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Cultural Competence Plan

Annual Update FY 2024–25



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Checklist of the Cultural Competence Plan Requirements Criteria

- X **Criterion 1.** Commitment to Cultural Competence
- X **Criterion 2.** Updated Assessment of Service Needs
- X **Criterion 3.** Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
- X **Criterion 4.** Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System
- X **Criterion 5.** Culturally Competent Training Activities
- X **Criterion 6.** County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
- X **Criterion 7.** Language Capacity
- X **Criterion 8.** Adaptation of Services



Table of Contents

Executive Summary _____ 5

Criterion 1. Commitment to Cultural Competence _____ 5

 I. County Mental Health System Commitment to Cultural Competence _____ 6

 II. County recognition, value, and inclusion of racial, ethnic, cultural linguistic diversity within the system _____ 11

 III. Cultural Competence/Ethnic Services Manager (CC/ESM) _____ 14

 IV. Budget resources targeted for culturally competent activities _____ 16

Criterion 2. Updated Assessment of Service Needs _____ 18

 I. General Population _____ 18

 II. Medi-Cal population service needs _____ 21

 III. 200% of Poverty (minus Medi-Cal) population and service needs _____ 22

 IV. MHSA Community Services and Supports (CSS) population assessment and service needs _____ 22

 V. Prevention and Early Intervention (PEI) Plan: PEI Priority Population _____ 24

Criterion 3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities _____ 24

 I. Identified unserved/underserved target populations with disparities _____ 25

 II. Identified disparities within target populations _____ 25

 III. Identified strategies for reducing disparities within target populations _____ 25

 IV. Planning and monitoring of identified strategies to reduce mental health and substance use disorders disparities _____ 27

 V. Additional strategies and lessons learned _____ 27

Criterion 4. Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System _____ 30

 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. _____ 30

Criterion 5. Culturally Competent Training Activities _____ 39

 I. Staff and stakeholder annual cultural competence training _____ 42

 II. County's incorporation of Client Culture Training throughout the mental health system _____ 44

Criterion 6. County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff _____ 45

 I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations _____ 45



Criterion 7. Language Capacity	49
I. Increase bilingual workforce capacity	49
II. Services to persons who have Limited English Proficiency (LEP)	50
III. Services to all LEP clients meeting the threshold language	52
IV. Services to all LEP clients not meeting the threshold language	53
V. Required translated documents, forms, signage, and client informing materials.	54
Criterion 8. Adaptation of Services	57
I. Client driven/operated recovery and wellness programs	57
II. Responsiveness of mental health services and substance use disorder services	61
III. Quality of Care: Contract Providers	65
IV. Quality Assurance	66
Summary of Exhibits Available Upon Request	70



Executive Summary

Introduction to Tri-City Mental Health Authority

Tri-City Mental Health Authority (referred to as Tri-City throughout this document) has been a cornerstone of mental health care for the cities of Pomona, Claremont, and La Verne since 1960. Serving a combined population of over 220,000 residents, Tri-City is dedicated to providing comprehensive, accessible, and culturally responsive mental health services. Through a Joint Powers Authority (JPA), Tri-City functions in a “county” capacity, offering a full spectrum of services, including prevention, early intervention, and treatment, for individuals of all ages experiencing mental health challenges.

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

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

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



Criterion 1.

Commitment to Cultural Competence

I. County Mental Health System Commitment to Cultural Competence

Mission Statement for Tri-City Mental Health

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

Core Values

Tri-City 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 strengths and abilities as they work to achieve their goals. By demonstrating a strong integrated approach to service, clients and family members are provided access to multiple levels of treatment and support through a collaborative system of care.



Culturally Responsive

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

Quality Based

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

Community Guided

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

Accountability Driven

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



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

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

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

Wellness Collaboratives

Tri-City has established community Wellness Collaboratives to strengthen cultural partnerships aimed at reducing mental health disparities and enhancing the agency's capacity to reach specific cultural groups. These collaboratives allow us to evaluate community needs and develop culturally responsive and linguistically appropriate programs and services across Claremont, La Verne, and Pomona. They play a crucial role in building trust with cultural brokers and facilitating outreach efforts that increase awareness of mental health resources tailored to the unique needs of each group. By actively involving community members, we ensure that their voices are integral to our approach to mental health care.

Outreach and Engagement

For over a decade, community outreach and engagement have been the driving forces behind the creation and implementation of programming and services at Tri-City. We prioritize cultural awareness by ensuring our outreach materials, such as flyers, are available in threshold languages for community stakeholder events and annual Public Hearings. Additionally, Tri-City maintains a strong connection with the community through various channels, including local newspapers, social media platforms, and informational webinars, ensuring that our outreach efforts are inclusive and accessible to all.



Diverse Hiring Practices

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

Language Assistance and Interpreters

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

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



Policies and Procedures

The following documents are available onsite during the compliance review:

1. Issue Resolution Process for Complaints, Grievances and Appeals (Rev. 11/2020)
2. Cultural and Linguistic Inclusion and Competence (Est. 11/2020)
3. Hearing Impaired Mental Health Access Policy [Covered in Cultural and Linguistic Inclusion]
4. Language Interpretation and Translation (Rev. 11/18/2020)
5. Code of Ethics
6. Informing Materials Protocol (Rev. 7/2022)
7. HIPPA Forms in Spanish Language (Rev. 5/2024)
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, and linguistic diversity within the system

The CSS populations listed below are represented in the following Collaboratives:

CSS Population	Wellness Collaborative Represented
Family Members	All collaboratives include family members
Black/African American	African American Family Wellness Collaborative (AAFWC)
Asian American/Pacific Islander	Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative
Latino & Spanish Speaking	¡Adelante! Latino and Hispanic Wellness Collaborative
LGBTQIA+	RAINBOW Collaborative
TAY and Older Adults	All collaboratives include TAY and Older Adults

County’s current involvement efforts and level of inclusion with the above-identified underserved communities

Through the Wellness Collaboratives, Tri-City has established a strong foundation for meaningful collaboration and inclusivity. In FY 2023-24, we witnessed a notable increase in event participation, underscoring the effectiveness of these efforts. Events crafted with cultural relevance and held in welcoming spaces have fostered an environment where diverse groups feel valued and empowered to share their experiences. This approach not only addresses community needs but also highlights the importance of building connections and strengthening ties within the community, reinforcing Tri-City’s commitment to inclusivity and wellness for all.

Listed below are Tri-City’s Wellness Collaboratives:

African American Family Wellness Collaborative (AAFWC)

The African American Family Wellness Collaborative (AAFWC) 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 Collaborative

¡Adelante! Latino and Hispanic Wellness Collaborative was established in September 2020. Its primary goal is to instill hope and wellness by empowering Latino and Hispanic community members to advocate and share their experiences, knowledge, and feedback.

RAINBOW Collaborative

The RAINBOW Collaborative 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 create a safe space for LGBTQIA+ community to share resources, advocate for mental wellbeing, and increase education.

Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative 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 experiences, knowledge, and feedback.

Transition Age Youth (TAY) Wellness Collaborative

The Transition Age Youth (TAY) Wellness Collaborative was formed in July 2021. 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 Wellness Collaboratives

Indigenous communities and older adults have historically faced underrepresentation in our area. Tri-City aims to engage these groups, empowering members to advocate for their community's mental health needs and address barriers to accessing services. Through the upcoming Community Planning Process (CPP) INN project 2024-25, we seek to engage and build rapport with community leaders and organizations that represent each group, fostering understanding and collaboration to ensure we meet their needs effectively and respectfully.

Lessons learned on efforts made and identified county technical assistance needs

In FY 2024-25, Tri-City's Wellness Collaboratives transitioned from virtual meetings to direct engagement with our community, recognizing the importance of fostering connections in trusted spaces. By co-hosting events with community-based organizations, we enhanced our outreach and strengthened community ties. This shift has facilitated meaningful conversations on relevant topics while allowing us to consult with our partners to better



understand the diverse needs and challenges faced by various groups. As a result, we've seen a marked increase in participation at hosted events.

Reflecting on these experiences, we've learned the importance of adaptability and collaboration in our efforts. For the coming year, we are committed to improving our engagement by focusing on increasing attendance at our community forums, and commissioner meetings. These efforts will help us further deepen our connection with the community and learn from their experiences and knowledge. Through this we aim to create a more effective, supportive, and comprehensive approach to mental health care, ultimately leading to improved outcomes for individuals and communities alike.

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

Director of MHSA and Ethnic Services



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

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

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

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

Diversity, Equity and Inclusion Coordinator



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

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

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

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

IV. Budget resources targeted for culturally competent activities

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

- **Interpreter and Translation Services:** In FY 2023-24, Tri-City dedicates approximately \$20,000 to services that assist with the translation of documents, advertisement in local newspapers, and having interpreters available for various public community meetings.
- **Training:** Annually, Tri-City offers a range of training opportunities for staff, including on-site guest speakers, in-person courses, and mandatory online cultural competency trainings for all employees. In FY 2023-24, \$60,000 was allocated to support staff attendance at conferences, which play a critical role in professional development and fostering cultural awareness. These efforts ensure that staff remain well-equipped to meet the evolving needs of our diverse community and stay informed about best practices in the field. Additionally, Tri-City annually budgets roughly \$20,000 to \$25,000 for guest speakers focusing on cultural diversity and inclusion. In addition, Tri-City currently renews its annual subscription to an online suite of training courses with a variety of topics, including cultural awareness. The cost of this e-learning subscription, which is made available to all staff, is approximately \$38,000 per year.
- **Outreach and Culturally Appropriate Mental Health Services:** Tri-City's annual budget is approximately \$37.46 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 2023-24 are as follows:
 - The Wellness Center: \$1,651,247



- Community Navigators: \$795,768
- Supplemental Crisis Services/Intensive Outreach and Engagement: \$937,422
- Field Capable Clinical Services for Older Adults: \$150,073
- Community Capacity Building: \$542,824
- Peer Mentor, Family Wellbeing and Community Wellbeing Programs: \$462,432
- Therapeutic Community Gardening: \$547,795
- Housing Stability: \$208,306



Criterion 2.

Updated Assessment of Service Needs

I. General Population

A. Provide a description of the county's general population by race, ethnicity, age, gender, and other relevant small county cultural populations. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected: locally). If appropriate, the county may use MHSAs Annual Update Plan data here to respond to this requirement.

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

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

Selected Data for Tri-City (Pomona, Claremont, La Verne) U.S. Census Data	Tri-City (Pomona, Claremont, La Verne)
Population	
Population estimates, July 1, 2022, (V2023)	213,619
Population estimates base, April 1, 2020 (V2023)	220,315
Population, percent change, April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-4.5%
Population, Census, April 1, 2020	220,313



Age and Sex	
Persons under 5 years, percent	5.5%
Persons under 18 years, percent	22.2%
Persons 65 years and over, percent	15.1%
Female persons, percent	51.3%
Race and Hispanic Origin	
White alone, percent	37.1%
Black or African American alone, percent	5.0%
American Indian and Alaska Native alone, percent	1.7%
Asian alone, percent	11.4%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%
Two or More Races, percent	17.0%
Hispanic or Latino, percent	59.0%
White alone, not Hispanic or Latino, percent	21.4%
Population Characteristics	
Veterans, 2018-2022	7,765
Foreign born persons, percent, 2018-2022	28.0%
Housing	
Owner-occupied housing unit rate, 2018-2022	57.7%
Median value of owner-occupied housing units, 2018-2022	\$734,600
Median selected monthly owner costs -with a mortgage, 2018-2022	\$3,086
Median selected monthly owner costs -without a mortgage, 2018-2022	\$751
Median gross rent, 2018-2022	\$1,970



Families and Living Arrangements	
Households, 2018-2022	65,631
Persons per household, 2018-2022	2.9
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	91.1%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	64.8%
Computer and Internet Use	
Households with a computer, percent, 2018-2022	96.2%
Households with a broadband Internet subscription, percent, 2018-2022	93.9%
Education	
High school graduate or higher, percent of persons age 25 years+, 2018-2022	86.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	31.2%
Health	
With a disability, under age 65 years, percent, 2018-2022	7.3%
Persons without health insurance, under age 65 years, percent	5.9%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2018-2022	60.2%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	53.2%
Total accommodation and food services sales, 2017 (\$1,000)	\$175,654
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	\$724,765
Total transportation and warehousing receipts/revenue, 2017 (\$1,000)	\$127,876
Total retail sales, 2017 (\$1,000)	\$862,443
Total retail sales per capita, 2017	\$23,765
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	33.1
Income and Poverty	
Median household income (in 2019 dollars), 2018-2022	\$97,652
Per capita income in past 12 months (in 2019 dollars), 2018-2022	\$42,764
Persons in Poverty, percent	10.7%



II. Medi-Cal population service needs

The area served by Tri-City Mental Health Authority is not included in the CAEQRO data collection and Tri-City is considered a medium county. Additionally, none of the three cities (Claremont, La Verne, and Pomona) currently collect Medi-Cal population and client utilization data. For these reasons, Tri-City has limited information available for the Medi-Cal population. As of October 2024, there were 121,929 beneficiaries. There is no additional demographic information available for beneficiaries.

Below is the data on Tri-City’s clinical population which represents all active clients in our clinical programs for FY 2023–24 which is a total of 3,244 unduplicated clients:

- **Race and Ethnicity:** For clients in the past fiscal year 2023-24, 20% were White/Caucasian, 54% were Hispanic or Latino, 13% were Black/African American, 3% were Asian/Pacific Islander, 0.5% were Native American, 4% were More than one race, 3% were Other Race and the remaining 2% were Unknown.
- **Gender:** For clients, 56% were women and 44% were men.
- **Age:** In the past fiscal year, 15% of clients were ages 0-15, 19% were in the age group of 16-25, 57% were in the age group of 26-59, and 9% were 60 years and above.
- **Language:** The most common languages for our clients were English 85%, Spanish 15%, and Another language 1%.

The following compares the number of clients served and Medi-Cal eligible.

*Please note that gender is the only demographic variable available to the Tri-City area.

Gender	Medi-Cal Eligible	Clients Served	Penetration Rate
Men	58,005	1,437	2.5%
Women	63,924	1,807	2.8%
Total	121,929	3,244	2.7%

Analysis of disparities as identified in the above summary

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



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

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

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

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

The total population of the Tri-City area is approximately 213,619 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	31,239	36,891	145,489	213,619

Source: U.S. Census data from 2023 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	4,771	4,844	25,340	34,955	16.4%
15-24	4,017	7,371	16,997	28,385	13.3%
25-59	12,756	14,746	75,183	102,685	48.1%



60+	9,695	9,930	27,969	47,594	22.3%
Totals	31,239	36,891	145,489	213,619	100.00%

Source: U.S. Census data from 2023 ACS 1-Year Estimates

Table 3: Total Population by Race/Ethnicity

Total Population by Race/Ethnicity					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by ethnicity
Race:					
African American	1,029	2,006	10,384	13,419	6.3%
Asian American/Pacific Islander	3,255	5,666	17,599	26,520	12.4%
Native American	80	18	264	362	0.2%
White	14,116	17,631	14,186	45,933	21.5%
Hispanic or Latino	11,349	8,983	99,600	119,932	56.1%
Another Race	178	284	1,293	1,755	0.8%
Two or more races	1,232	2,303	2,163	5,698	2.7%
Race Totals:	31,239	36,891	145,489	213,619	100.0%
Ethnicity:					
Hispanic/Latino (if any race)	11,349	8,923	99,600	119,932	56.1%
Not Hispanic or Latino	19,890	27,908	45,889	93,687	43.9%
Ethnicity Totals	31,239	36,891	145,489	213,619	100.00%

Source: U.S. Census data from 2023 ACS- 1-year Estimates



V. Prevention and Early Intervention (PEI) Plan:

PEI Target Populations Identified in PEI Plan (2010)

Individuals Experiencing Onset of Serious Psychiatric Illness

- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth in Stressed Families

- Young Children
- Children
- TAY

Trauma-Exposed

- Veterans
- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth at Risk for School Failure

- Young Children
- Children
- TAY

Children/Youth at Risk of or Experiencing Juvenile Justice

- Children
- TAY

Criterion 3.

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

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

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

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

II. Identified disparities within target populations

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

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



III. Identified strategies for reducing disparities within target populations

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

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

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



Early Psychosis				X	X	X	
Therapeutic Community Garden	X	X	X		X	X	X
School Based Programs		X	X		X	X	X

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

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

V. Additional strategies and lessons learned

Hiring Bicultural and Bilingual Staff

At Tri-City, we recognize the critical importance of building a workforce that reflects the diverse communities we serve. Actively recruiting bicultural and bilingual staff is a key priority, as we aim to ensure our team mirrors the populations we serve. Representation is vital—not only in fostering trust and rapport but also in creating an inclusive environment where diverse perspectives are valued and heard. By prioritizing the hiring of staff who share the cultural backgrounds and languages of our community members, we are better positioned to offer culturally responsive services and ensure that all individuals feel seen, understood, and supported. This commitment to diversity and inclusion strengthens our ability to meet the unique needs of the populations we serve and work toward reducing health inequities.

As of June 2024, approximately 52% of the Tri-City workforce is bilingual, underscoring the rich cultural diversity within our community. Notably, around 46% of our team is qualified to provide bilingual interpretation services, with Spanish as a threshold language. This robust



bilingual capability enhances communication and accessibility, ensuring that our services are not only inclusive but also responsive to the needs of all community members.

Tri-City Client Demographics to HR Staff Data:

Tri-City Client Demographics	Percent of Population	Tri-City Staff Demographics	Percent of Staff
White, percent	20.0%	White, percent	15.6%
Black or African American, percent	13.0%	Black or African American, percent	7.3%
Native American /Alaska Native, percent	0.5%	Native American /Alaska Native, percent	0.5%
Asian American/Pacific Islander, percent	3.0%	Asian American/Pacific Islander, percent	10.7%
Two Or More Races, percent	4.0%	Two Or More Races, percent	1.9%
Hispanic/ Latino, percent	54.0%	Hispanic/ Latino, percent	61.4%
Other	3.0%	Other	2.4%

*(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).
Source: U.S. Census data from 2023 DEC Redistricting Data*

Peer Support Specialist

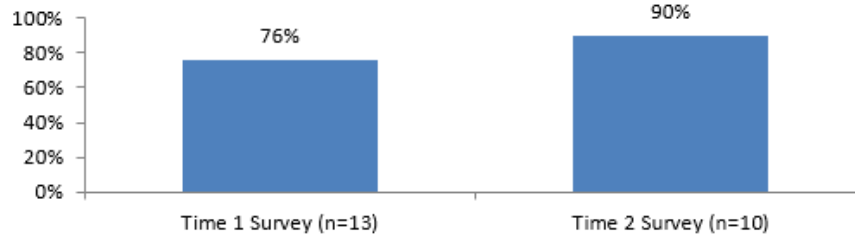
Peers are an essential part of Tri-City’s workforce, bringing invaluable insights to the development of programming and the delivery of mental health services. Individuals with lived experience, known as Peer Support Specialists (formally known as Wellness Advocates), occupy a range of impactful roles, including facilitating support groups, advocating for clients, attending stakeholder meetings, and participating in Tri-City’s Wellness Collaboratives. Their unique perspectives enrich our services and foster a more inclusive and effective approach to mental health care.

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

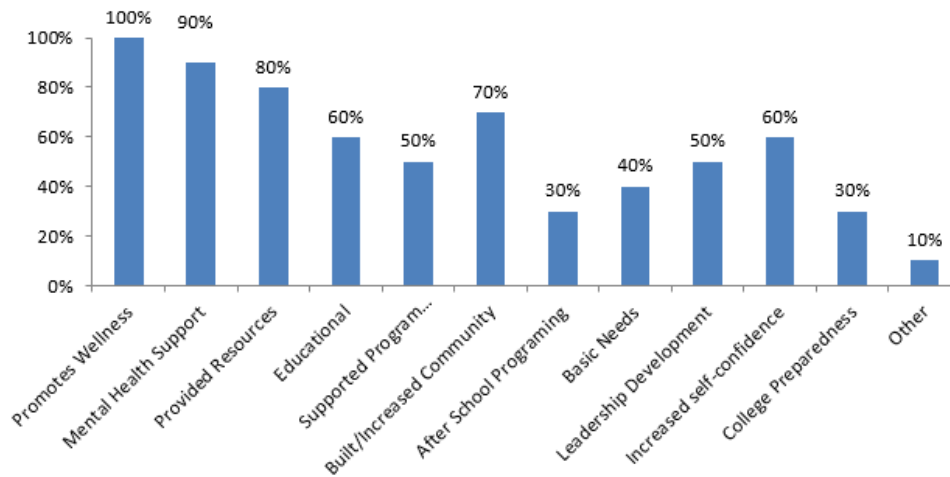
The Community Wellbeing Program provides small grants of up to \$10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community. These grantees provide an array of services such as support groups, creative arts programs, clothing for teens, mental health workshops, afterschool programming, transportation for young mothers, grief and loss support groups, special needs basketball clinics for self-esteem and team building, art initiatives, and an LGBTQIA+ Youth Health & Education Wellbeing program, all aimed at enhancing the well-being of their communities which are often underserved and underrepresented. These grantees also network and collaborate with one another to ensure continued support for these communities.

The graphs below reflect the outcomes for 13 community grantees and their members. (12,209 members represented through the grants for FY 2023-24).

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



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



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 Collaboratives

The Wellness Advisory Councils were rebranded as Wellness Collaboratives, a change inspired by feedback from community members. This transition not only aligns more closely with the collaborative objectives but also clarifies the purpose and roles of its members. The primary aim of Tri-City's Wellness Collaboratives is to strengthen cultural partnerships that focus on reducing mental health disparities and enhancing the agency's capacity to serve diverse cultural groups in Claremont, La Verne, and Pomona.

These Collaboratives are instrumental in empowering us to assess community needs effectively and develop programs and services that are both culturally responsive and linguistically appropriate. They play a crucial role in building trust with cultural brokers and facilitating outreach efforts that raise awareness of mental health resources tailored to each group's unique needs, ultimately fostering a more inclusive and supportive environment for all community members.

African American Family Wellness Collaborative (AAFWC)

The African American Family Wellness Collaborative (AAFWC) 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.

In FY 2023-24, AAFWC celebrated a major success by significantly enhancing community engagement and building robust partnerships with local organizations. Collaborating with community-based groups allowed us to share vital resources, increasing awareness of mental health services available to residents. We attended various community events to support local organizations, further solidifying our connections. Our monthly email digest kept community members informed and connected, while our Wellness Collaborative Chair



served as a liaison, facilitating one-on-one conversations with local leaders to better understand the community's specific needs. This approach not only strengthened our partnerships but also cultivated a supportive network that empowers individuals to prioritize their mental health and well-being, ultimately fostering a healthier community for all.

The following are some examples of efforts made in FY 2023-24:

- July 2023: Co-hosted a “Be in Community- Black Mental Health Conversation” for Bebe Moore’s Minority Mental Health Month with NAMI Pomona Valley at the African American Advisory Alliance.
- July 2023: Attended “The Power of Pause” event with The Kennedy Austin Foundation.
- January 2024: Attended Dr. Martin Luther King unity breakfast and tribute with J.E.T.M.A.C.
- May 2024: Attended The African American Advisory Alliance Mental Health Conversation hosted at House of Ruth.
- May 2024: Attended the African American Infant and Maternal Mortality Prevention Initiative’s Mother’s Tea event in collaboration with the African American Museum of Beginnings.
- June 2024: Attended The African American Advisory Alliance 2nd Annual Juneteenth Flag Raising at Pomona City Hall.

As we look ahead, the AAFWC remains committed to deepening our impact and expanding our outreach within the community. By continuing to engage with local leaders and organizations, we aim to address the evolving needs of our community, ensuring that mental health resources are accessible to all. Together, we will strive to create a future where every individual feels supported, valued, and empowered to pursue their wellness journey.

¡Adelante! Latino and Hispanic Wellness Collaborative

The ¡Adelante! Latino and Hispanic Wellness Collaborative was established in September 2020 with the primary goal of instilling hope and wellness by empowering community members to advocate for themselves and share their experiences, knowledge, and feedback.

In FY 2023-24, ¡Adelante! deepened its partnership with the Latino/a Roundtable to enhance access to mental health support by hosting events in community spaces. This approach fostered inclusive dialogue and connections with individuals who may not have been aware of our services. Our participation in cultural events, along with resource tables, helped raise awareness of mental health services available to Latino and Spanish-speaking communities.

To maintain ongoing communication, ¡Adelante! developed an email digest to inform community members, local organizations, and staff about culturally relevant events and



resources. Additionally, staff participated in Hispanic and Latino-focused conferences to gain valuable insights into community concerns and needs, reinforcing our commitment to understanding and addressing the unique experiences of the Latino community.

The following are some examples of efforts made in FY 2023-24:

- September 2023: Hosted a community event, “Let’s Play Lotería”: An interactive game of lotería with a mental health lens aimed at decreasing stigma and increasing awareness of suicide prevention in the Latino community.
- October 2023: Hosted “Noche en Familia a community event celebrating Hispanic Heritage Month, this event provided families with the opportunity to honor culture, traditions, and community while learning healthy coping techniques.
- March 2024: Hosted “Find Your Calm community event in celebration of Green Ribbon Week, the Collaborative partnered with the Mental Health Student Services Act (MHSSA) program to provide families, youth, and parents with foundational knowledge about mental health, including topics like anxiety, depression, and self-care.
- March 2024: Attended the 20th Annual Cesar Chavez Breakfast: hosted by the Latino/a Roundtable. An event honoring community leaders and local students, celebrating the contributions of Cesar Chavez, and fostering community spirit.

These efforts reflect the ongoing commitment to fostering overall wellness and strengthening community ties within the Latino and Hispanic communities. In the year ahead, we look forward to building more community connections and continuing to support the diverse needs of the Latino community.

RAINBOW Collaborative (LGBTQIA+)

The RAINBOW Collaborative 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. A space to share resources, advocate for mental well-being, and increase education.

In FY 2023-24, the RAINBOW Collaborative monthly meetings were consistent throughout the year. In addition, the collaborative continued to host in-person events in the community.

The following are some examples of efforts made in FY 2023-24:

- August 2023: Reviewed and revised the Mission, Vision, and Goals of the Collaborative. Set new goals to address current issues for the LGBTQIA+ community in Claremont, La Verne, and Pomona.



- October 2023: Attended Pomona Valley Pride's 3rd Annual Gayla.
- February 2024: Hosted a "Community Discussion" in collaboration with Pomona Valley Pride: A conversation between professionals and community members about advocating for the needs as a member of the LGBTQIA+ community with service providers such as mental health and medical professionals.
- February 2024: Attended Q-Camp at Cal Poly Pomona: A community resources fair for students to learn about support outside of Cal Poly Pride Center that welcomes LGBTQIA+ individuals and celebrates diversity
- March 2024: Attended Pride Fest at Cal Poly Pomona: A community resources fair for all students to learn about supportive services/organizations in the surrounding area.
- June 2024: Presented to the Mental Health Commissioners for Pride Month.

The RAINBOW Collaborative continues to meet monthly and has plans to engage the community in more ways to build upon the FY 2024-25 goal of improving safety and connection to resources for the LGBTQIA+ community.

Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative was established in May 2021. This group's purpose is to bring together clients, community members, and Tri-City staff who identify as Asian American, Native Hawaiian, and/or Pacific Islanders, all seeking to support their community and amplify their voices in efforts to reduce stigma and increase mental health awareness.

In FY 2023-24, the HAAPI Wellness Collaborative encountered significant challenges, including the need to fill the chair vacancy and establish stronger connections with community organizations. Despite these obstacles, we remain dedicated to revitalizing this group and fostering relationships with community leaders and trusted cultural brokers. In the year to come, through the Community Planning Process INN Project, Tri-City will prioritize building partnerships and actively engaging these key stakeholders to enhance participation and support for the HAAPI Collaborative.

Transition Age Youth (TAY) Wellness Collaborative

The Transition Age Youth (TAY) Wellness Collaborative was established in July 2021, with the primary goal of amplifying the voices of youth and young adults aged 16 to 25, allowing them to advocate for their mental health needs and share their experiences and insights.



During FY 2023-24, the TAY Wellness Collaborative made substantial strides in expanding outreach and engagement within our community. These initiatives included targeted outreach efforts at local universities, active participation in youth resource fairs, and close collaboration with the Tri-City School Partnership Program and the Mental Health Student Support Act (MHSSA) team, both of which serve this specific population. Despite these efforts, engaging Transition-Aged Youth (TAY) has proven challenging, with participation rates falling below expectations. Nevertheless, the TAY Wellness Collaborative remains committed to addressing these barriers and increasing involvement. Looking forward, we plan to implement a new pathway for service learners and volunteers, creating fresh opportunities for engagement and support that will help strengthen and expand the impact of our Wellness Collaborative.

Future Wellness Collaboratives

Indigenous communities and older adults have historically faced underrepresentation in our area. Tri-City aims to create Wellness Collaboratives for these groups, empowering members to advocate for their community’s mental health needs and address barriers to accessing services. Additionally, we intend to develop other collaboratives to further serve diverse populations in our community. Through the upcoming Community Planning Process (CPP) INN project 2024-25, we seek to engage with community leaders and organizations that represent each group, fostering understanding and collaboration to ensure we meet their needs effectively and respectfully.

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

Tri-City’s Community Engagement in FY 2023-24

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

Date	Education and Engagement Activities
July 2023	The Wellness Collaboratives posted a series of social media graphics regarding (Black, Indigenous, and People of Color) BIPOC Mental Health Month, formally known as Bebe Moore Campbell Minority Mental Health Awareness Month.
July 2023	Monthly Email Digest sent to all Wellness Collaborative Members
7/20/2023	How, We Doin’ Fam: A Conversation on Mental Health in the Black Community



7/20/2023	RAINBOW Collaborative monthly meeting
7/20/2023	Student & Family Wellness Webinar
7/29/2023	RAINBOW Collaborative & TCG co-hosted "Nonprofit & Community Based Networking Summit" in collaboration with Pomona Valley Pride Center
August 2023	Monthly Email Digest sent to all Wellness Collaborative Members
8/17/2023	Getting Youth Ready for Back To School Community Webinar
September 2023	¡Adelante! Wellness Collaboratives posted a series of informative social media graphics regarding Hispanic Heritage Month
September 2023	Monthly Email Digest sent to all Wellness Collaborative Members
9/8/2023	Know the Signs Community Webinar
9/11/2023	Strengthening Support Circles Community Event
9/15/2023	¡Adelante! Wellness Collaborative in collaboration with Suicide Prevention hosted a Let's Play Loteria for Hispanic Heritage and Suicide Prevention Month
9/18/2023	Hope is Out There: Building Awareness & Resilience Around Suicide Prevention Community Event
9/19/2023	Paint & Sip Community Event
9/19/2023	RAINBOW Collaborative monthly meeting
9/27/2023	Directing Change: Youth Film Screening
9/29/2023	Directing Change: Youth Film Screening
October 2023	Monthly Email Digest sent to all Wellness Collaborative Members
10/7/2023	RAINBOW Collaborative, Staff and Board Members attended Pomona Pride Center's GayLa
10/13/2023	Noche en Familia hosted by ¡Adelante! Wellness Collaborative in collaboration with Latino/a Roundtable
10/17/2023	RAINBOW Collaborative monthly meeting
10/17/2023	MHSA Community Forum
10/19/2023	Holiday Blues Community Webinar



10/19/2023	MHSA Community Forum
10/19/2023	Holiday Blues Community Webinar
November 2023	Monthly Email Digest sent to all Wellness Collaborative Members
November 2023	The Wellness Collaboratives posted a series of informative social media graphics regarding Native Indigenous Peoples
11/20/2023	Virtual Digital Health Literacy Appy Hour co-hosted by Painted Brain
11/21/2023	Virtual Digital Health Literacy Appy Hour co-hosted by Painted Brain
December 2023	Monthly Email Digest sent to all Wellness Collaborative Members
12/1/2023	Holly Jolly Family Night Community Event
12/18/2023	In Our Own Voices Community Webinar
12/21/2023	Reflect. Release. Recharge. Community Webinar
12/21/2023	Older Adult Ugly Sweater Party Community Event
January 2024	Monthly Email Digest sent to all Wellness Collaborative Members
1/21/2024	RAINBOW Collaborative monthly meeting
1/30/2024	Peer Mentor Open House
February 2024	Monthly Email Digest sent to all Wellness Collaborative Members
February 2024	In honor of Black History Month, the AAFWAC posted a series of informative social media graphics
2/9/2024	RAINBOW Collaborative attended Q-Camp a resource fair for Cal Poly Pomona's Pride Center
2/13/2024	Paint & Sip Community Event
2/15/2024	AAFWC attended D. Martin Luther King Jr. Unity Breakfast & Tribute
2/21/2024	RAINBOW Collaborative monthly meeting
2/22/2024	RAINBOW hosted a listening circle in collaboration with Pomona Valley Pride



March 2024	Monthly Email Digest sent to all Wellness Collaborative Members
March 2024	Stigma Reduction posted a series of informative social media graphics regarding Green Ribbon Week
3/18/2024	Mental Health 101 Community Webinar
3/19/2024	Paint & Sip Community Event
3/20/2024	Amplify Voices of Mental Health & Recovery Community Webinar
3/21/2024	¡Adelante! co-hosted Find Your Calm Community Event
3/22/2024	Brewing Wellness Community Event
3/29/2024	¡Adelante! Wellness Collaborative attended Latino/a Roundtable Cesar Chávez Breakfast
April 2024	Monthly Email Digest sent to all Wellness Collaborative Members
4/16/2024	RAINBOW Collaborative monthly meeting
4/17/2024	Senior Movie Matinee Community Event
4/18/2024	Shaping Futures: Reducing the Impact of bullying Community Webinar
May 2024	Monthly Email Digest sent to all Wellness Collaborative Members
5/1/2024	Paint & Sip Community Event for Mental Health Awareness Month
5/7/2024	Mental Health 101 hosted by Stigma Reduction for Mental Health Awareness Month
5/18/2024	Let's get Crafty for TAY Aged Youth Community Event
5/21/2024	RAINBOW Collaborative monthly meeting
June 2024	Monthly Email Digest sent to all Wellness Collaborative Members
6/3/2024	AAFWAC Attended Juneteenth Flag Raising at Pomona City Hall
6/8/2024	RAINBOW Collaborative participated in Pomona Valley Pride's 3 rd annual LOVE WINS: Downtown Pride Festival
6/18/2024	RAINBOW Collaborative monthly meeting

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

1. African American Family Wellness Collaborative (AAFWC)
2. ¡Adelante! Latino and Hispanic Wellness Collaborative
3. RAINBOW Collaborative
4. Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative
5. Transition Ages Youth (TAY) Wellness Collaborative
6. Public Hearings/ Community Forums
7. Mental Health Commission

Implementation of Wellness Collaboratives to reduce mental health disparities for targeted unserved and underserved communities

Tri-City has established community Wellness Collaboratives as a strategic initiative aimed at reducing mental health disparities among unserved and underserved communities in Claremont, La Verne, and Pomona. These collaboratives strengthen cultural partnerships and enhance our agency's capacity to serve diverse cultural groups effectively. By empowering us to assess community needs more thoroughly, the Wellness Collaboratives facilitate the development of culturally responsive and linguistically appropriate programs and services.

Wellness Collaboratives Key Objectives:

- **Build Strategic Partnerships:** Cultivate collaborative relationships with local organizations, agencies, and community leaders to enhance access to and coordination of culturally appropriate mental health services for underserved populations.
- **Increase Resource Awareness:** Raise awareness and facilitate access to mental health resources, ensuring that information is available in culturally relevant formats and languages for underserved communities.
- **Reduce Mental Health Stigma:** Implement culturally tailored initiatives to combat stigma surrounding mental health, fostering understanding and acceptance within targeted communities.
- **Enhance Community Engagement:** Actively involve diverse community members in the co-creation and evaluation of mental health programs to ensure they reflect and respond to local cultural needs and values.
- **Promote Inclusive Stakeholder Engagement:** Educate and empower individuals from diverse cultural backgrounds to participate actively in the Mental Health Services Act (MHSa) stakeholder process, ensuring that their perspectives are valued and heard.

Criterion 5.

Culturally Competent Training Activities

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

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

Learning activities identified in this plan include:

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

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

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

Southern Counties Regional Partnership (SCRIP)

In FY 2023-24, Tri-City actively participated in monthly meetings with the Southern California Regional Partnership, a collaborative effort among Workforce Education and Training (WET)

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

Cultural Competence Online Trainings

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

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



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

Additional, trainings offered to staff by contracted providers:

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



II. Staff and stakeholder annual cultural competence trainings

Staff and Stakeholder Trainings		
Date	Activity	Activity Type
8/30/2023	The Trevor Project Ally Training: Supporting LGBTQIA+ Youth	Community Education & Awareness
August 2023	Cultural Awareness and Humility	Staff Training
9/22/2023	Help @ Hand in collaboration with Painted Brain hosted a Digital Health Literary Workshop and an APPY hour in Spanish.	Community Education & Awareness

Mental Health First Aid (MHFA) Training

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. MHFA takes the fear and hesitation out of starting conversations about mental health and substance use issues providing an action plan that teaches people to identify and address a potential mental illness or substance use disorder safely and responsibly.

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

Training	Description	How Long	Audience	Delivery
MHFA: Adult (English & Spanish)	This is the original curriculum that was created to be delivered to adults in non-behavioral health settings or backgrounds.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Youth	Youth MHFA was created because there was a need to train parents, caretakers and adults who work with youth on how to respond to a mental health crisis. We know the onset of mental health challenges starts early in child development. The earlier we're aware, the earlier we can intervene and provide support and services.	8hrs	Staff and community partners	In-person & virtually [webinar]



<p>MHFA: Law Enforcement and First Responders</p>	<p>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.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person & virtually [webinar]</p>
<p>MHFA: Military, Veterans, & Families</p>	<p>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.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person & virtually [webinar]</p>
<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 the first time, adult decisions and taking on responsibilities. These decisions can be stressful and, without proper support or guidance, can lead to mental health challenges and crisis. Suicide is the 2nd leading cause of death for college students, substance use/abuse is on the rise, and drop-out rates due to these challenges has increased. This curriculum is for college students, educators, faculty, and parents.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person & virtually [webinar]</p>

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

Webinars, trainings, and presentations for FY 2023-24 related to cultural awareness and inclusion

Resiliency

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

Training	Description	How Long	Audience	Delivery
ACEs: English & Spanish	Provides background on ACEs study, defines what is trauma, impact on physical and mental health, and how we can thrive through adversity by being resilient.	2-3 hours long	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]
CRM: English & Spanish	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 3-8 hours	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]

Criterion 6.

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

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

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

The following table reflects Tri-City’s staff demographic as of June 2024:

Demographics for Tri-City Mental Health Staff	Percent of Staff
White, percent	15.6%
Black or African American, percent	7.3%
Native American /Alaska Native, percent	0.5%
Asian American/Pacific Islander, percent	10.7%
Two Or More Races, percent	1.9%
Hispanic/ Latino, percent	61.4%
Other	2.4%



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

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

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

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

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

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

Ongoing WET Implementation Efforts

The 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

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 the 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 well-being. 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 (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, cultural gatherings, and stigma reduction events.

Working Independence Skills Helping (WISH)

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

Summer Camp

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

Peer Mentor Program

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



Criterion 7.

Language Capacity

I. Increase bilingual workforce capacity

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

Number of Staff Qualified for Bilingual Interpretation		
Language	# Bilingual	% Bilingual
Spanish (Threshold Language)	96	46.82%
Vietnamese	3	1.46%
French	2	0.97%
Khmer	0	0%
Persian	1	0.48%
Punjabi	1	0.48%
Russian	0	0%
Mandarin & Chinese	0	0%
Hindi	1	0.48%
Japanese	1	0.48%
Tagalog	2	0.97%
Total Bilingual	107	52.14%

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

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

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



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

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

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

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

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

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

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

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

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

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



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

In FY 2023-24, we recognized the critical need to provide outreach materials in our threshold languages to eliminate language barriers and ensure access to vital information. This included the creation of service access materials, promotional flyers, and community event content. To make our materials more accessible, we also developed flyers and graphic content at a sixth grade reading level, ensuring clarity and cultural relevance for a broad audience.

Identified county technical assistance needs

A key challenge has been meeting the bilingual and interpretation needs of our community, which requires significant human and financial resources. In FY 2023-24, both internal and external translation efforts increased substantially, resulting in higher costs. This highlighted the necessity of allocating adequate funding for translation and interpretation services, particularly for outreach materials. Moving forward, prioritizing these resources will be essential to address the growing demand and ensure language does not become a barrier to accessing the care and services our community requires.

III. Services to all LEP clients meeting the threshold language

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

Documents available for review during the compliance visit:

General	MHSA Stakeholder
<ul style="list-style-type: none"> • Tri-City Official Protocol: Informing Materials <ul style="list-style-type: none"> ○ Los Angeles County Mental Health Plan Beneficiary Handbook [Available in 13 languages] ○ Tri-City Beneficiary/Client Problem Solution Guide [English, Spanish] ○ LA County DMH Resource Directory ○ LA County DMH Grievances and Appeals Procedures: A 	<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]
	Miscellaneous



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

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

MHSA Programs and Services	Forms/Documents
<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] • Wellness Center Brochure [English, Spanish, Vietnamese] • Wellness Center Monthly Calendar [English, Spanish] • Community Navigator Informational Flyer [English, Spanish] • Community Mental Health Training (CMHT) Flyers for Wellness Webinars during COVID-19 [English, Spanish] • Wellness Webinar Flyers [English, Spanish] <ul style="list-style-type: none"> o Everyday Mental Health; Motivational Interviewing • CMHT Adverse Childhood Experiences (ACEs) Training Flyer [English, Spanish] • Therapeutic Community Garden (TCG) Support Group Flyer [English, Spanish] • Spanish Senior Socialization Group Flyer 	<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] • Authorizations to Use/Release/Disclose Protected Health Information (PHI) – Mental Health Services [English, Spanish] • Consent for Medication [English/Spanish] • Consent for Services [English, Spanish, Vietnamese] • Safety Plan • Notice of Adverse Benefit Determination [English, Spanish] • Therapeutic Community Garden Consent Form [English, Spanish, Vietnamese] • [WET Program] Service-Learning Program Application [English, Spanish]
Cultural Inclusion and Diversity Committee	Quality Assurance
<ul style="list-style-type: none"> • Cultural Competence Focus Group Questions Survey [English, Spanish] • ¡Adelante! Hispanic and Latino Wellness Collaborative Flyer [English, Spanish] 	<ul style="list-style-type: none"> • Coordination and Rehabilitation Enhanced Services (CARES) Brochure [English, Spanish]



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

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

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

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

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

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

Mechanisms for Translation of Documents

4.10b The Diversity, Equity, and Inclusion (DEI) Coordinator oversees requests for document translations to guarantee both accuracy and cultural relevance. Documents are translated either in-house or through certified external vendors with proven expertise in translation.

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

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

Criterion 8.

Adaptation of Services

I. Client driven/operated recovery and wellness programs

Tri-City Wellness Center (CSS Plan)

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

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

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

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



Peer Mentor Program (PEI Plan)

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who need emotional support, peer connection, and resources. Peer mentors offer individual support and additional assistance through linkage to community resources that are both age- and culturally matched to each individual mentee.

The Peer Mentor Program has made significant efforts to recruit individuals from diverse multicultural backgrounds, recognizing the importance of addressing cultural challenges and overcoming barriers within the community. By partnering with local colleges and universities, as well as engaging individuals with lived experience and a passion for volunteerism, the program has built a strong network of mentors who reflect the rich diversity of the populations served.

The following demographics highlight the Peer Mentor Program for FY 2023-24:

- 23% of the mentors reported to speak a language other than English.
- 23% of mentors identified as individuals living with a disability.
- 4% of mentors identify as LGBTQIA+.
- 19% of mentors are older adults.
- 44% of mentors are between 16 – 25 years of age.
- 15% of mentors identified as Black/African American.
- 42% of mentees are between the ages of 16-25.
- 21% of mentees are older adults.
- 8% of mentees identify as LGBTQIA+.
- 33% of mentees identify as having a disability.

Stigma Reduction & Suicide Prevention (PEI Plan)

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

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

designed to support changes in attitudes, knowledge and behavior around suicide prevention, life promotion and the stigma related to mental health conditions.

The following are some activities/events hosted in FY 2023-24:

- Community roundtables and listening circles about mental health, peer support, and recovery (2,462 individuals engaged)
- Workshops focused on coping strategies, stress management, and mental health awareness (243 attendees)
- Know the Signs: Suicide Prevention trainings (224 attendees)
- Courageous Minds Speakers Bureau presentations and Creative Minds art workshops: Participants are able to have a voice in supporting not only their own recovery but also influence the attitudes and beliefs of those who are touched by their stories and artwork.

Help@Hand/Tech Suite (Innovation Plan)

The Help@Hand project was designed to address various barriers to mental health access through a comprehensive approach, reflecting Tri-City's commitment to diversity, equity, and inclusion. The initiative specifically targeted transition-age youth and college students (ages 18-25), older adults (ages 60 and older), and monolingual Spanish-speaking clients who may face stigma and language barriers in accessing care.

To tackle language and cultural barriers, we provided bilingual resources and technology solutions, including the distribution of tablets to individuals without smart devices. For older adults, we offered in-person training and one-on-one sessions at community and senior centers, specifically designed to assist them in navigating digital tools.

Additionally, to effectively engage older adults, the project implemented targeted strategies, including partnerships with local community and senior centers for outreach during peak times—such as classes, activities, and lunch hours. The Help@Hand initiative provided vital one-on-one support and in-person Digital Health Literacy training at these centers, which helped to address technology-related barriers and foster participation. These efforts were instrumental in improving access and comfort for older adults, enabling them to overcome their reluctance to seek mental health services through direct support and community collaboration. Although the project concluded in December 2023, the Innovation team remains dedicated to utilizing these outreach strategies in future projects as new opportunities arise.

Target Populations:

- Transition-age youth and college students (up 25 years of age)

- 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.
-

Psychiatric Advance Directives (Innovation Plan)

Tri-City is actively engaged in the peer-led Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation Project, collaborating with six other California counties to establish a standardized and sustainable PADs process. A central element of this effort is the development of a user-friendly and secure online platform for PADs in California. A PAD is a legal document that outlines individuals' specific treatment preferences for future behavioral health crises when they may be unable to make decisions for themselves. As a voluntary tool, a PAD empowers individuals to communicate their wishes in their own voices.

Currently, the project is in Phase I, focusing on rigorous testing of the platform's functionality and usability, along with staff training. Ultimately, this initiative aims to empower diverse populations and improve mental health outcomes by fostering inclusive, equitable, and responsive care for all individuals through PADs. Although Phase I is set to conclude at the end of June 2025, there is an opportunity to transition into Phase II, which would begin in July 2025, pending stakeholder review through the Innovation approvals process.

Target Populations:

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

Community Planning Process (Innovation Plan)

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

Peer-led focus groups will engage a wide array of populations, including various ethnic communities, older adults, LGBTQIA+ individuals, families of those served by Tri-City, law enforcement, school officials, and individuals experiencing homelessness or substance use disorders. Through this comprehensive community planning process, Tri-City aims to empower diverse populations to actively participate in the community planning process and



foster inclusive, equitable, and responsive mental health services that genuinely reflect and address the needs of our community.

Target Populations:

- Peers including Tri-City staff, clients and community members
- African American
- Hispanic/Latino
- Asian American/Pacific Islander
- Native/Indigenous Americans
- Older Adults (60+)
- LGBTQIA+
- Transition age youth (16-25)
- Family/caregivers of persons served by Tri-City
- Law Enforcement, First Responders and Healthcare Providers
- School Officials and Child Services
- People experiencing homelessness or who are at risk
- People with substance use disorders
- People with disabilities

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

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

Available alternatives and options for cultural/linguistic services

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

African American Advisory Alliance

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

Kennedy Austin Foundation

The Kennedy Austin Foundation is a dedicated family-crisis intervention center that serves the communities of Pomona, Claremont, and La Verne. With a deep commitment to supporting youth and their families through the complex trauma of life and loss, the Kennedy Austin Foundation's mission is to help each individual and family navigate their challenges and emerge with resilience. By fostering healing and transformation, the Kennedy Austin Foundation empowers them to embrace lives of love, hope, and purpose, grounded in faith, and to experience a profound renewal of spirit and well-being.

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

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

Pomona Valley Pride

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



approach, Pomona Valley Pride is a vital source of strength, connection, and empowerment for all.

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

Tri-City Mental Health Website and Social Media

Through the Tri-City website and social media platforms, community members can access information on a variety of mental health services and programs. These programs include Access to Care; 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; and Client/Consumer Resources.

Community Navigator Program

Community Navigators play a vital role in helping community members connect with both formal and informal support tailored to their unique needs. Our team of bilingual and bicultural staff is sensitive to the diverse cultural and linguistic requirements of our communities and is knowledgeable about the resources available to address those needs. Beyond resource provision, the Navigators lead outreach and engagement efforts, actively participating in community meetings and distributing flyers and brochures throughout Claremont, La Verne, and Pomona. Their efforts specifically target locations that serve unserved and underserved populations, ensuring that vital information reaches those who need it most.

Community Stakeholder/ Community Forums

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

[See Community Planning Process Policy, Summary of Exhibits]

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

Tri-City has five locations across the cities of Claremont, La Verne, and Pomona. Notably, four of these facilities are situated in Pomona, which has the highest concentration of unserved and underserved populations, according to the 2020 census. Each location provides flexible



hours and after-hours support staff, along with bilingual front desk personnel, ensuring that we meet the diverse needs of our community effectively.

Location - Pomona	Services Provided	Population Served
Tri-City Adult Outpatient Clinic	Adult and Older Adult Outpatient Services, Full-Service Partnership (FSP) Adult Services, 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 Administrative Office	MHSA stakeholder meetings, Housing, WET, PEI, INN and other MHSA Administrative staff	All community members and community partners
Tri-City Wellness Center	Support Groups, Employment Vocational Support, Computer Lab, Family Wellbeing, TAY Resource Center	All community members and community partners
Administration	Administration	Staff and community members

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

Tri-City Mental Health Authority is dedicated to ensuring that all facilities meet ADA compliance standards, providing accessible environments for everyone. Our clinics are designed to be warm, comfortable, and inviting, honoring the diverse cultural backgrounds of our community. In our ongoing commitment to inclusivity, clinic lobbies have been redesigned to create welcoming spaces. We use colors, furniture, and artwork—such as photographs and drawings—that represent a wide range of cultural and ethnic heritages. This approach fosters a sense of belonging and respect for all visitors, reflecting the richness of our community.



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

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

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

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

Hours of operation for each of these locations are staggered and include both morning, afternoon, and evening, depending on the day. Support groups and Wellness Center activities take place throughout the day and evening to allow participants to join depending on their schedule and availability. Support groups and activities are available in English and Spanish, with bilingual staff available on-site.

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

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

- Contractor shall provide evidence of its capacity to provide Culturally Competent trainings to culturally diverse participants.
- Trainings provided by the contractor shall be staffed with personnel who can communicate in participants' preferred language, or the contractor shall provide interpretation services.



- Contractors are responsible for providing evidence of Cultural Competence trainings attended by all training staff. If the contractor is unable to provide said training, training staff must arrange to participate in a minimum of two Cultural Competence trainings per year provided by Tri-City Mental Health.

IV. Quality Assurance

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

Quality Assurance

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

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

Policy/Procedure/Protocol Implementation

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

Training and Education

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

The goals of the training/education program are:

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



normal process of counseling and discipline as outlined in the Tri-City Mental Health Employee Handbook.

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

Documentation Standards and Record Review

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

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

Quality Improvement

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

The goals of the Data and Quality Improvement team are:

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

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



needed based on the results of the data analysis and the opportunities for performance they identify.

The performance measurement and assessment process includes:

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

The Quality team ensures data analysis of performance measures for quality improvement of all agency program programs. It also collaborates with the Quality Assurance department for quality improvement activities across the agency. The quality improvement team prepares and analyzes data for a variety of aspects of the system of care, including, but not limited to:

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

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

Below is a flow chart of the process:





Summary of Exhibits Available Upon Request

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