



Cultural Competence Plan

Annual Update FY 2022-23





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Executive Summary

Introduction to Tri-City Mental Health Authority

Since 1960, Tri-City Mental Health Authority (also referred throughout this document as Tri-City or TCMHA) has served as the mental health provider for the cities of Claremont, La Verne and Pomona. Through a Joint Powers Authority, Tri-City serves in a “county” capacity for the purposes of delivering quality mental health services for Claremont, La Verne, and Pomona with a combined population of approximately 220,000. While these three cities are considered integrated into a single “county”, there are distinct differences in the demographics and populations of each city.

Through this Cultural Competence Plan Annual Update, Tri-City Mental Health Authority renews its commitment to deliver quality and individualized care tailored to the social, cultural, and linguistic needs of clients and community members residing within the service catchment area. As a culturally proficient health care provider, Tri-City distinguishes itself as a leader in health care services focused on recovery with a person-centered approach.

Tri-City engages with community members who contribute to the universal goals of reducing health care disparities and promote diversity within the agency and the community served. Through the development of active partnerships with Wellness Advisory Councils including the African American Family Wellness Advisory Council (AAFWAC), ¡Adelante! Latino and Hispanic Wellness Advisory Council, the RAINBOW (LGBTQ+) Advisory Council, the Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council and the Transition Age Youth (TAY) Wellness Advisory Council, Tri-City is able to address challenges related to accessing services including language barriers, health education and cultural differences in communication styles. Future councils to be developed will focus on native indigenous communities and older adults.

Ongoing cultural and humility trainings continue to be the collective thread that infuses the daily work of Tri-City staff. These comprehensive trainings contribute to the behaviors, attitudes and policies that support a climate of inclusion and respect for all. These efforts include addressing language barriers by providing bilingual clinicians and staff as well as interpreter services and multi-language materials. Through the collective impact of a diverse workforce, Tri-City is not only able to provide services to most clients in their own language, but also develop strong, reciprocal relationships with local cultural brokers.

Data collection and program outcomes continue to be a driving force behind the development of programs through the Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) plans. Wellness Advisory Councils, community forums and stakeholder meetings are just a few of the ways Tri-City has reached out to the community to request their input and insights into the current mental health needs and challenges of the people we serve. Each of these options

are delivered in both English and Spanish, which is the identified threshold language for this area.

The following document represents an Annual Update (FY 2022-23) to Tri-City's previous Three-Year Cultural Competence Plan (FY 2020-21 through FY 2022-23) and includes new initiatives and focuses on leadership and delivery of culturally relevant services dedicated to the undisputable call for health care equity.

Criterion 1.

Commitment to Cultural Competence

I. County Mental Health System Commitment to Cultural Competence

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

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

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

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

Cultural Inclusion and Diversity Committee and Wellness Advisory Councils

In July 2010, Tri-City Mental Health Authority developed a comprehensive Cultural Competence Plan based on criteria provided by the Office of Multicultural Services/Department of Mental Health. During this time, Tri-City established the Cultural Inclusion and Diversity Committee (CIDC) (formerly known as the Cultural Competence Committee, CCC) which consists of Tri-City staff from all departments within the agency's system of care. Tri-City has also created and currently launched five Wellness Advisory Councils to increase cultural partnerships with the community to reduce mental health disparities and support the agency's assessment, evaluation and development of culturally competent and linguistically appropriate policies, programs and services offered within the three cities of Claremont, La Verne and Pomona.

Outreach and Engagement

For over a decade, community outreach and engagement continue to be the driving force behind the creation and implementation of programming and services offered by Tri-City. Acting on behalf of historically unserved and underserved communities demands a commitment to building a lasting relationship with individuals who are looking for change but may not be able to voice their needs. Flyers and outreach materials are available in Spanish for community stakeholder events, as well as in Vietnamese and Korean for the annual Public Hearing. Advertisements for these public events are also circulated in the local bilingual newspaper, La Nueva Voz. Tri-City continues to maintain a strong connection with the community through social media, informational webinars, telehealth and personal phone calls.

Diverse Hiring Practices

Tri-City has long maintained a commitment to diverse hiring practices with the goal of attempting to match our staff with the diverse population of the cities we serve. By striving to implement bias-free hiring practices, candidates are considered based on merit with a focus on skills and abilities versus a candidate's age, race, gender, religion, sexual orientation and other personal characteristics that are unrelated to their job performance.

Language Assistance and Interpreters

Bilingual staff are available to meet the language needs of our community members. Beginning with the receptionists, the first point of contact for our clients, these staff are trained to assist individuals whose native language is not English with the goal of avoiding

communication barriers and reducing client frustrations. By communicating with clients in their preferred language, staff are better able to build rapport with consumers who may otherwise feel alienated or misunderstood. Spanish language interpreters as well as Spanish translated documents (flyers and presentation slides) are also available at public stakeholder meetings.

[See Criterion 7: Language Capacity for more information](#)

Mission Statement for Tri-City Mental Health Authority

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

Core Values

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

Person and Family Centered

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

Recovery Focused

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

Culturally Responsive

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



Quality Based

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

Community Guided

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

Accountability Driven

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

Policies and Procedures

The following documents are available onsite during the compliance review:

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

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

The Wellness Advisory Councils continued to hold space in FY 2021-22 and focus on targeted priority populations. Members were invited to be part of these groups to identify ways to reduce disparities and to promote cultural awareness.

The CSS populations listed below are represented in the following advisory councils:

CSS Population	Wellness Advisory Council Represented	Meetings Held in FY 2021-22
Family Members	All councils include family members	All groups apply
Black/African American	African American Family Wellness Advisory Council (AAFWAC)	12
Asian American/Pacific Islander	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	11
Latino/a/x/ & Spanish Speaking	¡Adelante! Latino and Hispanic Wellness Advisory Council	11
LGBTQIA+	RAINBOW Advisory Council	4
TAY and Older Adults	All councils include TAY and Older Adults	All groups apply

County's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory councils

During FY 2021-22, Tri-City hosted 43 meetings, consisting of staff and individuals representing the top cultural populations, historically unserved and underserved, residing in the cities of Claremont, La Verne, and Pomona. The objective was to engage cross-cultural individuals within the Tri-City area to provide feedback, suggestions and to build community. These individuals provided solid recommendations that target historically unserved and underserved communities, including Black, Indigenous and People of Color (BIPOC) and LGBTQIA+, by informing this agency's plan to meet cultural and linguistic needs.

African American Family Wellness Advisory Council (AAFWAC)

The African American Family Wellness Advisory Council (AAFWAC) was established in December 2019. Its primary goal is to nurture hope and wellness within the African American community through mental health advocacy and treatment referral.

¡Adelante! Latino and Hispanic Wellness Advisory Council

¡Adelante! Latino and Hispanic Wellness Advisory Council was established in September 2020. Its primary goal is to instill hope and wellness by empowering community members within the Latino and Hispanic community to advocate and share their experience, knowledge, and feedback. ¡Adelante! also focuses on building relationships and engage with communities and local organizations to ensure that Tri-City is meeting the needs of the community on an individual and collective level.

RAINBOW Advisory Council

The RAINBOW Advisory Council was established in September 2020. The acronym RAINBOW stands for Resilience, Allies, Identity, Nurturing, Building equity, Open for all and Wellness. Its primary goal is to give a voice to LGBTQIA+ communities by empowering members to advocate and share their collective experiences to better identify the greatest needs and priorities related to mental health.

Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council was formed in May 2021. The primary goal for this group is to give a voice to the AAPI community and encourage members to advocate and share their experience, knowledge, and feedback.

Transition Age Youth (TAY) Advisory Council

The Transition Age Youth (TAY) Wellness Advisory Council was formed in July 2021. As a result, this advisory council was still in the early stages of development in FY 2021-22. The primary

goal for this group is to give a voice to youth and young adults between the ages of 16-25 to advocate and share their experience, knowledge, and feedback on mental health needs.

Future Advisory Councils

Native Indigenous communities and older adults have also been identified as historically unserved and underserved populations in the Tri-City service area. Over the next year, Tri-City plans to outreach and engage with these communities to develop Wellness Advisory Councils, with the intention to empower members to advocate their community's mental health needs and bridge gaps in delivery and access to services.

Lessons learned on efforts made and identified county technical assistance needs

During FY 2021-22, the everchanging restrictions of COVID-19 continued to impact member participation in all Wellness Advisory Councils. Many members returned to in-person routines and were unable to attend virtual meetings. In addition, Tri-City, as with other agencies, experienced a significant staff shortage which resulted in remaining staff taking on other necessary duties and leading to postponement of some advisory councils.

In response to these challenges Tri-City developed a new Diversity, Equity and Inclusion (DEI) Coordinator position. In March 2022, the DEI Coordinator assumed the role and focused on supporting the Wellness Advisory Councils. All councils resumed monthly virtual meetings which provided space for members to share their feedback and recommendations regarding increasing outreach and engagement. In addition, the development of a cultural newsletter was created to insure consistent communications with community members. This newsletter allowed each advisory council to promote webinars and bring awareness to cultural celebrations, acknowledgements and community resources.

Lastly, the Wellness Advisory Councils will be re-branded to Wellness Collaboratives in FY 2022-23. Based on community member feedback, this transition better aligns with the councils' goals and enhances clarity about the purpose of its members. It is Tri-City's hope and intention to start the new year with a name that builds on the agency's ongoing objective of improving community partnerships, cultivating belonging and building community.

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

Director of MHSa and Ethnic Services



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

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

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

- Responsible for the development and implementation of the Agency's Cultural Competency Plan; oversee and coordinate training and development of staff regarding issues of cultural competence.
- Develop and implement strategies to achieve a culturally competent system of care.
- Identify behavioral health needs of ethnically and culturally diverse populations as they impact Tri-City's system of care, make recommendations to the Executive Team, coordinate, and promote quality and equitable care.
- Develop and implement translation and interpretation services.
- Attend regional and state meetings related to MHSa and Cultural Competency planning and implementation.
- Provides routine performance analysis of the Agency as it relates to Cultural Competency.

Diversity, Equity and Inclusion Coordinator



Andrea Espinosa
**Diversity, Equity and
Inclusion Coordinator**

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

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

- Assist the Director of MHSA and Ethnic Services in the day-to-day administrative tasks related to cultural competency as outlined in the Tri-City's Cultural Competence Plan to ensure the Authority follows state and federal cultural and linguistic regulations.
- Collect and assesses cultural demographic data of individuals employed and served at Tri-City including race, ethnicity, primary language, gender, and sexual orientation; maintains confidentiality of all data.
- Serve on and/or provide staff support to assigned committees and Councils, including, but not limited to, the Authority's Cultural Inclusion and Diversity Committee (CIDC), and Wellness Advisory Councils.
- Coordinate, facilitate, and support the activities, trainings and events of the Cultural Inclusion and Diversity Committee (CIDC) and the Wellness Advisory Councils.
- Work in partnership with the Human Resources Department and the Workforce Education and Training (WET) Supervisor to plan, coordinate, and implement events for staff recruitment and the professional development of existing staff.

IV. Budget resources targeted for culturally competent activities

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

- **Interpreter and Translation Services:** On an annual basis, Tri-City dedicates approximately \$20,000 on services that assist with the translation of documents, advertisement in local newspapers, and in having translators available for various public community meetings.
- **Training:** Annually, Tri-City makes available various training opportunities for staff. Training may include on-site guest speakers, in-person training courses including conferences, and mandatory annual online cultural competency courses for all staff. Tri-City annually budgets roughly \$20,000 to \$25,000 for guest speakers that focus on cultural diversity and inclusion. In addition, Tri-City currently renews its annual subscription to an online suite of training courses with a variety of topics, including cultural competency. The costs of this e-learning subscription, which is made available to all staff, is approximately \$35,000 per year.
- **Outreach and Culturally Appropriate Mental Health Services:** Tri-City's totally annual budget is approximately \$34.95 million which includes the operations for its Outpatient Clinics for children, transition age youth, adults and older adults that deliver mental health services to the residents of Claremont, La Verne and Pomona. Tri-City also offers an array of services and has developed various programs, all of which include and are centered around reaching targeted populations. For example, the focus of Tri-City's Community Capacity Building Programs is to support historically unserved and underserved populations within the cities of Claremont, La Verne and Pomona. These diverse communities include children, adults, older adults and families of various ethnicities, socioeconomic backgrounds, religious affiliations, and experiences. Tri-City's Wellness Center sponsors support groups and is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The various programs and services made available by Tri-City include these programs and their annual budget for Fiscal Year 2021-22 are as follows:
 - The Wellness Center: \$1,724,231
 - Community Navigators: \$669,754
 - Supplemental Crisis Services/Intensive Outreach and Engagement: \$998,169



- Field Capable Clinical Services for Older Adults: \$139,723
- Community Capacity Building: \$447,846
- Peer Mentor, Family Wellbeing and Community Wellbeing Programs: \$318,503
- Therapeutic Community Gardening: \$372,440
- Housing Stability: \$204,863

Criterion 2.

Updated Assessment of Service Needs

I. General Population

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

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

Selected Data for Tri-City (Pomona, Claremont, La Verne) U.S. Census Data	Tri-City (Pomona, Claremont, La Verne)
Population	
Population estimates, July 1, 2021, (V2021)	214,721
Population estimates base, April 1, 2020 (V2021)	219,424
Population, percent change, April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-2.3%
Population, Census, April 1, 2020	220,313



Age and Sex	
Persons under 5 years, percent	6.3%
Persons under 18 years, percent	22.6%
Persons 65 years and over, percent	14.2%
Female persons, percent	51.4%
Race and Hispanic Origin	
White alone, percent	47.7%
Black or African American alone, percent	5.5%
American Indian and Alaska Native alone, percent	2.0%
Asian alone, percent	11.3%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%
Two or More Races, percent	8.6%
Hispanic or Latino/a/x, percent	58.6%
White alone, not Hispanic or Latino/a/x, percent	22.4%
Population Characteristics	
Veterans, 2016-2020	6423
Foreign born persons, percent, 2016-2020	28.9%
Housing	
Owner-occupied housing unit rate, 2016-2020	58.2%
Median value of owner-occupied housing units, 2016-2020	\$570,400
Median selected monthly owner costs -with a mortgage, 2016-2020	\$2,516
Median selected monthly owner costs -without a mortgage, 2016-2020	\$632
Median gross rent, 2016-2020	\$1,549



Families and Living Arrangements	
Households, 2016-2020	64,123
Persons per household, 2016-2020	2.98
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	88.9%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	52.4%
Computer and Internet Use	
Households with a computer, percent, 2016-2020	94.8%
Households with a broadband Internet subscription, percent, 2016-2020	89.0%
Education	
High school graduate or higher, percent of persons age 25 years+, 2016-2020	62.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	27.0%
Health	
With a disability, under age 65 years, percent, 2016-2020	7.0%
Persons without health insurance, under age 65 years, percent	10.6%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2016-2020	62.5%
In civilian labor force, female, percent of population age 16 years+, 2016-2020	55.8%
Total accommodation and food services sales, 2017 (\$1,000)	157,832
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	622,382
Total transportation and warehousing receipts/revenue, 2017 (\$1,000)	143,097
Total retail sales, 2017 (\$1,000)	682,658
Total retail sales per capita, 2017	\$10,053
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2016-2020	30.6
Income and Poverty	
Median household income (in 2019 dollars), 2016-2020	\$85,653
Per capita income in past 12 months (in 2019 dollars), 2016-2020	\$35,745
Persons in Poverty, percent	13.9%



II. Medi-Cal population service needs

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

As of September 2022, there were 109,389 beneficiaries and 53% were women and 47% were men. There is no additional demographic information available for beneficiaries.

Data on Tri-City's clinical population is also provided. This represents all active clients in our clinical programs for FY 2021-22 which is a total of 2,477 unduplicated clients:

- **Race and Ethnicity:** For clients in the past fiscal year 21-22, 16% were White/Caucasian, 65% were Hispanic/Latino/a/x, 12% were African American, 3% were Asian/Pacific Islander, 1% were Native American/Indian, and the remaining 3% were another race/unknown.
- **Gender:** For clients, 59% were women and 41% were men.
- **Age:** In the past fiscal year, 13% of clients were ages 0-15, 21% were in the age group of 16-25, 56% were in the age group of 26-59, and 10% were 60 years and above.
- **Language:** The most common languages for our clients were English 86%, Spanish 13%, and another language 1%.

The following compares the number of clients served and Medi-Cal eligible. Gender is the only demographic variable available to the Tri-City area.

Gender	Medi-Cal Eligible	Clients Served	Penetration Rate
Men	51,535	1,008	1.9%
Women	57,854	1,469	2.5%
Total	109,389	2,477	2.3%

Analysis of disparities as identified in the above summary

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



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

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

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

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

The total population for the Tri-City area is approximately 214,721 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Total Population by City

Total Population by City				
	La Verne	Claremont	Pomona	Tri-City Area
Total population	30,680	35,703	148,338	214,721

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

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

Table 2: Total Population by Age Group

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

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

Table 3: Total Population by Race/Ethnicity

Total Population by Race/Ethnicity					
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/Latino/a/x	11,185	9,416	108,044	128,645	58.39%
Native American	81	90	386	557	0.25%
White	14,373	17,628	15,669	47,670	21.64%
Other	183	272	697	1,152	0.52%
Two or more races	1,180	2,219	2,713	6,112	2.77%
Totals	31,334	37,266	151,713	220,313	100.00%

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

As previously stated, Tri-City Mental Health Authority has not conducted a CSS population assessment since 2009. Data presented here from the original CSS plan may not accurately reflect the current population and utilization data. However, Tri-City plans to reassess the CSS population and services needs over the next three years.

V. Prevention and Early Intervention (PEI) Plan: PEI Priority Population

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

PEI Priority Populations Identified in PEI Plan (2010)

1. Trauma-Exposed Individuals
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement
6. Underserved Cultural Populations

Criterion 3.

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

I. Identified unserved/underserved target populations with disparities

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

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

- **Medi-Cal population:** None identified due to lack of access to data.

- **CSS/Full-Service Partnership population:** Children ages 0-15, transition age youth ages 16-25, adults ages 26-59, and older adults 60 years of age and older.
- **WET population:** Tri-City's mental health workforce includes 1) professionals, clinical staff providing treatment services, staff who provide wellbeing supports, and volunteers and caregivers, both paid and unpaid; 2) local high school and college students who are interested in careers in community mental health, particularly in the Tri-City area.
- **PEI population:** Individuals experiencing onset of serious psychiatric illness, children and youth in stressed families and trauma-exposed individuals.

II. Identified disparities within target populations

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

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

III. Identified strategies for reducing disparities within target populations

Strategies for addressing identified disparities are imbedded within the programs and services Tri-City offers. These strategies include but are not limited to: hiring more bicultural and bilingual staff that reflect the populations with disparities; hiring consumers with lived experience; providing cultural competence training to staff members; and engaging the three cities' communities in creating plans for improving and measuring their own wellbeing.

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

Cultural Competence Plan

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Current CSS and PEI Programs	Latino/a/x Adults and Older adults	Asian American and Pacific Islanders of all ages	Native American and Alaskan Natives of all ages	Individuals experiencing onset of serious psychiatric illness	Children and Youth in Distressed Families	Trauma-exposed Individuals	LGBTQIA+ individuals
Full Service Partnerships	X	X	X	X	X	X	X
Community Navigators	X	X	X	X	X	X	X
Wellness Center	X	X	X		X	X	X
Supplemental Crisis Services; Intensive Outreach and Engagement	X	X	X	X	X	X	X
Field Capable Services for Older Adults	X	X	X			X	X
Community Capacity Building Project	X	X	X	X	X	X	X
Older Adult Wellbeing Project	X	X	X				X
TAY Wellbeing		X	X	X	X	X	X
Family Wellbeing	X	X	X		X		X
Early Psychosis				X	X	X	
Therapeutic Community Garden	X	X	X		X	X	X

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

Tri-City continues to utilize reports which are prepared by the Quality Improvement team every six months. Demographic data is collected from all programs and for all program referrals. Each program reviews the report to see how the program is performing overall, and also reviews the demographics to see if additional outreach, training, and communication is needed to increase referrals and program participation among our underserved populations. Surveys are also completed throughout the year to learn about satisfaction and feedback from program participants and clients.

V. Additional strategies and lessons learned

Hiring bicultural and bilingual staff that reflect the populations with disparities

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve. The Hispanic and Latino/a/x and Asian American and Pacific Islander (AAPI) populations are successfully represented by Tri-City staff while the Native American/Alaskan Native continue to be a focus for recruitment.

HR Staff Data compared to Tri-City Race Demographics

Demographics for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	21.6%	White	14.2%
Hispanic/Latino/a/x	58.4%	Hispanic/ Latino/a/x	57.9%
Asian American/Pacific Islander	11.5%	Asian American	11.2%
Black/African American	4.9%	Black/African American	7.1%
Native American/Alaska Native	0.3%	Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	--	Native Hawaiian/Pacific Islander	0.5%
Other	0.5%	Other	7.6%
Two Or More Races	2.8%	Two Or More Races	1.0%

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

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

Hiring consumers with lived experience

Consumers are a critical part of Tri-City's workforce and provide valuable insight in the development of programming and delivery of mental health services. These individuals known as Wellness Advocates, serve in a variety of positions including facilitating support groups, acting as advocates for clients, attending stakeholder meetings, and participating on Tri-City's cultural competence committees.

Providing cultural competence training to staff members

Cultural Inclusion and Diversity Committee Staff Survey

In November 2022, Tri-City Mental Health Authority surveyed their staff to establish a baseline understanding of how staff currently feel about several topics related to cultural difference and comfort level with difficult conversations.

Sample results include the following:

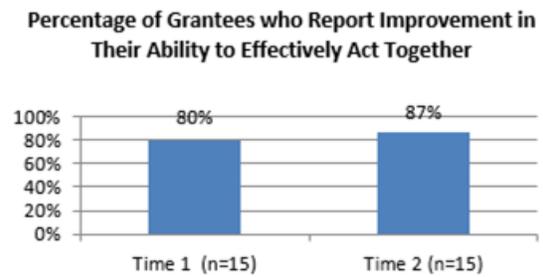
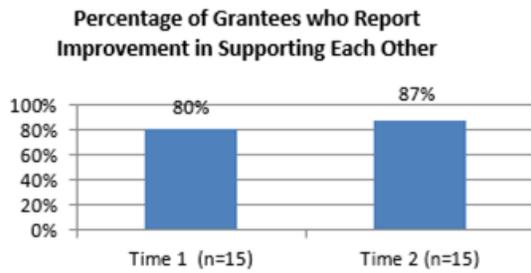
- **86%** of respondents agreed that groups with various cultural differences, experiences, and backgrounds are respected.
- **77%** of respondents agreed that they have the knowledge to effectively engage and support BIPOC and LGBTQIA+
- **75%** of respondents agreed that they felt comfortable initiating meaningful and sometimes difficult conversations with colleagues.
- **70%** of respondents agreed that they felt comfortable initiating meaningful and sometimes difficult conversations with supervisor, manager, or leadership.

[See *Cultural Inclusion and Diversity Committee Staff Survey November 2022, Summary of Exhibits*]

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

The Community Wellbeing program provides small grants up to \$10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. These grantees provided an array of services such as afterschool learning activities, tutoring, gardening, parenting classes, support groups, public speaking skills, and STEM clubs, that improved the wellbeing of their communities.

The graph below reflects the outcomes for 17 community grantees and their members. (14,792 members represented through the grants for FY 21-22).



Criterion 4.

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

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

Wellness Advisory Councils

Tri-City Mental Health Authority established the Cultural Inclusion and Diversity Committee (CIDC) (formerly known as the Cultural Competence Committee, CCC) in July 2010 to support the agency's assessment, evaluation and development of culturally competent and linguistically appropriate policies, programs and services. It consists of Tri-City staff from all departments within the agency's system of care including clinical services, MHSA programs and administration. In responses to the staff shortage during FY 2021-22, the CIDC meetings were tentatively put on hold beginning of July 2021 and priority was placed on the planning, launch and implementation of the Wellness Advisory Councils, as well as the development and hiring of the DEI Coordinator position.

During this transition, monthly Wellness Advisory Council meetings were held for members to share their feedback and recommendations to better meet the needs of the community. Members consisted of community members, local leaders and staff. Discussions included topics related to increasing outreach and engagement, cultural awareness and how each cultural group can link consumers to services. By continuing community relationships, these councils were able to connect community members to the stakeholder process which leads to a stronger presence for the unserved and underserved communities.

Additional benefits from the councils include members who are able to share their thoughts on various questions related to the cultural capacity and relevance of Tri-City services including how culture is taken into consideration when creating programming. Finally, these members can provide valuable insight into how an individual may perceive mental health services when looking at services through a cultural lens. These perceptions can lead to identifying barriers experienced when seeking mental health services including stigma, language, and transportation to name a few.

African American Family Wellness Advisory Council (AAFWAC)

The African American Family Wellness Advisory Council (AAFWAC) was established in December 2019. Its primary goal is to nurture hope and wellness within the African American community through mental health advocacy and treatment referral.

The AAFWAC's biggest success in FY 2021-22 was the ability to continue to hold space every month, with attendees sharing their experience, knowledge and feedback. Although the number of participants decrease, the rich conversation continued which allowed for collaboration and support in a different capacity. The following are some examples of efforts made in FY 2021-22:

- In February 2022, the AAFWAC members reflected on "Black History" and the impact it continues to have in our community.
- In June 2022, the AAFWAC hosted informational booth outside two Tri-City locations to bring awareness and celebrate "Freedom Day: Juneteenth".
- In July 2022, the AAFWAC was also part of the planning for BIPOC Mental Health Month, formally known as Bebe Moore Campbell National Minority Mental Health. In addition, the DEI Coordinator and AAFWAC chair were involved in the creation of "Fostering Diversity, Equity and Inclusion" newsletter, which highlighted Bebe Moore Campbell, an advocate for the mental health needs of Black/African American community and other underrepresented communities.

Although the AAFWAC experienced low membership participation and virtual meeting attendance, efforts were made to improve partnerships with local organizations. These collaborations with trusted organizations and local leaders allowed the AAFWAC to continue conversations around mental health equity and disparities in the Black and African American communities. Outreach and engagement will continue to be a priority in FY 2022-23.

¡Adelante! Latino and Hispanic Wellness Advisory Council

¡Adelante! Latino and Hispanic Wellness Advisory Council was established in September 2020. Its primary goal is to instill hope and wellness by empowering community members within the Latino/a/x and Hispanic community to advocate and share their experience, knowledge, and feedback. ¡Adelante! also focuses on building relationships and engaging with communities and local organizations to ensure that Tri-City is meeting the needs of the community on an individual and collective level.

The following are some example of efforts made by ¡Adelante! in FY 2021-22:

- September 2021: In honor of Hispanic Heritage month, members collaborated and put together a series of social media postings with common phrases used to describe mental health concerns. In an effort to continue to bring mental

health awareness to the Latino/a/x and Hispanic communities, ¡Adelante! Advisory Council, hosted a staff Lunch and Learn to celebrate Independence Day in Latin American countries. Members had an opportunity to share their traditions, customs and food celebrated during the day its recognized as their Independence Day.

- November 2021: ¡Adelante! members shared a concern in wanting to learn more about the term Latinx because they felt that not everyone in the community fully understands it's meaning. ¡Adelante! hosted a presentation entitled *Latinx*. This presentation offered a discussion on the term Latinx, including the history of this term, recent trends in the use of this new word. Through this conversation members were able to share their feedback on Tri-City using the term "Latinx". Members share a collective agreement this term continues to be "new" and "unfamiliar" to the community. Through this conversation the ¡Adelante! Advisory Council members made their recommendation to use the term Latino/a/x when referring the community, as it supports inclusion but is also a commonly known term.

¡Adelante! Wellness Advisory Council members continue to shared their experiences and feedback regarding the mental health in Latino and Hispanic individuals, communities and families. Continuous member discussions include barriers in obtaining mental health such as language, distinct gender roles, lack of insurance and misdiagnosis.

RAINBOW Advisory Council (LGBTQ+)

The RAINBOW Advisory Council was established in September 2020. Its primary goal is to give a voice to LGBTQIA+ communities by empowering members to advocate and share their collective experience to better identify the greatest needs and priorities related to mental health.

In FY 2021-22, the RAINBOW Advisory Council experienced growth as well as some challenges. In the month of October, the RAINBOW Advisory Council was invited to attend the 1st Annual Gayla hosted by the Pomona PRIDE Center. This event was held as a celebration of the work the Pomona PRIDE Center and their community partners have been doing for the LGBTQIA+ community. The RAINBOW Advisory Council was happy to attend as one of the partners that coordinate with the Pomona PRIDE Center in reaching the LGBTQIA+ community within our respective service areas.

The RAINBOW Advisory Council experienced several challenges in FY 2021-22, including a reduction in meetings due to changes in leadership, low membership participation and staff shortage. In May 2022, a new chair was instated and meetings and outreach resumed. Due to the length of time between meetings, the general consensus among members was a lack of understanding of the council's purpose/goals. The RAINBOW Advisory Council took the time

to pause and re-establish goals for the next year to maintain focus on improving mental health access for the LGBTQIA+ community.

The following is a highlight of efforts made by the RAINBOW Advisory Council in FY 2021-22:

- June 2022: The council hosted a lunch and learn to engage staff in learning how to support social inclusion for LGBTQIA+ people. Topics discussed were focused on how staff can respect the gender identities of the LGBTQIA+ people with whom they interact as well as methods to support safety planning for people that are wanting to live their authentic life and are fearful of anti-LGBTQIA+ backlash. The purpose of the session was to broaden the range of knowledge for staff to be able to have more positive interactions with our LGBTQIA+ community members and work toward the agency being a safe zone for people who belong to this community.

The RAINBOW Advisory Council continues to meet monthly and has plans to engage the community in more ways to build upon the FY 2022-23 goal of improving mental health access for the LGBTQIA+ community.

Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council was established in May 2021. This collaborative group consists of clients, community members as well as Tri-City staff who identify as Asian American and/or Pacific Islanders who are looking for ways to become involved in supporting their community and sharing their voice in matters related to reducing stigma and increasing mental health awareness.

The HAAPI Wellness Advisory Council's biggest success in FY 2021-22 was the ability to establish the council and hold space that focuses on crucial conversations such as family construct, racial trauma-including current, historical, and generational-and the importance of community healing. All meetings and webinars were virtual and the number of participants fluctuated throughout the year, with many of our members being Tri-City staff.

The following are some examples of efforts made by HAAPI in FY 2021-22:

- October 2021: the HAAPI Wellness Advisory Council hosted, "Is your Role your Identity?" webinar. This community webinar addressed issues regarding identity and the difficulties of having to differentiate one's roles. Several AAPI panelists shared their own experiences and perspective with attendees as well as highlighting the strengths and resilience of the AAPI community as a whole.
- In May 2022, the HAAPI Wellness Advisory Council celebrated AAPI Heritage Month by developing an informational newsletter including an in-depth interview with an AAPI community member about their experience with

mental health. This newsletter allowed the advisory council to share relevant resources which include: highlights of the AAPI community and culture, literature recommendations, and local resources. I

- In addition, the HAAPI Wellness Advisory Council continued to bring awareness to cultural celebrations through agency-wide communication, including Diwali and the Lunar New Year.

The HAAPI Wellness Advisory Council experienced similar challenges as other councils, including a decrease in member participation and engagement. Tri-City staff continue to make efforts to outreach and engage trusted cultural brokers and will focus on building partnerships in FY 2022-23.

Transition Age Youth (TAY) Wellness Advisory Council

The Transition Age Youth (TAY) Wellness Advisory Council was formed in July 2021. As a result, this advisory council was still in the early stages of development in FY 2021-22. The primary goal for this group is to give a voice to youth and young adults between the ages of 16-25 to advocate and share their experience, knowledge, and feedback on mental health needs.

Outreach and engagement for the TAY Wellness Advisory Council began in FY 2021-22 when the chair for this council was instated. During this time, the chair connected with other TAY advisory councils from other counties to gather ideas and suggestions on how to better engage youth ages 16-26.

The following are efforts made by TAY Wellness Advisory Council during FY 2021-22:

- Outreach and engagement began by meeting with local youth to gain insight into what they would be looking for when it came to joining an advisory council.
- Internal outreach was also a focus, and meetings were scheduled with staff that serve youth such as the Wellness Center, the Therapeutic Community Garden, and TAY housing to gain their support to promote this advisory council.
- The first TAY meeting was held in December 2021. During this time interested members share their ideas via a survey form. This survey assisted with identifying what time and day worked best for meetings. In addition, this collaboration made way for youth to identify what organizations should be included in the conversation and what topics they would like to discuss.

Historically, this population is one of the hardest to engage. Similar to other councils, the TAY Wellness Advisory Council experienced low member participation in FY 2021-22. Although changes were made to the time and day of the meeting, low attendance and participation continued. In response, the TAY Wellness Advisory Council chair and DEI Coordinator developed e-newsletters and social media postings to continue communication with youth members and provide resources.

In FY 2022-23 the TAY Wellness Advisory Council will work toward collaboration with Tri-City's School Partnership Team (SPT) and Stigma Reduction Program to increase collaboration and build partnerships in the community.

[See Criterion 5 Culturally Competent Training Activities for more details]

Future Wellness Advisory Councils Scheduled for FY 2022-23

Older adults (60+) and Native Indigenous communities also have been identified as historically unserved and underserved populations in the Tri-City service area. Over the next year, the DEI Coordinator, in collaboration with the Wellness Advisory Councils, plans to outreach and engage with these communities to develop advisory councils, with the intention to empower members to advocate their community's mental health needs and bridge gaps in delivery and access to services.

Monthly meeting schedule for Wellness Advisory Councils

Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council

2nd Tuesday of the month

2:00 PM – 3:00 PM

Chair: Bruce Truong

¡Adelante! Latino and Hispanic Wellness Advisory Council

2nd Thursday of the month

10:00 AM – 11:00 AM

Co-Chairs: Daisy Martinez and Richard Franco

RAINBOW Advisory Council

3rd Tuesday of the month

11:00 AM – 12:00 PM

Chair: Cory Campos

Transition Age Youth (TAY) Wellness Advisory Council

3rd Wednesday of the month

3:30 PM – 4:30 PM

Chair: Amanda Colt

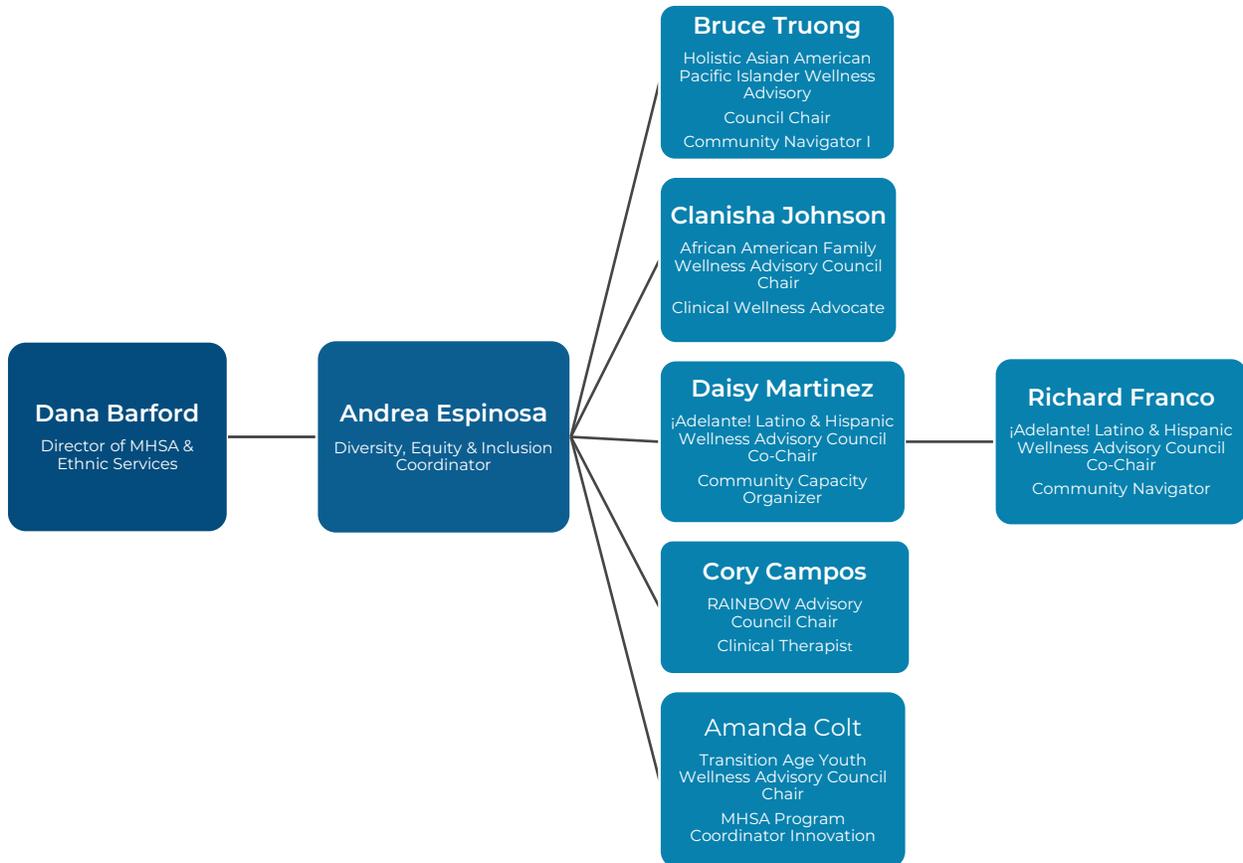
African American Family Wellness Advisory Council (AAFWAC)

4th Thursday of the month

10:30 AM – 11:30 AM

Chair: Clanisha Johnson

Cultural Inclusion and Diversity Committee and Subcommittees Organizational Chart





Wellness Advisory Council Meetings Held During FY 2021-22

Date	Committee/Council	Attendees
7/8/2021	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
7/13/2021	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
7/20/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
7/22/2021	African American Family and Wellness Advisory Council	Tri-City Staff and Community Members
9/9/2021	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
9/14/2021	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
9/21/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
9/23/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
10/12/2021	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
10/14/2021	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
10/28/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
11/9/2021	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
11/11/2021	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
11/18/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
12/15/2021	Transition Age Youth (TAY) Wellness Advisory Council	Tri-City Staff and Community Members
1/12/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
1/13/2022	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
1/19/2022	Transition Age Youth (TAY) Wellness Advisory Council	Tri-City Staff and Community Members
1/27/2022	African American Family Wellness Advisory Council	Tri-City Staff and Community Members



2/8/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
2/10/2022	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
2/16/2022	Transition Age Youth (TAY) Wellness Advisory Council	Tri-City Staff and Community Members
2/24/2022	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
3/8/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
3/10/2022	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
3/24/2022	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
3/24/2022	Transition Age Youth (TAY) Wellness Advisory Council	Tri-City Staff and Community Members
4/12/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
4/14/2022	¡Adelante! Latino & Hispanic Wellness Committee	Tri-City Staff and Community Members
4/20/2022	Transition Age Youth (TAY) Wellness Advisory Council	Tri-City Staff and Community Members
4/28/2022	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
5/10/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
5/12/2022	¡Adelante! Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
5/17/2022	RAINBOW Advisory Council	Tri-City Staff and Community Members
5/26/2022	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
6/9/2022	¡Adelante! Latino & Hispanic Wellness Committee	Tri-City Staff and Community Members
6/14/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
6/21/2022	RAINBOW Advisory Council	Tri-City Staff and Community Members
6/23/2022	African American Family Wellness Advisory Council	Tri-City Staff and Community Members

Committee integration with the county mental health system by participating in and reviewing MHSa planning process

Currently, there are five three cultural advisory councils

1. African American Family Wellness Advisory Council (AAFWAC)
2. ¡Adelante! Latino and Hispanic Wellness Advisory Council
3. RAINBOW Advisory Council (formerly known as the LGBTQ+ Wellness Advisory Council)
4. Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council
5. Transition Age Youth (TAY) Wellness Advisory Council

Implementation of advisory councils to reduce mental health disparities for targeted unserved and underserved communities

The Tri-City's Wellness Advisory Councils listed above were created to form a joint alliance with community partners to advocate for the mental health needs of the diverse communities of Claremont, La Verne and Pomona. Through this collaborative action, these advisory councils expand membership to include community participants who can share new perspectives and provide input to be considered by Tri-City Mental Health Authority. Tri-City Wellness Advisory Councils thrive on inclusivity and collective partnership, with membership consisting of department staff, clients, consumers, families, advocates, community members and representatives of local organizations and service providers. Membership in these advisory councils is open to any person who resides within or is affiliated with the Tri-City catchment area.

The main objectives of the advisory councils are to:

- Engage and empower local communities and members to share their voices, knowledge and collective experiences to better identify the greatest needs and priorities related to mental health in their community.
- Develop strategic partnerships and facilitate/encourage cooperative action among local organizations, agencies, consumers and communities that serve targeted populations with the goal of improving access, coordination and collaboration among traditional and nontraditional system partners.
- Increase awareness of and access to mental health resources for targeted unserved and underserved communities.
- Reduce mental health stigma in targeted unserved and underserved communities.

- Recognize, respect and incorporate the history, culture, language and traditions of targeted unserved and underserved communities into Tri-City programming and services.
- Outreach, educate and empower targeted unserved and underserved communities to engage in the MHSA community stakeholder process.

Tri-City Wellness Advisory Councils are crucial to Tri-City's mission to increase consumer representation, respond to gaps in services and increase workforce diversity. Advisory councils participate in the MHSA community stakeholder process, and overall planning, implementation, evaluation and delivery of services for historically unserved and underserved communities. This may include advocating for culturally competent services and providing guidance and recommendations to management and executive-level staff and Tri-City governing bodies. Through advisory council input and feedback received on cultural competency and equity, Tri-City will be able to continue to effectively represent and serve diverse communities in our catchment area.

All meetings are open to the public and widely promoted across various communication channels, including mass distribution emails, social media, print media, and the Tri-City Mental Health Authority website.

Criterion 5.

Culturally Competent Training Activities

I. Staff and stakeholder annual cultural competence training

Staff and Stakeholder Cultural Trainings and Activities		
Date	Activity	Activity Type
07/2021	The Wellness Advisory Councils posted a series of social media graphics regarding BIPOC Mental Health Month, formally known as Bebe Moore Campbell Minority Mental Health Month	Staff and Community Education & Awareness
7/22/2021	<i>BIPOC Mental Health: The Impact of Trauma</i> A webinar exploring how to look beyond one's experiences and how historical and systematic factors can influence our thinking, emotional and collective well-being.	Staff and Community Education & Awareness
7/29/2021	<i>Starting the Conversation: How to Support Inclusion with the LGBTQIA+ Community</i> This webinar provided a 101 overview on how to foster safe, affirming and welcoming conversations with LGBTQIA+ individuals.	Staff and Community Education & Awareness
9/2021	Hispanic Heritage Month ¡Adelante! hosted a Luncheon on September 30 for all of Tri-City staff and members of the community to share traditions, customs and food celebrated during their Independence Day.	Staff and Community Education & Awareness
9/1/2021	¡Adelante! Hispanic and Latino Wellness Advisory Council posted a series of social media graphics regarding common phrases in Spanish used to describe feelings and emotions. Local resources were included with each post.	Staff and Community Education & Awareness
10/12/2021	<i>Is your Role your Identity?</i> HA-API Wellness Advisory Council hosted this webinar with Western University medical students and engaged in a conversation around roles and identify in AAPI.	Staff and Community Education & Awareness
10/22/2021	<i>Moving Forward Together for an Equitable and Inclusive Community</i> Advertorial for La Nueva Voz Pomona Newspaper	Community Education & Awareness
11/2021	Acknowledgment of Diwali (also referred Deepawali)	Staff and Community Education & Awareness
11/1/2021	<i>Latinx</i> ¡Adelante! Wellness Advisory Council hosted a conversation on the term Latinx, including the history of this term, recent trends in the use of this new word.	Staff and Community Education & Awareness

1/2022	Acknowledgment of Lunar New Year	Staff and Community Education & Awareness
2/2022	Black History Month was celebrated by creating a newsletter, and co-hosting an event in conjunction with the AAFWAC.	Staff and Community Education & Awareness
2/28/2022	The AAFWAC posted a series of social media graphics regarding systematic racism and how it impacts Mental Health in honor of Black History Month.	Staff and Community Education & Awareness
3/31/2021	RAINBOW Advisory Council highlighted International Transgender Visibility Day dedicated to celebrating transgender, gender binary and gender non-conforming individuals. Social media posts highlighted their contributions as well as raising awareness of discrimination faced worldwide.	Staff and Community Education & Awareness
4/11/2021 - 4/17/2021	The AAFWAC hosted a conversation around Black Maternal Health during this week to emphasize racism and childbirth in America	Staff and Community Education & Awareness
5/2022	Asian American and Pacific Islander (AAPI) Heritage Month: HAAPI developed a newsletter highlighting common misconceptions in AAPI community around mental health	Staff and Community Education & Awareness
5/4/2022	<i>Rompiendo Barreras</i> ¡Adelante! Advisory Council hosted this webinar in collaboration with Los Angeles County Mental Health Promoters about increasing mental health awareness and reducing mental health stigma in Latino/a/x communities.	Staff and Community Education & Awareness
6/2022	LGBTQIA+ Pride Month Tri-City staff created a zoom background highlighting Pride Month. Multiple staff members chose to use the background throughout the month of June in support of the LGBTQIA+ community.	Staff and Community Education & Awareness
6/14/2022 & 6/15/2022	The AAFWAC hosted informational booths outside two Tri-City locations to bring awareness to local resources and celebrate Juneteenth: Freedom Day	Staff and Community Education & Awareness
6/1/2022	Transition Age Youth (TAY) Newsletter- Highlighting Pride Month and Juneteenth	Staff and Community Education & Awareness
6/22/2022	<i>Starting the Conversation: How to Support Inclusion with the LGBTQIA+ Community</i> RAINBOW Advisory Council hosted this webinar provided a 101 overview on how to foster safe, affirming and welcoming conversations with LGBTQIA+ individuals.	Staff Education & Awareness

Cultural Competence Online Trainings

Tri-City staff are also assigned online training electives through the e-learning training platform, Relias. Relevant online trainings include:

- 10 Steps to Fully Integrating Peers into your Workforce
- A Culture-Centered Approach to Recovery
- Addressing the Behavioral Health Needs of Returning Veterans
- Cultural Diversity and the Older Adult
- Cultural Responsiveness in Clinical Practice
- Enhancing Clinical Competency through An Understanding of Military Culture
- Individual and Organizational Approaches to Multicultural Care
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals
- Substance Use in Military and Veteran Populations
- Working More Effectively with LGBTQ+ Children and Youth
- Building a Multicultural Care Environment
- DEI: An Introduction to Multicultural Care
- Diversity, Equity, and Inclusion for the Healthcare Employee
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services
- Substance Use Treatment & Relapse Prevention for Racial and Ethnic Minorities
- The Effect of Deployment, Combat Stress, and Moves on Families and Children
- The Role of the Behavioral Health Interpreter
- Understanding and Addressing Racial Trauma in Behavioral Health
- Understanding and Minimizing Cultural Bias for Paraprofessionals
- Workplace Discrimination: What Supervisors Need to Know
- HIV/AIDS - The Elder's Experience
- Older Adults and Behavioral Health Issues
- Diversity for All Employees for Healthcare
- Implicit Bias

Mental Health First Aid (MHFA) Training

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

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

Tri-City Mental Health currently has four staff certified as MHFA Instructors who can provide the following versions of MHFA to our staff as well as community members and partners.

Training	Description	How Long	Audience	Delivery
MHFA: Adult (English & Spanish)	This is the original curriculum that was created to be delivered to adults in non-behavioral health settings or backgrounds.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Youth	Youth MHFA was created because there was a need to train parents, caretakers and adults who work with youth on how to respond to a mental health crisis. We know the onset of mental health challenges starts early in child development. The earlier we're aware, the earlier we can intervene and provide support and services.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Law Enforcement and First Responders	Law Enforcement is usually called to respond to a mental health crisis, but may not have adequate training on how to respond. This curriculum was created to meet that need, provide the tools to respond, and share resources that they can utilize during or after a crisis.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Military, Veterans, & Families	Our active military, veterans and their families are all impacted by the military duty they provide and their mental health is an area of impact that has gone unaddressed. This curriculum brings attention and awareness that is much needed to provide support.	8hrs	Staff and community partners	In-person & virtually [webinar]



<p>MHFA: Older Adults</p>	<p>The older adult community has higher rates of suicide, isolation and loss that leads to mental health challenges or crisis. This curriculum is for caregivers, senior service providers, and family members of older adults to share how to identify the signs and symptoms older adults may display.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person & virtually [webinar]</p>
<p>MHFA: Higher Education</p>	<p>College students are at a pivotal time in their lives making, for their first time, adult decisions and taking on responsibilities. These decisions can be stressful and, without proper support or guidance, can lead to mental health challenges and crisis. Suicide is the 2nd leading cause of death for college students, substance use/abuse is on the rise, and drop-out rates due to these challenges has increased. This curriculum is for college students, educators, faculty, and parents.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person & virtually [webinar]</p>

Southern Counties Regional Partnership (SCRCP)

In FY 2021-22, Tri-City continued to participate in monthly meetings with the Southern California Regional Partnership, 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. Other trainings made available through the SCRCP include trainings related to trauma for specific groups such as trauma and parenting, and addressing substance use and trauma with both adult and youth focus.

Additional Cultural Competence Training Topics FY 2021-22 through FY 2022-23

The following training were completed in FY 2021-22:

- Working with a Limited English Proficient (LEP) Community
- How to Effectively Access Language Services for Clients
- Self-awareness and Implicit Bias
- Understanding Consumer and Family Culture
- Cultural Competence vs Cultural Humility
- Effective Outreach and Engagement of the LGBTQ+ and Transgender Community
- LGBTQIA+ Mental Health
- Peer Mentor Orientation
- An Introduction to Cultural Competence
- Cultural Competence: Implicit Bias and Microaggression
- Motivational Interviewing
- Healthy Boundaries and Safety
- Self-Care
- Adverse Childhood Experiences (ACEs)
- Suicide Talk
- Community Resiliency Model™ (CRM)
- Mental Health First Aid (MHFA)
- Healthy Relationships
- Stigma Reduction
- Zoom Fatigue and Coping During the COVID-19 Pandemic

The following trainings are anticipated to be completed in FY 2022-23:

- Effective Use of Interpreters in a Mental Health Setting
- Understanding the Americans with Disabilities Act (ADA) and How it Impacts BIPOC Communities
- Cultural Sensitivity Training for Individuals with Disabilities
- Cultural Awareness: Becoming an Ally
- Working with Older Adults
- Healthy Relationships
- Life Transitions and Change
- Human Trafficking
- Veterans and Mental Health

II. County’s incorporation of Client Culture Training throughout the mental health system

Webinars, trainings, and presentations for FY 2021-22 related to cultural awareness and inclusion

Resiliency

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

Training	Description	How Long	Audience	Delivery
ACEs: English & Spanish	Provides background on ACEs study, defines what is trauma, impact on physical and mental health, and how we can thrive through adversity by being resilient.	2-4 hours long	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]
CRM: English & Spanish	What is toxic stress, impact of stress on our brain and body, define what is Resiliency, and how we build our resiliency utilizing six skills. Practice of the skills is done throughout the training so participants can start applying them in their daily lives.	Varies; Can be adapted 2-6 hours	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]



Criterion 6.

County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

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

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

The following table reflects Tri-City’s staff demographic as of June 2022.

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

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

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

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

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

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

Additionally, Tri-City WET program staff actively outreaches to students from high schools and universities within our service area. The goal of this outreach is to educate and encourage students about the potential of working within the community mental health system, and Tri-City Mental Health Authority specifically. Through student career fairs, class specific presentations, Tri-City staff engage residents and students of the three cities to participate as Service-Learners, a volunteer program to support Tri-City staff and departments to meet the needs of consumers and community members. As part of the volunteer commitment, Service-Learners are educated about the culturally diverse populations within the service area.

Tri-City has emphasized the value of those with lived experience within our workforce and has made a concerted effort to include peers throughout our system of care. Peers, representative of the population we serve, and our clients are also included in our Service-Learning program.

Ongoing County WET Implementation Efforts

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

The Peers 2 Careers 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 MHSA 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.

Criterion 7. Language Capacity

I. Increase bilingual workforce capacity

Updates from MHSA, CSS, or WET Plans on bilingual staff members who speak the languages of the target populations

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

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

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

Bilingual Staff FY 2021-22

- Ninety-four staff members speak Spanish
- Three staff members speak Vietnamese
- Three staff members speak French
- One staff member speaks Khmer

- One staff member speaks Persian
- One staff member speaks Punjabi
- One staff member speaks Russian
- Two staff members speak Mandarin and Chinese
- One staff member speaks Hindi
- One staff member speaks Japanese
- Two staff member speaks Tagalog

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

On an annual basis, Tri-City dedicates approximately \$20,000 on services that assist with the translation of documents, advertisement in local newspapers, and in having translators available for meetings with the community.

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

The following sections have remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

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

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

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

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

3.2a Clients receiving mental health services, will be informed in writing (in their primary language) of their right to language assistance services at no cost and how to access these services.

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

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

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

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

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

One lesson learned is that there needs to be a clear distinction between direct service staff and interpreters. All staff (including Psychiatrists) need to have this understanding. Also, interpreters for mental health services benefit from basic trauma training and training in mental health first aid to both reduce secondary trauma and to increase effectiveness of translation.

Identified county technical assistance needs

The people that Tri-City serves do not have appropriate access to the technology needed to accommodate video translation services. So, the agency needs assistance in linking clients to appropriate technology including good internet service, new computer equipment, and safe storage. Also, the agency would benefit from technical assistance on how to access funding for the clients to pay for the internet, computers, etc.

III. Services to all LEP clients meeting the threshold language

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

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

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

Approximately 56% of the Tri-City Workforce is bilingual. Approximately 48% of the Tri City work force is qualified to provide bilingual interpretation services, in the threshold Language Spanish.

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

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

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

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

4.8 Interpreter Services by Bilingual Workforce Member (Primary Resource): All departments and programs shall utilize internal bilingual workforce members as a primary resource for clients, participants, and stakeholders requesting/needing interpreter services in their primary or preferred language.

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

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

4.8a Human Resources will maintain a list of the workforce members certified to interpret and the languages they are certified to interpret.

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

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

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

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

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

4.1 TCMHA shall provide verbal or sign language assistance services in threshold and non-threshold languages for specialty mental health clients, participants, and stakeholders.

- a. In accordance with requirements of Title VI of the Civil Rights Act of 1964, the expectation that family members provide interpreter services is prohibited. Participant, or stakeholder insists on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.
- b. Minor children shall not be used as interpreters.

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

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

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

- a. TCMHA shall make available written materials (i.e., brochures, forms, signage, provider directories, beneficiary handbooks, appeal and grievance notices, denial, and termination notices) that are easily understandable to meet the language (threshold languages) and communication needs of clients and stakeholders.
- b. TCMHA shall work with vendors to translate written materials and field test the quality and cultural meaningfulness of vendor-translated products with bilingual certified staff and constituents.

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

Tri-City will make the following documents available for review during the compliance visit:

- Member service handbook or brochure
- General correspondence
- Beneficiary problem, resolution, grievance, and fair hearing materials
- Beneficiary satisfaction surveys
- Informed Consent for Medication form
- Confidentiality and Release of Information form
- Service orientation for clients
- Mental health education materials
- Evidence of appropriately distributed and utilized translated materials
- Cultural and Linguistic Inclusion and Competence Policy and Procedure
- Tri-City Official Protocol: Informing Materials
- Client Acknowledgment of Receipt of Informing Materials



General	MHSA Stakeholder
<ul style="list-style-type: none"> • Tri-City Official Protocol: Informing Materials <ul style="list-style-type: none"> ○ Guide to Medi-Cal Mental Health Services [English, Spanish, Vietnamese] ○ Tri-City Beneficiary/Client Problem Solution Guide [English, Spanish, Vietnamese] ○ DMH LA County Service Area 3 Provider Directory ○ LA County DMH Mental Health Client Resource Directory ○ LA County DMH Grievances and Appeals Procedures: A Consumer Guide [English, Spanish, Vietnamese] ○ LA County Patient’s Rights Grievances or Appeal and Authorization Form • Client Acknowledgment of Receipt of Informing Materials 	<ul style="list-style-type: none"> • MHSA Stakeholder Meeting Flyers [English, Spanish] • MHSA Stakeholder News Advert, La Nueva Voz Pomona Newspaper [English, Spanish] • MHSA Notice of Public Hearing Advert, La Nueva Voz Pomona Newspaper [English, Spanish] • Notice of Public Hearing of the Mental Health Commission and MHSA Annual Update Flyer [English, Spanish, Vietnamese]
	<h3>Miscellaneous</h3>
	<ul style="list-style-type: none"> • Staying Resilient and Compassionate During COVID-19 [English, Spanish] • Protect Yourself and Your Family from COVID-19 Flyer [English, Spanish] • Community Health Resource Fair [English, Spanish]
MHSA Programs and Services	Forms/Documents
<ul style="list-style-type: none"> • Tri-City Mental Health: A Guide to Our System of Care [English, Spanish] • Tri-City Resource Guide [English, Spanish] • Intensive Outreach and Engagement Team (IOET) Informational Brochure [English, Spanish] • Wellness Center Brochure [English, Spanish, Vietnamese] • Wellness Center Monthly Calendar [English, Spanish] • Community Navigator Informational Flyer [English, Spanish] 	<ul style="list-style-type: none"> • Notice of Privacy Practices [English, Spanish, Vietnamese] • Notice of Privacy Practices Acknowledgement of Receipt [English, Spanish, Vietnamese] • HIPAA Privacy Complaints Form [English, Spanish, Vietnamese] • Authorization for the Release/Disclosure of Information and/or Mental Health Records from Tri-City Mental Health [English, Spanish] • Authorization for the Release of Information and/or Mental Health



- Supplemental Crisis Services Flyer [English, Spanish]
- Community Mental Health Training (CMHT) Flyers for Wellness Webinars during COVID-19 [English, Spanish]
- Wellness Webinar Flyers [English, Spanish]
 - COVID-19 Considerations for the Workplace
 - Everyday Mental Health; Motivational Interviewing
 - Stress Relief During COVID-19
 - Adverse Childhood Experiences (ACEs) and Toxic Stress
 - Fostering Resilience, Hope and Compassion During COVID-19
- CMHT Adverse Childhood Experiences (ACEs) Training Flyer [English, Spanish]
- Therapeutic Community Garden (TCG) Support Group Flyer [English, Spanish]
- Spanish Senior Socialization Group Flyer

Records to Tri-City Mental Health [English, Spanish]

- Authorization for the Release/Disclosure of Information PHI and/or Mental Health Records Pertaining to Alcohol-Substance Abuse [English, Spanish]
- Authorization for the Release/Disclosure of Information and/or Mental Health Records PHI Pertaining to HIV/AIDS [English, Spanish]
- Consent for Medication [English/Spanish]
- Advance Health Care Directive Information Acknowledgment Form [English, Spanish, Vietnamese]
- Consent for Groups or Family Sessions conducted via Telehealth or Telephone MH 739 [English, Spanish]
- Consent for Services [English, Spanish, Vietnamese]
- Crisis Intervention Plan [English, Spanish, Vietnamese]
- Notice of Action (Assessment) [English, Spanish]
- Notice of Action (Lack of Timely Service) [English, Spanish]
- Therapeutic Community Garden Consent Form [English, Spanish, Vietnamese]
- [WET Program] Service-Learning Program Application [English, Spanish]

Cultural Inclusion and Diversity Committee

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

Quality Assurance

- Collaborative Documentation Brochure [English, Spanish]

- ¡Adelante! Hispanic and Latino Wellness Advisory Council Flyer [English, Spanish]
- Community Inclusion, Diversity and Wellness Fair Flyer [English, Spanish]
- Coordination and Rehabilitation Enhanced Services (CARES) Brochure [English, Spanish]

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

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

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

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

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

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

Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade)

4.10b Translated materials shall be written at a 6th grade reading level and go through a review mechanism for ensuring accuracy and cultural competency of the translation (e.g., back translation and field testing) ensures that the translated document has meaning beyond a literal translation.

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

Criterion 8.

Adaptation of Services

I. Client driven/operated recovery and wellness programs

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

Wellness Center (CSS Plan)

The Tri-City Wellness Center (WC) was conceived as a place of support for people who experience mental health issues so that they could accelerate their movement toward independence, recovery, and wellness. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center provides self-help groups, peer and family support services, educational resources, recreational and cultural activities, assessment and linkage services, and other services to promote increasing independence. It also provides specialized services TAY. Acting as a “dynamic hub” for activities for the three cities of Pomona, Claremont, and La Verne, staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person and family-centered services and supports designed to promote independence and increase wellness.

All services at the Wellness Center are free and open to people of all ages. Visitors to our drop-in center are welcomed and met with support. Trained staff, including peer advocates, volunteers and clinical staff, help create an environment of community and self-discovery where individuals and families alike can reach their personal goals. Through Mental Health Services Act (MHSA) funding and collaboration with community partners, visitors to the Wellness Center can engage in an array of holistic services and supports designed to promote independence and increase wellness. These services include but are not limited to:

- Over 50 peer support groups
- Peer and family support
- Specialized services for children, transition age youth (TAY) ages 16-25 and older adults (ages 60+)
- Employment and vocational support
- Educational resources and workshops

- Computer lab
- Recreational, social, and culturally competent activities
- Assessment, linkage, and referral

Peer Mentor Program/TAY and Older Adult Wellbeing Program (PEI Plan)

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. The Peer Mentor program has worked diligently to recruit individuals who have multilingual skills to be able to better combat cultural challenges and barriers. See below for mentor demographics during FY 2021-22:

- 20% of the mentors reported to speak a language other than English
- 23% of mentors identified as individuals living with a disability
- 3% of mentors identify as LGBTQIA+
- 14% of mentors are older adults
- 31% of mentors are between 16 – 25 years of age
- 12% identified as Black/African American
- 21% identified as more than one race
- 3% of mentors are veterans

Language is often identified as a barrier to services. With this in mind, the peer mentor program has seen a 15% increase in mentors who identify as bilingual English/Spanish speaking in FY 2021-22. Other languages utilized during this fiscal year include Korean and Vietnamese. During next fiscal year, the peer mentor hopes to recruit a higher percentage of Spanish-speaking mentees to increase 1-1 meetings, roundtable events, and wellness activities.

Help@Hand/Tech Suite (Innovation Plan)

The primary purpose of this MHS Innovation (INN) project is to increase 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. Through the use of computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness. Project Funding

Amount: \$1,674,700.00 Project Dates: Sept 28, 2018 to June 30, 2021 Revised Project Dates: Jan 1, 2019 to Jan 1, 2024 – Originally designed to be a three-year project, the Collaborative as a whole voted to extend the project to five years to allow adequate time to complete the implementation phase and learning goals for this project. No additional funds are requested or required at this time.

Target Population:

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

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

The following section has remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

The ability to provide culturally competent mental health services is an important criterion in our selection of contractors. Tri-City currently has only one contractor, NAMI Pomona Valley. NAMI Pomona Valley, the local chapter of National Alliance on Mental Illness, offers community support groups, programs, and trainings in both English and Spanish. In addition, materials are also available in Spanish.

Trainings offered in Spanish include Family to Family, Family Support Groups, and NAMI Basics. NAMI also provides community resources that are culturally appropriate and available in Spanish.

Available alternatives and options of cultural/linguistic services

Tri-City has also engaged with community partners in order to identify culturally appropriate resources that support our BIPOC and LGBTQIA+ populations. These resources include:

Bienestar

A community-based social services organization based in the Greater Los Angeles area. Their focus is on identifying and addressing emerging health issues faced by the Latino/a/x and LGBTQIA+ populations.

Black Infant Health

A prevention program offered through Prototypes' Pomona Outpatient Behavioral Health Center and an integral component of their continuum of care. The goal of the program is to assist African-American women in maintaining healthy pregnancies and to provide support services for the first two years of their baby's life.

The Asian Pacific Resource Center

The Asian Pacific Resource Center hosts programs and exhibits to celebrate the cultural heritage of the Asian and Pacific Islander Americans.

Due to the everchanging restrictions of COVID-19, many community programs have gone virtual or continue to be closed. The Tri-City Community Navigators (responsible for linkage and referrals) access community resources and update agency materials/brochures as appropriate.

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

The Latino/a Roundtable is a non-profit organization dedicated to promoting education, civic engagement, advancing leadership, and to provide a proactive voice.

Pomona Pride Center

The Pomona Pride Center empowers the Pomona Valley community members who identify as LGBTQIA+ and their families, to enjoy healthier and more fulfilling lives. The mission of the Pomona Pride Center is to enhance and sustain the well-being of the LGBTQIA+ and allied communities by providing vital social and support services, educational and arts programs, and advocacy.

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

Tri-City Mental Health Authority Website and Social Media

Through Tri-City's website and social media platforms, community members are able to access information on a variety of mental health services and programs. These programs include: Access to Care; Child and Transition-Age Youth and Family Services; Adult and Older Adult Services; Crisis Support; Wellness Center programming; Prevention and Wellbeing Programs; Community Support Programs; MHSA Housing; and Client Resources.

Community Navigator Program

Community Navigators assist community members to connect with both formal and informal supports based on their individual clinical, cultural, and wellness needs. Community



Navigators are comprised of bilingual and bicultural staff and understand the diverse cultural and linguistic needs of our communities and the current resources available to meet those needs. In addition to providing resources, the Navigators are at the forefront of outreach and engagement efforts including presenting at community meetings and distributing flyers and brochures throughout the three cities, targeting locations that support the unserved and underserved populations.

Community Stakeholder Process

Community members, including clients and staff, are encouraged to attend stakeholder meetings where MHSA programs and services are presented in great detail. In addition, these participants are able to share their voice in the planning and implementation of programming designed to support their clinical, cultural and linguistic needs.

[See Community Planning Process Policy, Summary of Exhibits]

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

Tri-City Mental Health Authority has five locations within the cities of Claremont, La Verne and Pomona. Four of these locations are centered within the city of Pomona, which holds the highest number of unserved and underserved populations based on 2020 census.

Each of these locations offers flexible hours, after-hours support staff, bilingual receptionists, and staff:

Location - Pomona	Services Provided	Population Served
Tri-City Adult Outpatient Clinic	Adult and Older Adult Outpatient Services, Full Service Partnership (FSP) Adult Services, Supplemental Crisis Services, Therapeutic Community Gardening	Adults and older adults
Tri-City Child and Family Outpatient Clinic	Child and Family Outpatient Services, Full Service Partnership (FSP) services for children and TAY	Child, transition age youth, and family
MHSA Administration	MHSA stakeholder meetings, Housing, WET, PEI, INN and other MHSA Administrative staff	All community members and community partners



Wellness Center	Support Groups, Employment Vocational Support, Computer Lab, Family Wellbeing, TAY Resource Center	All community members and community partners
Administration	Administration	Staff and community members

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

- Restrooms are gender neutral.
- All locations are wheelchair accessible.
- Signs and posters in all site locations are in threshold languages.

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

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

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

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

Hours of operation for each of these settings are staggered and include both morning, afternoon, and evening, depending on the day. Support groups and Wellness Center activities take place throughout the day and evening to allow participants to join depending

on their own schedule and availability. Support groups and activities are available in English and Spanish, with bilingual staff available on site.

III. Quality of Care: Contract Providers

The following section has remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

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

- Contractor/(Name of Contractor) shall provide evidence of its capacity to provide culturally competent trainings to culturally diverse participants.
- Trainings provided by Contractor/(Name of Contractor) shall be staffed with personnel who can communicate in participants preferred language, or Contractor shall provide interpretation services.
- Contractor/(Name of Contractor) is responsible for providing evidence of cultural competence trainings attended by all NAMI training staff. If Contractor/(Name of Contractor) is unable to provide said training, training staff must arrange to participate in a minimum of two cultural competence trainings per year provided by Tri-City Mental Health.

IV. Quality Assurance

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

Process Development

The Quality Assurance and Quality improvement departments work together in order to provide services that are consistent with the Department's Cultural Competence Plan and all applicable Federal, State and local regulations, manual, guidelines and directives. All this is done by the following.

When a new process is being developed or modified, a collaboration between the process owner and manager of Best Practices is established in order to ensure the process is

congruent with Client Needs, Agency Needs, Regulations, Agency Policy, and Industry Standards.

- The goal is to identify and develop goals and outcome measures in order to evaluate efforts.
- Ensure that Process Owner is developing and documenting the process.
- Ensure that process/program design is congruent with purpose and need.
- Determine standards and develop process for tracking and documentation & provide initial training.

Once the process has been established, collaboration with Quality Improvement supervisor is established to determine if any training is needed for documentation regulations and standards to reflect the culture, language, ethnicity, age, gender sexual orientation, and other social characteristics of the community that our program serves.

A continued collaboration with the process owner is ensured in order to maintain that workflow process/training is established, implemented and fully launched. Once the new process is established the process is presented to the monitoring team, so that they can create a system of ongoing review.

Quality Assurance

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

Policy/Procedure/Protocol Implementation

Create and Implement Policies, Procedures, and Protocols, based on: Laws, Clinical Ethics, Clinical Standards of Practice, Payer Guidelines & Requirements, and Internal Standards.

Training and Education

Tri-City Mental Health is committed to compliance and communicates compliance rules and procedures to all service providers through mandatory training programs at orientation.

Other means of communicating compliance information include distribution of educational materials, emails, bulletins, etc., as often as needed.

The goals of the training/education program are:

- Introduce clinical service providers to Documentation Compliance Policies and the role each is expected to play in ensuring compliance.
- Introduce and reinforce shared values with regard to ethics and compliance issues.

- Update all employees/Tri-City agents on changes in rules, regulations, law, and policy.
- Provide resources for current regulations, coding, documentation, and billing.
- Failure to attend mandatory compliance trainings and unwillingness/inability to comply with any aspect of Documentation Compliance Policy will follow the normal process of counseling and discipline as outlined in the Tri-City Mental Health Employee Handbook.

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

General Documentation Standards

Medical records are permanent documents of the reporting system. Documentation guidelines have been developed to promote the integrity of Tri-City Mental Health's Consumer Medical Records, which are periodically examined by regulatory, funding, and legal agencies.

[For more information about QA protocol on Clinical Records, see Clinical Records Guidelines: Contents and General Documentation Requirements CL.102 and Medical Records Chart Order, Summary of Exhibits]

Initial Intake/Assessment Documentation

During the intake process, information is gathered to determine eligibility for services, based on 1) Residency Requirements, 2) Medical Necessity and 3) Financial Obligation/Ability to Pay.

The following forms must be completed at first intake contact:

- Consent for Services/Treatment
- Notice of Privacy Practices Acknowledgement (HIPAA)
- Informing Materials Acknowledgment
 - Guide to Medi-Cal
 - Mental Health Provider Directory SPA 3
 - Mental Health Resource Directory
 - Grievance and Appeal Rights Tri-City
 - Grievance and Appeal Procedure-Consumer Guide
- Safety Guidelines Acknowledgement
- Request for Interpretation/Translation
- Advanced Health Care Directive Acknowledgement (18+)
- PFI Payer Financial Information

- Authorization for Reimbursement of Benefits
- Financial Obligation Agreement
- Baseline OMA – FSP
- C.A.R.E.S. screening form (age 21 and under)
- CANS (age 21 and under)/PSC-35 (age 19 and under)
- EHR Submission Form

The following forms must be completed by the end of the Assessment Period:

- Full Assessment/ Co-Occurring screenings, evaluations, and assessments
- Crisis Intervention Plan
- Client Treatment Plan/Welligent Treatment Plan
- NOAA – If the client does not meet medical necessity

Treatment Plan Documentation

- Client's preferred language other than English and language is documented
- Plan was interpreted and into what language is documented
- Client was offered a copy of treatment plan is documented
- Client/Family involvement is documented for each goal
- Type of intervention and interventions are documented for each goal
- Goal and goal implementation date are documented
- Client/guardian signature and staff/AMHD signature are required for each goal

Progress Note Documentation

All Tri-City staff are required to document all services and/or activities that are provided for the benefit of the consumer. All services will be documented in the progress notes in the consumer's medical record immediately. Progress notes requirements include:

- Each entry for services should identify the date and time of contact, type of contact (e.g., telephone contact, face to face contact, etc.), procedure code, type of service rendered, the length of time, and the persons involved.
- Each entry is to be signed by the rendering provider(s), with the full signature and credentials.
- Services must be documented using the following format:

MHS and TCM Progress Notes include:

- Visual and Hearing Impairments
- Session Language

- Present for Session
 - Travel Time
 - Session Goal
 - Treatment Plan Goal
 - Symptoms
 - Intervention
 - Response
 - Progression/Regression
 - Plan
-

Consumer Access to Own Medical Record

If a consumer wishes to inspect her/his own records, a Client Request to Access Records form must be obtained from and submitted to the Medical Records' Supervisor. Prior to the review:

- The AMHD will review the request with their supervisor and primary psychiatrist.
 - If, upon review of the record by the consumer's psychiatrist, case AMHD, Program Supervisor, or Privacy Officer, it is determined that no harm would come from the consumer's review of his medical record, the consumer will be given access to his record. This will always be done in the presence of a professional staff member who will be able to explain or interpret the contents of the record.
 - If it is determined that harm could come from the consumers review, then the service provider, and supervisor, should follow up with the Chief Operations officer for further direction.
-

Quality Improvement

The Quality Improvement department shares the responsibility with different departments to maintain and improve the quality of services and delivery infrastructure. In addition to being required by the State and Federal mandates, a regular assessment of consumers' experiences of services provided and their providers is essential to improve and innovation within Tri-City Mental Health.

Performance Measurement is the process of regularly assessing the results produced by a program, department, or division. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these

indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

Measurement and assessment process:

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

The Quality Improvement department ensures data analysis of performance measures for quality improvement of all agency program programs. It also collaborates with the Quality Assurance department for quality improvement activities across the agency. The quality improvement team prepares and analyzes data for the following:

- Timeliness of Services
 - Access to Care data
- Beneficiary and participant satisfaction
 - Consumer Perception surveys and program surveys
- Service delivery analysis
 - Access to Care data
- Performance Improvement projects
 - Programs developed and implemented by the Quality Improvement Committee
- Consumer Outcomes
 - Consumer Perception surveys and program surveys

Tri-City is committed to becoming a behavioral health center of excellence, which is also aligned with the Triple Aim:

- Improve Health
- Reduce Costs
- Positive Client Experience

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

Protocol for Reports

The Quality Improvement department collaborates with all Tri-City programs and departments to prepare reports on a biannual basis: six months and one year.

Purpose of the Six-Month and Annual Update Reports

- To provide programs with up-to-date information on their departments/programs.
- To identify whether changes need to be made to the performance measures.
- To maintain accountability for data collection.
- Report Timeframes
 - July 1 through December 31 for the Six-Month Reports
 - July 1 through June 30 for the annual update

Below is a flow chart of the process:



Summary of Exhibits Available Upon Request

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21 through 2022-23.

- Mission Statement for Tri-City Mental Health
- Core Values for Tri-City Mental Health
- Mission Statement for Cultural Inclusion and Diversity Committee (CIDC)
- Mission Statement for African American Family Wellness Advisory Council (AAFWAC)
- Mission Statement for ¡Adelante! Latino and Hispanic Wellness Advisory Council
- Mission Statement for RAINBOW LGBTQ+ Wellness Advisory Council
- Mission Statement for Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council
- Ethnic Services Manager Job Description
- Diversity, Equity & Inclusion Coordinator Job Description
- Cultural Inclusion and Diversity Committee Staff Survey November 2022
- Language Interpretation and Translation Policy and Procedure
- Language Line Protocol
- Request for Interpretation and Translation Form
- Language Line Guide and Access Codes
- Informing Materials Checklist [English]
- Informing Materials Checklist [Vietnamese]
- Language Line Poster
- MHP Language Poster
- Consumer Survey Letter [English]
- Consumer Survey Letter [Spanish]
- Adult Survey [English]
- Adult Survey [Spanish]
- Older Adult Survey [English]
- Older Adult Survey [Spanish]
- Youth Service Survey for Families [English]
- Youth Service Survey for Families [Spanish]
- Youth Service Survey for Youth [English]
- Primary Language Screening Tool
- Community Planning Process Policy
- Clinical Records Guidelines: Contents and General Documentation Requirements CL. 102
- Medical Records Chart Order