence

Tri-City's Housing programs offer fair housing to all individuals and families regardless of status. In addition, the Housing Department staff are trained in cultural competency.

Four of the six housing staff are bilingual in English and Spanish. In addition, participants can request the language line if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages.

Presenters for the Landlord Hour provide information regarding reasonable accommodations and emotional support animals. Staff add information about resources such as Social Security Disability Insurance and Health Advocates which landlords can use to provide access for those who have identified with a physical disability at their sites.

Mental Health First Aid training is offered to landlords, owners, and property managers to help them better understand and support individuals with mental health disabilities.

Community Partners

In addition to referrals made within Tri-City's own departments, the Housing Department staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing

Authority, sober livings, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services and the House of Ruth.

Local landlords attend monthly meetings hosted by the HD staff to learn more about information and resources that are specific to their needs.

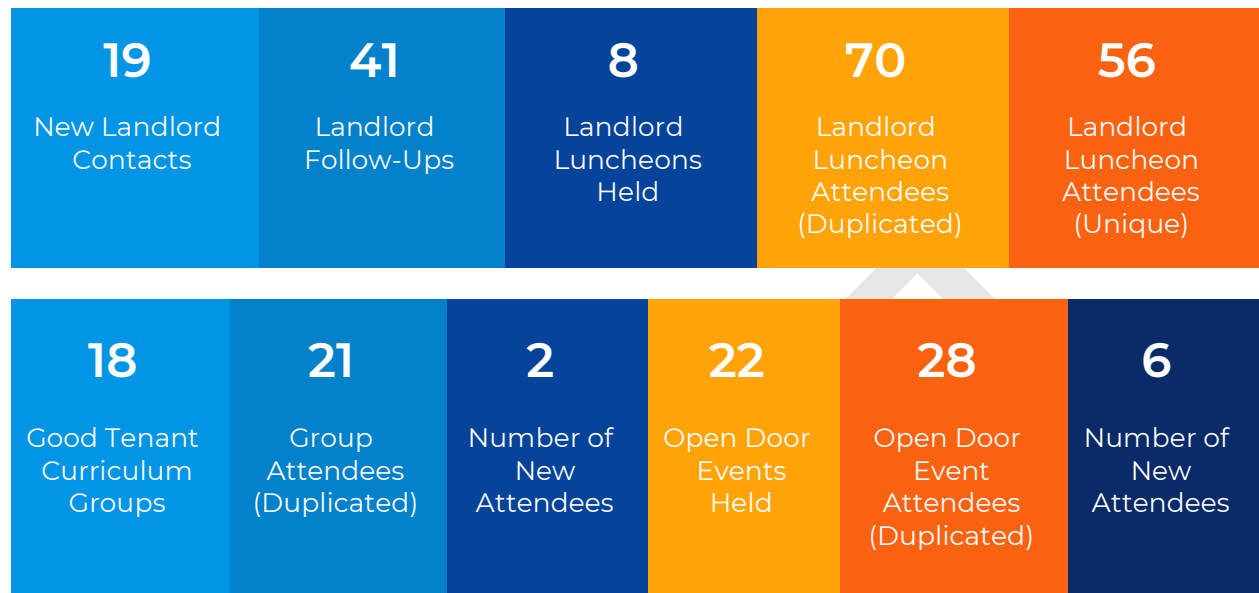
Success Story

Despite the rebranding of the Landlord Lunch to the Landlord Hour, and the move to a virtual platform, 8 meetings were held during FY 2020-21 with an average of 8 individuals in attendance. HS staff remain optimistic about this resource and will continue to provide meetings on a regular basis and build on the support offered to these important key holders in our three cities.

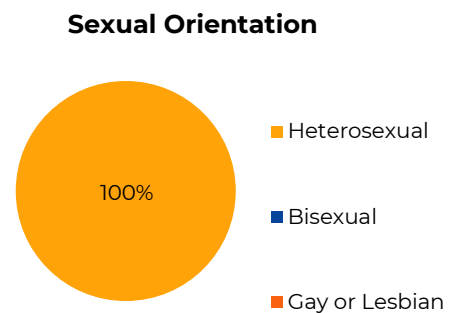
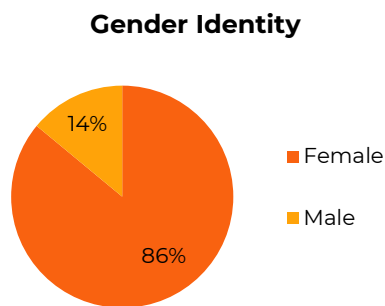
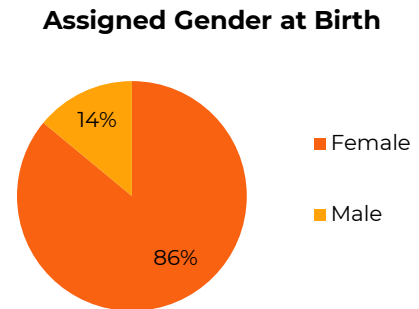
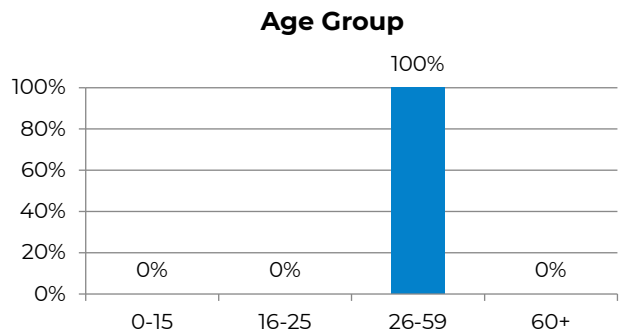
DRAFT

Program Summary

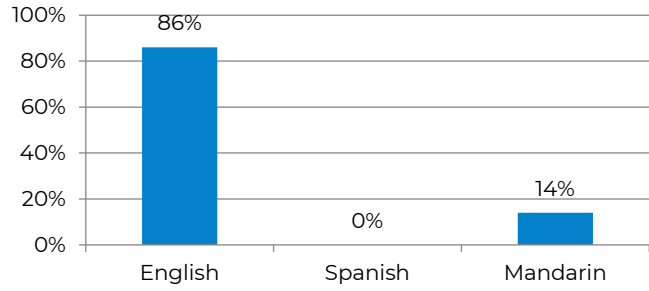
How Much Did We Do?



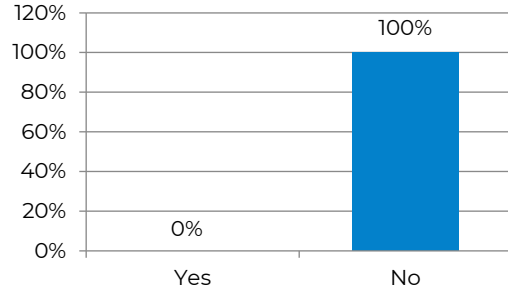
PEI Demographics – Includes Housing Participants



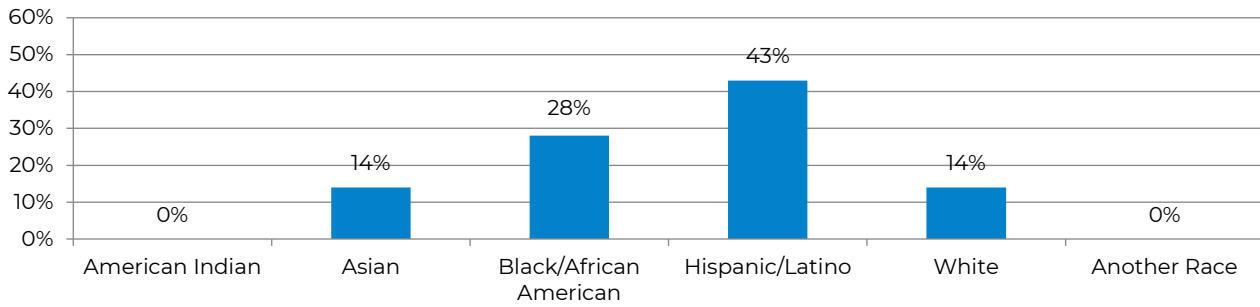
Primary Language



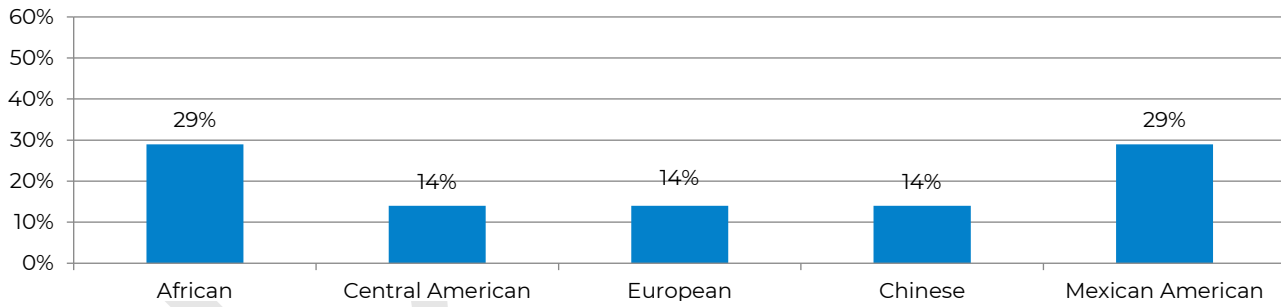
Veteran



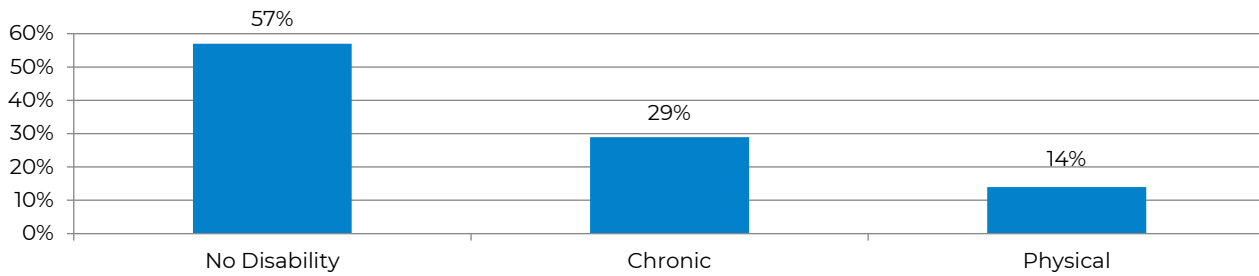
Race



Ethnicity

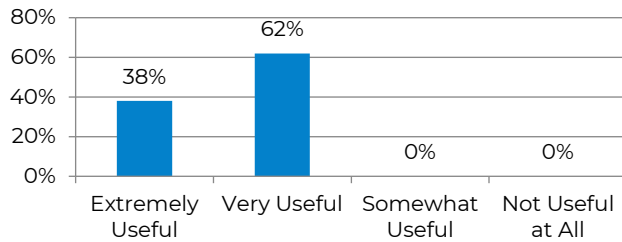


Disability

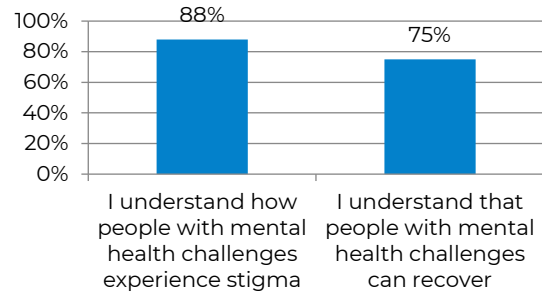


How Well Did We Do It?

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



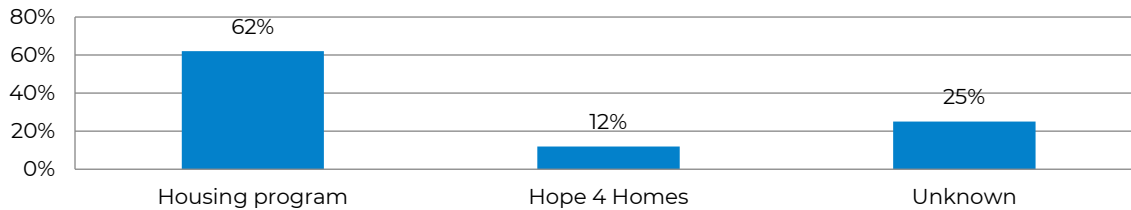
Percent of Landlords that agree or strongly agree with the following statements:



100%
Good Tenant Curriculum Participants Would Recommend This Curriculum to Others

100%
Good Tenant Curriculum Participants Reported the Presenter was Engaging and Approachable

Landlord - How did you hear about us:

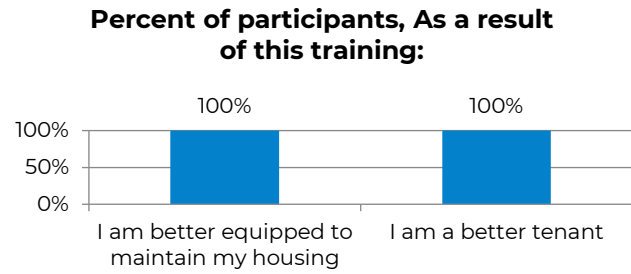


Good Tenant Curriculum - How did you hear about us:

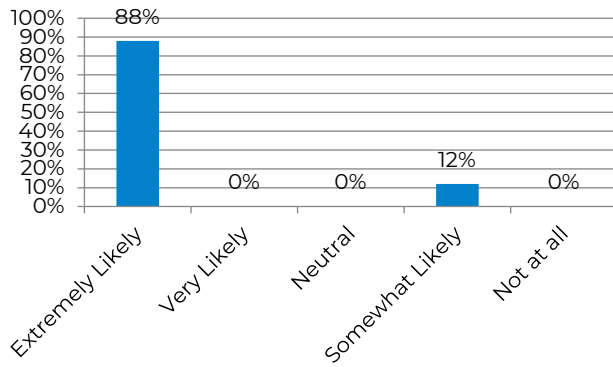


IS ANYONE BETTER OFF?

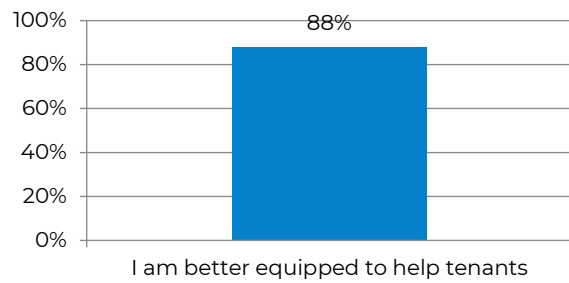
100%
 Good Tenant Curriculum participants reported that staff helped them obtain the information needed so that they



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



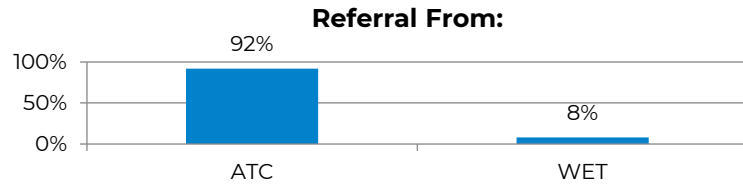
Percent of participants, As a result of this training:



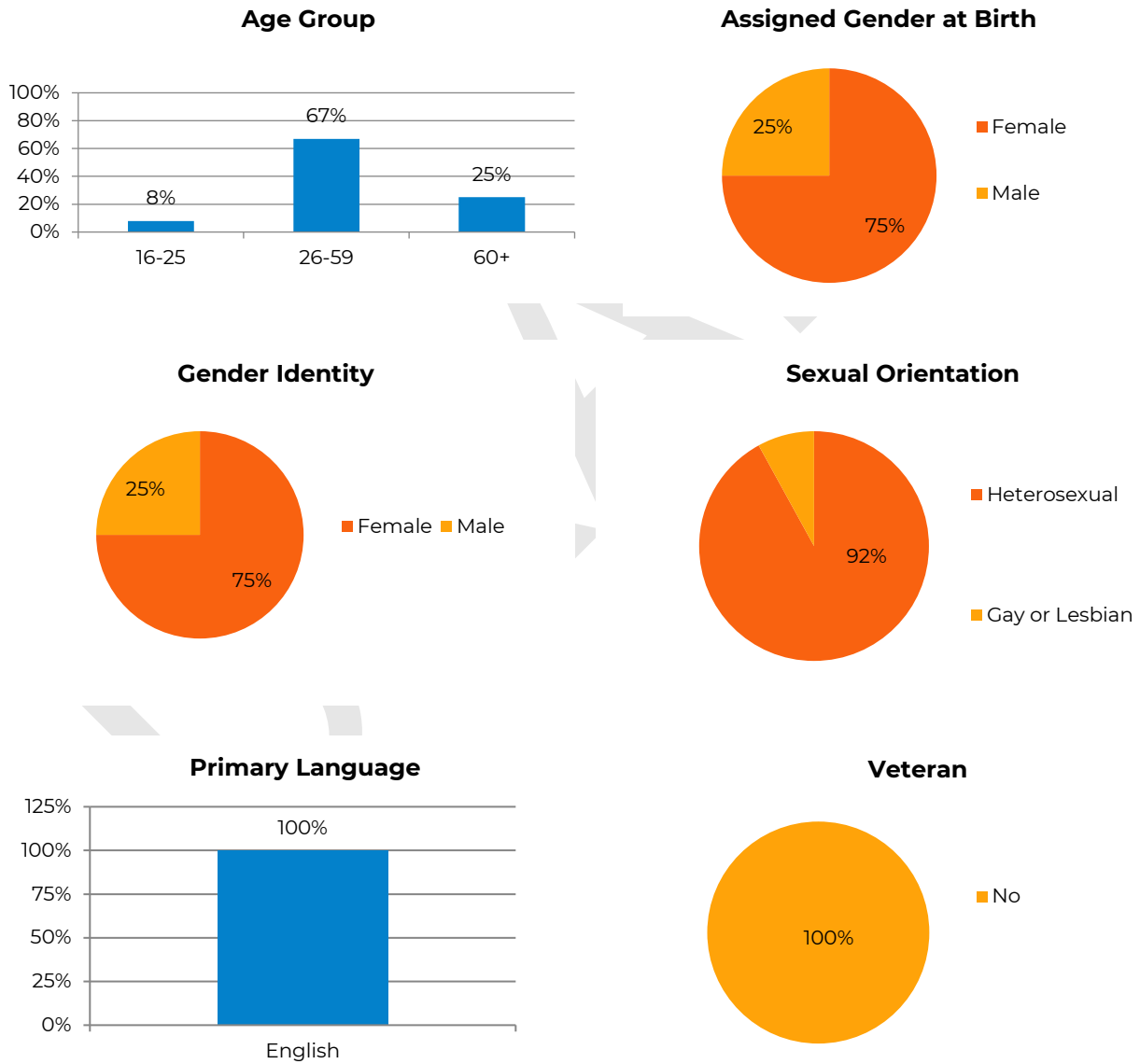
Number of Potential Responders	64
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

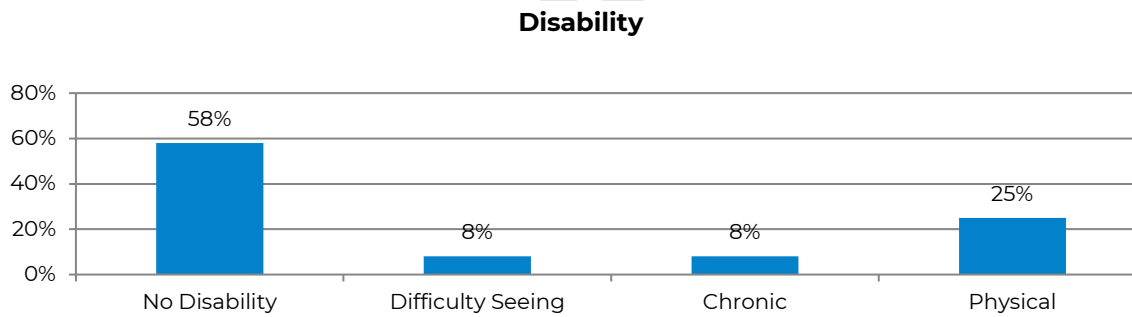
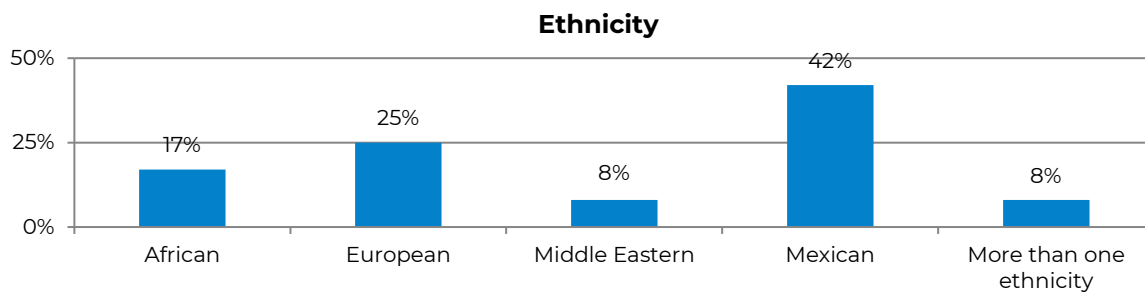
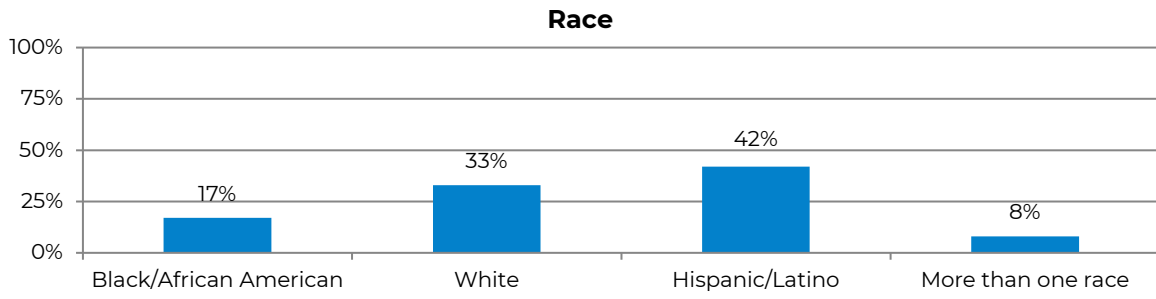
Timely Access to Services for Underserved Populations Strategy

12
MHTSA referrals into
Housing Stability



PEI Demographics based on MHTSA Referrals





Therapeutic Community Gardening

Program Description

The Therapeutic Community Gardening program utilized therapeutic horticulture, a process of incorporating the relationship between individuals and nature as a form of therapy and rehabilitation with the goal of decreasing isolation and increasing mental health benefits through gardening activities and group therapy exercises. The Garden offers the perfect setting for promoting mindfulness, healing, resiliency, support, and growth for participants. Gardeners learn to plant, maintain, and harvest organic fruits, vegetables, flowers, and other crops for therapeutic purposes and symptom management. TCG staff includes a clinical program manager, clinical therapist, mental health specialist and community garden farmer. Groups are available in both English and Spanish.

Target Population

Community members including unserved and underserved populations, adults, youth ages 16-25, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	14	11	39	13	20	97
Cost Per Person	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158

Program Update

During FY 2020-21, the Therapeutic Community Garden program was fully staff and included the hiring of a new Community Garden farmer. As with most MHSAs programs, groups and workshops were held virtually in keeping with COVID safety standards and increased the number of groups held from one to seven. In partnership with Tri-City psychiatrists, medical students from the Western University of Health Sciences were invited to shadow staff and implement a monthly wellness group specifically for improving the wellness and well-being of those same medical students. Additional workshops were held in partnership with local senior centers that focused on older adults.

Over the next fiscal year, the TCG staff will continue to offer virtual groups and workshops. However, planning is underway to support in-person groups and workshops once COVID restrictions allow. In addition, staff plan to increase outreach to outside agencies and organization focusing on all age groups, including transition age youth.

Challenges and Solutions

Challenges for the TCG program during FY 2020-21 included outreaching to individuals who had difficulty understanding or utilizing technology to connect to virtual groups or workshops. This includes limited access to computers, phones and/or internet services. In response to this

challenge, TCG staff worked with individuals one-on-one to help them connect to virtual groups. In addition, copies of presentations were provided for those who were unable to connect.

Additional challenges included difficulty engaging TAY (transition age youth ages 16-25) as well as a low attendance in the Spanish adult groups. TCG staff implemented groups specifically targeting TAY and partnering with other Tri-City programs who also serve this critical population. Local colleges and school districts were also engaged to help promote this resource.

Cultural Competence

The TCG provides a “come as you are” environment, welcoming all cultures, ethnicities, identities, and backgrounds. Inclusion is emphasized and lessons often discuss individual choice, diversity of backgrounds, differences of opinions and more. Materials are available in Spanish (waivers, enrollment sheet, referral, questionnaires, flyers, how to garden handouts, recipes, curriculum PowerPoints). The TCG staff also include a full-time bilingual Mental Health Specialist as well as the use of interpretation services when needed.

In order to meet the needs of Spanish-speaking participants, TCG offers groups in both Spanish and English. In addition, handouts, planning instructions and presentations are also available in Spanish. For individuals who have memory or learning impairments, activities are modified by repeating information shared in group, offering verbal, written and visual cues, providing copies of lessons/instructions to individuals in person or mailed to their address when requested. TCG also offers all directions and lessons in enlarged font for those with visual impairments.

Curriculum developed for TCG includes discussions about diversity, culture, and inclusion. Metaphors are used that compare diversity in the garden (companion planting, intercropping, trap plants, crop rotation etc.) as beneficial mirroring diversity in our society (different people bringing different strengths, abilities, opinions, etc.).

The TCG staff increased outreach efforts utilizing bilingual staff to engage Spanish speaking clients and Tri-City’s own Spanish-speaking cultural group, Adelante. Finally, staff partnered with outside organizations who serve the Spanish speaking population including Pomona Unified School District and their Community Liaison program.

Community Partners

The Therapeutic Community Garden staff network and collaborate with a multitude of community partners and organizations. Examples include 1) local food banks where garden produce is shared in support of their food insecurity programs, 2) annual events with Cal Poly Pomona Veterans Resource Center targets veterans and their families, offering wellness support through free TCG groups, 3) outreach with Pomona Unified School District targeting Children and TAY youth as well as their families, 4) partnered with Alcoholics Anonymous to advertise groups and provide fresh and natural snacks from the garden as a healthy alternative.

Other examples of organizations in which TCG engages in strong community partnerships:

- **Sustainable Claremont** – Outreach to community members via virtual workshop
- **Mt. San Antonio Gardens Pomona** - Outreach to older adults via virtual workshop
- **Joslyn Center Claremont** - Outreach to older adults via virtual workshop

- **University of La Verne** - Outreach to students via virtual workshop
- **Pomona Unified School District** - Outreach to youth and via virtual workshop
- **Pomona Valley Hospital Medical Center (PVHMC)**: TCG staff facilitated a Residents Wellness Workshop
- **Pilgrim's Place Claremont** - Outreach retirement community via flyer distribution
- **Cal Poly Pomona Veterans Center** – Outreach to Veterans
- **La Verne Youth and Family Action Committee at City Hall** – Outreach
- **Pomona Mayor's Office** - Community Outreach
- **California Community Inclusion and Diversity Summit**
- **Medical students from University of California, Riverside (UCR) and Western University of Health Sciences** – Students shadowed TCG groups

Success Story

An individual initially attempted to connect to clinical services, however felt the process invasive and became very guarded during the assessment. Ultimately, this individual did not meet medical necessity for services and instead was guided to the Therapeutic Community Garden (TCG) which has a less formal approach. Once enrolled in TCG, the staff was able to build rapport and therapeutic trust and as the groups progressed, staff were able to help them identify goals and in turn become healthier both physically and mentally. One critical function of TCG is to act as a two-way bridge with clinical services where participants find support and can be referred to clinical services when appropriate.

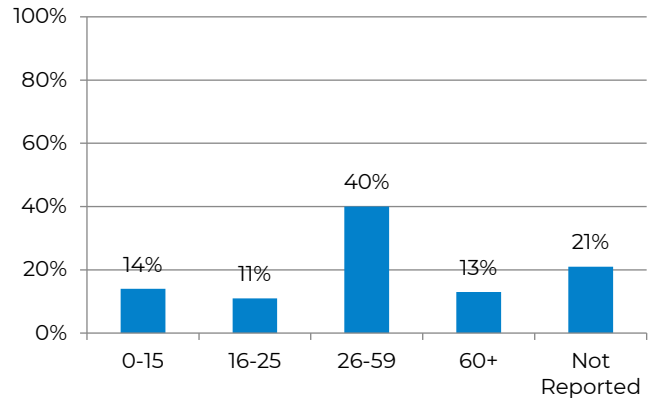
Program Summary

How Much Did We Do?

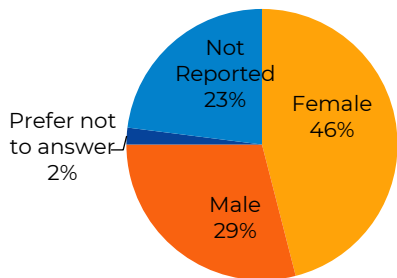
97
Unique Individuals Served

11 Months
Average Length of Time
Participants Enrolled in TCG

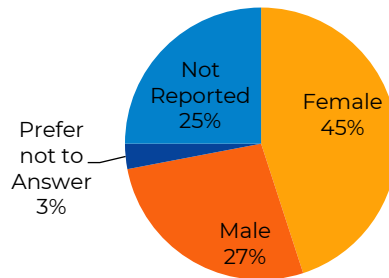
Age Group



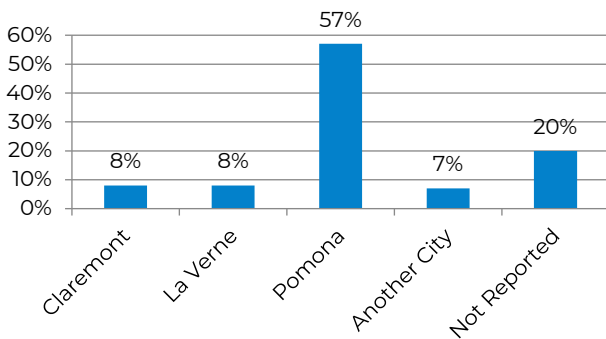
Assigned Gender at Birth



Current Gender Identity

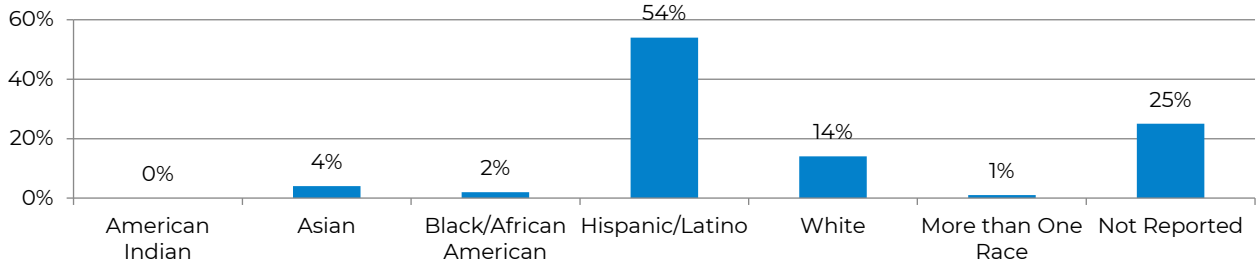


City

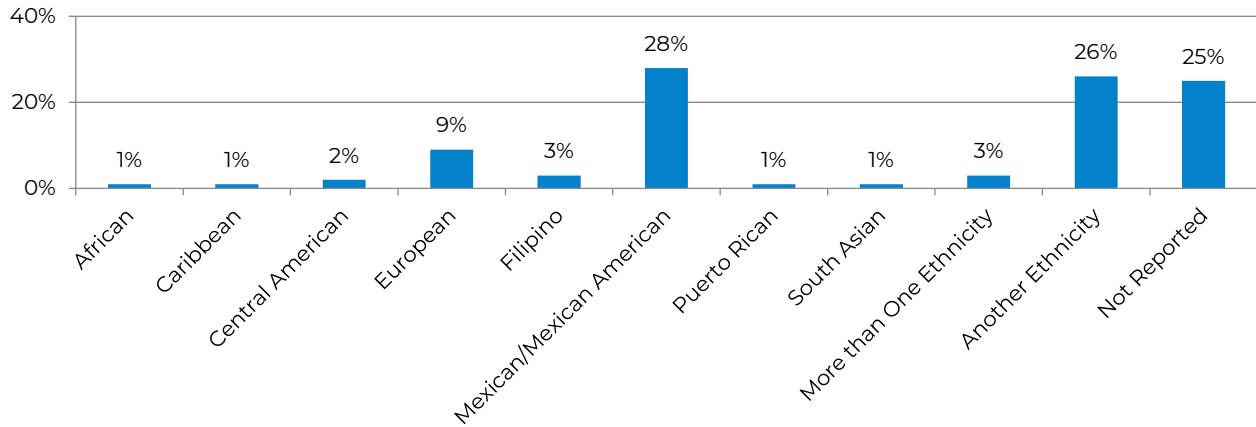


37%
of TCG participants are enrolled in clinical services, while 63% are community members.

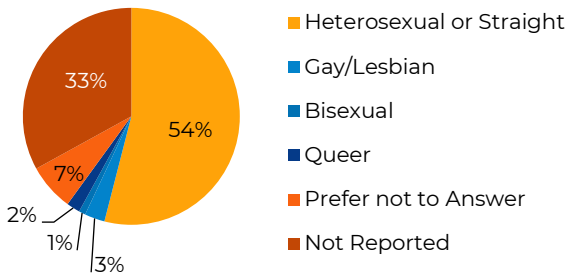
Race



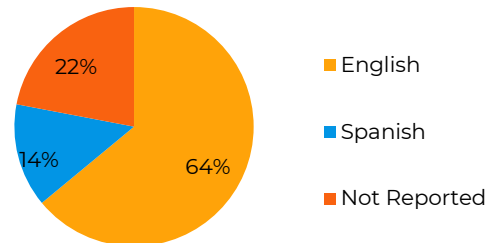
Ethnicity



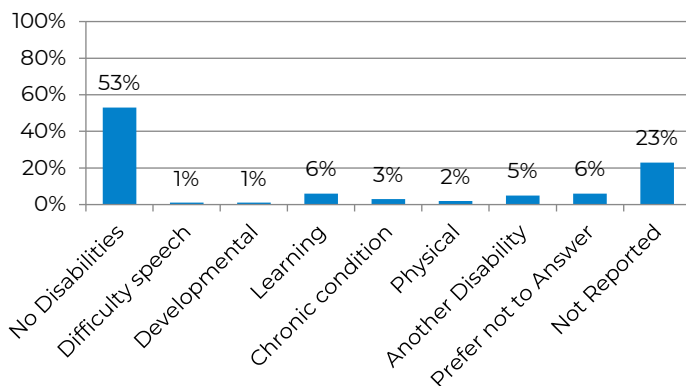
Sexual Orientation



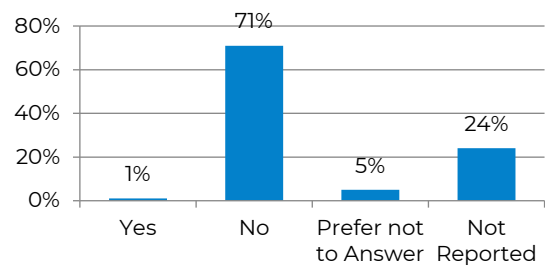
Primary Language



Disability



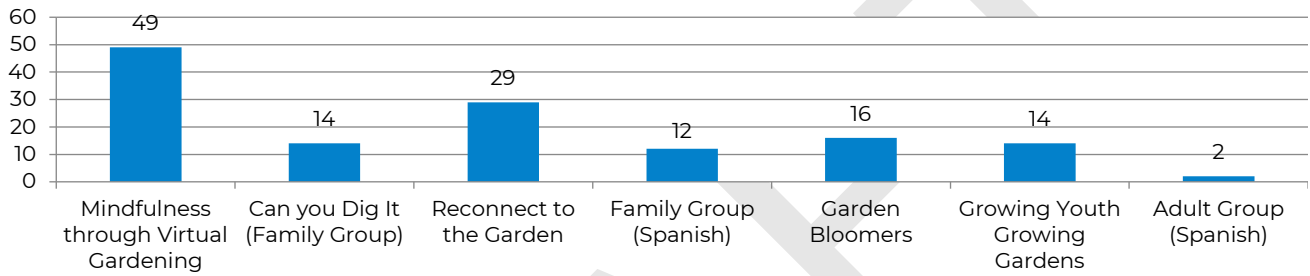
Veteran



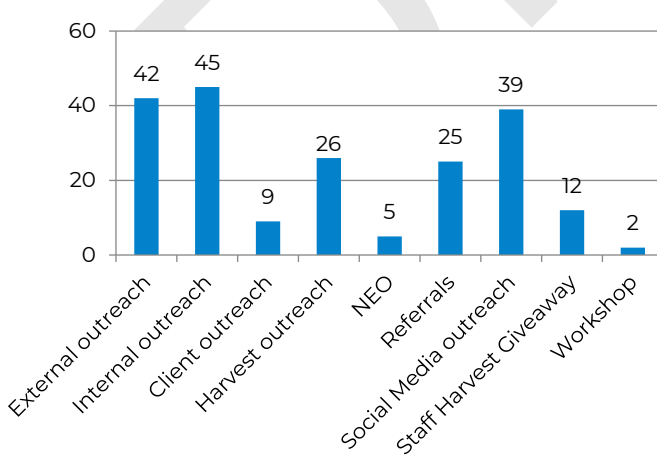
How Well Did We Do It?



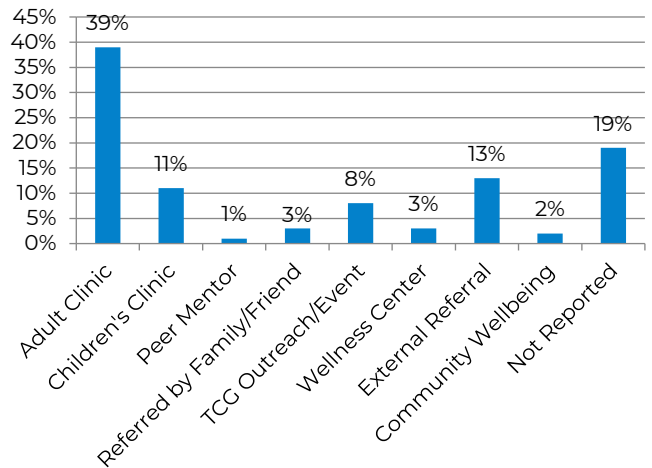
Type of Groups Held



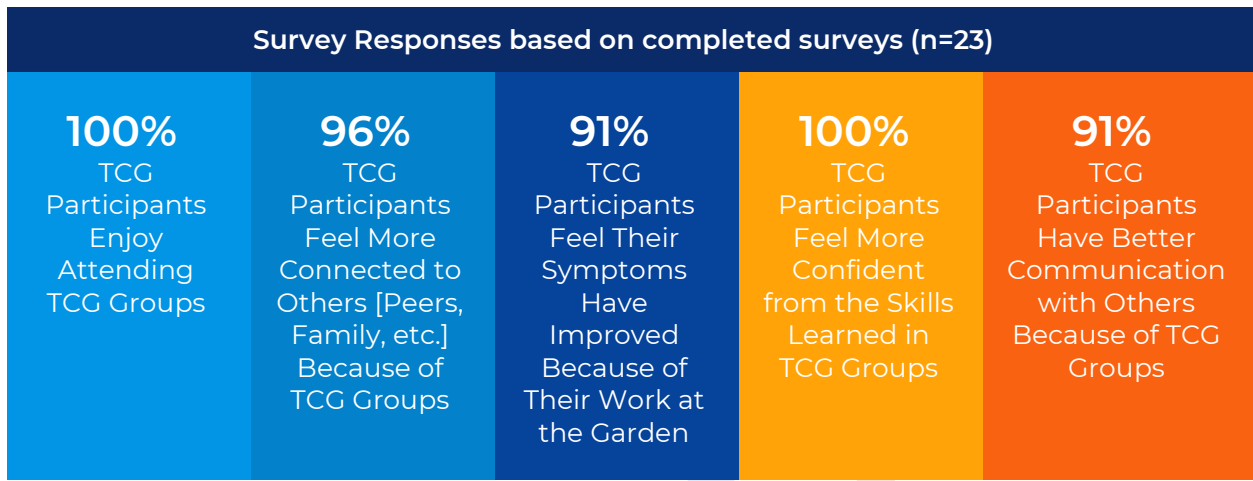
Type of Outreach



Referral Source



Is Anyone Better Off?



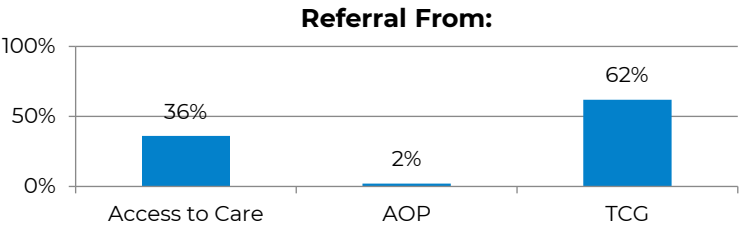
TCG Participant Feedback – How have you benefited from participating in TCG groups?

<p>“I find it relaxing, enjoying talking to people about plants.”</p>	<p>“They give a lot of good garden suggestion.”</p>
<p>“I feel more relaxed, more confident, about myself and the conversations we have.”</p>	<p>“I am doing something that makes me feel good that is caring, my kids are grown so it gives me something else to take care of.”</p>
<p>“Able to speak more openly to others.”</p>	<p>“I have gained more confidence on expressing my emotions.”</p>
<p>“I’ve learned new things about gardening that have been really helpful.”</p>	<p>“I feel happier when I join the group.”</p>
<p>“I really like the session, and I always feel calmer after attending.”</p>	<p>“I have learned so much about things I would have never thought about before.”</p>
<p>“It built my self-esteem and my self-confidence.”</p>	<p>“Gives me something to do and allows me to socialize with others.”</p>
<p>“I’ve learned more coping skills, learned to socialize more, and have been able to socialize in a healthier way in an environment that is not viable to socialize at this time.”</p>	

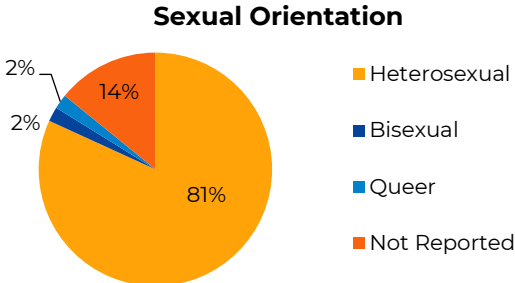
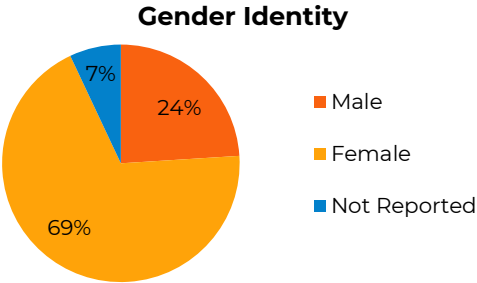
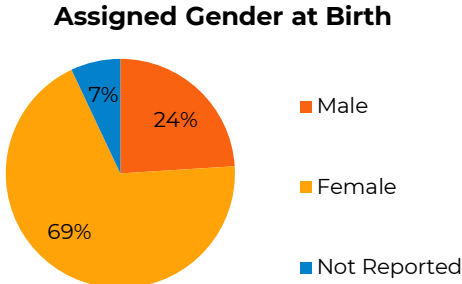
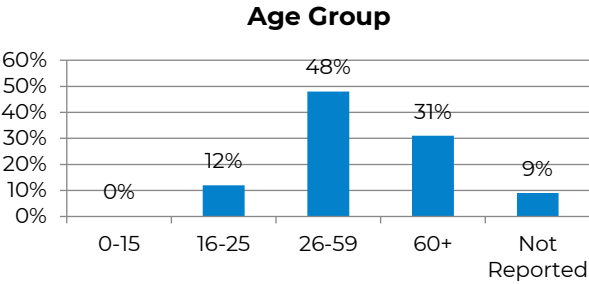
Number of Potential Responders	97
Setting in Which Responders were Engaged	Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

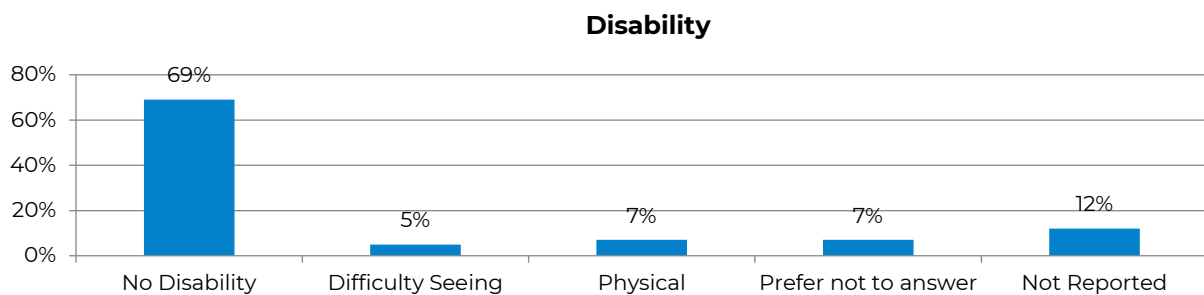
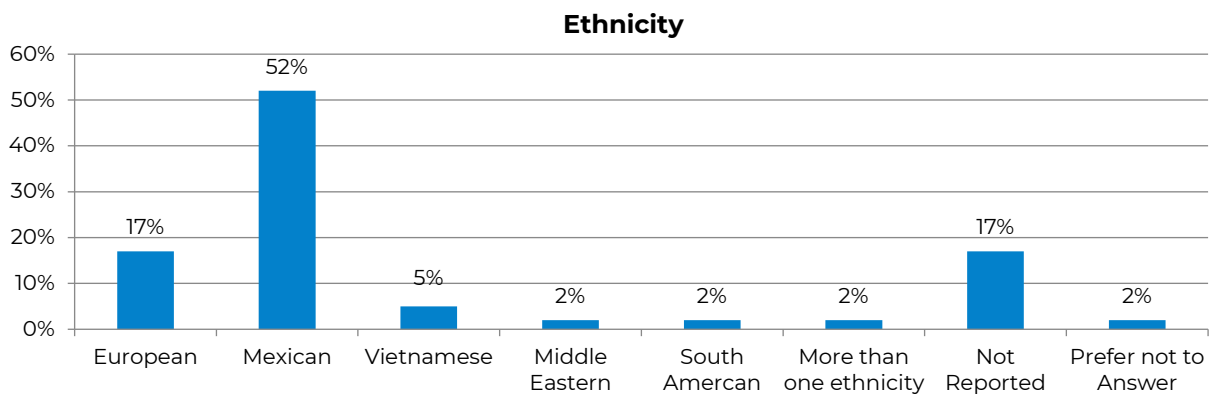
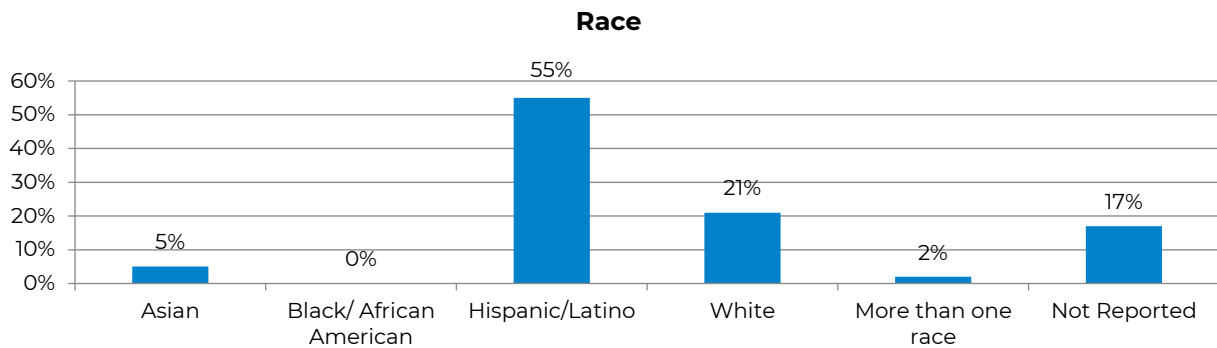
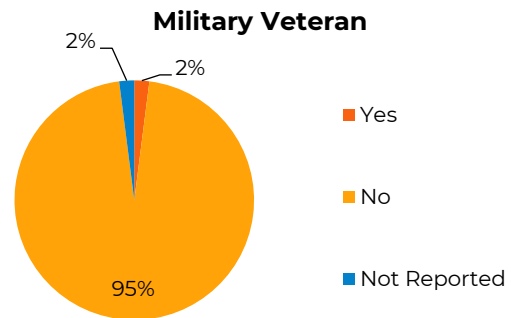
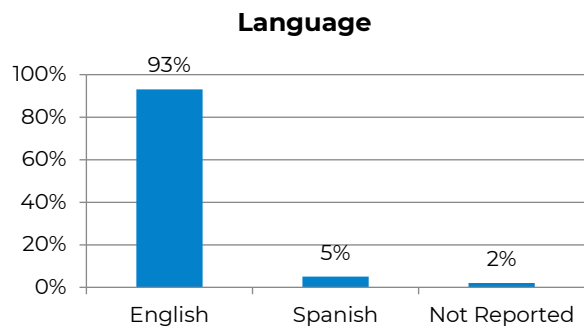
Timely Access to Services for Underserved Populations Strategy

42
MHA Referrals coming into TCG Program



PEI Demographics based on MHA Referrals





Early Psychosis Program

Program Description

Tri-City's Early Psychosis Program (EPP) is designed for young people and their families who are at risk of developing psychosis or experiencing a first episode psychosis. This coordinated specialty care program is focused on assisting a young person manage their symptoms, prevent deterioration, and equip their family to be the best support for them. Awareness, early detection, and access to services is needed to help young people with psychosis recover. Utilizing the PIER (Prevention, Intervention, Enforcement and Reentry) model, Tri-City staff host workshops and trainings for community members and school personnel focused on recognizing and addressing the earliest symptoms of mental illness. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The goal for this program includes increasing awareness among community members in recognizing the signs and symptoms of early psychosis and how to connect individuals to services as well as to reduce the time of untreated psychosis and severe mental illness.

Target Population

Transition Age Youth (TAY) ages 16 to 25 who are experiencing psychosis and are not currently enrolled in mental health services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	1	42	4	62	109
Cost Per Person	\$3,112	\$3,112	\$3,112	\$3,112	\$3,112	\$3,112

Program Update

In FY 2020-21, EPP staff were able to complete the PIER (Prevention, Intervention, Enforcement and Reentry) model. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The next phase of this training program includes monthly supervision for outreach for specific components of the program.

One component of the Early Psychosis program is training and stigma reduction. Even with the challenges of the COVID19 pandemic, there were 109 people who attended an Early Psychosis training during the last fiscal year. Positive ratings from attendees include: 94% reported that they “understood the symptoms of early psychosis” and 94% agreed that they were “provided with new and useful resources”. An additional 89% agreed that “their belief that people with early psychosis can recover” increased because of the training and 87% agreed that they would “reach out to Tri-City, if they suspected someone had a mental health challenge”.

The occupational therapist (OT) began to complete sensory profiles for EPP clients which helped to provide a more comprehensive view of client's needs and ways to provide support. The OT also met with parents and clients to share outcomes leading to some meaningful conversations and learning.

Challenges and Solutions

Limitations placed on program delivery due to the pandemic made it difficult for the first half of fiscal year 2020-21. Apprehension by clients and staff to meet in person and staff shortages led to slow engagement for some clients. In addition, providing services via telehealth presented a challenge when attempting to engage families to participate.

High staff turn-over also presented a challenge for the EP program. As staff decreased, cases had to be transferred and this exacerbated a feeling of suspicion that already made it difficult to engage certain populations. Some clients and families were reluctant to participate in groups and had reservations about involving family members or participating in groups with other families.

Finally, outreach and engagement with community partners, who were also struggling with the pandemic, when scheduling outreach events or webinars, resulted in cancelled events or low attendance.

Efforts to address these challenges in the future include 1) ensuring that all staff participate in the PIER supervisions to assist other team members who may not be as comfortable with the assessments or skills required for this program 2) host webinars on the Tri-City website and invited community partners and utilized social media to advertise these events and 3) rethink outreach and engagement with this population, complete screening prior to enrollment, start conversation about EP program earlier and complete assessment faster.

Cultural Competence

The Early Psychosis program consists of multicultural staff who provide services in both English and Spanish. Workshops and webinars, including outreach and engagement, are also available in both languages. Additional languages are available via the language line. Materials for trainings are available to be translated upon request.

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as gay, lesbian, bisexual, transgender, or questioning are addressed.

Community Partners

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

Success Story

One critical component of the Early Psychosis program is to provide psychoeducation about psychosis and its impact on the mind and the body. After attending the educational workshop,

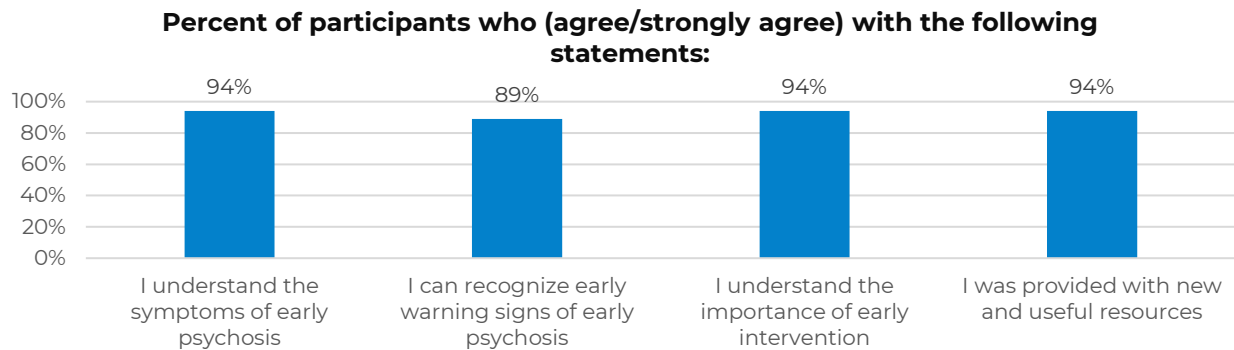
several clients shared that they felt understood and had a better understanding of their symptoms. Family members also reported having a clearer understanding of their loved one.

Program Summary

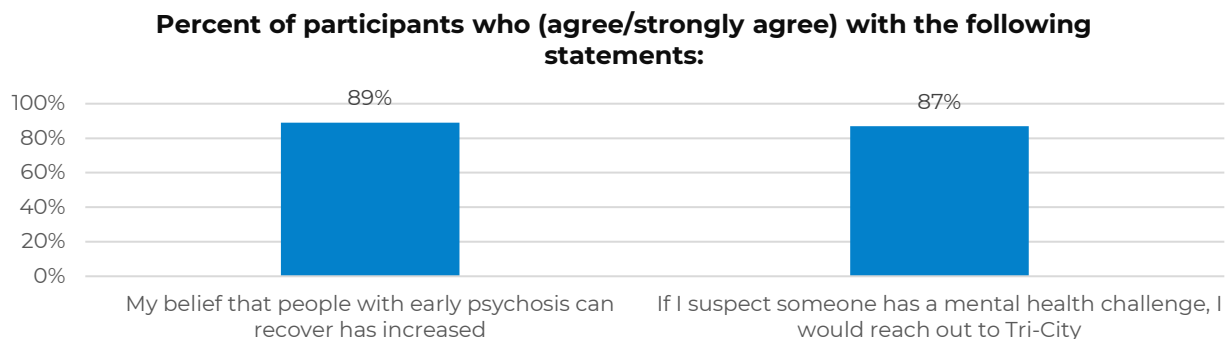
How Much Did We Do?



How Well Did We Do It?

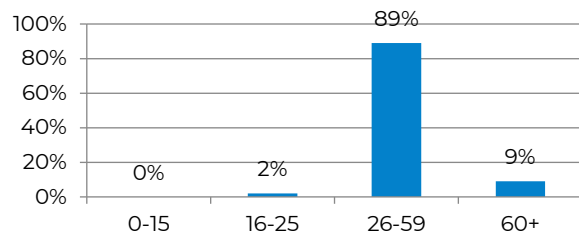


Is Anyone Better Off?

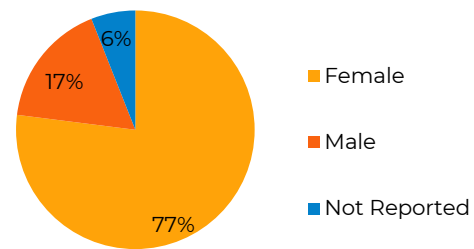


PEI Demographics

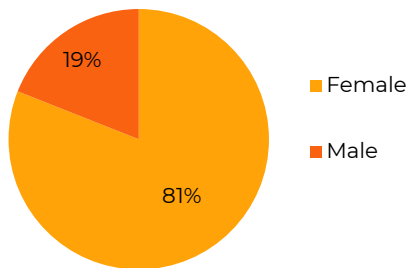
Age Group



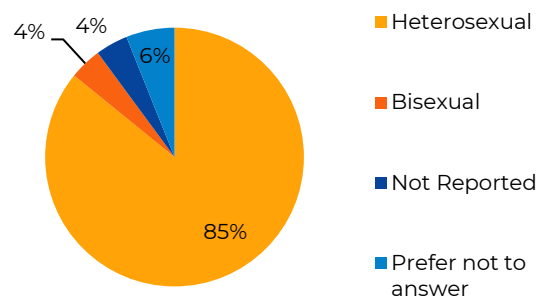
Assigned Gender at Birth



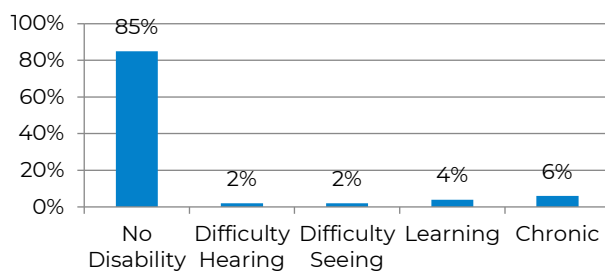
Gender Identity



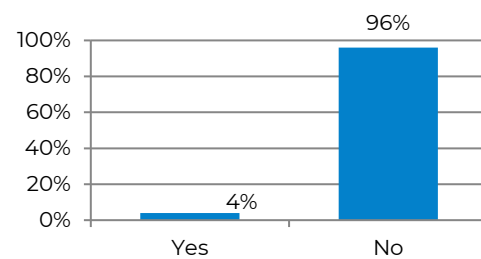
Sexual Orientation



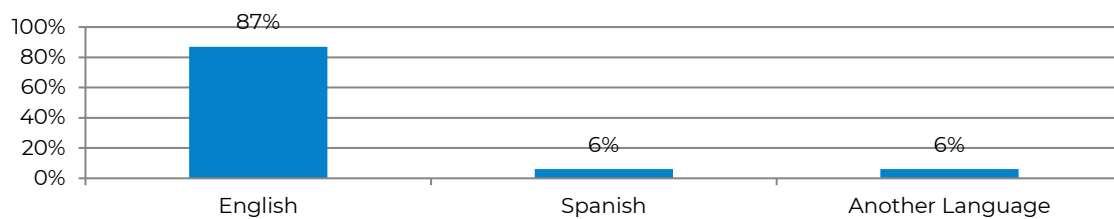
Disability

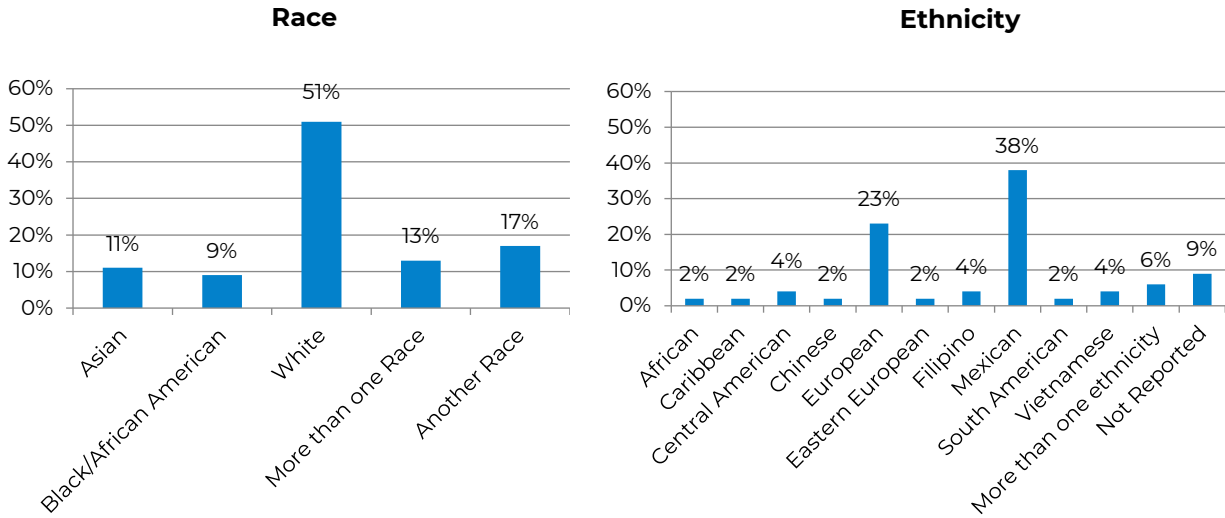


Military Veteran



Language Spoken by Group Participants





Number of Potential Responders	109
Setting in Which Responders were Engaged	Community, schools, health centers, and workplace.
Type of Responders Engaged	Community members
Underserved Populations	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
Access and Linkage to Treatment Strategy	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

1
External MHSR Referral to Early Psychosis

4
Internal MHSR Referrals to Early Psychosis

Innovation (INN)

Innovation consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

Innovation (INN)

Innovation projects are designed to evaluate the effectiveness of new or changed practices in the field of mental health, with a primary focus on learning. Innovation provides county-administered mental health systems in California the opportunity to "try out" new or changed approaches that can inform current and future mental health practices. These projects are intended and implemented as time-limited (maximum of five years), after which an alternative source of funding must be identified if the project is deemed successful.

Help@Hand/Tech Suite Project

The Help@Hand or Tech Suite project was approved in 2018 with the primary purpose of increasing access to mental health care by providing a nontraditional system for individuals who may be reluctant to access services through a more formal clinical setting. Using computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

Project Dates	January 1, 2019 to December 31, 2023
Project Funding Amount	\$1,674,700.00
Target Populations	<ul style="list-style-type: none">• Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners• Older adults (ages 60+) who lack transportation or are unable to access traditional services• Non-English-speaking clients and community members who may be experiencing stigma and language barriers

Program Update

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level. Five counties/cities who are a part of the collaborative were exploring products for potential pilots for this project.

In February 2021, Tri-City conducted focus groups to determine whether myStrength, Headspace, or Mindstrong best met the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.

Tri-City worked on planning a three-month pilot with 60 participants (20 from each target population- older adults, TAY, and monolingual Spanish-speakers). Participants would be recruited through clinical referrals and community outreach. Participants could meet with Tri-City's program coordinator to learn more about the project and participate in Appy Hours to get digital literacy support prior to the pilot. Painted Brain, a peer-led organization that supported other counties/cities' Help@Hand projects, would onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities.

In April 2021, Tri-City participated in three pre-launch training sessions held by myStrength. The sessions aimed to understand Tri-City's pilot plan, the type of app data Tri-City would access, and marketing strategies. Tri-City also attended a demonstration of myStrength.

In May 2021, a contract was executed between Tri-City and myStrength. Tri-City would purchase 5,000 myStrength licenses.

FY 2021-22 Future Directions

In October 2021, Tri-City discontinued their pilot planning and launch due to staffing shortages.

Beginning in January 2022, Tri-City plans to revisit which technologies to implement based on the results and learnings from pilots and implementations conducted by other Help@Hand counties/cities. Tri-City may work with myStrength to amend their contract for the licenses that were already purchased.

Restorative Practices for Improving Mental Health (RPIMH)

In December 2020, Tri-City issued an open invitation to community members and stakeholders from the Tri-City area to share their ideas for new potential innovation projects. Tri-City's Innovation workgroup met over several weeks to finalize ideas and proposals for these new projects. This group of 17 community members and 3 Tri-City staff came together to discuss the needs of people residing in the Tri-City area as well as perceived gaps in service and how these can be addressed through the creation of one or more community-driven projects. This process included reviewing the results of the Community Planning Survey where participants identified unserved and underserved populations as well as barriers to service.

After extensive research and review, Restorative Practices in Mental Health (RPIMH), a three-year plan was proposed which combined three wellbeing practices into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support targeting Tri-City staff, transition age youth and community youth support staff. Although the COVID-19 pandemic created numerous obstacles to the Innovation planning process, community members brought forth the idea of RPIMH which was then endorsed by stakeholders and approved unanimously by both the Mental Health Commission and Tri-City Governing Board on May 19, 2021.

On June 29, 2021, the MHSOAC Director and MHSOAC Project Manager met virtually with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC). The purpose of this meeting was to answer any remaining questions the MHSOAC had prior to making their final decision regarding approval of this project. Ultimately, the Chair and Executive Director of the MHSOAC felt this project did not meet the threshold for "Innovation". Therefore, the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward. Unfortunately, the RPIMH project included funds in amount of approximately \$272,000 that were subject to reversion on June 30, 2021.

Despite this setback, Tri-City staff continue to engage in the extensive process of developing another Innovation project with the assistance of community partners and stakeholders. The hope is with the future reduction of COVID restrictions, stakeholders will once again be able to meet in person and develop a meaningful and viable Innovative project.

DRAFT

Workforce Education and Training (WET)

The WET efforts focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel.

Workforce Education and Training

The Workforce Education and Training plan focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel. This plan is not designed to focus on providing services but rather in training and supporting the people who are charged with the delivery of the services and supports including clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal but vital support to loved ones and others.

A second component of this plan is the recruiting of students, community members, and volunteers to expand the recovery and wellbeing supports provided by staff. It is clear the demand for mental health services in the Tri-City area far exceeds the current and projected availability of staff. With this in mind, by increasing the pool of interest in the mental health system, these efforts can work to generate new staff members over time by encouraging high school and college students to realistically consider a career in the community mental health field in the Tri-City area.

Program Update

During FY 2020-21, 36 trainings, conferences and educational opportunities were available for staff. Training topics included cultural competence, trauma and parenting, forensic training, Adverse Childhood Experiences (ACEs), stress, resiliency and restorative practices.

In August 2021, Tri-City stakeholders approved the transfer of \$900,000 from the Community Services and Supports (CSS) plan to Workforce Education and Training (WET) plan. The purpose of these funds was to:

- 1) Create two new positions within WET. The first position is Social Media Specialist, who will focus on increasing Tri-City's social medial presence. The second position is Diversity Equity and Inclusion (DEI) Coordinator who will oversee the cultural inclusion strategy of the agency.
- 2) Create new incentives for new hires as well as existing staff as a part of recruitment and retention strategy under the existing WET program, *Engaging Volunteers and Future Employees*, which includes a student loan repayment option. The budget for the loan repayment option is \$500,000 in one-time funds.

The implementation of the WET program stresses the importance of learning – a relevant goal of cultural equity, diversity, and inclusion – and incorporates ongoing efforts to inform, engage and educate volunteers and peers about opportunities and careers in the community mental health system. Several positions within this agency have been filled by peers and volunteers, but in an effort to increase the percentage, Tri-City has instituted the Peers 2 Careers (P2C) program.

The Peers 2 Careers (P2C) program is a self-paced structured program that is optional and based on the individual goals of the client/volunteer. The P2C program offers a selection of educational and experiential opportunities that promote knowledge of mental health and contribute to a greater desire to work or volunteer in the mental health system through three different pathways:

Pathway 1: Wellness Center

H.O.P.E Transition/Graduation

Helping-Oneself-Positively-Empowers (HOPE) is a seven-week group that focuses on helping individuals who are receiving formal mental health treatment services at Tri-City and are in the process of transitioning to lower level of care. Participants identify and discuss positive coping skills to help alleviate and deescalate unwanted mental health symptoms. The group provides rapport, non-judgment and a listening ear to those who attend.

Wellness Center

Participants are expected to sit in on at least two support groups from the four programs available at the center: Family Wellbeing, TAY Resource Center, Older Adult Wellbeing, and Community Services and Supports. Each group is designed to share basic concepts of recovery, and peer support.

Employment Curriculum

Participants are expected to complete the eight-week employment curriculum to learn basic expectations and responsibilities of an employee.

Computer Classes

This is a 24-week computer class that focuses on basic computing skills that individuals can utilize to be able to perform basic job-related tasks/duties.

Wellness Recovery Action Plan (WRAP)

Wellness Recovery Action Plan (WRAP) focuses on taking care of one's mental wellbeing. Participants learn how to create a wellness tool to help identify specific situations, early warning signs that the situation/event has worsened and develop an action plan to help get them through it.

Pathway 2: Service-Learning

Service-Learner

Service-Learners (formerly called volunteers) provides support in many of the MHSAs programs offered by Tri-City. Service-Learners participate in various community events throughout the year such as community meetings, holiday parade, and stigma reduction events such as Tri-City's Green Ribbon Week.

Working Independence Skills Helping (WISH)

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

Summer Camp

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

Peer Mentor Program

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

Pathway 3: Relias Training

Relias is an online e-learning system that contains over 400 behavioral health courses. Participants can enroll in courses and take them at their own pace online. Once a course is complete, participants can print out a certificate of completion.

Relias continues to be a recognized leader in online training services for the healthcare industry. During FY 2020-21, 618 online courses were completed by Tri-City staff increasing their capacity to provide informed care to clients as well as meeting requirements for licensure. Relias serves as a virtual training platform for staff who are required to complete a set of courses as well as given the opportunity to pursue courses that are of interest and related to their role within Tri-City.

Challenges and Solutions

With many schools minimizing the requirements for volunteering as part of their programs, Tri-City received far fewer Service Learner applications than in previous fiscal years. The students who did volunteer were frequently unable to find sufficient opportunities to provide support to Tri-City departments.

For staff trainings multiple challenges arose during this fiscal year. Some staff felt less comfortable receiving training in an online format and preferred a live interaction for their training. Due to ongoing restrictions, however, this was not always possible. Additionally, as staff shortages became more pronounced, the capacity for departments to engage in significant amounts of training while still meeting client needs was compromised.

To attract more candidates both for service-learners and for recruiting employees, WET staff increased outreach efforts through colleges and career fairs. Service-learners were also encouraged to use strengths that were particularly suited for a more virtual environment, including social media skills, supporting virtual meetings, etc.

Staff trainings were kept shorter, offered less frequently, and prioritized during this past fiscal year as the reduction in staff became more problematic during this fiscal year.

Cultural Competence

Tri-City strives to engage underserved populations by communicating in ways that are accessible to all members of the community. This includes communicating via a variety of social media platforms and incorporating messaging that is both reflective of the diverse populations that we

serve and containing messaging that is often directly relevant to the experiences of these populations within the three cities that we serve.

To support staff in building their capacity to address barriers related to these disparities, Tri-City staff participated in a series of discussions facilitated by Dr. Allen Lipscomb. This series of discussions were preceded by an introductory training including strategies for effectively communicating around topics of justice, equity, diversity, and inclusion. The intention of the trainings was to provide staff the skills, tools, and confidence to initiate and engage in difficult conversations around race and culture. Following these trainings, Tri-City staff were better able to communicate with co-workers and management more effectively about issues that they perceive to be impacting both their client's and their own experiences.

Tri-City ensures communications are either translated or capable of being automatically translated. Additionally, flyers are created in both Spanish and English. WET and the Communications department frequently collaborates with staff in other departments to translate and ensure cultural appropriateness.

The perspectives of members of these underserved communities are considered in the selection of content that is represented on social media, and in the selection of trainings that are offered to staff.

Community Partners

Southern California Regional Partnership

Tri-City participated in monthly meetings with the Southern California Regional Partnership (SCRIP), a collaboration of Workforce Education and Training coordinators and supervisors from 10 counties across Southern California. Regional Partnerships are set forth in Section 5822 of the Welfare and Institutions Code as an important workforce strategy to assist the Public Mental Health system in its efforts to expand outreach to multicultural communities, increase the diversity of the workforce, reduce the stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques.

The SCRIP collaborated to apply for a grant from the Office of Statewide Health Planning and Development to participate in 5 programs: Career Pipeline Development, Stipends for graduate level students, scholarships, Loan Repayment and Retention. Those projects have been approved and will begin during the next fiscal year.

Success Story

During the fiscal year 2020-2021, one of the greatest successes was being able to prioritize Tri-City's commitment to ensuring an entire workforce dedicated to the values of justice, equity, diversity, and inclusion. The entire agency staff participated in a series of increasingly difficult conversations over a 6-month period which demonstrated a commitment that future conversations can be held in a safe space throughout the agency.

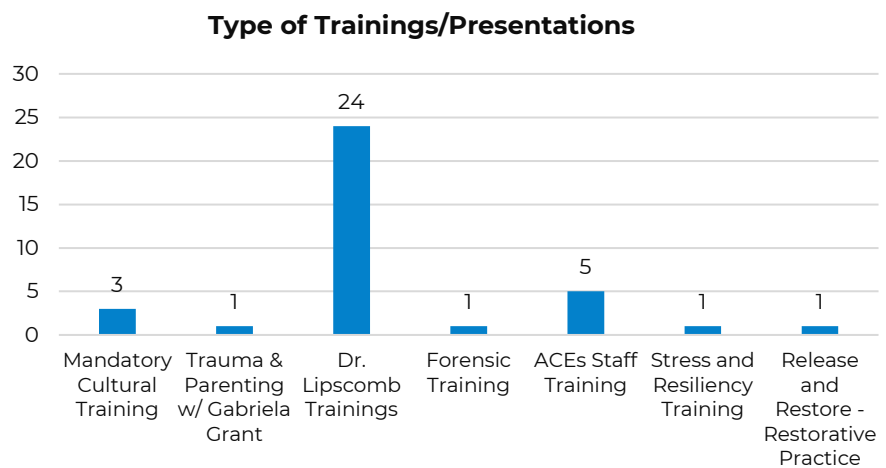
Program Summary

How Much Did We Do?

202
Service-learning Hours Completed

9
Service Learner Applications

36
Trainings, Conferences, and Educational Opportunities for Staff



How Well Did We Do It?

4
Applicants Became Service-Learners

1
Service-Learner was Hired at Tri-City

2,618
Course Completed by Staff through the Relias Online Training

Capital Facilities and Technological Needs (CFTN)

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

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act allocates funds for projects designed to improve the infrastructure of community mental health including the purchase, development or renovation of buildings used to house and support MHSa programs and staff. The technological portion of this plan supports counties in transforming existing clinical and administrative technology systems while increasing access to mental health records and information electronically for consumers and family members.

Program Update

There were two notable events in FY 2020-21 impacting the Capital Facilities and Technological Needs plan. The first was an amendment to the Capital Facilities and Technological Needs Project Proposal dated March 18, 2020. This amendment represented the redistribution of tasks and costs between original vendors, RKA Consulting Group and Withers and Sandgren, contracted to complete capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Avenue, Pomona 91767.

The original Capital Facilities and Technological Needs Project proposal was approved by Tri-City Mental Health (TCMH) Governing Board on March 18, 2020. The proposal encompassed two renovation projects; 1) electrical upgrade and office space remodel of the MHSa administration office located at 2001 N. Garey Ave, Pomona, 91767 in the amount of \$509,208.00 and 2) capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Ave., Pomona, 91767 in the amount of \$461,760.00. The total amount approved for both projects was \$970,968.00.

Although the first project continued as originally approved, the second renovation project involving the garden located adjacent to the TCMH clinic, required a shift in both tasks and costs initially proposed by each vendor. These estimates were based on projected deliverables from each vendor at the time of the original proposal. However, upon further examination of each vendor's role and capacity, it was determined that several components of the project would need to be eliminated or transferred resulting in a shift in costs for each vendor.

The second update to the CFTN plan included a new project which proposed to expend existing MHSa funds assigned to Capital Facilities and Technological Needs to implement a new Electronic Health Record (EHR) system and client referral management platform.

Through this proposal, TCMH intends to migrate its current EHR platform from Welligent to the Cerner Electronic Health record platform at a cost of \$270,436. Additionally, TCMH does not currently have a centralized referral management platform. Such a system would allow TCMH to ensure the quality of referrals delivered by TCMH, as well as allow for both increased transparency and follow-up from both the TCMH clinical and Community Navigator staff as well as the participants. Unite Us will be implemented at a cost of \$30,000 as a pilot over the next 3 years within two departments of Tri-City that are primary access points to care and services: Access to Care and Community Navigators. Both of these teams are responsible to receive referrals for requests for treatment services and/or requests for basic needs necessary for well-being.

MHSA Expenditure Plan

MHSA Expenditure Plan

Cost Per Participant

The services provided in Fiscal Year 2020-21 are summarized in the table below per the guidelines for this Annual Update by age group, number of clients served, and average cost per person:

Summary of MHSA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (Child)	CSS	78	\$21,082
Full Service Partnership (TAY)	CSS	161	\$11,873
Community Navigators	CSS	280	\$175**
Wellness Center	CSS	1,551	\$632**
Supplemental Crisis Services	CSS	251	\$706**
Family Wellbeing Program	Prevention and Early Intervention	113	\$244**
Peer Mentor Program (TAY Wellbeing)	Prevention and Early Intervention	129	\$371
Therapeutic Community Gardening	Early Intervention	31	\$3,158**
Early Psychosis	Prevention and Early Intervention	2	\$3,112**

Summary of MHSA Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (TAY)	CSS	161	\$11,873
Full Service Partnership (Adult)	CSS	315	\$11,925
Full Service Partnership (Older Adult)	CSS	87	\$7,150

Community Navigators	CSS	1,532	\$175**
Wellness Center	CSS	1,745	\$632**
Supplemental Crisis Services	CSS	1,030	\$706**
Field Capable Clinical Services for Older Adults	CSS	32	\$2,503
Family Wellbeing Program	Prevention and Early Intervention	254	\$244**
Peer Mentor Program (Older Adult Wellbeing)	Prevention and Early Intervention	247	\$371
Therapeutic Community Gardening	Early Intervention	65	\$3,158**
Early Psychosis	Prevention and Early Intervention	106	\$3,112**

**** These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.**

In FY 2020-21, Tri-City served approximately 2,889 unduplicated clients who were enrolled in formal services. Tri-City currently has 167 full-time and 15 part-time employees and an annual operating budget of \$29.2 million dollars. Tri-City strives to reflect the diversity of its communities through its hiring, language spoken, and cultural competencies.

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. Since January 2021, Tri-City has experienced a 17.3% turnover of our current workforce with 35 resignations from January through August 2021. In addition, it has become increasingly difficult to attract and retain qualified Behavioral health staff.

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve as of June 2021. The Hispanic/Latinx, Black/African American and Native Hawaiian/Pacific Islander populations are successfully represented by Tri-City staff while the Asian and Native American/Alaska Native continue to be a focus for recruitment.

HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	21.6%	White	13.7%
Hispanic/Latinx	58.4%	Hispanic/Latinx	56.8%
Asian/Pacific Islander	11.5%	Asian/Pacific Islander	9.3%
Black/African American	4.9%	Black/African American	8.8%
Native American/Alaska Native	0.3%	Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	--	Native Hawaiian/Pacific Islander	0.5%
Other	0.5%	Other	8.8%
Two or More Races	2.8%	Two or More Races	1.5%

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

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FY 2022/23 Mental Health Services Act Annual Update Funding Summary

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	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 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	19,278,875	4,037,204	2,697,746	808,952	1,529,299	
2. Estimated New FY 2022/23 Funding	8,477,602	2,119,401	557,737			
3. Transfer in FY 2022/23 ^{a/}	(2,700,000)	0	0	1,000,000	1,700,000	0
4. Access Local Prudent Reserve in FY 2022/23	0	0				0
5. Estimated Available Funding for FY 2022/23	25,056,477	6,156,605	3,255,483	1,808,952	3,229,299	
B. Estimated FY 2022/23 MHSA Expenditures	12,284,819	2,221,506	1,043,021	957,628	703,183	
G. Estimated FY 2022/23 Unspent Fund Balance	12,771,658	3,935,099	2,212,462	851,324	2,526,116	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	2,349,321
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	2,349,321

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

**FY 2022/23 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	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	1,729,377	728,195	500,591		500,591	
2. 1b-TAY FSP	2,295,154	1,227,332	704,053		363,769	
3. 1c-Adult FSP	4,854,027	3,213,743	1,640,284			
4. 1d-Older Adult FSP	929,029	688,860	240,169			
Non-FSP Programs						
1. Community Navigators	668,297	668,297				
2. Wellness Center	1,551,511	1,551,511				
3. Supplemental Crisis Services	968,535	968,535				
4. Field Capable Clinical Services for Older Adults	131,644	131,644				
5. Permanent Supportive Housing	609,573	604,573				5,000
CSS Administration	3,199,092	2,502,129	544,429		152,534	
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	16,936,239	12,284,819	3,629,526	0	1,016,894	5,000
FSP Programs as Percent of Total	79.8%					

**FY 2022/23 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	103,067	103,067				
2. Older Adult Wellbeing (Peer Mentor)	54,552	54,552				
3. Transition-Age Youth Wellbeing (Peer Mentor)	52,003	52,003				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	445,097	445,097				
5. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
6. Housing Stability Program	196,527	196,527				
PEI Programs - Early Intervention						
7. Older Adult Wellbeing (Peer Mentor)	54,552	54,552				
8. Transition-Age Youth Wellbeing (Peer Mentor)	52,003	52,003				
9. Therapeutic Community Gardening	371,806	371,806				
10. Early Psychosis	162,003	162,003				
PEI Programs - Other						
11.	0	0				
12.	0	0				
13.	0	0				
PEI Administration	618,397	618,397				
PEI Assigned Funds	76,000	76,000				
Total PEI Program Estimated Expenditures	2,145,506	2,221,506	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	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. Help @ Hand	182,009	182,009				
2. Pending Innovation Programs*	789,360	789,360				
3.	0	0				
4.	0	0				
INN Administration	71,652	71,652				
Total INN Program Estimated Expenditures	1,043,021	1,043,021	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	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	194,235	194,235				
2. Engaging Volunteers and Future Employees	535,067	535,067				
3.	0					
WET Administration	228,326	228,326				
Total WET Program Estimated Expenditures	957,628	957,628	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electrical Upgrade & Office Space Remodel	233,033	233,033				
2. Capital Improvements to Therapeutic Community Garden	452,760	452,760				
CFTN Programs - Technological Needs Projects						
3. Cerner Electronic Health Record System Implementation	17,390	17,390				
4.	0	0				
5.	0	0				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	703,183	703,183	0	0	0	0

Appendix



**Tri-City Mental Health Authority
AGENDA REPORT**

DATE: April 12, 2022

TO: Mental Health Commission of Tri-City Mental Health Authority

FROM: Jesse H. Duff, Interim Executive Director

BY: Rimmi Hundal, Director of MHSA and Ethnic Services
Dana Barford, Manager of MHSA

SUBJECT: Decide on a Recommendation to the TCMHA Governing Board about the Multi-County Collaborative Psychiatric Advance Directives (PADs) Project under the MHSA Innovation Plan

Summary:

This Mental Health Services Act (MHSA) Innovation (INN) project proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs) is a collaboration between Tri-City Mental Health Authority (TCMHA) and six other counties. The estimated funding for this three-year project is \$800,000 and will begin on July 1, 2022 and end on June 30, 2025.

A draft of this proposal was posted on March 11, 2022 for a 30-day review process which ended on April 12, 2022. In addition, the Multi-County Collaborative Psychiatric Advance Directives (PADs) project was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for concurrent technical assistance and feedback.

Background:

Psychiatric Advance Directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. The psychiatric advance directive allows the individual's wishes and priorities to inform mental health treatment.

Staff circulated a draft of the Innovation Plan by posting a copy of the plan on TCMHA's website as well as promoting the posting on social media. Copies of the plan were also placed at the local community centers and the local libraries. Comments were welcomed via email, fax or phone. All comments received regarding this plan will be shared during the MHSA Public Hearing hosted by the Mental Health Commission on April 12, 2022. Stakeholder involvement is a critical component to the success of the MHSA Innovation process for Tri-City and staff continue to value and empower them throughout the community planning process. In preparation of this Innovation Plan, community members were invited to participate in stakeholder meetings and workgroups focusing on reviewing current MHSA programming and identifying possible gaps in service.

Mental Health Commission of Tri-City Mental Health Authority
Decide on a Recommendation to the TCMHA Governing Board about the Multi-County Collaborative Psychiatric Advance Directives (PADs) Project under the MHSA Innovation Plan
April 12, 2022
Page 2

These workgroups helped to develop the newest proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs).

Fiscal Impact:

Tri-City Mental Health Authority has funds available under the MHSA Innovation Plan Component to support the INN Plan from July 1, 2022 to June 30, 2025.

Recommendation:

Staff recommends that the TCMHA Mental Health Commission endorse the INN Plan, Multi-County Collaborative Psychiatric Advance Directives (PADs) and recommend it to the Governing Board for approval and adoption.

Attachments

Attachment V-A: Innovation Plan Multi-County Collaborative Psychiatric Advance Directives (PADs)

Psychiatric Advance Directives

MULTI-COUNTY COLLABRATIVE
Mental Health Services Act

DRAFT



CONCEPTSFORWARD
CONSULTING

ATTACHMENT V-A

Innovation Work Plan: In progress

Additional Mental Health Plan/County: Tri-City Mental Health and Contra Costa

Project Title: Multi-County Psychiatric Advance Directives (PADs) Innovation Project

Duration of the Project: Current through June 30, 2025



DRAFT

Introduction:

In 2006, the Center for Medicare and Medicaid Services (CMS) made it clear that a Psychiatric Advance Directive (PAD) should be a part of psychiatric care. Approximately twenty-seven states have enacted laws and policies recognizing PADs since the 1990s. However, PADs are often written with a focus on physical health, with little to no room for psychiatric health, plans, arrangements, or instructions to assist in the event of a mental health crisis. Also, the length and number of different PADs templates make it confusing for the individual filling out the PAD and the health care and law enforcement (LE) charged to comply with them. With such confusion, how can LE or hospitals know whether a PAD is valid or not?

As stated on the website of the National Resource Center on Psychiatric Advanced Directives (NRC), "Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives are used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness." (National Resource Center on Psychiatric Advance Directives, n.d.), The website further explains that California does not currently have a specific legal statute encouraging or recognizing PADs, thus leading to the underutilization of PADs in the state.

Californians living with mental illness continue to face high rates of recidivism, inpatient non-voluntary hospitalization, homelessness, and incarceration. These problems persist despite the state's efforts to avoid or reduce 5150 involuntary hospitalizations and incarceration. For example, California has deployed teams to conduct outreach to homeless individuals to engage them in services. Unfortunately, these and other efforts have not led to meaningful reductions in hospitalization and incarceration, or improved treatment outcomes.

June 2021 turned the corner here in California when five counties, with Mental Health Services Act (MHSA) funding banded together to move PADs to the forefront of conversation within California. Additional counties will be joining the project this year. The Multi-County PADs project seeks to make PADs accessible to our mental health consumers, as well as LE and hospitals both Emergency Department (ED) and Inpatient Psychiatric Unit (IPU). A significant aspect of the project is the creation of a cloud-based technology platform. The platform will operate in real-time, allowing consumers to create, access, store and share their PAD with their appointed advocate, loved ones and providers. It will also create a shared system for healthcare providers and first responders across the state, giving them immediate access to a consumer's PAD during crisis and facilitating care coordination across agencies. A dynamic technology platform with a single point of access and real-time capabilities does not currently exist and is the key innovative component of the multi-county effort.

Aspects for the success of PADs in California are that of: Education and training our PCPs, EDs, LE and IPU on what is a PAD, and how to refer an individual to create a PAD; Accessibility to create a PAD in multiple threshold languages; Voice of the consumer, to create their PAD, what works best for them in a crisis and full autonomy for their decisions ahead of time; Technology to quickly and seamlessly create, store, access and share PADs in real-time ; Acceptance and enforceability to upload a PAD with a legal electronic signature and the requirement of PCPs, EDs, IPUs and LE to ask the individual in crisis if they have a PAD, and in turn, seek the information on the cloud-based technology platform; Longevity of the

cloud-based platform, to have funding for the ongoing licensing fee to keep PADs operable year after year; and finally, Protection for the individual, knowing their voice will be heard in the time of crisis, their appointed advocate will mirror that voice and a PAD will never be used to force or coerce treatment.

Primary Purpose:

“Increases the quality of mental health services, including measured outcomes.”

Using PADs, current clients and non-engaged consumers will gain autonomy in decision-making toward their mental health care supports and services. This county-wide project will provide the groundwork for community collaboration, creating PADs Teams, a standardized PADs County "tool-kit," and evaluate the process and success in engaging clients and non-engaged consumers.

PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own informed decisions and direct their lives. The process of developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crises. When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within the mental health and justice-involved settings.

This proposed project will meet several unmet needs across the state:

1. Provide standardized training to increase understanding of the existence and benefits of PADs by communities and stakeholders.
2. Develop and implement a standardized PAD template, ensuring that individuals have autonomy and are the leading “voice” in their care, especially during a mental health crisis.
3. Utilize peers to facilitate creation of PADs so that shared lived experience and understanding will lead to more open dialogue, trust, and improved outcomes.
4. Develop and implement a standardized training "tool-kit" to enable PAD education, policy, and practice fidelity from county to county.
5. Align mental health PADs with medical Advance Directives, with a focus on treating the “whole person” throughout the life course.
6. Utilize a technology platform for easy access to training, materials, creation, storage, and review of PADs.
7. Create a fully functioning cloud-based PADs Technology Platform, for ease of use by consumers, LE, or hospitals {Emergency Departments (ED) and Inpatient Units (IPU)}, for in-the-moment use.
8. Use legislative and policy advocacy, with consumer voices in the lead, to create a legal structure to recognize and enforce PADs, so that consumer choice and self-determination are recognized and respected throughout California.
9. Evaluate (a) the effectiveness of this project; (b) the ease of use and recognition of PADs; (c) the impact of PADs on the quality of mental health supports and services; and (d) most importantly, the impact of PADs on the quality of life of consumers.

Proposed Project:

The proposed Innovations Project seeks to expand on Fresno’s previously approved PADs project by:

1. Engage the community, consumers, peers, families, consumer advocacy groups, LE, ED’s, IPU,

- and the judicial system.
- a. Provide training and ongoing informational webinars and/or in-person discussions on:
 - i. What is a PAD?
 - ii. Why are PADs essential for consumer choice, self-determination, physical and mental health, and improved treatment outcomes?
 - b. Enable consumer participation through workgroups, focus groups, and surveys.
 - c. Ensure that consumers are the leading voice in creating the standardized PADs template in California.
 - d. Lead discussions on access and consent to treatment through PADs.
 - e. Engage consumers in discussion on legislation, policy, and advocacy on PADs.
 - f. Work with people from diverse ethnic and cultural backgrounds to ensure cultural competency.
2. Develop Community-wide standardized training for understanding, accessing, recognizing, and implementing PADs within the Mental Health Plan, crisis centers, hospitals (ED, IPU), LE, homeless services, and transitional-aged youth (TAY) services.
 - a. Create a library or “tool-kit” of resources.
 - b. Create standardized videos and training material.
 3. Create a standardized PAD template.
 - a. Submit to the NRC for inclusion in the California section of the website.
 - b. Create a step-by-step training guide/video for development and implementation of PADs.
 4. Training of Trainers
 - a. Identify Peer trainers
 - b. Identify PAD Teams
 - c. Train PAD Teams
 - d. Train community providers
 - e. Train clinicians
 - f. Create a standard video module to be added to the technology platform for future use by additional counties.
 5. Draft and advocate for legislation enabling PAD use accessibility, adherence, and sustainability.
 6. Create a statewide PADs Technology Platform.
 - a. Ensure medical and mental health parity.
 - b. Identify access points for LE, hospitals (ED, IPU), and crisis teams.
 - c. Utilize consumers and consumer advocacy groups for PADs facilitation, access, and consent discussion.
 - d. House training videos and templates for ease of statewide use and accessibility.
 - e. Ensure Platform ease of use during a crisis encounter by LE, hospitals (ED, IPU), and crisis response teams.
 7. Evaluate the impact of PADs with process and impact data and outcomes.
 - a. Hold focus groups.
 - i. Was training effective?
 - ii. Understanding PADs
 - iii. Consumer use of PADs

- b. Surveys
- c. Evaluate county-specific priority pilot populations.
- d. Evaluate impact on access to and quality of mental health services and supports
- e. Evaluate impact on consumer quality of life.

Project Status:

On June 24, 2021, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Multi-County PADs Innovations Project. Beginning July 1, 2021, the five participating counties identified a fiscal intermediary and created a standard agreement for all counties to operationalize. The process to create this extensive multi-county agreement was overseen by these counties working in collaboration with their county counsel, and in coordination with Syracuse University (SU), the fiscal intermediary. This was no easy task; each county was able to weigh in on a document to be accepted by all participating counties and be available for any future participating Mental Health Plan (MHP)/County. Since the participating counties have taken on the initial financial burden with all contractors, as new MHPs join, additional needs were identified to enhance the goals of the project.

One such item is that of transparent communication. As a multi-county project, it would be up to each individual county to report on the progress of the project. A website to present up-to-date project activities, reports, fiscal accountability, and ongoing county stakeholder input opportunities, would be most beneficial for the project.

Another item is to increase funding for a “peer voice” contract to \$400,000. Currently, Mariposa County has established \$60,000 in funding towards the statewide peer voice contract. Some of the participating counties do not have active peer stakeholder groups and would need a more hands-on role for the peer contractor. The idea of having peers trained to facilitate PADs, participate in legislation conversations, assist in creating and training new local PAD teams, increase local peer participation, and be the statewide voice of peers for the project, led to the desire to pay peers a living wage and sustain the project through its entirety. This contract would be released to begin fiscal year 2022/23.

Budget Narrative:

In addition to the expanded peer voices contract, all budget narrative activities remain in place as per the MHSOAC approved Innovations project, dated June 24, 2021. Contractors expanded their scope to accommodate new participating MHP involvement. Contractor(s) with additional duties are as follows:

Idea Engineering BUDGET ADDENDUM FEB. 17, 2022:

- 1) PADs Identification Materials for Consumers – Additional creative development and materials
 - Strategic consultation and creative direction
 - Graphic design, copywriting and editing, Spanish translation, art production, production coordination
 - Non-recurring costs: Printing & production of PADs communication materials
- 2) Technical Support: Increase to provide support to additional counties
 - Strategic consultation and creative direction

- Graphic design, copywriting and editing, Spanish translation, art production, production coordination

3) Website

- Development & Support:
 - Strategic consultation and creative direction
 - Graphic design, copywriting and editing, art production, production coordination, programming
- Hosting & technical maintenance
- UserWay plug-in licensing

New MHP/County participation:

Two MHPs have voiced their desire to participate in the MHSOAC approved Multi-County PADs Innovations Project, Tri-City Mental Health a medium MHP and Contra Costa a large county MHP. These MHPs will begin activities July 1, 2022. Budget expenses are determined by county size and MHP/County chosen staffing and administrative costs.

Each participating county will create a county specific description of local need, local community planning process with timeline and budget, including budget narrative. (Appendix A)

Project Expansion Budget:

		FY 22/23	FY 23/24	FY 24/25	Total
	CONSULTANT COSTS / CONTRACTS (training, facilitator, evaluation)				
1.	Total Costs	\$472,655	\$444,418	\$408,492	\$1,325,565
3.	Multi-County Fiscal Intermediary	\$66,279	\$66,278	\$66,278	\$198,835
3.	Total Consultant Costs	\$538,934	\$510,696	\$474,770	\$1,524,400

Appendix A:

Tri-City Mental Health

County Contact and Specific Dates

- Primary County Contact: Amanda Colt, Program Coordinator-INN, acolt@tricitymhs.org, 909-326-4638
- Date Proposal posted for 30-day Public Review: **March 11 to April 12, 2022**
- Date of Local Mental Health Board Public Hearing: **April 12, 2022**
- Date of BOS approval or calendared date to appear before BOS: **April 20, 2022**

Description of the Local Need

Tri-City Mental Health Authority (Tri-City) provides services to a community comprised of three very distinct cities – Claremont, La Verne, and Pomona, which have a total of approximately 300,000 residents. Not only do these cities vary by size and population, but they also vary financially, by their views on mental health, and their overall community cultures.

For more than 60 years, Tri-City Mental Health has served as the mental health authority for this area and has worked diligently to develop strong and collaborative relationships with our three local law enforcement agencies. Within the past decade, these agencies have increased their efforts to identify and respond appropriately when encountering someone who is exhibiting signs of mental illness. Tri-City has supported these efforts by providing training in identifying and responding to individuals with mental illness in crisis.

However, studies have shown that the arrest rate of individuals with mental illness can often be based on the current behavior of the individual, which can be aggressive or threatening, as opposed to the presence of mental illness itself. We believe that we can offer further support by providing a predetermined road map for mental health treatment such as PADs which can help to ensure the individual in crisis is able to receive not only the care they need, but on their terms, and thereby reducing the rates of incarceration.

Target Population

Based on Tri-City's annual Community Planning Survey and input from MHSA workgroup members, the following target populations were selected:

1. Transition Age Youth/Young Adults ages 18 to 25
2. Homeless or at Risk of Homelessness

Description of the Response to the Local Need

This project intends to:

1. Empower individuals with mental illness to self-select and predetermine their future mental health services should they experience a crisis.
2. Strengthen support for consumers by providing additional options for law enforcement personnel as they encounter individuals with mental illness in a crisis.
3. To provide Tri-City clinical staff with another tool to offer to clients and consumers who are encouraged to take control of their treatment in a crisis and recovery.
4. Provide the opportunity for local peers to outreach and engage other consumers in the community by presenting these psychiatric advance directives to build trust while promoting autonomy and self-determination.

We believe that by implementing the PAD's project in our community, Tri-City can promote interagency and community collaboration related to the response to crisis situations involving individuals with mental illness by local law enforcement, jails, hospitals, and homeless shelters personnel.

One example of enhancing this collaboration is through the partnership between Claremont Police Department and Tri-City's Psychiatric Assessment and Care Team (PACT) program. PACT utilizes a team approach to efficiently respond to social-emotional/mental health needs of Claremont residents by using trained mental health professionals to take the lead on non-violent, non-criminal calls to law enforcement for assistance, including in response to addressing persons who do not have a permanent residence. The PADs collaborative will provide an additional resource for law enforcement and clinical professionals when responding to the needs of a community member during a mental health crisis.

In addition, Tri-City intends to employ this option with our own agency crisis response programs. These programs include our Intensive Outreach and Engagement (IOE) team which was designed to assist individuals in crisis out in the community with identifying a variety of needs and connecting them to local support services. With close coordination and consultation between community providers, law enforcement and hospitals, this mobile response team can provide the resources needed to reduce repeated emergency room visits and/or arrests due to a mental health crisis. Through this project, the IOET will be able to rapidly support the intentions of the individual and streamline their referrals for care.

Description of the Local Community Planning Process

In September 2021, stakeholders were invited to join Tri-City's Innovation planning process. In an ongoing effort to collect additional stakeholder input, stakeholders and community members were encouraged to complete Tri-City's MHSA Community Planning Process Survey to share their thoughts and concerns regarding the availability of support services, priority populations and unmet needs within the Tri-City service

area. This annual community planning survey is available in both English and Spanish and is used to identify the needs and priorities of the three cities. These results were then presented to the Innovation workgroups who were able to incorporate these needs and concerns in the creation of new Innovation projects. In addition, community members were invited to complete Tri-City's Innovation Idea Survey which is posted on our website year around for stakeholders to submit ideas to be considered by workgroups for future Innovation plans.

Between October 2021 and January 2022, Tri-City held five Innovation workgroups which consisted of community members who identified as peers with lived experience, religious leaders, teachers and professors, students, and family members of mental health consumers. Workgroup meeting announcements were posted on our website, social media and distributed locally via flyers to ensure maximum participation from stakeholders. Community members submitted seven ideas via our Innovation Idea Survey, which were then presented and shared with workgroup members. During the workgroup meetings stakeholders were also introduced to three multi-county collaboratives that were open for Tri-City to join. As a group, stakeholders considered all options and choose the PAD's Collaborative as a priority project.

On February 24, 2022, community stakeholders came together to review this project proposal and consider approval as the next Innovation project. Following the presentation stakeholders were asked to vote on the project. Participants included representatives from local law enforcement as well as community members, consumers, faith-based leaders, Latino populations, local colleges, mental health commission members, Tri-City clinical staff and others. One hundred percent of participants in attendance voted in favor of moving forward with the Multi-County Collaborative Psychiatric Advance Directives as the next Innovation project for Tri-City.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation project will be posted on Tri-City's website on 3/11/2022 for a 30-day public comment period ending 4/12/2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. This plan is scheduled to be presented to the Mental Health Board during a Public Hearing scheduled for April 12, 2022. This plan will then be presented to Tri-City's Governing Board on April 20, 2022 for approval and adoption.

Budget Narrative for County Specific Needs:

The total proposed budget for this three-year project is \$789,360. This Innovation project will first utilize any unexpended Innovation funds from prior years that may be subject to reversion which includes \$551,000 which is subject to reversion on June 30, 2022.

Project expenditures are categorized into three main areas and described in detail below:

Tri-City Personnel:

- MHSA Program Coordinator (.5 FTE) This position is responsible for the direct management and oversight of the PADs project. These duties include the implementation of the project, coordinating with Clinical Wellness Advocates, coordinating with program analysts and Collaborative project management.
- MHSA Projects Manager (.1 FTE) This position is responsible for administrative oversight of the project such as monitoring project expenditures; attending collaborative meetings and providing ongoing status updates to local stakeholders.
- Clinical Wellness Advocate (Peer) (1.0 FTE) This position is responsible for supporting the implementation activities of the project. This includes providing community PAD training, attending PAD multi-county planning, implementation meetings and assisting community members in completing their PADs documentation
- Program Analyst (.1 FTE) Tri-City data analysts will support this program through processing of evaluations, and analysis of data that is gathered throughout the project period.

Indirect Costs

- This includes administrative costs which is estimated at 15% of salaries & Benefits

Direct Costs

- This includes \$324,927 in collaborate costs.
- This also includes \$45,000 in legal aid consultant costs.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
	PERSONNEL COSTS (salaries, wages, benefits)	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Salaries	115,693	121,478	127,552	364,723
2.	Direct Costs				
3.	Indirect Costs	17,355	18,222	19,133	54,710
4.	Total Personnel Costs	133,048	139,700	146,685	\$ 419,433
OPERATING COSTS*					
5.	Direct Costs				
6.	Indirect Costs				
7.	Total Operating Costs				\$
NON-RECURRING COSTS (equipment, technology)					
8.					
9.					
10.	Total non-recurring costs				\$
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)					
11.	Direct Costs	123,309	123,309	123,309	369,927
12.	Indirect Costs				
13.	Total Consultant Costs	123,309	123,309	123,309	369,927
OTHER EXPENDITURES (please explain in budget narrative)					

14.					
15.					
16.	Total Other Expenditures				\$
	BUDGET TOTALS				
	Personnel (total of line 1)	115,693	121,478	127,552	\$364,723
	Direct Costs (add lines 2, 5, and 11 from above)	123,309	123,309	123,309	\$369,927
	Indirect Costs (add lines 3, 6, and 12 from above)	17,355	18,222	19,133	\$54,710
	Non-recurring costs (total of line 10)				\$
	Other Expenditures (total of line 16)				\$
	TOTAL INNOVATION BUDGET	256,357	263,009	269,994	\$789,360

Total Budget Context – Expenditures by Funding Source and Fiscal Year (FY):

A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSAs Funds	\$17,355	\$18,222	\$19,133	\$54,710
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	Total Proposed Administration	\$17,355	\$18,222	\$19,133	\$54,710
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSAs Funds	\$8,783	\$9,222	\$9,683	\$27,688

2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	Total Proposed Evaluation	\$8,783	\$9,222	\$9,683	\$27,688
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSA Funds*	256,357	263,009	269,994	\$789,360
2.	Federal Financial Participation				\$
3.	1991 Realignment				\$
4.	Behavioral Health Subaccount				\$
5.	Other funding**				\$
6.	Total Proposed Expenditures	256,357	263,009	269,994	\$789,360