



Mental Health Services Act (MHSA)

# ANNUAL UPDATE

FY 2025-26



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# MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

**Local Mental Health Director**

Ontson Placide, Executive Director  
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E-mail: [oplacide@tricitymhs.org](mailto:oplacide@tricitymhs.org)

**Program Lead**

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**County Mental Health Mailing Address**

1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711

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


This MHSA Annual Update Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA Annual Update Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The MHSA Annual Update FY 2025-26, attached hereto, was adopted by the Tri-City Governing Board on April 16, 2025.

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

All documents in the attached MHSA Annual Update FY 2025-26 are true and correct.

ONTSON PLACIDE

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



Signature

04/24/2025

Date

# MHSA County Fiscal Accountability Certification

County/City: TRI-CITY MENTAL HEALTH AUTHORITY

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

**Local Mental Health Director**  
Ontson Placide, Executive Director  
Telephone Number: (909) 623-6131  
E-mail: [oplacide@tricitymhs.org](mailto:oplacide@tricitymhs.org)

**County Auditor-Controller/ City Financial Officer**  
Diana Acosta, Chief Financial Officer  
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## Local Mental Health Mailing Address

1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711

I hereby certify that the MHSA Annual Update FY 2025-26 is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

**ONTSON PLACIDE**

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



Signature

**04/24/2025**

Date

I hereby certify that for the fiscal year ended June 30, 2024, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/ City's financial statements are audited annually by an independent auditor and the most recent audit report is dated November 15, 2024 for the fiscal year ended June 30, 2024. I further certify that for the fiscal year ended June 30, 2024, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

**DIANA ACOSTA**

County Auditor Controller / City Financial Officer



Signature

**04/24/2025**

Date



# Executive Summary

## Community Program Planning Process

The Community Program Planning process began in the fall of 2024 and continued throughout the fiscal year utilizing both in person and virtual platforms. Community members were invited to attend multiple stakeholder meetings and the MHSA Public Hearing. In addition, the community was presented with the annual Community Program Planning Survey which provided an opportunity for participants to share their feedback regarding possible gaps in service or unmet needs of community members.

	MHSA Event	Dates
	Community Program Planning Survey	Fall 2024
	MHSA Community Forums (i.e. Stakeholder Meetings)	9/4/2024
		9/5/2024
		9/30/2024
		11/7/2024
		11/21/2024
		1/28/2025
		1/28/2025
		1/29/2025
		2/5/2025 (2 meetings)
	30-Day Posting of the MHSA Annual Update FY 2025-26	3/7/2025 – 4/8/2025
	MHSA Public Hearing and Meeting of the Tri-City Mental Health Commission	4/8/2025
	Tri-City Governing Board Approval and Adoption	4/16/2025

## MHSA Plan Highlights & Actions Since Previous Annual Update

### Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2023-24	Projected Number to be Served FY 2024-25
Full-Service Partnerships	787	608
Community Navigators	1,283	1,073
Wellness Center	1,630	898
Supplemental Crisis Services	592	No projections due to program sunsetting on June 30, 2024
Field Capable Clinical Services for Older Adults	52	35
Permanent Supportive Housing	211	231
Access to Care	2,793	2,793

### Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2023-24	Projected Number to be Served FY 2024-25
Community Wellbeing	5,723	5,890
Community Mental Health Training	768	921
Stigma Reduction and Suicide Prevention	722	435
Transition-Age Youth & Older Adult Wellbeing (Peer Mentor)	26	62
Wellness Center PEI /TAY and Older Adults	1,317	1,029
Family Wellbeing	878	519
NAMI Community Capacity Building Program (Ending the Silence)	176	181
Housing Stability Program	61	78
Therapeutic Community Gardening	330	277
Early Psychosis	24	54
School Based	201	289

# Introduction to Tri-City Mental Health Authority

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

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

## Demographics

The total population for the Tri-City area is approximately 213,619 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Population by City

TOTAL POPULATION BY CITY				
	La Verne	Claremont	Pomona	Tri-City Area
<b>Total population</b>	31,239	36,891	145,489	<b>213,619</b>

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	41.8%
60+	9,695	9,930	26,135	47,594	22.3%
<b>Totals</b>	<b>31,239</b>	<b>36,891</b>	<b>145,489</b>	<b>213,619</b>	<b>100.00%</b>

Source: U.S. Census data from 2023 ACS 5-Year Estimates

**Table 3: Total Population by Race/Ethnicity**

TOTAL POPULATION BY RACE/ETHNICITY					
Race	La Verne	Claremont	Pomona	Tri-City Area	% by ethnicity
African American	1,029	2,006	10,384	13,419	6.3%
Asian 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/a/x	11,349	8,983	99,600	119,932	56.1%
Another Race	178	284	19,980	1,755	0.8%
Two or more races	1,232	2,303	2,163	5,698	2.7%
<b>Race Totals:</b>	<b>331,239</b>	<b>36,891</b>	<b>145,489</b>	<b>213,619</b>	<b>100.00%</b>
Ethnicity					
Hispanic/Latino/a/x (if any race)	11,349	8,983	99,600	119,932	56.1%
Not Hispanic or Latino/a/x	19,890	27,908	45,899	93,678	43.9%
<b>Ethnicity Totals:</b>	<b>31,239</b>	<b>36,891</b>	<b>145,489</b>	<b>213,619</b>	<b>100.00%</b>

Source: U.S. Census data from 2023 ACS 5-Year Estimates

## Mental Health Service Act (MHSA)

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

With the passing of Proposition 1 in March 2024, MHSA will transition to the Behavioral Health Services Act (BHSA) on July 1, 2026. This current Annual Update plan will remain in effect through fiscal year 2025-26. Any changes will be reflected in the Behavioral Health Services Act Three-Year Plan, which under BHSA, will be called the County Integrated Plan for Behavioral Health Services and Outcomes. Tri-City is committed to continue providing quality, diverse and accessible programming to the community, under the new BHSA guidelines and policy.

## Five Components of the Mental Health Services Act

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

## MHSA Community Program Planning Process

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

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



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

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

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

Stakeholder perspectives include individuals who receive services; consumers with serious mental illness and/or serious emotional disturbance; family members; community providers, leaders of community groups in unserved and underserved communities, persons recovering from severe mental illness, seniors, adults and families with children with serious mental illness; representatives from the tree cities of Claremont, La Verne and Pomona; veterans; representatives from the local school districts, colleges and universities; primary health care providers; law enforcement representatives, mental health, physical health, and drug/alcohol treatment providers; faith-based community representatives; representatives from the LGBTQ community; representatives from the Los Angeles County Department of Mental Health (LACDMH) and other county agencies.

**Opportunities for collaboration include the following stakeholder engagement activities:**

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

**The following table reflects specific community program planning activities and collaboration impacting the development of this MHSA Annual Update FY 2025-26:**

MHSA Event	Dates	Purpose
<b>MHSA Community Forum at Tri-City</b>	9/4/2024	Orientation to MHSA and introduction to current programs, evaluations, and budgets (Hybrid morning meeting).
<b>MHSA Community Forum at Tri-City</b>	9/5/2024	Orientation to MHSA and introduction to current programs, evaluations, and budgets (Hybrid evening meeting).
<b>MHSA Community Forum</b> <i>Stakeholder meeting at community location</i>	9/30/2024	Meeting aimed at children, TAY, families and schools in the service area.
<b>MHSA Community Forum</b> <i>Stakeholder meeting at community location</i>	11/7/2024	This stakeholder meeting focused on service providers of children, TAY, families, and Hispanic/Latino/a/x individuals.
<b>MHSA Community Forum</b> <i>Stakeholder meeting at community location</i>	11/21/2024	MHSA orientation and introduction with program overview for community group of religious organizations, law enforcement, and other non-profits.
<b>MHSA Community Forum</b> <i>Stakeholder meeting at community location</i>	1/28/2025	Meeting presented to university alumni group with graduates, staff, and students representing various concentrations and degrees.
<b>MHSA Community Forum</b> <i>Stakeholder meeting at community location</i>	1/28/2025	Meeting presented to a community group with local clinics, government agencies, school district staff and insurance groups, among others.
<b>MHSA Community Forum</b> <i>Mid-Year Stakeholder Update Meeting</i>	1/29/2025	During this mid-year stakeholder update, attendees were provided with an update on the potential fiscal impact of Proposition 1 (AB 531 and SB 326) in addition to a discussion and vote related to how to spend excess CSS dollars.
<b>MHSA Community Forum</b> <i>Stakeholder meeting at community location</i>	2/5/2025 (Two Meetings)	Presentation provided to school district employees, parents of k-12 children and various community partners. A morning in-person meeting and evening virtual meeting were provided.
<b>30-Day Posting for Amendment to MHSA Annual Update FY 2025-26</b>	3/7/2025 through 4/8/2025	The MHSA Annual Update FY 2025-2026 was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
<b>MHSA Public Hearing and Mental Health Commission Meeting</b>	4/8/2025	The Mental Health Commission hosted the MHSA Public Hearing where community members were invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update FY 2025-26. Feedback from participants was reviewed and incorporated into this plan. The Mental Health Commission endorsed the plan for submission to the Governing Board for consideration of approval and adoption.
<b>Tri-City Governing Board Approval</b>	4/16/2025	The Tri-City Governing Board met, approved and adopted the MHSA Annual Update FY 2025-26.

## Proposals Approved During the FY 2024-25 Community Program Planning Process

### Psychiatric Advanced Directives, (PADs) Phase II Multi-County Collaborative Innovation Project for Tri-City Mental Health Authority

During the MHSA Community Forums held on September 4<sup>th</sup> and 5<sup>th</sup>, 2024, stakeholders were provided updates on PADs Phase I, as well as the plan and budget developed to potentially implement PADs Phase II. Stakeholders were given the opportunity to make comments, ask questions and provide feedback on PADs Phase II. Attendees voted on whether they were in favor of moving forward with PADS Phase II and the majority of attendees voted in favor of moving forward with the project.

Project Dates	PADs Phase II: July 1, 2025 to June 30, 2029
Project Funding Amount	PADs Phase II: \$1,500,000
Target Populations	<ul style="list-style-type: none"><li>• Transition age youth and young adults (ages 18 to 25)</li><li>• Older adults (ages 60+)</li><li>• Individuals who are homeless or at risk of homelessness</li></ul>

**Voting Results** - Are you in favor of moving forward with approving PADS phase II?

Yes	No	Maybe/unsure
87.5%	0%	12.5%

The plan was posted for a 30-day comment period from September 6, 2024, through October 8, 2024. On October 8, 2024, a Public Hearing pertaining to PADs Phase II was held during the regular Tri-City Commission meeting. Following presenting on PADS Phase I background, goals of PADs Phase II, and budget; the Commission moved to endorse the plan. On October 23, 2024, the Tri-City Governing Board met and approved PADs Phase II. With this approval, the plan was added to the Mental Health Services Oversight and Accountability Commission (MHSAOC) consent calendar and was approved on November 21, 2024. With this approval, the Innovations PADs project can continue to Phase II beginning on July 1, 2025.

### MHSA Annual Update FY 2024-25 Mid-Year Update: Claremont Gardens Senior Housing Project

Tri-City Mental Health Authority proposed to update its FY 2024-25 MHSA Program Annual Update to utilize existing unspent CSS funding to support the completion of the Claremont Gardens Senior Housing Project at 956 W. Baseline Road, Claremont, California 91711 under the Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan in an amount not to exceed three million dollars (\$3,000,000). Under the Mental Health Services Act, Counties may use General System Development funds under their CSS plan for costs associated with purchasing, renovating, or

constructing of Project-Based Housing (9 C.C.R. § 3630.05). The proposed plan amendment will support the cost of the final renovation of this property.

Under the State MHSA Regulations (9 C.C.R. § 3315(b)), any update to the MHSA Program, other than the required annual update, must undergo a local review process that includes a 30-day public comment period however no public hearing is expressly required. This plan amendment was posted for a 30-day public comment period beginning November 8, 2024, until December 7, 2024, on Tri-City's website as well as all social media sites including Facebook, Instagram, and Twitter. In addition, this amendment was distributed to numerous locations including city halls, libraries, and community centers. No feedback was received and there were no substantive changes made to the plan. This plan was presented to the Mental Health Commission on November 12, 2024. The Tri-City Governing Board reviewed this amendment on December 18, 2024, approving and adopting the amendment.

### **Allocate \$5,200,000 in Community Services and Supports (CSS) Funds for the Purpose of Expanding Temporary Supportive Housing Options for Tri-City Clients Within the Cities of Pomona, Claremont, and La Verne.**

Under California Code of Regulations § 3420.50 Counties are required to spend or transfer Community Services and Supports (CSS) monies within three fiscal years of receiving those funds from the State Controller. If the County fails to spend or transfer these funds out of CSS within that period, the funds become subject to reversion to the Mental Health Services Fund Reversion Account.

Based on the following receipts Tri-City has identified CSS funds that are at risk of reversion by June 30, 2027.

- Average annual CSS amounts received range from \$9 to \$11 million.
- Fiscal year 23/24 receipts were \$16.3 million.
- Fiscal Year 24/25 receipts estimated to be \$16.2 million.
- Total amount at risk of reversion at 6/30/27 is estimated to be \$5.2 to \$8.0 million.

With these funds available, Tri-City engaged community stakeholders, city officials, mental health commissioners, and governing board members, to identify the priority needs and gaps in services for the three cities. The results indicated an overwhelming desire to support the unhoused and homeless individuals located within the Tri-City catchment area.

A recent point-in-time count for homeless individuals revealed the following information indicating a high need for temporary supportive housing specifically in the city of Pomona:

City	Number of Homeless Individuals 2024
Pomona	545
Claremont	18
La Verne	22

Tri-City Mental Health Authority is proposing to expend an estimated \$5.2 million dollars in Community Services and Supports (CSS) funds for the purpose of expanding temporary housing



options and supportive services for unhoused individuals that are struggling with finding and maintaining housing.<sup>1</sup>

<sup>1</sup>Under the Mental Health Services Act, Counties may use General System Development funds under their CSS plan for costs associated with purchasing, renovating, or constructing of Project-Based Housing (9 C.C.R. § 3630.05).

(C.C.C. § 3420.50) Reversion for Counties: County shall spend CSS Account monies within three (3) fiscal years of receiving those funds from the State Controller, or within three (3) fiscal years of transferring funds from the Prudent Reserve to its CSS Account pursuant to sections 3420.30(g) or 3420.35. If a County fails to spend such funds within three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

## Stakeholder Process

On January 29, 2025, Tri-City Mental Health Authority held a mid-year MHSA Community Forum for stakeholders, staff, and community members. During this meeting, attendees were advised by staff that Tri-City has an excess of CSS funds in the estimated amount of \$5.2 million dollars that needs to be spent or transferred prior to June 30, 2027, or be subject to reversion back to the State. Participants were then presented with a list of projects that would meet the criteria for funding with CSS dollars. Participants were asked to rank the options in the order of their top choices. The top two choices that met the criteria for CSS funding were: 1) Purchase an existing building to create a form of bridge housing; and 2) Purchase Scattered Site Housing.

This feedback from stakeholders was then presented to Tri-City's Governing Board on February 19, 2025. The Executive Director for Tri-City then met with city leaders for Pomona, Claremont, and La Verne independently to solicit their input for this project. In addition to the shared consensus and advocacy for supportive housing, these discussions brought forth a secondary list of recommendations which Tri-City will consider as part of its behavioral health transformation process under BHSA in 2026.

After careful consideration of all recommendations, the final decision was made to allocate the unspent CSS funds as follows:

1. To purchase an existing commercial building or residential property, renovating, if necessary, with the goal of creating additional housing options and support services.
2. Partner with local landlords and property managers to purchase individual units in apartment complexes located throughout the cities of Pomona, Claremont, and La Verne for the purpose of providing additional housing options.
3. Increase the number of reserved beds with Hope for Home Shelter located in Pomona.

Once the property(s) have been identified for acquisition, Tri-City staff will seek final approval from the Tri-City Governing Board before proceeding with the purchase(s). In addition, a new contract will be presented for approval to reserve additional beds from the Hope for Home Shelter.

This request is hereby incorporated in this MHSA Annual Update FY 2025-26 to the Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26. This action will also prevent the potential reversion of CSS funds.

### Transfer \$3,000,000 from the Community Services and Supports plan to Workforce Education and Training and Capital Facilities and Technological Needs plans.

Request for transfer of funds in the amount of \$3,000,000 from Community Services and Supports (CSS) to be allocated as follows:

Capital Facilities and Technological Needs (CFTN)	\$1,500,000.00
Workforce Education and Training (WET)	\$1,500,000.00
Total	\$3,000,000.00

The Community Service and Supports (CSS) plan, which receives the largest portion of MHSA funding at 76%, provides intensive treatment and transition services for people who experience serious and persistent mental illness or severe emotional disturbances or who are at risk of SMI/SED. In addition, the California Code of Regulations § 3420.10 allows for the transfer of excess funds from the Community Services and Supports (CSS) account to Prudent Reserve, CFTN account and WET account.

This ability to reallocate funds is critical to the sustainability of the Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training (WET) plans since each received only a one-time allocation at the time of approval.

**Capital Facilities and Technological Needs (CFTN)** focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

Therefore, the \$1.5 million dollars in CSS funding from this proposal will be allocated to CFTN to 1) strengthen the technological infrastructure of Tri-City, 2) purchase or lease existing building(s) to create needed office space for staff and 3) reduce the risk of reversion of CSS funds.

**Workforce Education and Training (WET)** which also received a one-time allocation at the time of approval focuses on strengthening and supporting existing staff and caregivers through trainings while also concentrating on attracting new staff and volunteers to ensure future mental health personnel.

Therefore, the \$1.5 million dollars in CSS funding from this proposal will be used to expand Tri-City's training programs, both internal and external (community), as well as provide incentives for recruitment and retention of staff.

This request is hereby incorporated in this MHSA Annual Update FY 2025-26 to the Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26. This action will prevent the potential reversion of CSS funds.

## MHSA Community Program Planning Survey

Beginning in July 2024, stakeholders and community partners were invited to participate in Tri-City's MHSA Community Program Planning Survey, which provides an opportunity for stakeholders to share their thoughts and concerns regarding the availability of support services. MHSA Projects Manager partnered with Innovations to update the survey (such as utilize tablets for survey completion and update the language to be more inclusive) and distribute the Community Program Planning survey (for example station staff where surveys were available for 1:1 support and provide small incentives for completing surveys). Survey results were also collected via QR codes, email, and community meetings.

**Pop-Up Tables at Community Centers:** Staff set up tables at community centers across the service area to directly engage with community members and assist with completing the survey on-site. To further support this, staff enlisted Community Navigators, who were stationed within these centers, to help individuals take the survey. For older adults who needed additional assistance, one-on-one support was provided to navigate the tablets. This personalized approach made the experience more accessible and comfortable for participants, especially for those who might not be familiar with virtual platforms.

**Outreach at High-Engagement Events:** In October 2024, staff attended high-traffic community events such as trunk-or-treat in October 2024, which drew significant attendance. Booths were set up where with the QR code and attendees were able to take the survey on their personal devices. For those without a personal phone, tablets were available to facilitate survey completion. This outreach method proved successful, allowing the ability to engage with people in a fast-paced environment and encourage survey participation.

**Incentives:** To further encourage participation, the incentives such as custom tote bags and other give-away items were provided. These giveaways helped attract more people to take the survey and provided a tangible reward for their time.

**Real-Time Feedback:** During outreach, staff documented comments and concerns raised by participants. For example, some noted that the survey was too long or that the language used was too advanced. This feedback led to adjustments in the survey to ensure it was easier for responders to understand and complete.

**Integration with Focus Groups:** To further boost participation, the survey was integrated into focus group sessions facilitated by the Innovations team. At the start of each focus group, participants were introduced to the survey's purpose and completed it during the session. This strategy assisted in reaching more individuals and gather additional insights from focus group participants.

## The Community Program Planning Survey

This annual survey is used to identify the needs and priorities of the three cities. Survey results were then incorporated into this MHSA Annual Update FY 2025-26. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the communities.

## Survey Results

Surveyed participants were asked to identify improvements that Tri-City could make to its programs and services to better meet the needs of the community.

The following chart outlines the specific themes identified based on responses received.

Themes	Count	Percentage
Increased Advertising & Outreach	50	28%
Expanded Services	33	18%
Better Communication & Information	32	18%
Improved Access to Services	9	5%
Community Collaboration & Support	1	1%
Community Feedback	2	1%
Unaware of services offered	5	3%
Satisfaction	18	10%
Uncertain	10	6%
Not Applicable/None	21	11%
<b>Grand Total</b>	<b>181</b>	<b>100%</b>

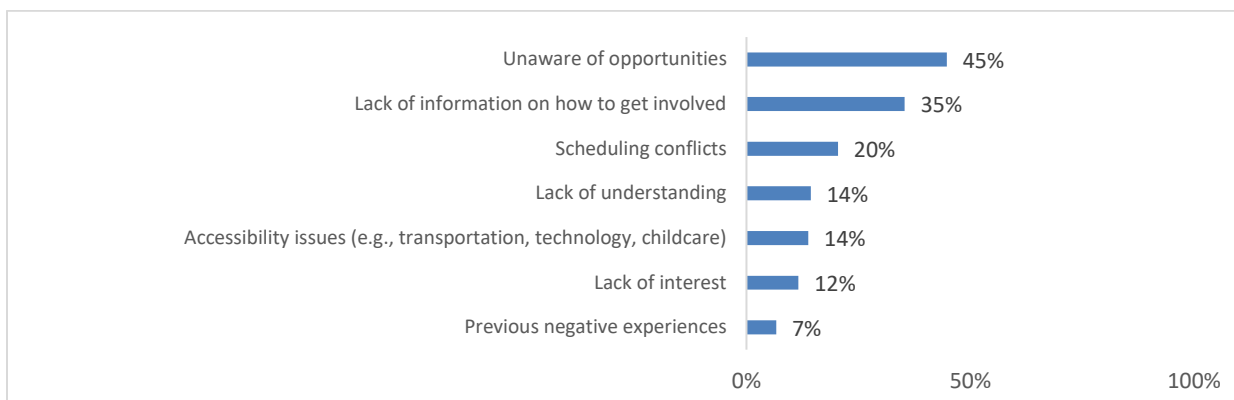
The following are a few examples of comments in the highest theme identified, “Increased Advertising & Outreach,” made by 28% of survey participants regarding how Tri-City’s programs and services can improve to better meet the needs of the community. These comments will be addressed by staff in future MHSA stakeholder meetings and workgroups:

- “More/vast broad communication of your organization's service. I live across the street from your office...and see very little about the organization and services.”
- “I think with more advertising and marketing we could be more aware of the resources offered.”
- “Connect more with the community.”
- “I think more outreach and more advertisement of services/programs.”
- “Finding the area that will have the most engagement.”
- “Increased community field outreach”

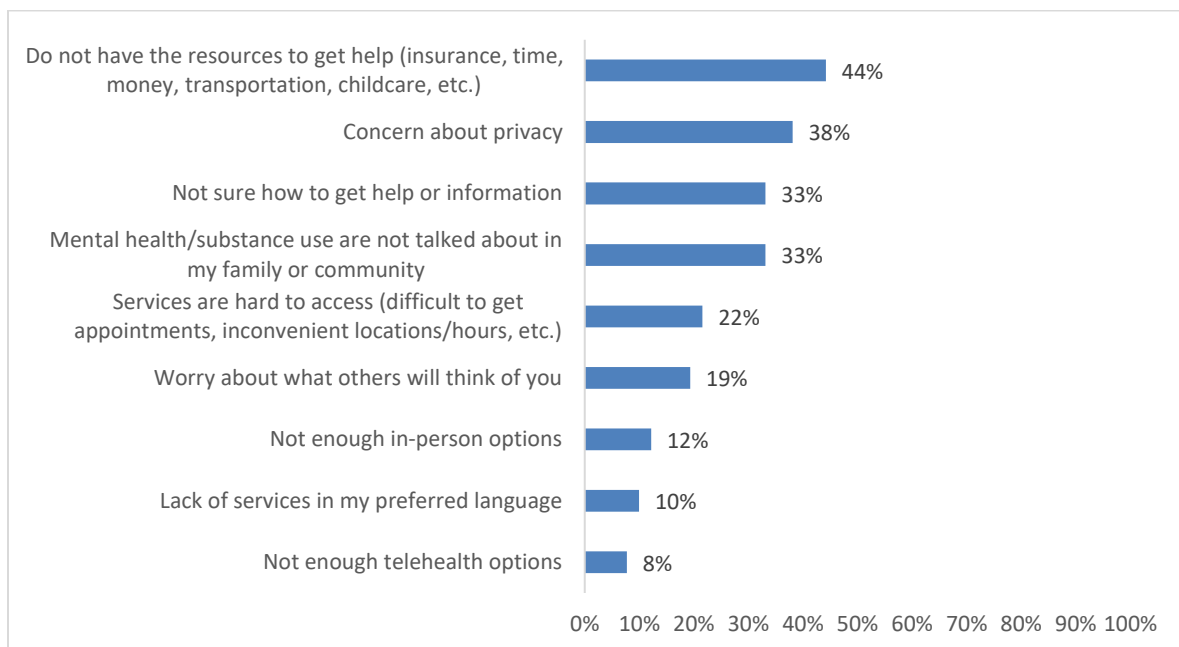
- “Keep showing up to community events”
- “Visit our departments more often and share what your do/what services are available that officer[s] can utilize in the field when dealing with patients.”

The following examples show other questions presented to in the Community Program Planning Survey, as well as the results:

1. What obstacles have affected your participation in the mentioned Tri-City Mental Health's activities\*, whether in the past or currently? *(Select all that apply)*



2. Please identify the top 3 barriers that you or someone you know face when looking for mental health support. *(Select all that apply)*



\* Complete survey results are included in the Appendix



## California Proposition 1: Behavioral Health Services Act (BHSA) and Bond Measure

In March 2024, California voters passed Proposition 1. The two-bill package, Senate Bill (SB) 326 and Assembly Bill (AB) 531 proposed statewide efforts to reform and expand California's behavioral health system and was put on the ballot by the California State Legislature and the Governor. Proposition 1 is Governor Newsom's attempt to Modernize the Mental Health Services Act (MHSA) and increase supportive housing and access to treatment facilities. This will also modify how MHSA funds are allocated, and introduce changes related to oversight, accountability, and the community planning process. Proposition 1 also includes a \$6.4 billion bond that would create mental health and substance use treatment beds, and housing with supportive services for unhoused Californians with behavioral health challenges.

### 30-Day Public Comment and MHSA Public Hearing

The MHSA Annual Update FY 2025-26 to the Three-Year Program and Expenditure Plan for FY 2023-24—FY 2025-26 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2023-24. An electronic draft of this Annual Update was posted on Tri-City's website on March 7, 2025, for a 30-day public comment period ending April 8, 2025. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. Tri-City also utilized social media to circulate the document on four different digital platforms.

On April 8, 2025, the Tri-City Mental Health Commission hosted the MHSA Public Hearing where community members were invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update FY 2025-26. Participant feedback to staff were reviewed and incorporated into this plan. The Mental Health Commission endorsed the plan for submission to the Tri-City Governing Board for consideration of approval and adoption. The Tri-City Governing Board met, approved and adopted the MHSA Annual Update FY 2025-26 on April 16, 2025.



## MHSA Programs

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The following pages contain descriptions of each MHSA funded program.

The descriptions include updates to the program's development; performance outcomes; and cost per participant calculations for programs that provide direct services.

*The services provided for Fiscal Year 2023-24 are highlighted in each program summary by age group, number of clients served, projected number to be served and average cost per person.*

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# Community Services and Supports (CSS)

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

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

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# Full-Service Partnerships

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
<b>Number Served FY 2023-24</b>	98	162	454	73	<b>787</b>
<b>Projected Number to be Served FY 2024-25</b>	110	134	308	56	<b>608</b>
<b>Cost Per Person</b>	\$17,040	\$14,854	\$11,670	\$10,927	<b>\$54,491</b>

## Program Update

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

During FY 2023-24, The FSP program has continued to adapt to California Advancing and Innovating Medi-Cal (CalAim) billing reform while ensuring that the clients with the highest needs are effectively served. Staff have prioritized providing field-based services in an efficient manner and continue to provide quality outreach when clients are disengaged.

This fiscal year also displayed an increase in collaboration with school partners. FSP staff have regularly consulted and participated in various school meetings and Individualized Education Plan (IEP) meetings to support client progress. Building and maintaining these connections with the schools in our service area increases the likelihood that we can make our resources known to our districts, communicate referral processes, and support individuals who are in need of services.

There was also a noticeable increase in crises prevention and wrap around support that has been provided for clients. This was evident upon reviewing the data related to crisis occurrences and hospitalizations. The data indicated a small portion of clients served required a higher level of crises intervention service, as well as low numbers related to hospitalizations. This is an ongoing topic of discussion during meetings and supervision, and as a result staff have become better equipped to assess, manage, and incorporate prevention techniques. We can see this work directly impacting our FSP clients in a positive manner.

To enhance quality of care, a support drop-in hour was created in the FSP program for staff who need to consult on cases that may require additional support, feedback on clinical technique or additional wrap around services. It is very beneficial for staff to have a designated time, outside of their regularly scheduled supervision, to bring up questions or seek guidance. That additional staff support directly impacts the quality of care received by the client.

## Challenges and Solutions

The FSP program experienced an increase of complex medical conditions reported by clients. To ensure that the individual is being addressed from the perspective of whole person care, linkage to a higher level of care and/or medical attention were indicated. To ease this process of referrals and linkage, staff were educated on Medi-Cal Managed Care Plan, CalAim, Enhanced Care Management (ECM) & other community supports during FSP team meetings, 1:1 supervision, and group supervision. Additionally, training on assessing, evaluating, and managing crisis for medical concerns was offered during team meetings and supervisions.

Release of Information (ROI) documents were revised and that presented a new learning curve regarding how to gather the appropriate information for the document, as well as how to complete the form. FSP teams attended trainings established by the Quality Assurance team to assist in the new documentation process with clients.

## Diversity, Equity and Inclusion

Cultural barriers and challenges are regularly discussed in group supervision, individual supervision, and staff meetings. When conceptualizing cases, efforts are made to consider how culture may impact and influence how individuals conceptualize mental health. With the support of supervisors, staff are encouraged to educate themselves on the cultures that they are servicing and familiarize themselves with resources available. FSP programs attempt to hire a diverse group of staff that include bilingual abilities to expand our range of services to monolingual communities. We have seen great success with cases when we have been able to assign providers who match cultural and language preferences of clients. To reduce language barriers, the program has utilized a language line, which supports staff



by providing direct access to translation when providing services in the language of the clients we serve.

Additionally, trainings and themes during meetings focus on addressing topics around LGBTQ+ communities. Staff are also provided with access to resources within the community that could support LGBTQ+ clients, including Peer Support Specialists, Peer Mentors, and the Pomona Valley Pride. To support equity efforts, FSP referrals and documentation materials are translated to Spanish, one of the most prominent languages used in this community.

## Community Partners

The FSP team and Housing Division team communicate often to discuss available internal and external resources and how to support families who are insufficiently housed. FSP collaborates regularly with internal and external substance use disorder (SUD) programs as well. The Tri-City SUD provider joins FSP meetings to streamline communication and provide feedback when discussing high risk cases. Staff regularly hold treatment team meetings, both with and without family, to make sure that everyone is efficiently and effectively supporting clients in their treatment goals. FSP programs closely work with the three cities' police departments to support clients in crisis as well as with Pomona Valley Hospital Medical Center when Tri-City clients need a higher level of care. Partnering with our local schools within the three cities to provide the younger population with crisis management and support during school hours ensures clients have a safe space at school to receive mental health services. FSP child and TAY programs work with organizations such as San Gabriel Pomona Regional Center to provide clients with specific services including Applied Behavioral Analysis (ABA) and Respite which target behavioral and developmental needs. FSP Programs that work with adults and older adults will partner with organizations such as the Social Security Administration or our internal Wellness Center for groups that target the adult and older adult demographic.

Treatment teams regularly collaborate with the Department of Child and Family Services (DCFS) and probation. The purpose of this collaboration is to highlight progress, strengths, and potential needs that clients and families may have that can impact meeting their recovery goals (i.e., needing SUD services). Collaboration is done through child and family team meetings, treatment team meetings, and regular collateral contact.

## Success Story

### FSP Adult

An individual was referred to Adult FSP due to several mental health symptoms, substance use, housing, and other healthcare needs. Keeping a person-centered and the whole system of care approach, an array of programs and services were provided to assist the individual meet their goals. Through FSP they obtained a clinical therapist, behavioral health specialist (BHS), peer support specialist (PSS), substance use counselor (COST), psychiatrist, housing specialist (TCMH Housing Dept), healthcare providers, and Enhanced Care Management (ECM) for a Care Management Team (CMT). Through this multidisciplinary support, the client was able to address building independent living skills, process their experiences in therapy, improve money management skills, address substance

use, improve self-care and prioritize medical conditions. Ultimately, the individual was placed in permanent housing and is currently maintaining their sobriety. This is one of many cases that displays FSP's "whatever it takes" approach in supporting community members in need of the types of support that FSP can provide.

### **FSP Child and Transition Age Youth (TAY)**

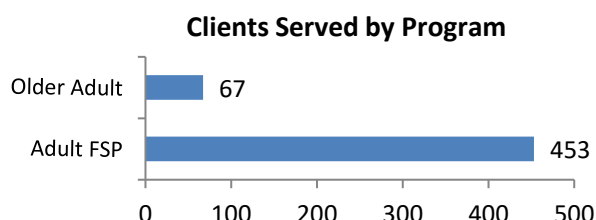
A TAY individual entered services experiencing severe symptoms of psychosis and difficulty completing daily activities without the family's assistance. Since being consistently engaged with all services and utilizing resources outside of session, the individual's activities of daily living have greatly improved. Among reported and observed improvements were increased communication skills, improved boundaries, and ability to express their needs in an appropriate manner. Additionally, the client has been known to actively practice their grounding skills when needed and in various settings. Lastly, the individual has consistently participated in groups, which has led to a sense of community with other TAYs who have experienced similar challenges. As a result, the client has not only felt a decrease in isolation but has been able to offer valuable insight to their peers and be a consistent form of support for them.

# Program Summary

## How Much Did We Do?

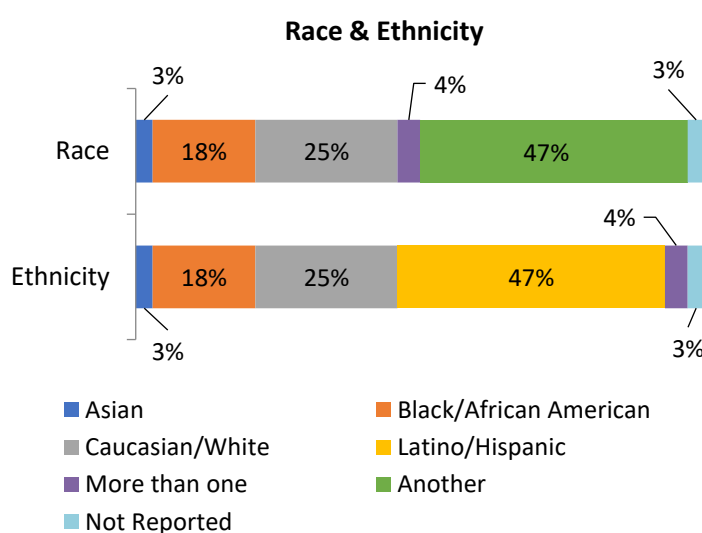
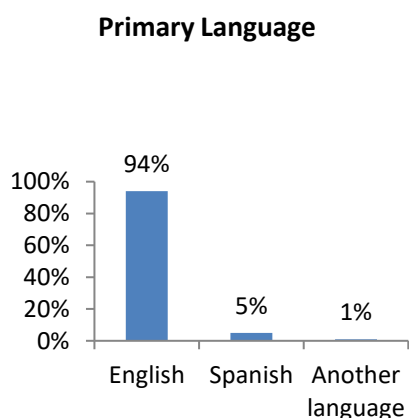
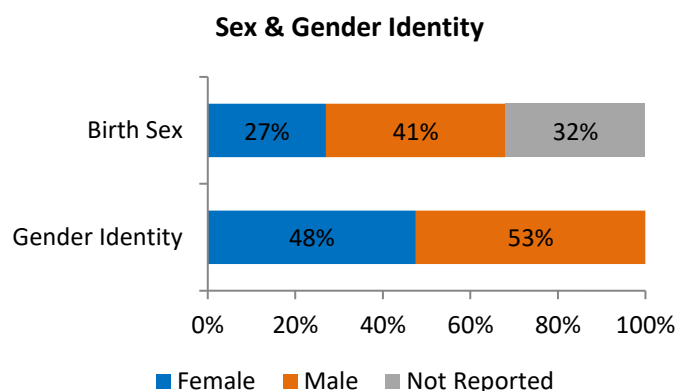
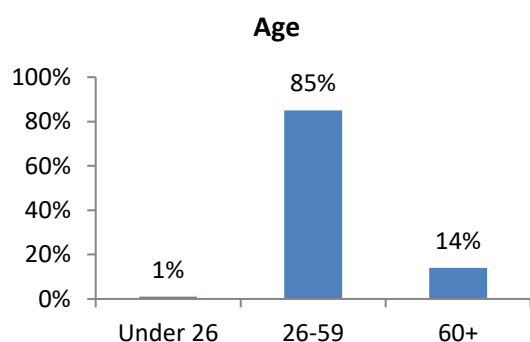
### Full-Service Partnership (FSP) – Adult and Older Adult

**520  
Individuals  
Served**

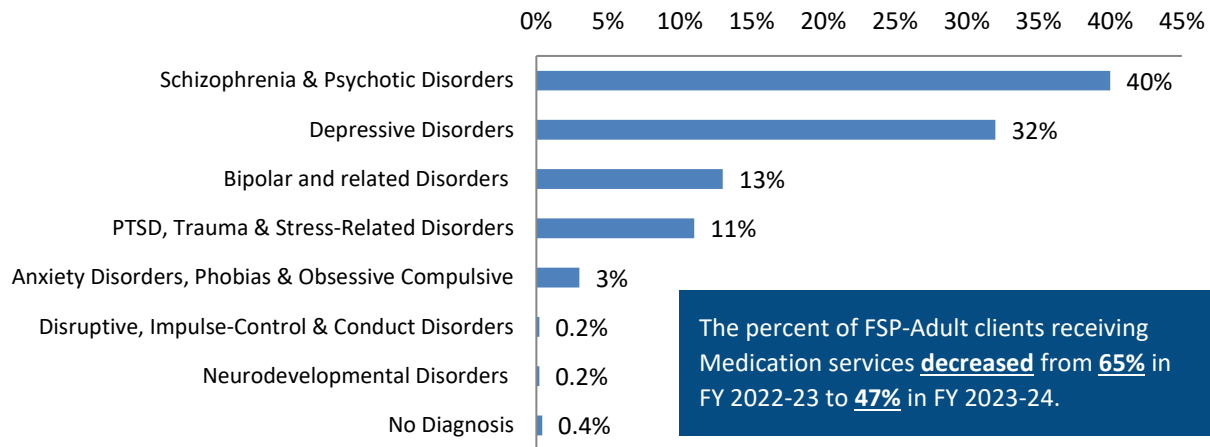


The number of individuals served **increased** from **265** in FY 2022-23 to **520** in FY 2023-24

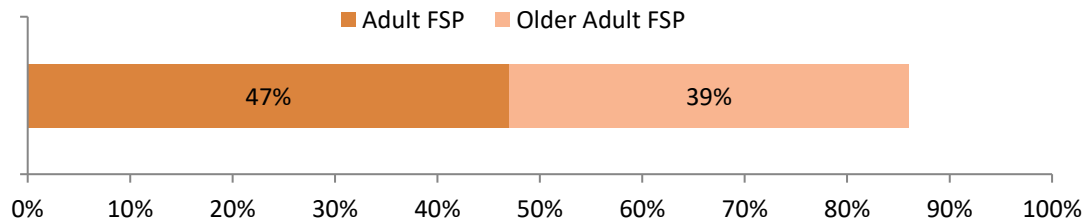
**89% of Adult/Older Adult clients lived in Pomona,**  
while 3% of clients lived in Claremont, 3% lived in La Verne, and 6% of clients came from other cities



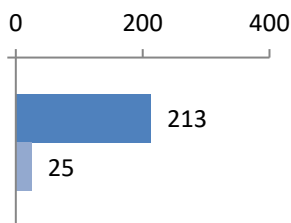
### Primary Diagnosis by FSP Adult/Older Adult Clients



### Percent of Clients Receiving Medication Services by Program

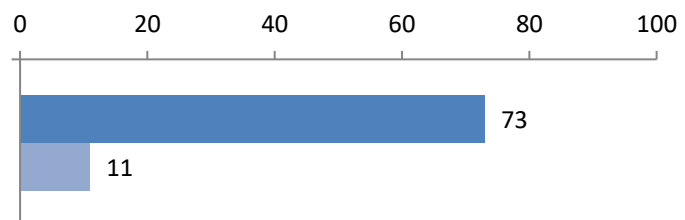


### Number of Crisis Episodes



■ Adult FSP ■ Older Adult FSP

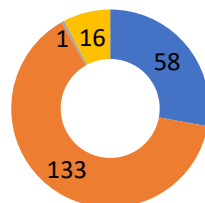
### Number of Unique Clients w/ at least 1 Crisis Episodes



■ Adult FSP ■ Older Adult FSP

### Number of FSP Adult/Older Adult Clients Connected to Other Services

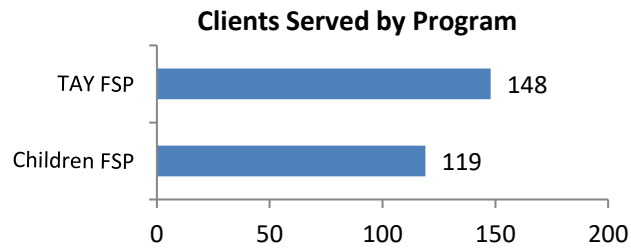
**40%** of FSP clients are connected to other Tri-City Services.



■ Housing Services  
 ■ Co-Occurring Services  
 ■ Therapeutic Community Garden  
 ■ Clinical Wellness Advocates

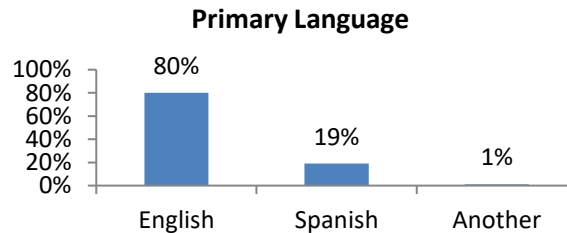
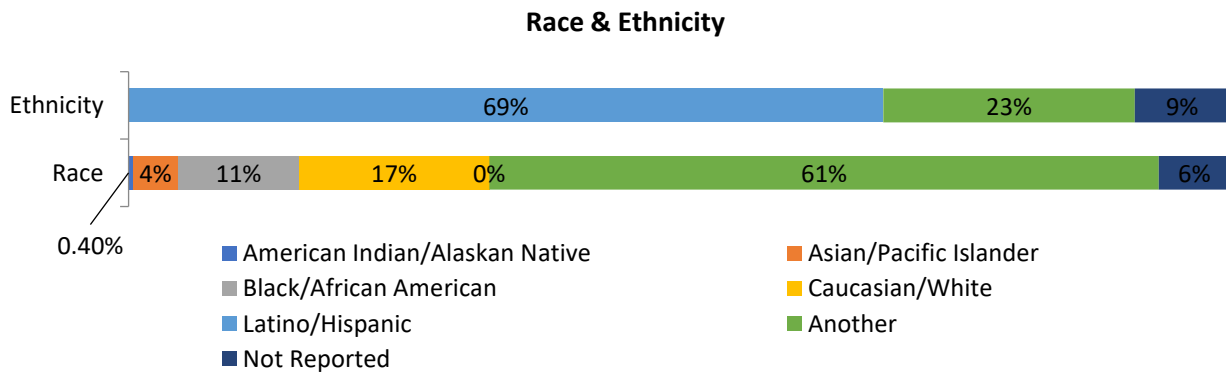
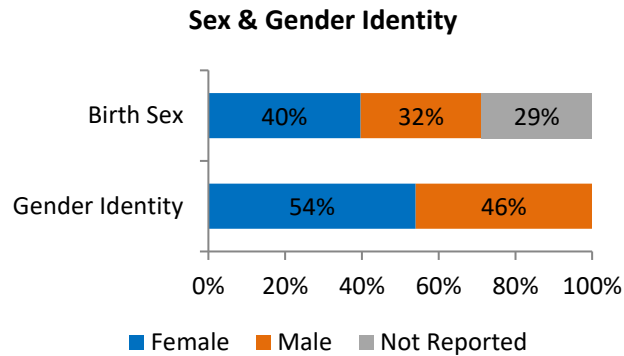
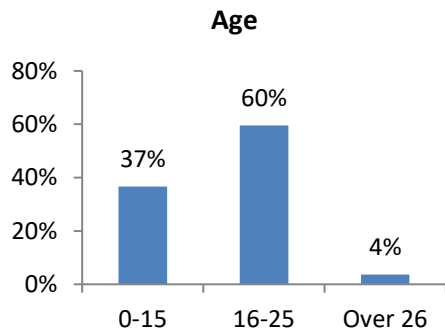
## Full-Service Partnership (FSP) – Children and TAY

**267  
Individuals  
Served**

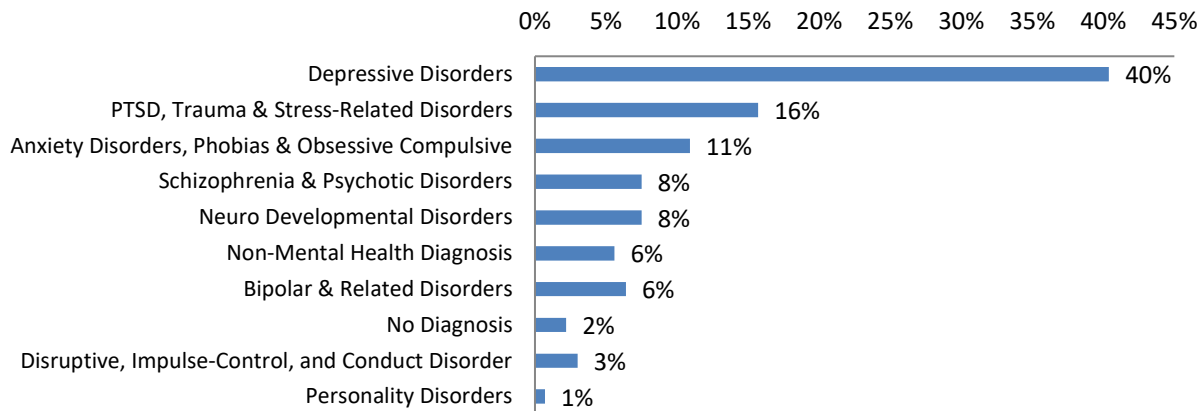


The number of individuals served increased from 225 in FY 2022-23 to 267 in FY 2023-24

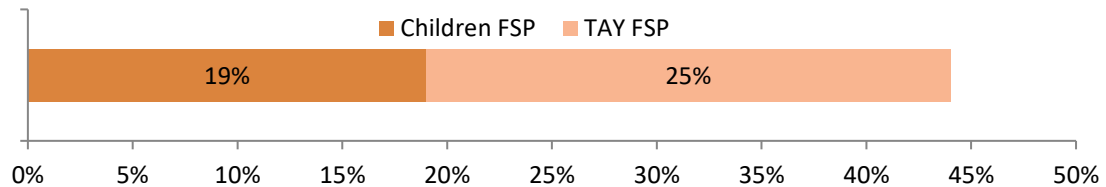
**84% of FSP CTAY clients lived in Pomona,** while 8% of clients lived in Claremont, 7% lived in La Verne, and 1% of clients came from other cities



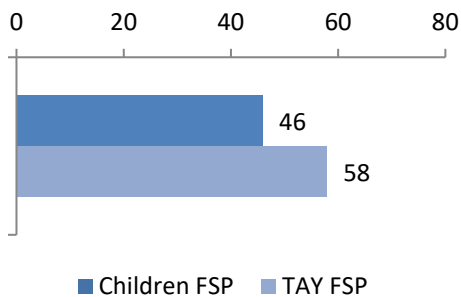
### Primary Diagnosis by FSP CTAY Clients



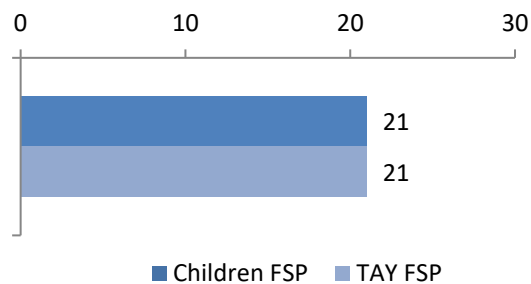
### Clients Receiving Medication Services by Program



### Number of Crisis Episodes

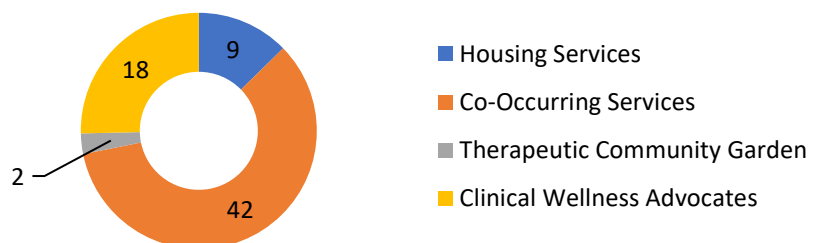


### Number of Unique Clients w/ at least 1 Crisis Episodes



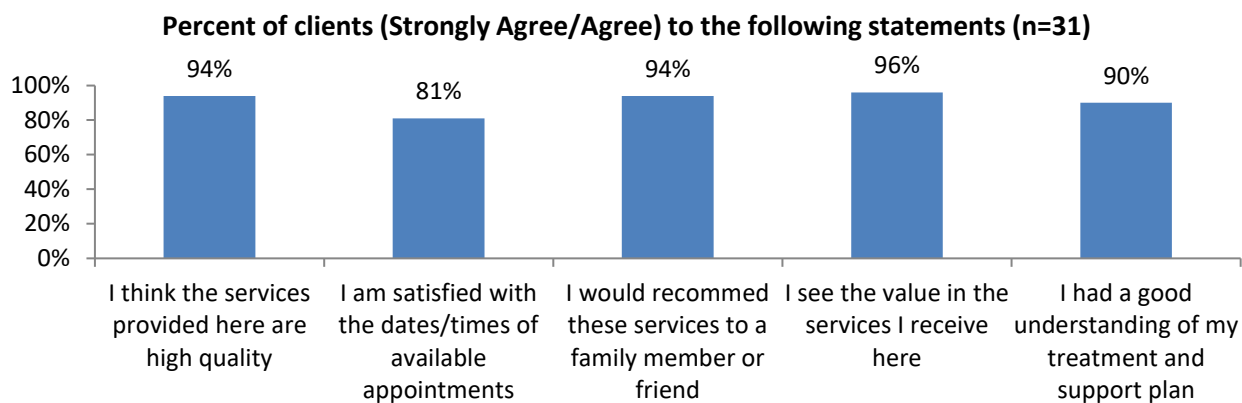
### Number of FSP CTAY Clients Connected to Other Services

**27% of FSP clients are referred to other Tri-City Services.**



## How Well Did We Do It?

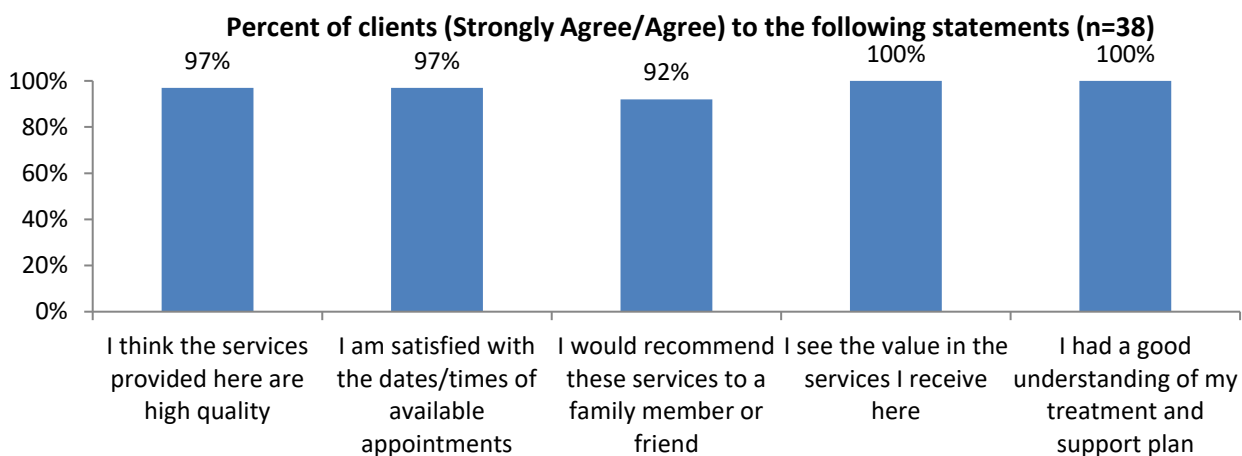
### Full-Service Partnership (FSP) – Adult and Older Adult



***On average, FSP Adult/Older Adult clients were enrolled for 11 months.***

The average time enrolled in FSP Program decreased from 17 months in FY 2022-23 to 11 months in FY 2023-24.

### Full-Service Partnership (FSP) – Children and TAY



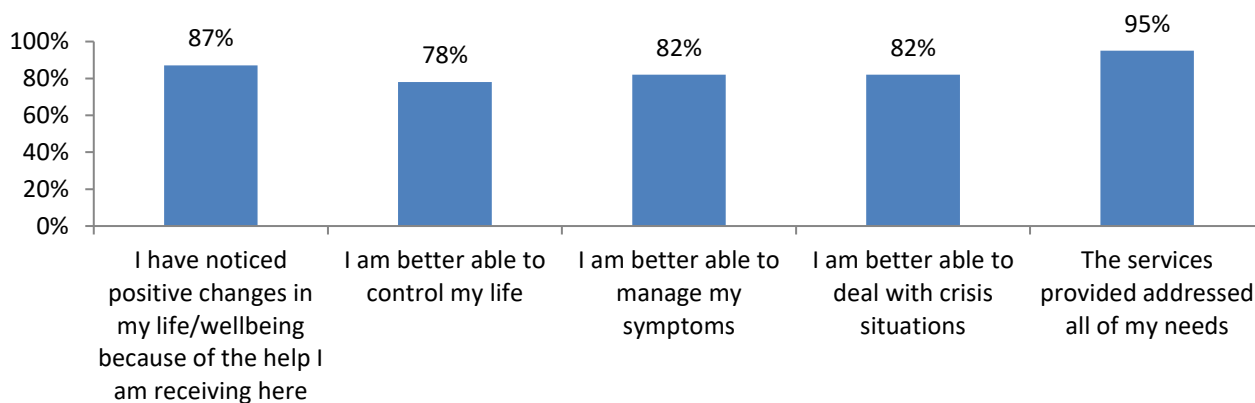
***On average, FSP CTAY clients were enrolled for 9 months.***

## Is Anyone Better Off?

### Full-Service Partnership (FSP) – Adult and Older Adult

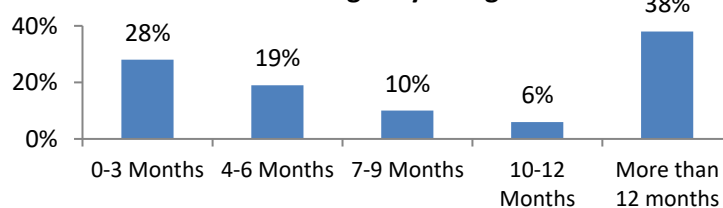
As a direct result of the services I received:

Percent of clients (Strongly Agree/Agree) to the following statements (n=31)



**215 Discharges during  
FY 2023-24**

Discharges by Categories

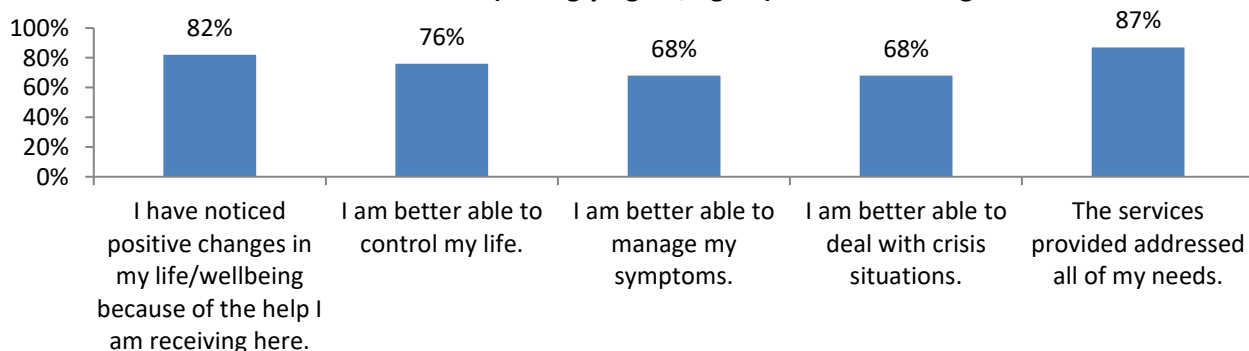


The number of discharges increased from 123 in FY 22-23 to 215 in FY 23-24.

### Full-Service Partnership (FSP) – Children and TAY

As a direct result of the services I received:

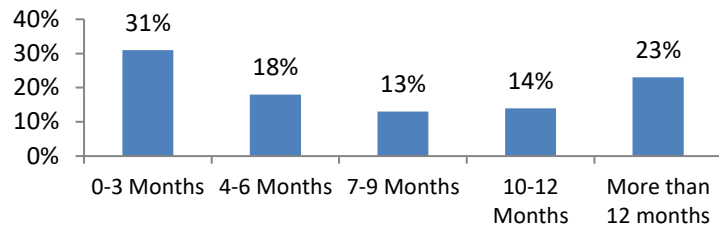
Percent of clients (Strongly Agree/Agree) to the following statements





**171 Discharges during  
FY 2023-24**

**Discharges by Categories**



**OMA Outcomes for FSP CTAY (n=69)**

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Homelessness	7% (n=5)	7% (n=5)	No
Hospitalizations	41% (n=28)	7% (n=2)	Yes
Justice Involvement	10% (n=7)	0% (n=0)	Yes
Expulsions/Suspensions from School	1% (n=1)	0% (n=0)	Yes

**OMA Outcomes for FSP Adult/Older Adult (n=216)**

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Homelessness	49% (n=106)	47% (n=103)	Yes
Hospitalizations	48% (n=105)	2% (n=5)	Yes
Justice Involvement	10% (n=22)	1% (n=1)	Yes

# Community Navigators

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	32	95	357	189	N/A	<b>1,283</b>
<b>Projected Number to be Served FY 2024-25</b>	27	79	299	158	<b>510</b>	<b>1,073</b>
<b>Cost Per Person</b>	\$706	\$706	\$706	\$706	\$706	<b>\$706</b>

## Program Update

The Community Navigator (CN) Program received grant funds for the Homeless Implementation Grant which was approved for use between February 1, 2023 through January 31, 2024. Navigators began spending these funds in July 2023 and utilized the remaining funds during this fiscal year 2023-24. This grant provided funding for short-term motel vouchers, rental and move-in assistance, and furniture assistance.

The Community Navigator program recently applied to the San Gabriel Valley Council of Governments (SGVCOG) for the Housing Solutions Fund (HSF) for homeless prevention funds. The grant was approved in April 2024 and funding should be available next fiscal year 2024-25.

The Community Navigator Program is currently collaborating with the University of La Verne's Accessibility and Student Outreach and Support Services. The University requested a Community Navigator who could be available to assist the students with resources. Currently, one of the Navigators is stationed at the University once a month and available to assist students who may need to meet in person. However, students at the University can contact a CN through the 888 number at any time to schedule a virtual appointment if needed. A flyer with this information has also been distributed to students who attend the University.

## Challenges and Solutions

Limited housing and shelter resources are an on-going challenge. There continues to be a high number of families and individuals that experience homelessness in the community. Additionally, resources for emergency shelters, especially for families is very limited in the service area. Issues with finding psychiatrist that take Medi-Cal health plans, and clinicians who do not have long waiting periods has also continued to be a challenge.

The approval of SGVCOG for The Housing Solutions Fund will support in countering these challenges. This program provides cities and service providers flexible funds that will assist individuals experiencing, or at-risk of homelessness, with expenses related to housing, rehousing, and stabilization. These funds will enhance the services that the Community Navigator Program provides, since the program often receives calls from individuals and families who are on a limited income, experiencing homelessness or at risk of homelessness.

## Diversity, Equity and Inclusion

The Community Navigator program consists of highly trained individuals who are bilingual and can provide services in English, Spanish and Vietnamese. This has been helpful since there is a high population of Spanish speaking individuals in Pomona as well as a Vietnamese population. In addition, some of the CNs identify with lived experience so they can better connect with clients they serve. Flyers and documents are also provided in other languages requested.

The Community Navigator staff receive ongoing cultural inclusion training to better assist the populations that they serve. In addition, the CNs are trained to identify and research any resources that can help further support the mental well-being of individuals who may experience additional cultural barriers. The CNs are well versed in identifying services internally, and externally via community partner connections including but not limited to sliding scale mental health services, support groups and faith-based counseling. Community Navigators also work closely with local senior centers in the three cities, with some CN staff being stationed at the local community senior centers so that the program can assist older adults with support and resources when needed. The CNs also work closely with community partners whose services are geared towards LGBTQ+ individuals as well as monolingual Spanish speakers.

## Community Partners

The Community Navigators collaborate closely with agencies such as Hope for Home Service Center, Los Angeles Centers for Alcohol and Drug Abuse (LACADA), Volunteers of America, Family Solutions, and the Los Angeles Homeless Services Authority (LAHSA) to link individuals to an array of services and resources geared towards those who are experiencing homelessness or housing insecurity.

The CNs also collaborate with the three cities of Pomona, Claremont, and La Verne, with a CN stationed in each city to address that community's specific needs. Additionally, the police departments regularly contact CNs when they encounter individuals in need of resources or homeless assistance.

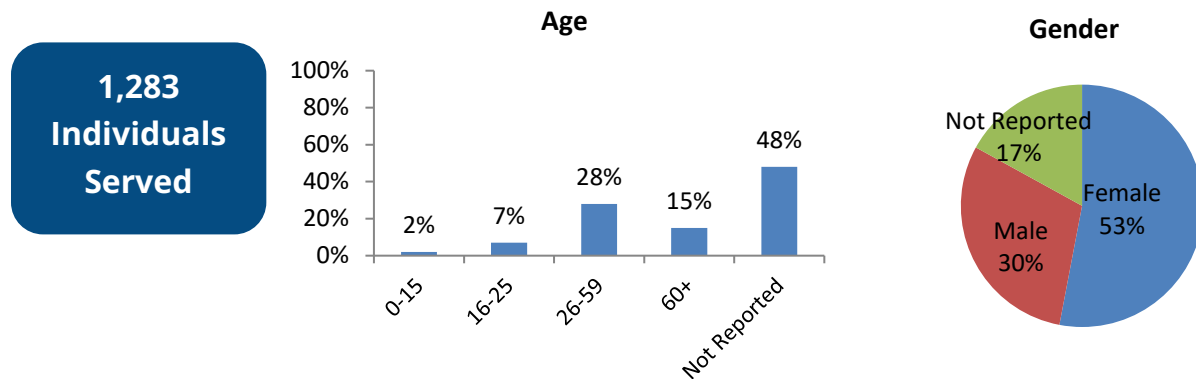
When individuals are seeking lower level of care services, medical needs or services geared towards specialty populations, CNs collaborate with agencies such as Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA), Community Translational Research Institute (CTRI), East Valley Medical Center, Pomona Pride Center, House of Ruth, Volunteers of America and Just Us 4 Youth.

## Success Story

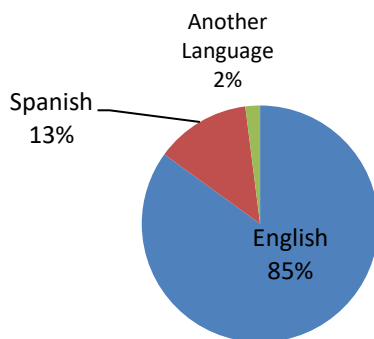
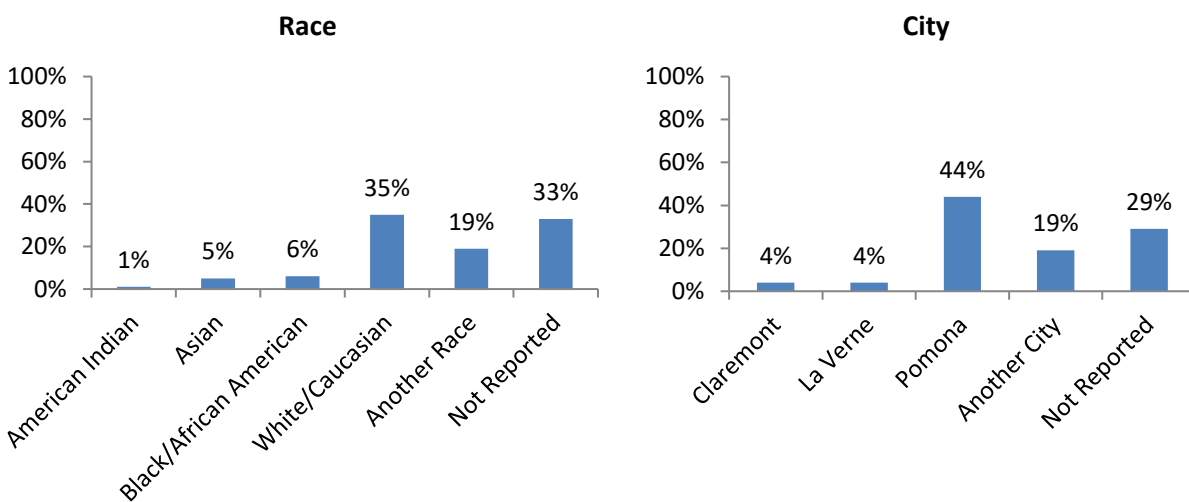
A Community Navigator worked with a single parent who had been unhoused for the past several years with their child. The CN program was able to house them in a motel for a month through the Homeless Prevention Grant. When the voucher expired, the Community Navigator connected the participant to a different crises housing program. The Navigator continued assisting the participant with multiple resources, as well as supporting them in gathering all the documents needed for a section 8 voucher that they had qualified for. Ultimately, the individual submitted all the documents needed, was approved for the section 8 voucher, and was recently housed in their own 2-bedroom apartment. The individual expressed gratitude, excitement, and happiness in being able to finally have their own place with their child, after being unhoused for so many years. With an essential need met, with the support of CNs, the participant was finally able to shift their focus to designing their space and making it a home.

## Program Summary

### How Much Did We Do?



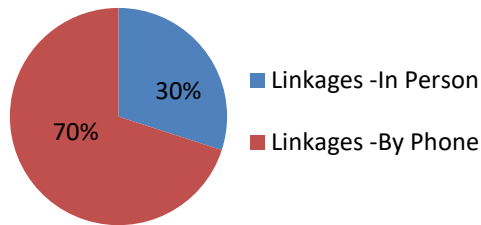
The number of individuals served **increased** from **969** in FY 2022-23 to **1,283** in FY 2023-24.



The number of homeless individuals who contacted the community navigators **increased** from **240** in FY 2022-23 to **280** in FY 2023-24.

**280**  
**Homeless Individuals who contacted the community navigators**

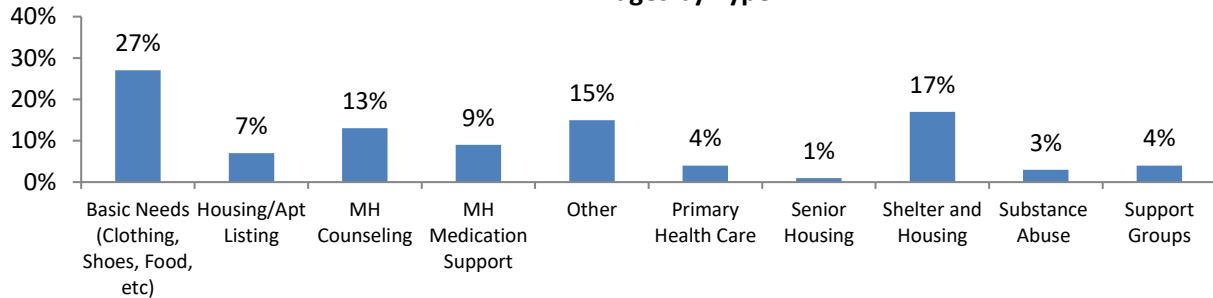
### Linkages by Type



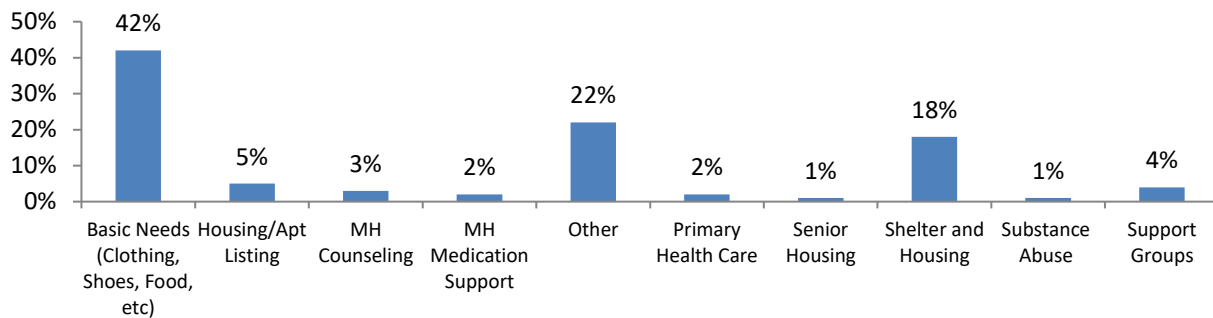
**1,888 Linkages made by Community Navigators**

The number of linkages made by the community navigators **increased** from **1,371** in FY 2022-23 to **1,888** in FY 2023-24.

### All Linkages by Type



### In-Person Linkages by Type

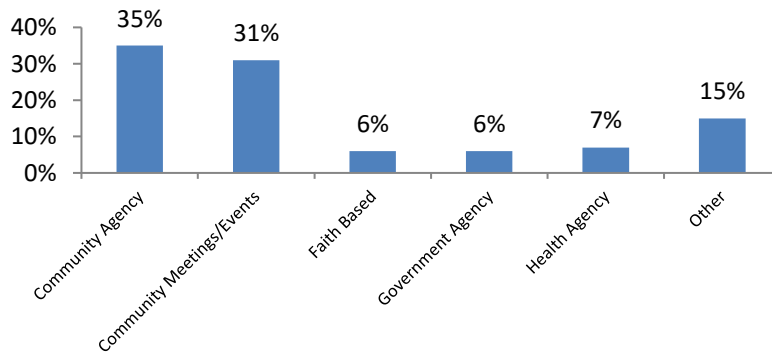


The number of events/locations outreached, and community members engaged **increased** from **31 and 670** in FY 2022-23 to **54 and 981** in FY 2023-24.

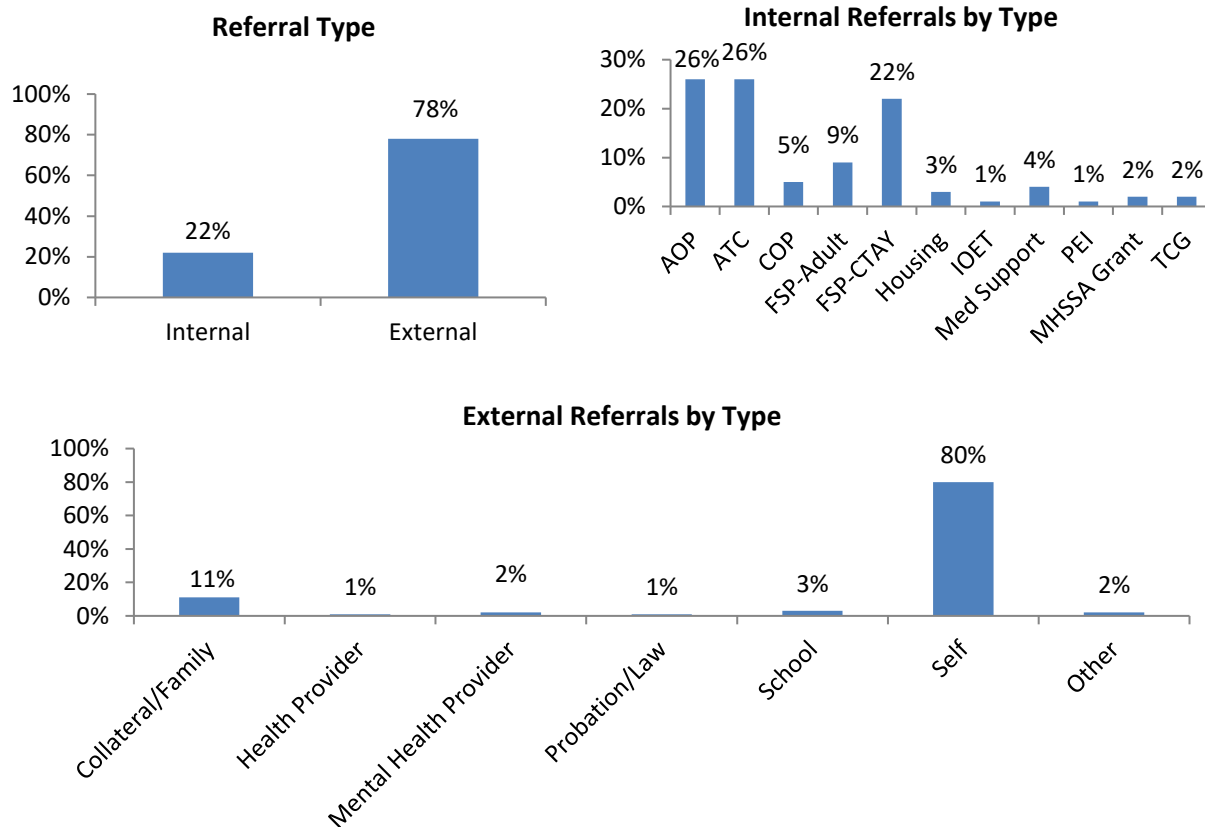
**54 Events/Locations Outreached by Navigators**

**981 Total Community Members engaged by Navigators through Outreach**

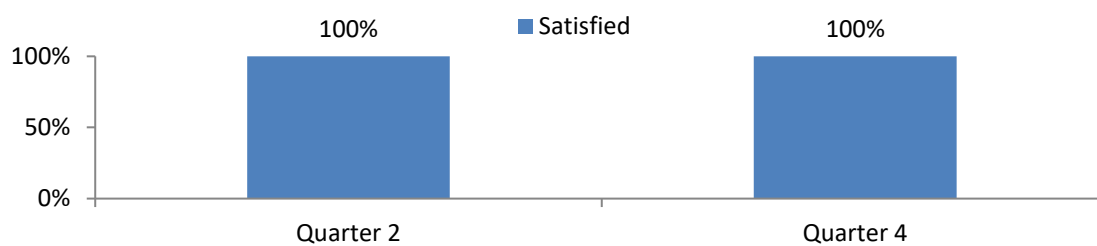
### Locations by Type



## How Well Did We Do It?

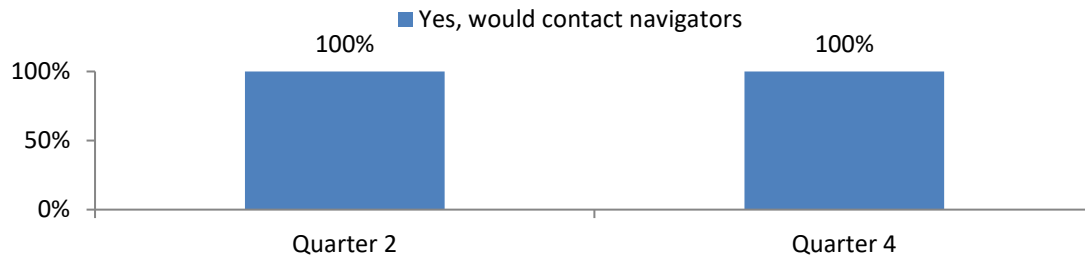


### Percentage of Participants Reporting Satisfaction with Services Provided (n=135)



## Is Anyone Better Off?

Percentage of Community Partners Reporting that if needed to find community resources again, would you contact the community navigators? (n=28)



### How did you benefit from talking with a navigator?

**The top three benefits were:**

1. Mental Health Counseling/Treatment Assistance: 33% of respondents
2. Housing Assistance: 29% of respondents
3. Social Service Assistance 16% of respondents



# Wellness Center

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	55	229	972	265	109	<b>1,630</b>
<b>Projected Number to be Served FY 2024-25</b>	30	126	535	146	60	<b>898</b>
<b>Cost Per Person</b>	\$1,645**	\$1,645**	\$1,645**	\$1,645**	\$1,645**	<b>\$1,645**</b>

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

## Program Update

The Wellness Center experienced an increase in individuals served, from 1,009 in FY 2022-23 to 1,630 in FY 2023-24. Multiple hiring events were provided to the community to support those who are actively searching for employment and, combined with other employment supports, 75 individuals obtained employment.

## Challenges and Solutions

One challenge faced by the staff during FY 2023-24 was the shift back to in-person appointments and discovering that many individuals still prefer to meet virtually. While some services are still offered as hybrid options, the Employment and Vocational support services encouraged those who were ready, to meet in person for their appointment. The reasoning behind this was that often, interviews are in-person, so practicing face-to-face would replicate an actual interview environment while still providing interview practice that would benefit them in a virtual environment as well.

In the next fiscal year, staff also hope to resume its basic, intermediate, and advanced computer classes at the Wellness Center. COVID restrictions led to significant limitations regarding room capacity, and the computer lab was limited on the number of individuals that could be in the room at the same time. With those limitations reduced, we hope to bring back this resource that has proven to be valuable in the past.

## Diversity, Equity and Inclusion

The Wellness Center holds groups that have been created to target specialty populations such as LGBTQ+, Spanish monolingual, older adults, children, and transition age youth. Additionally, vocational and employment services provide support regardless of an individual's age, race, or culture for them to be able to reach their goals of obtaining employment. Wellness Center staff are bilingual, and services can be offered in Spanish and Tagalog. If needed, services also include linguistic support in several other languages.

Groups and services are offered at a range of times throughout the day to increase accessibility and materials are offered in threshold languages. The Wellness Center strives to create a space where individuals can feel safe and heard regardless of any cultural barriers. Additionally, Staff participate in ongoing training to increase cultural competence and gain knowledge about implicit bias.

## Community Partners

The Wellness Center works closely with both internal programs and external community organizations to strengthen their network of support. Examples include Generation Her, a teen parent support group, AlaNon for family AA support, Master of Social Work (MSW) Consortium for workforce development and other local community-based organizations for specific age-related services.

Additionally, the Wellness Center has partnered with several external businesses and organizations during hiring events (focusing on a single employer presenting multiple job opportunities they have at their agency or business) and job fairs (feature multiple employers seeking potential candidates). Partners include the United States Postal Service, California Highway Patrol, Employment Development Department, San Bernardino County, On-Time Staffing and FedEx Ground.

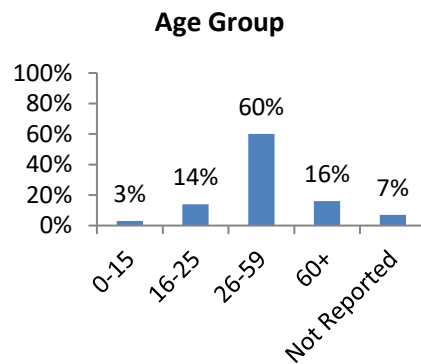
## Success Story

A participant came to the Wellness Center in 2023 to attend the Anxiety Relief group. Participant was experiencing eviction, homelessness and symptoms of anxiety and depression. They started attending groups consistently and gained confidence in their recovery, reporting benefits to their wellbeing and overall ability to socialize. After attending groups at the Wellness Center, they learned about resilience and identified that their current situation was temporary. The groups became a primary source of hope and positivity for them. Soon after, the individual chose to add vocational and employment services to support their goals of increasing income and obtaining housing. Staff supported with job searching, applications, and interviewing. Eventually, the participant successfully received job placements at multiple locations, securing reliable income and making possible the next step of obtaining permanent housing.

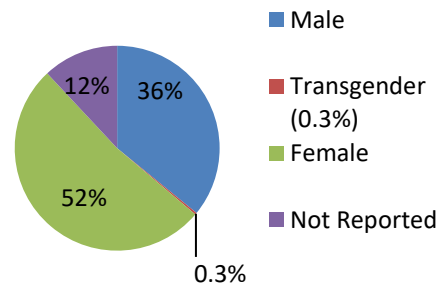
## Program Summary

### How Much Did We Do?

**1,630 Unique  
Individuals  
attending  
Wellness Center**

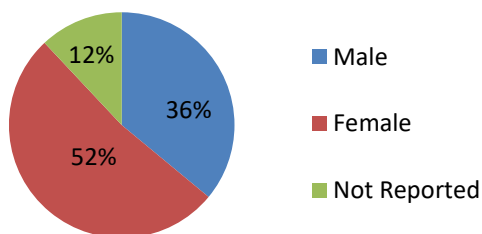


#### Current Gender Identity

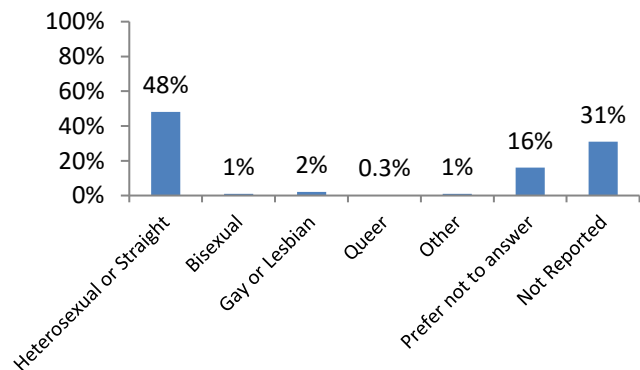


The number of individuals attending Wellness Center **increased** from **1,009** in FY 2022-23 to **1,630** in FY 2023-24.

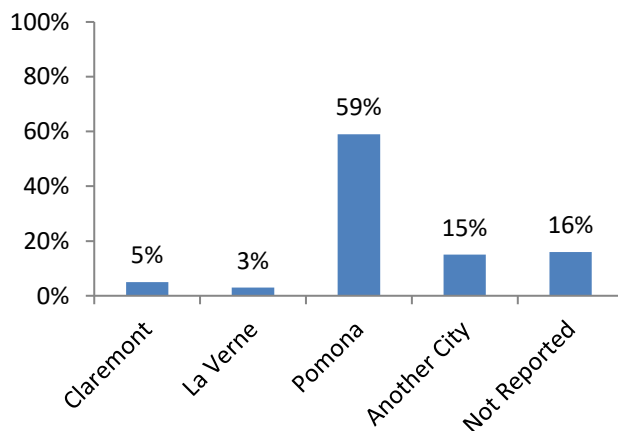
#### Assigned Gender at Birth



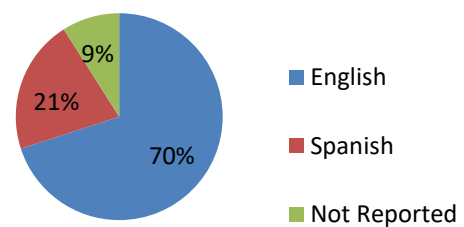
#### Sexual Orientation

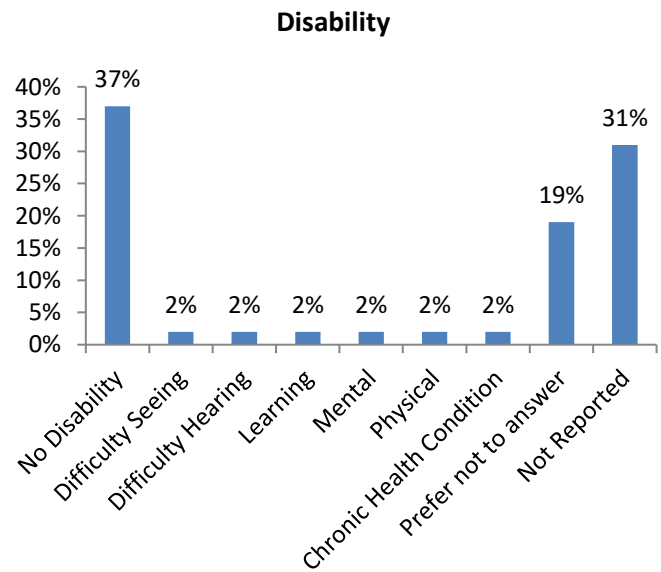
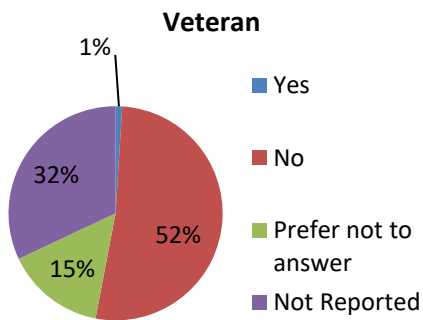
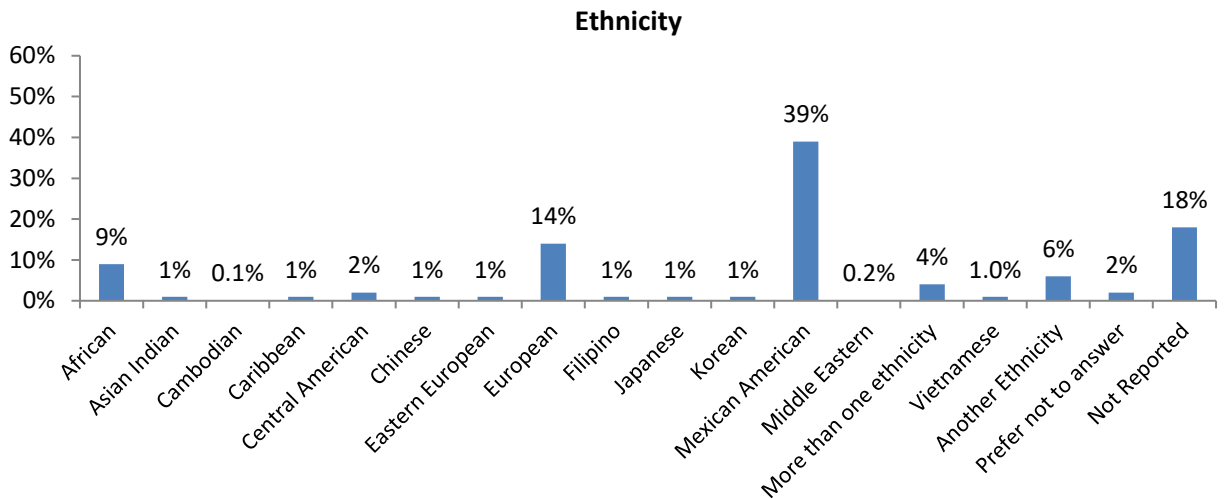
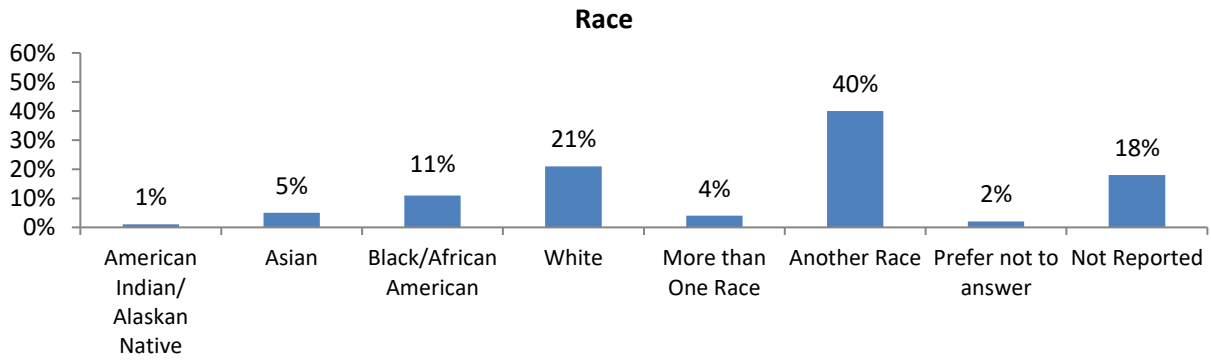


#### City



#### Primary Language

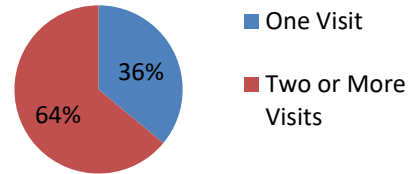




## How Well Did We Do It?

**16,184 Number of Wellness  
Center Events  
(Duplicate Individuals)**

### Number of Times People Visited



Support Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Group – Ageless and Unstoppable	29	2
Group – Anger Management	56	10
Group – Anxiety Relief	51	5
Group – Bore no More	12	2
Group – College Wellbeing	5	2
Group – Dual Recovery Anonymous	45	4
Group – Freedom through Reality	50	4
Group – Lose the Blues	43	3
Group – Men’s Depression	49	2
Group – One-on-One	14	1
Group – Socialization	49	4
Group – Strong Women	50	7
Group – Women’s Self-Esteem	17	2
Group Spanish – Corazón a Corazón	48	2
Group Spanish – Sobrellevando la Ansiedad	10	2
Group Spanish – Socialization	7	1
Group Vocational – Literacy Group	47	2

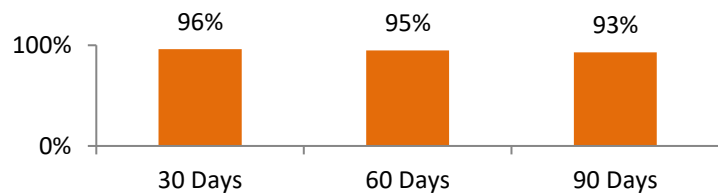
Contacts/Events by Type	Number of Individuals
Attendance Letter	261
Other	1,313
PC Lab	1,571
Tour	481
Phone Call/Email – Wellness Calls	2,005
Adult Orientation	9
Vocational – Job Search	1,689
Vocational – Computer classes	69
Vocational – Employment/Resume/Interview/Hiring	281

The number of available support groups at Wellness Center **increased** from **16** in FY 2022-23 to **18** in FY 2023-24.

**75 Individuals Secured Employment**

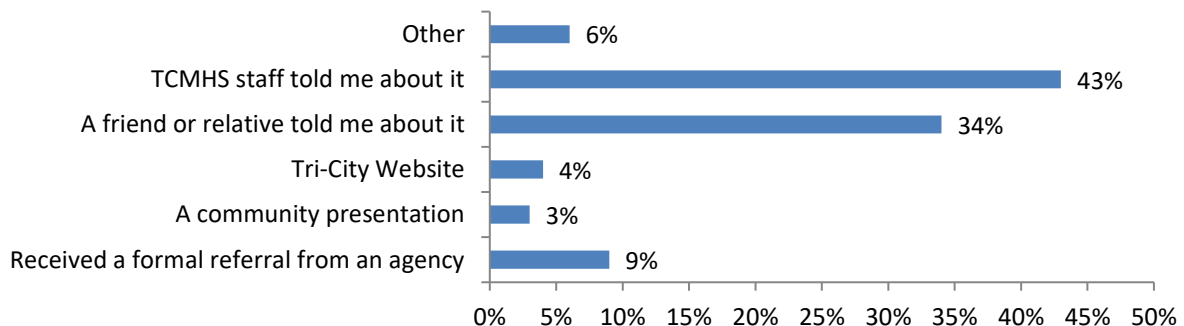
The number of individuals securing employment **increased** from **60** in FY 2022-23 to **75** in FY 2023-24.

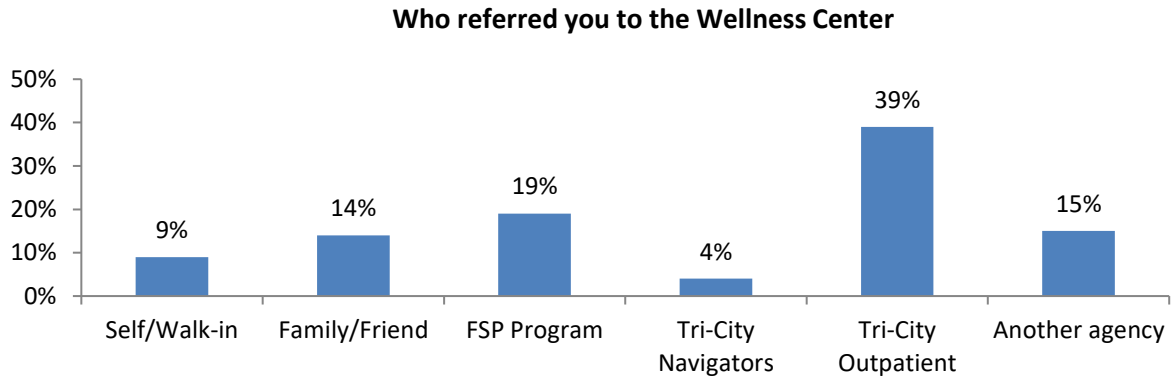
**Percent of Individuals who Maintain Employment at 30 Days • 60 Days • 90 Days**



**95% Satisfied with the help they get at Wellness Center Programs**

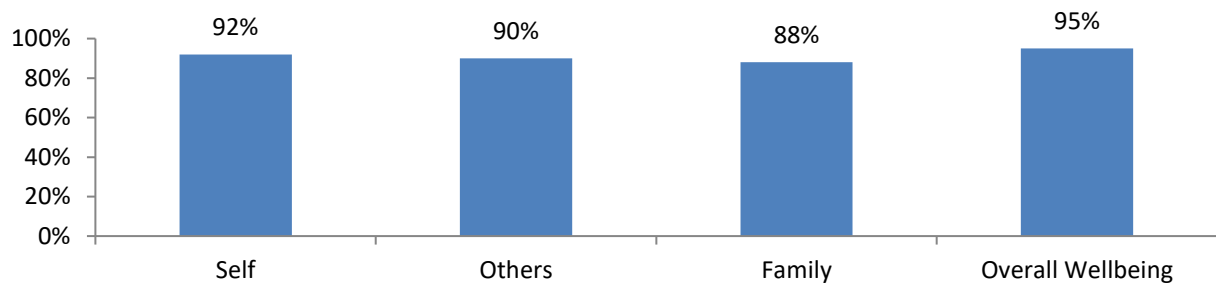
**How Did You Learn About the Wellness Center Programs?  
(Choose All that Apply)**





## Is Anyone Better Off?

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





# Supplemental Crisis Services & Intensive Outreach and Engagement Team

## Program Description

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

## Target Population

The SCS targets individuals in crisis and currently not enrolled in Tri-City for services. The program is geared towards serving those who are seeking mental health support after-hours and individuals located in the community who are having difficulty connecting with and maintaining mental health support.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Supp Crisis Number Served FY 2023-24</b>	0	6	50	8	40	<b>104</b>
<b>Cost Per Person</b>	\$1,056**	\$1,056**	\$1,056**	\$1,056**	\$1,056**	<b>\$1,056**</b>
<b>IOET Number Served FY 2023-24</b>	22	45	267	77	77	<b>488</b>
<b>Cost Per Person</b>	\$1,056**	\$1,056**	\$1,056**	\$1,056**	\$1,056**	<b>\$1,056**</b>

\*No projections for number to be served were provided due to the program sunsetting on June 30, 2024.

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

## Program Update

The IOET team provided community outreach which included linkage to formal services, medical services and other resources that those in need were struggling to obtain independently. Referrals from external partners remained consistent, with the highest number of referrals coming from Hope for Homes at 52%. The number of individuals outreached in FY 2023-24 decreased from the previous fiscal year, reducing from 714 in FY 2022-23 to 488. There was also a decrease in crisis calls, from 202 in FY 2022-23 to 104 in FY 2023-24.

On February 13, 2024, the team was notified that IOET will sunset as of June 30, 2024. In its place, the Mobile Crisis Care program will be implemented and have a designated staff to respond to crisis in the community with allocated vehicles fully equipped to respond to an array of crisis situations.

## Challenges and Solutions

One challenge was balancing the range of crisis situations and clinically appropriate responses. Some individuals required support with obtaining identification cards or eyeglasses while others required more intensive support, such as linkage to services and obtaining assistance for complex medical issues. These requests from community members occurred often, and part of the solution-focused approach to these requests was having appropriate referrals/resources available, linkage support and follow up.

## Diversity, Equity and Inclusion

Multiple staff members are bilingual, and brochures are in both English and Spanish. Staff incorporates literature regarding resources and referrals for underserved groups, providing culturally relevant information for those seeking it. Formal and informal services are identified based on need and resources/referrals are provided that meet individuals' preference (such as in-person sessions or phone/virtual). Additionally, all staff complete training related to Diversity, Equity, and Inclusion on a reoccurring basis to be mindful of culture, implicit biases, and to enhance their ability to provide fair and equitable service to those in need.

## Community Partners

The Supplemental Crisis Services engaged with several community partners with the goal of providing support, referrals, and resources. A few examples of this extensive network of support includes partnerships with the cities of Claremont, La Verne, and Pomona Police Departments, Mission Community Hospital, Pomona Valley Hospital Medical Center, Charter Oak Hospital, Tri-City clinical staff, Tri-City nonclinical staff, Los Angeles Department of Mental Health (LADMH), East Valley Community Health Center, Hope for Homes, local city councils, the Department of Motor Vehicles (DMV), Los Angeles Homeless Services Authority (LAHSA), Project Sister and House of Ruth.

## Success Story

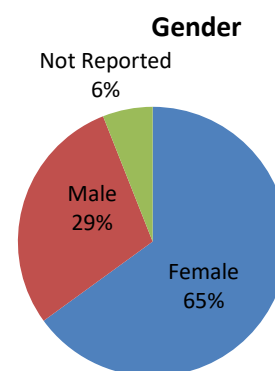
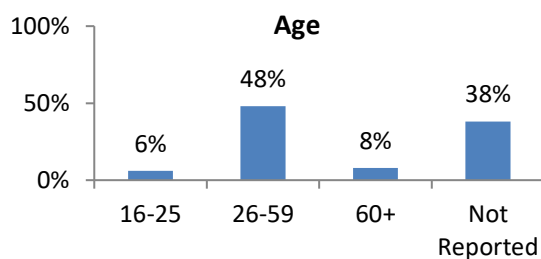
A notable success was the ability to continue receiving steady referrals from our partners in the community. Additionally, calls that were made to the crisis line saw a 16% increase from the previous fiscal year in regard to individuals calling the line due to being a previous client. This displayed a willingness to return to Tri-City as individuals who had been connected previously.

# Program Summary

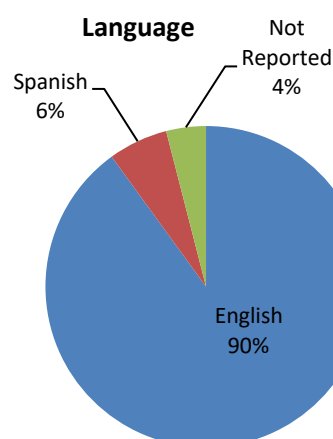
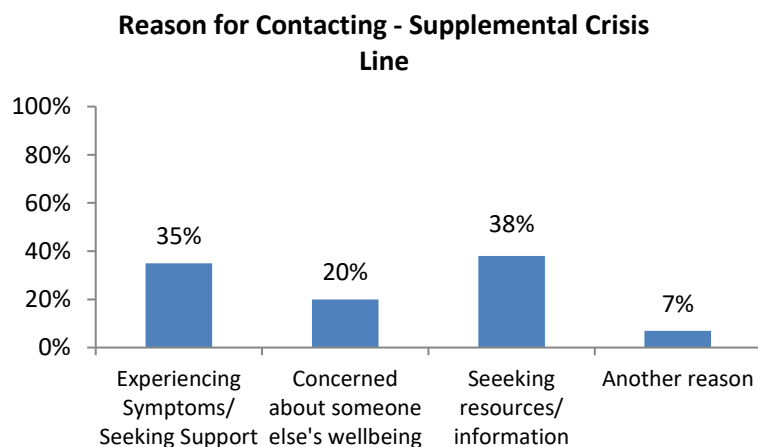
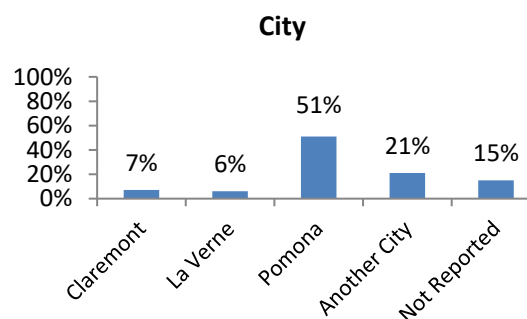
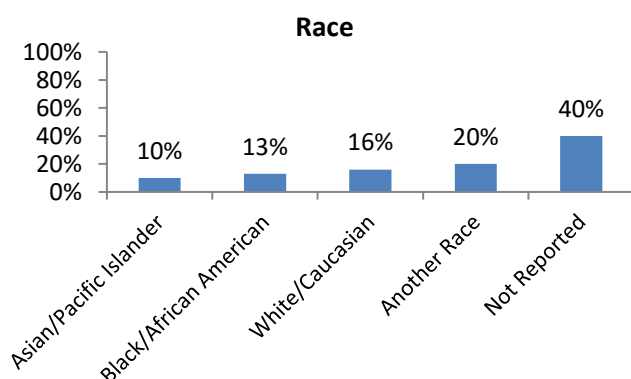
## How Much Did We Do?

### Supplemental Crisis Calls

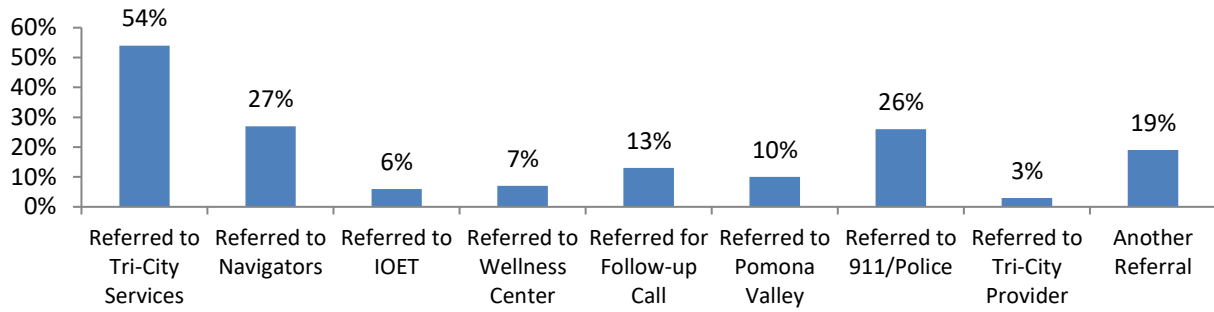
**104**  
Supplemental  
Crisis Calls



The number of crisis calls **decreased** from **202** in FY 2022-23 to **104** in FY 2023-24.



### Disposition of Crisis Calls (More than one can be selected)

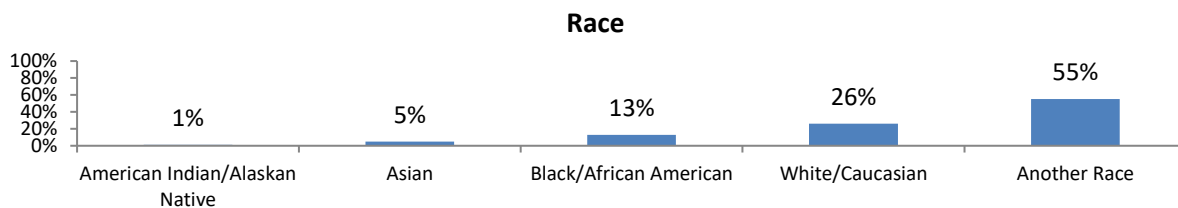
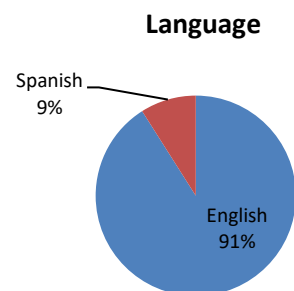
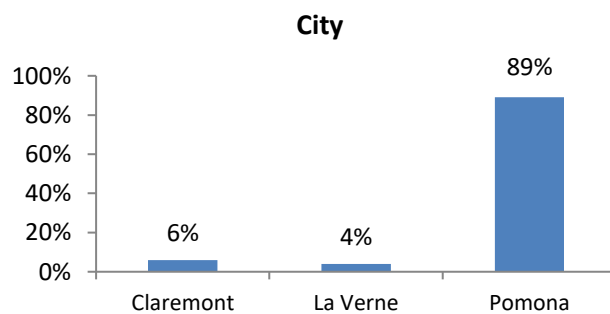
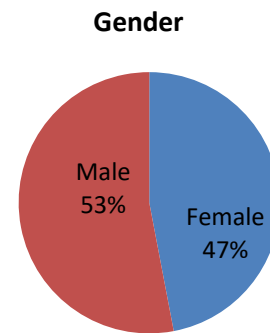
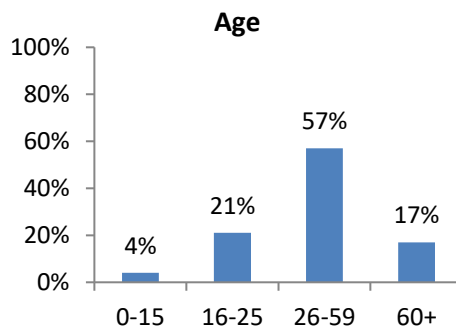


The percent of crisis calls referred to Tri-City Services **increased** from **45%** in FY 2022-23 to **54%** in FY 2023-24.

### Supplemental Crisis Walk-Ins

**47**  
Crisis Walk-ins

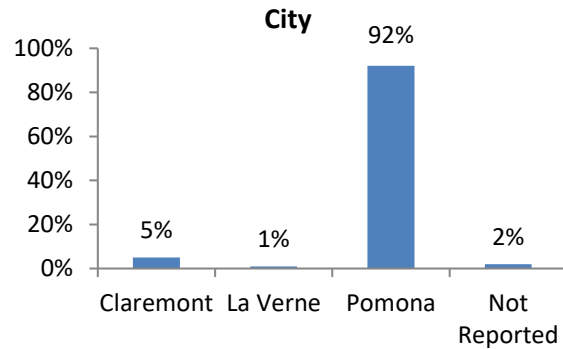
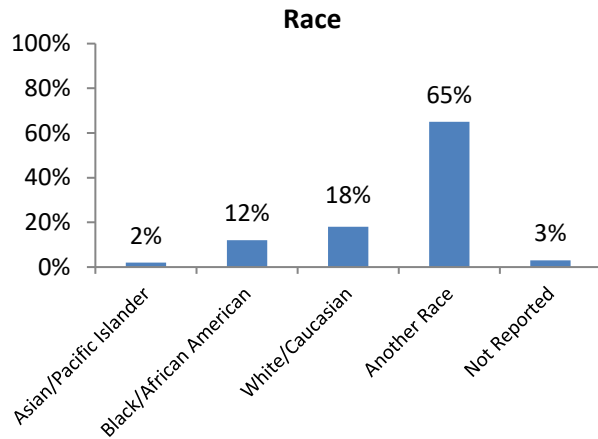
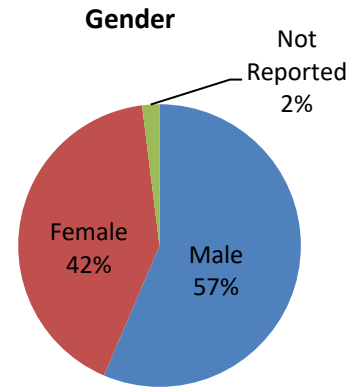
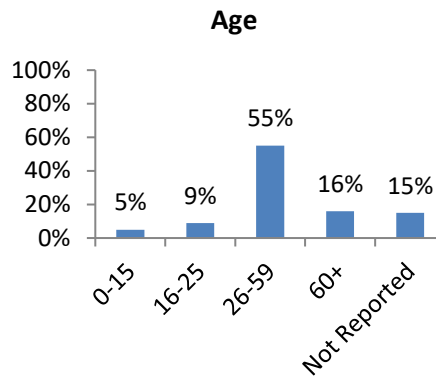
The number crisis walk-in **increased** from **45** in FY 2022-23 to **47** in FY 2023-24.



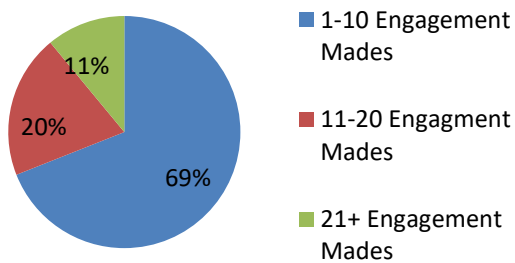
## Intensive Outreach and Engagement

**488**  
**Individuals**  
**Outreached**

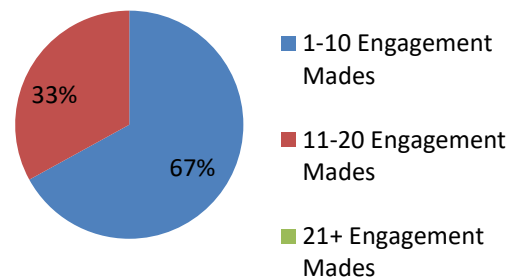
The number of individuals  
outreached **decreased**  
from **714** in FY 2022-23 to  
**488** in FY 2023-24.



**Percent of Engagement Attempts Made  
by IOET for Closed Individuals**



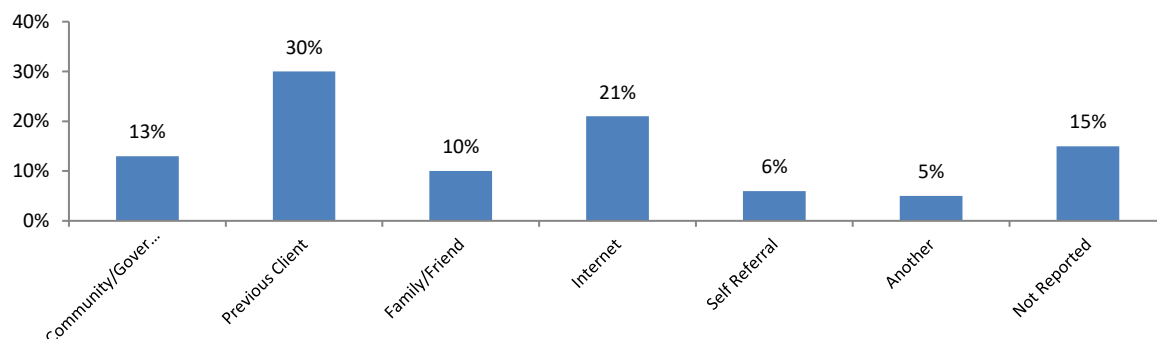
**Percent of Engagement Attempts  
Made by IOET for Individuals  
currently being Engaged:**



## How Well Did We Do It?

### Supplemental Crisis Calls

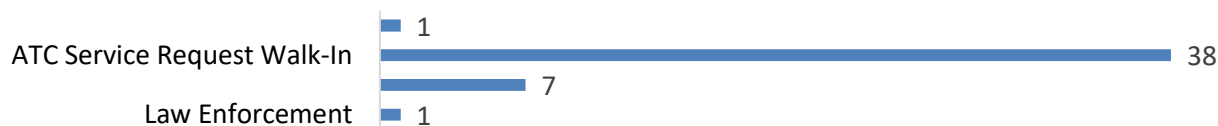
How did you hear about the Supplemental Crisis Line:



The percent of clients hearing about crisis line from being a previous client **increased** from **16%** in FY 2022-23 to **30%** in FY 2023-24.

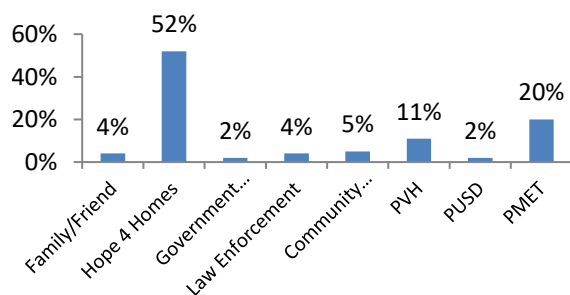
### Supplemental Crisis Walk-Ins

#### Crisis Walk-ins Brought In By Type

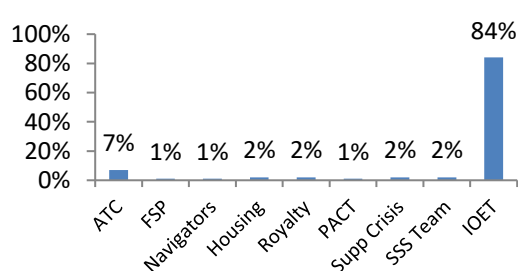


### Intensive Outreach and Engagement

#### Percent of External Referrals Received by Type:



#### Percent of Internal TC Referrals by Department



The number of external referrals remained constant with Hope for Homes and PMET-Pomona as the top 2 referrals sources.

## Is Anyone Better Off?

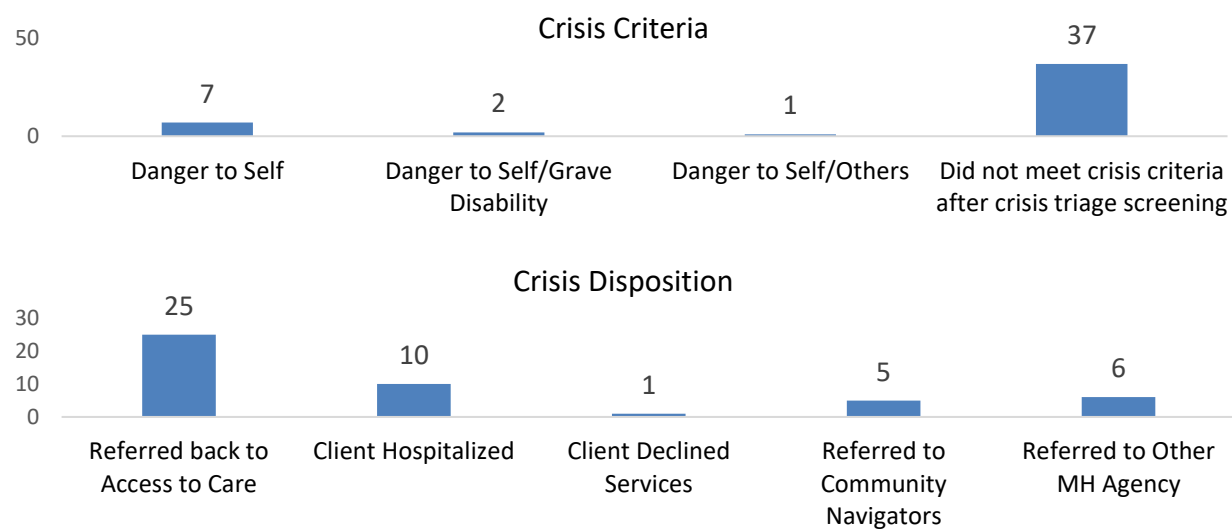
### Supplemental Crisis Calls

#### Level of Distress for Crisis Callers

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



### Supplemental Crisis Walk-Ins



The number crisis walk-ins hospitalized **decreased** from **17** in FY 2022-23 to **10** in FY 2023-24.

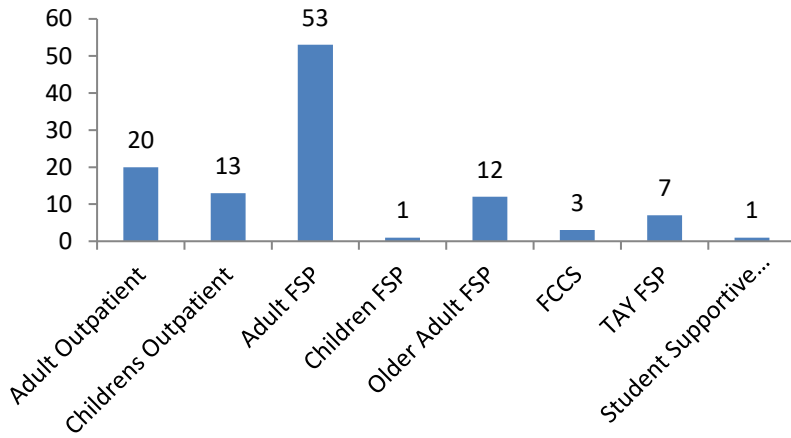
**51% Crisis Walk-ins were scheduled for intake**



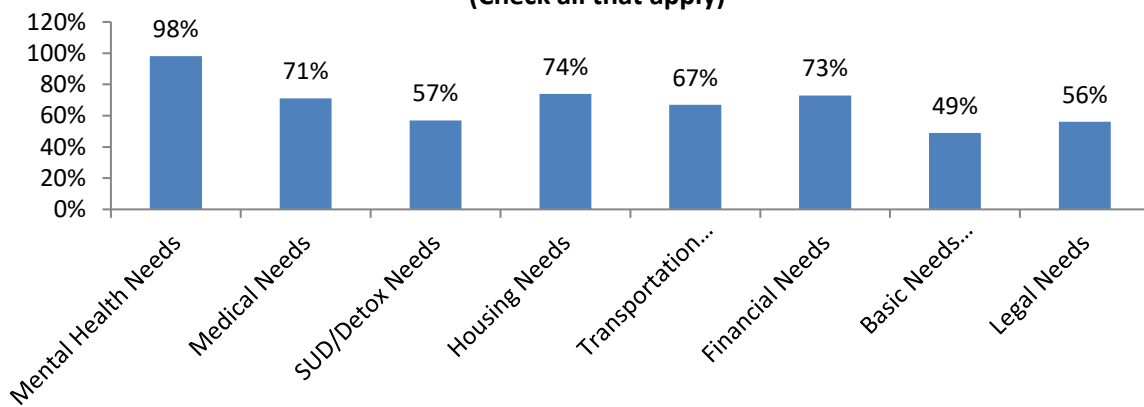
## Intensive Outreach and Engagement

**110 IOET Individuals  
Were Enrolled for  
Services at Tri-City**

**Percent of IOET Individuals Enrolled for Services By Program**



**Percent of Individuals whose Needs were Addressed by Categories below:  
(Check all that apply)**



# Field Capable Clinical Services for Older Adults

## Program Description

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

## Target Population

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

Age Group		Older Adults 60+
Number Served FY 2023-24		52
Projected Number to be served FY 2024-25		35
Cost Per Person		\$5,005

## Program Update

During FY 2023-24, Field Capable Clinical Services for Older Adults (FCCS) served 52 unique individuals, a significant increase from the 37 individuals served in FY 2022-23. This increase supported the general upward trend that FCCS has experienced in recent years. To support staff and their growing caseloads, a Support Drop-In Hour was created to address complex and high-risk cases.

Additionally, FCCS witnessed an increase in complex medical conditions experienced by clients. This mirrored similar trends that occurred in other MHSA programs. Accordingly, staff was equipped to refer, provide resources, support with case management, and maintain/obtain relationships with external partners who may be able to offer relevant services to meet client's needs.

## Challenges and Solutions

A change in the electronic health system (EHR) Care Plan component led to a new learning curve for FCCS staff. The team was supported in this transition by attending ongoing EHR and Quality Assurance (QA) training. Training included 1:1 support regarding how to add goals in the Care Plan as well as obtaining training materials and a components page for the EHR reflecting the recent changes and expectations.

With an increase in complex medical conditions, many individuals required linkage and referrals to higher levels of care and medical supports. To ease the challenge, staff are versed in reliable community partners to address medical concerns and work with internal Community Navigators when additional support is needed to identify resources available.

## Diversity, Equity and Inclusion

The FCCS program continues to be led by a bilingual (Spanish speaking) clinician. In addition, all program brochures are available in both English and Spanish and an approved language line is also available. Community Navigators are available to provide culturally appropriate resources for clients as needed. The FCCS team also supports undocumented individuals in targeted case management, resource identification and linkage to services supporting issues related to immigration, legal support, social services, shelters, medical care, and support with the application process for Medi-Cal benefits.

Ongoing training is provided to FCCS staff regarding cultural competence and implicit bias. Depending on the need, FCCS is also able to refer to the appropriate supports should a client be experiencing physical or mental disability, require assistance with assisted living/senior housing, or obtain waivers for in-home living. Being aware of these resources in the community and partners who work specifically with the older adult population is vital in supporting this underserved demographic.

## Community Partners

The Field Capable Clinical Services team collaborates regularly with internal as well as external partners for the purposes of referrals, resources, adjunct services, housing, and transitions, among other purposes. Examples of these collaborations are Los Angeles County Department of Health Services Medical Center for referrals, Pomona Housing Authority and Volunteers of America (VOA) for housing needs, Park Tree (a local pop-up clinic) for medical support, Police Departments in Pomona, Claremont and La Verne for referrals and collaboration, Prototypes and American Recovery Center for substance use treatment, The Department of Public Social Services, and Social Security Administration.

## Success Story

An individual was connected to FCCS due to depression, anxiety, isolating behaviors and reducing social interactions with others. Through FCCS, they learned to connect with the community by increasing social interactions and addressing social behaviors. As medication support services were indicated, the individual was linked to the internal medication support services to assist with managing symptoms of depression. Ultimately, they were able to build interpersonal relationships, increase community engagement, and improve overall wellbeing. Some evidence of these improvements experienced were demonstrated in the individual's ability to become an active participant in their community center, host social events in their home, attend the Wellness Center, and attend various senior centers. As goals were met and improvements made in symptoms and impairments, they are now working towards graduation from the FCCS program.

## Program Summary

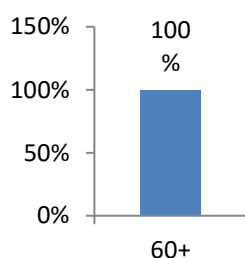
### How Much Did We Do?

**52**  
Individuals  
Served

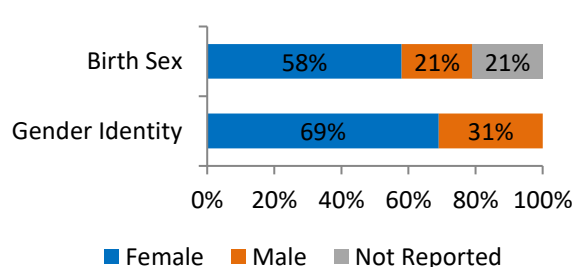
The number of individuals served **increased** from **37** in FY 2022-23 to **52** in FY 2023-24.

**83% of FCCS**  
clients lived in  
**Pomona,**  
while 15% of clients  
lived in Claremont.

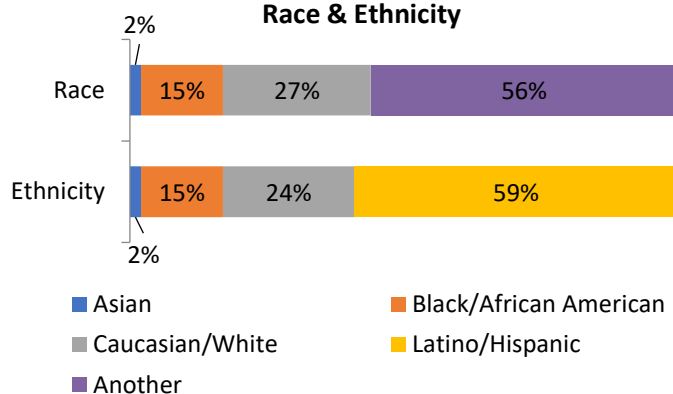
Age



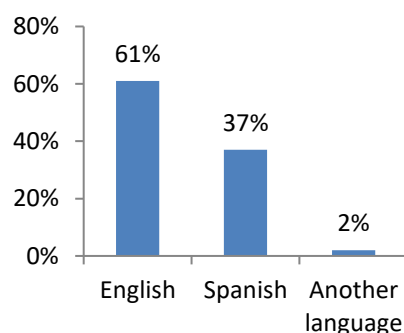
Sex & Gender Identity



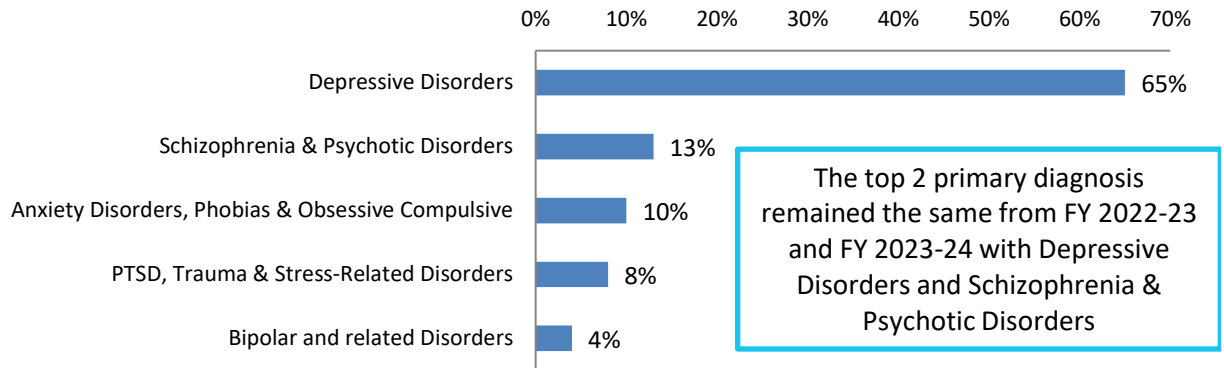
Race & Ethnicity



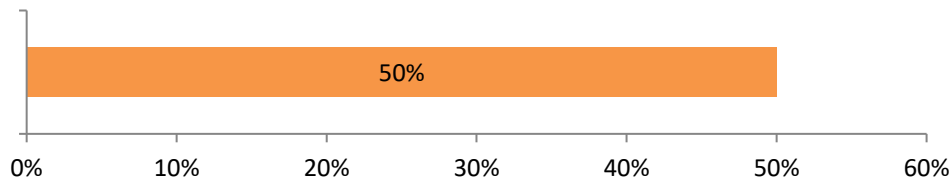
Primary Language



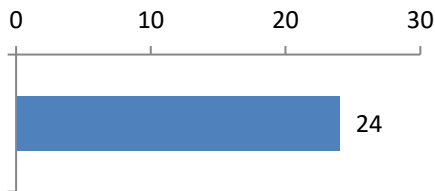
### Primary Diagnosis by FCCS Clients



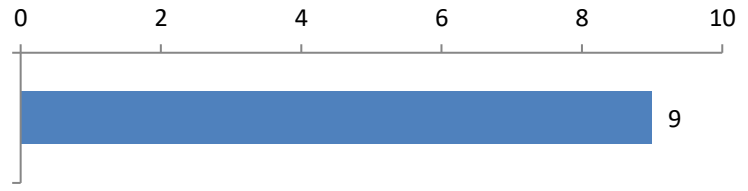
### Percent of FCCS Clients Receiving Medication Services



### Number of Crisis Episodes



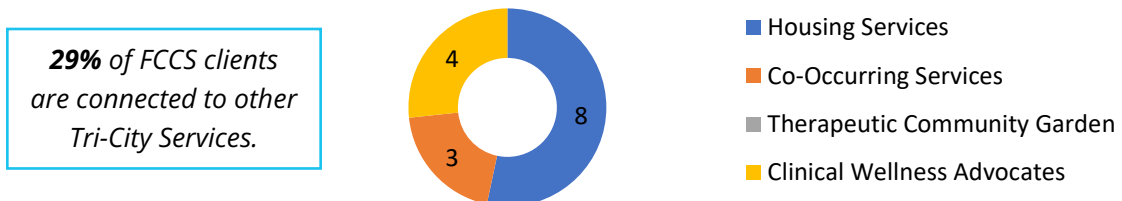
### Number of Unique Clients w/ at least 1 Crisis Episodes



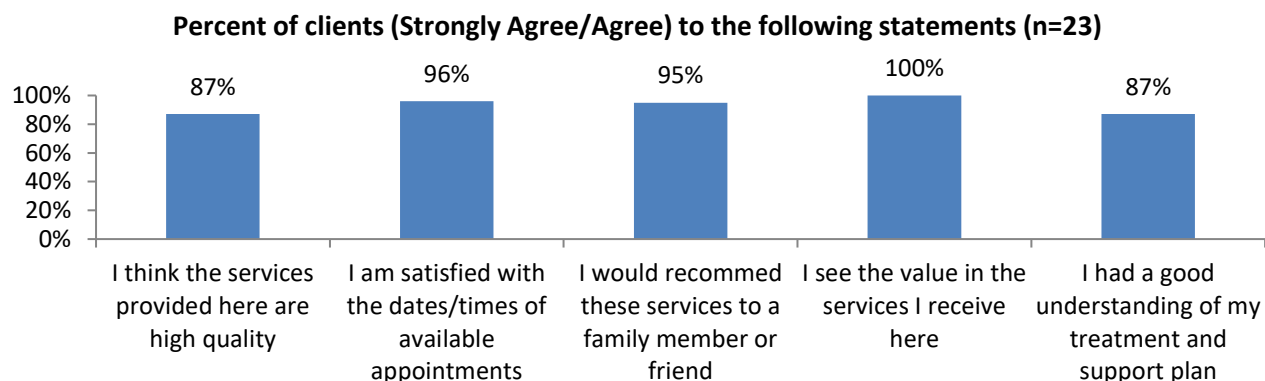
■ Crisis Episodes

■ Clients w/ at least 1 crisis episode

### Number of FCCS Clients Connected to Other Services



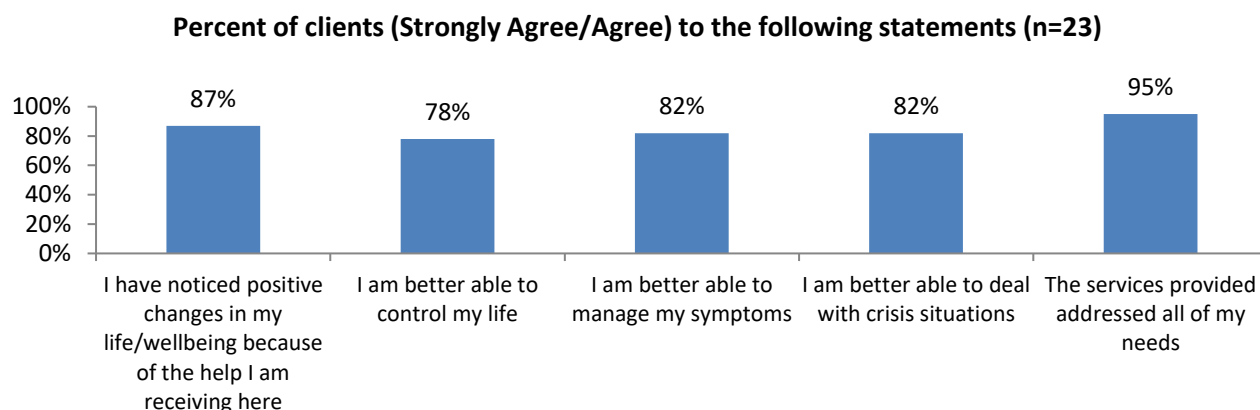
## How Well Did We Do It?



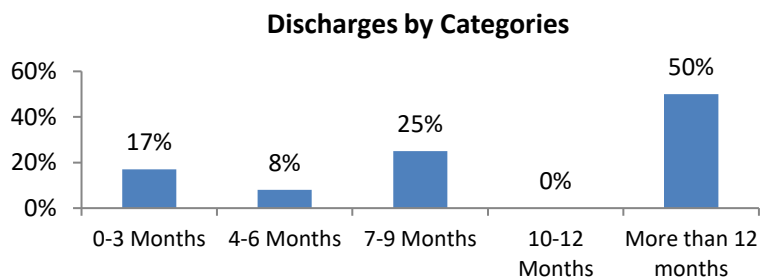
***On average, FCCS clients were enrolled for 16 months.***

The average enrollment (in months) of FCCS individuals **increased** from **14** in FY 2022-23 to **16** in FY 2023-24.

## Is Anyone Better Off?



**12 Discharges during FY 2022-23**



# Permanent Supportive Housing

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
<b>Number Served FY 2023-24</b>	6	18	138	49	<b>211</b>
<b>Projected Number to be Served FY 2024-25</b>	7	20	151	54	<b>231</b>

## Program Update

On September 14, 2023, the Villa Esperanza hosted its Grand Opening. During the event, two MHSA tenants shared with attendees their story of battling through housing instability and their new outlook on life. Throughout the fiscal year, events and groups become available to tenants such as a biweekly anxiety support group called Color Me Calm, the Good Tenant Curriculum, a gardening group created with the Therapeutic Community Garden, a biweekly food bank in collaboration with Volunteers of America, and an on-site resource fair. A collaboration was also formed with the Step Fund which provides no-interest micro loans to LA County residents who are at imminent risk of homelessness. Another housing location, Holt Family Apartments, added solar panels in June to assist with reducing client's electricity bill.

Permanent Supportive Housing had previously partnered with the Therapeutic Community Garden (TCG) in prepping garden beds at Cedar Springs, one of our housing locations aimed at serving TAY and their families. The RSC at the site has since overseen the gardening group and the beds have flourished. This past fiscal year, the beds have consistently produced, and tenants are able to harvest sunflowers, peppers, corn, broccoli, carrots, beets, anise, kale, green beans, tomatoes, onions, cucumber, cilantro, lemon grass, parsley, jalapenos, habaneros, and basil depending on the season.

The Housing Division began to host Case Conferencing meetings with the clinical teams. Every month, the Housing Division holds an open meeting where clinical teams can ask questions about the process of a referral, inquire on the status of a referral, seek housing resources and present situations they are encountering with client related to housing. By providing this space, clinical staff can get their questions answered in a timely manner, while helping other staff learn about something that may come up later with a client.

## Challenges and Solutions

One of the Permanent Supportive Housing locations, Villa Esperanza did not have a permanent property manager at the start of the fiscal year. The previous manager left as FY 2022-23 was ending and in the property management company rotated temporary managers to oversee the applications and day-to-day business at the site. Towards the end of the fiscal year 2023-24, one manager became permanently placed, which was very positive for the residents to experience consistency and build relationships with one person as opposed to rotating individuals.

There were also gaps and inconsistencies in assigned property managers at Cedar Springs, Holt Family Apartments and Parkside Apartments. After some time, new management was assigned to all locations. The RSCs worked closely with new staff and the clients to address any lease violations, rent tracking, any corrections of files, and general support as clients built rapport and new working relationships with incoming staff on the property.

With all properties obtaining stable property managers, the RSCs are working towards bringing back tenant meetings at their respective sites. These meetings allow a space for property management to explain how they are addressing concerns at their sites and build a stronger community as it involves the tenants as part of the solution.

## Diversity, Equity and Inclusion

Tri-City's Housing programs offer fair housing to clients and their families regardless of status, culture, ethnicity, sex, gender, religion, or otherwise. Housing Division staff are trained in cultural competency, stigma reduction, and implicit bias. Staff make ongoing efforts to work with clients in identifying their rights regarding housing, including education about tenant rights and legal referrals if needed. For optimal accessibility, all activities at the sites are on the ground floor and have doors wide enough for wheelchairs. Activities vary to include an array of topics that may interest different groups, such as coffee chats, coloring, community game days, gardening activities, and stress relief. RSCs also provide in-home services for tenants and offer computer access/support which has been well received with older adults and Spanish speaking tenants. In addition, Pride Month is celebrated with monthly activities and stigma reduction is addressed through webinars.

Housing Division staff are bilingual in English and Spanish, while other staff identify as having lived experience. Flyers and information are also provided in multiple languages. Reasonable accommodations are always considered, and Housing works with property managers to make accommodations for someone with a disability to ensure they have fair and equitable use of their unit.



## Community Partners

Every Tri-City department is highly involved and act as a source of referrals for Permanent Supportive Housing. High volume of referrals consistently come from Community Navigators, Adult Outpatient, Full-Service Partnership, Child and Family Services, Therapeutic Community Garden, Access to Care, Wellness Center, Employment Specialists, Clinical Wellness Advocates, and the Co-Occurring Support Team.

Additionally, several external agencies provide supplemental resources to clients to help them obtain and maintain housing, identify resources in the community, address overall wellbeing, support basic needs, promote safety, provide education, inform on tenant rights, address finances, and identify opportunities for select housing expenses to be covered. Some of these external entities include Pomona Housing Authority, APS/CPS Social Workers, Corporation for Supportive Housing, Department of Mental Health, law enforcement, faith community/church leaders, LA County Department of Public Social Services (DPSS), and National Alliance on Mental Health (NAMI).

## Success Story

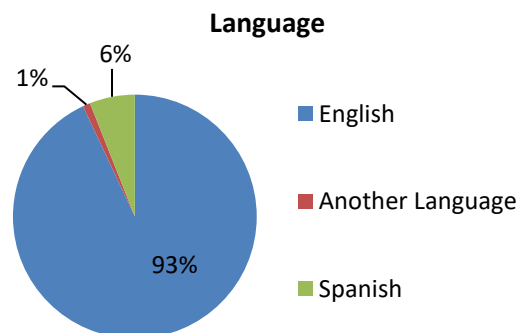
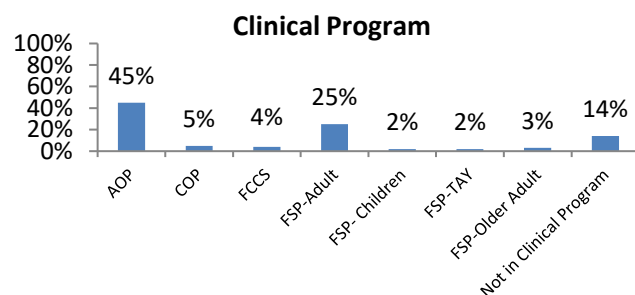
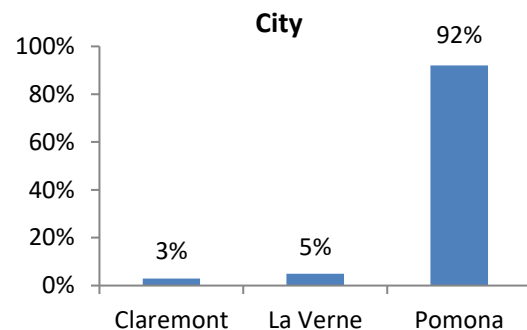
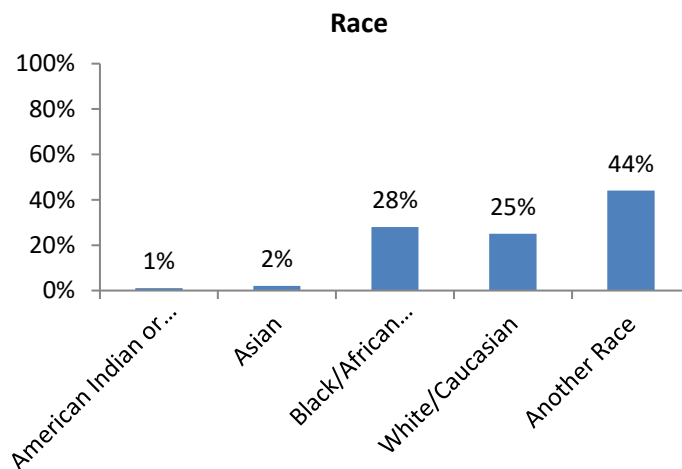
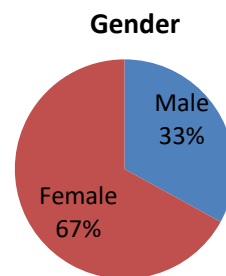
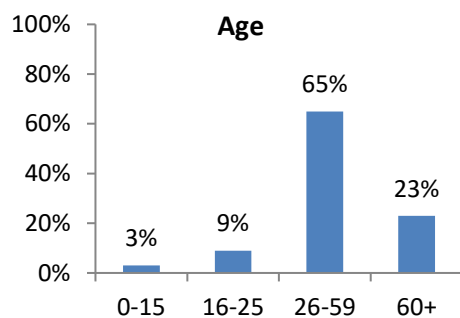
A transition age youth moved into Cedar Springs in 2016 and have continued to maintain a successful tenancy. They recently shared that a roommate was negatively impacting their mental health. While this information had been shared with RSCs before, the tenant was not ready to make a change related to their living environment and the roommate who was negatively affecting them. The RSC supported the tenant in having conversations with the roommate and the clinical team. The conversations took time but eventually a plan was identified for roommate to locate their own housing, allowing the tenant to size down to a one-bedroom apartment and live independently for the first time. The tenant has continued to maintain their housing and noted an improved quality of life since advocating for themselves, making a plan, and executing the plan with all parties involved.

## Program Summary

### How Much Did We Do?

**211**  
Individuals served with  
Housing needs

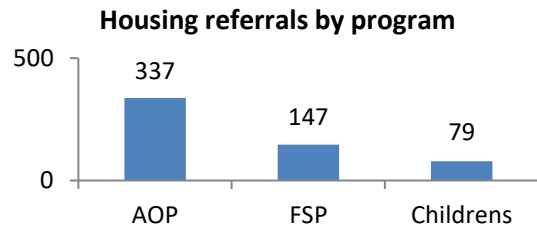
The number of individuals served with housing needs **decreased** from **226** in FY 2022-23 to **211** in FY 2023-24.



17  
Housing Clients Discharged due  
to "No Further Care Needed"

25  
Individuals with Continuum of  
Care Certificates

563  
Housing Referrals Received



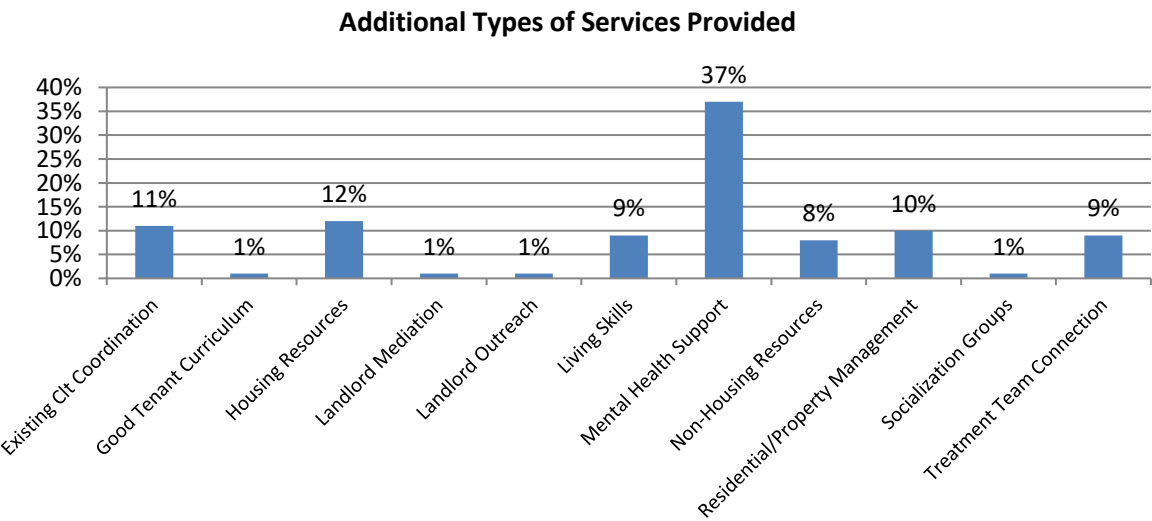
The number of housing referrals **increased** from **353** in FY 2022-23 to **563** in FY 2023-24.

How Well Did We Do It?

1,872  
Housing Actions

3.2 years  
Average Length of Time Housing  
Clients Living in Housing Unit

The number of housing actions provided to clients **increased**  
from **886** in FY 2022-23 to **1,872** in FY 2023-24.



## Is Anyone Better Off?

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# Access to Care

## Program Description

The Access to Care (ATC) program serves as the main entry point for individuals interested in receiving specialty mental health services from Tri-City Mental Health. Individuals seeking services can access care either by calling, walk-in, or via referral. The inquiring individual will discuss the presenting problems and needs with a mental health professional before scheduling an intake appointment to determine medical necessity. If needs are better served through another Tri-City program, or with a community provider, ATC staff will provide referrals and a warm hand-off to ensure linkage to the services that are appropriate. ATC's overall goal is to support recovery and assist community members in accessing mental health services to best meet their needs.

## Target Population

The ATC serves community members seeking mental health services including children, TAY, adult, and older adults.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	429	529	1,646	189	<b>0</b>	<b>2,793</b>
<b>Projected Number to be Served FY 2024-25</b>	429	529	1,646	189	<b>0</b>	<b>2,793</b>
<b>Cost Per Person</b>	\$544	\$544	\$544	\$544	N/A	<b>\$544</b>

## Program Update

FY 2023-24 expanded the ATC team by adding a Clinical Supervisor and a Senior Behavioral Health Specialist. The program was also able to fully staff the Office Assistant roles. A variety of methods to complete intake appointments were offered, including face-to-face, video and telephone options. ATC was also able to consistently offer timely appointments to those who were seeking and qualified for intake assessments.

The program also became more efficient in reviewing and approving custody and legal representative documentation. This was accomplished by attending weekly custody documentation consultation

meetings with the Chief Compliance Officer and Compliance Administrator, and due to staff meeting knowledge and efficiency goals, these meetings concluded in the same fiscal year.

In the next fiscal year, ATC intends to add two new clinical therapists to the program to assist in maintaining network adequacy guidelines. To accomplish this, ATC will begin to engage in the recruiting and hiring process for these two new positions.

## Challenges and Solutions

ATC struggled with a high rate of no-shows to intake assessment appointments in FY 2023-24. As a solution, intake appointments were scheduled with back-up intakes which enable ATC the ability to offer some individuals sooner appointments and give the program the ability to render services even when no-shows occur. Another challenge was the inability to accept verbal consents for obtaining electronic signatures on enrollment documents. The program implemented the use of GETACCEPT in order to obtain signatures and worked alongside the Compliance Administrator and Chief Compliance Officer to ensure appropriate utilization. Lastly, individuals requesting services who did not have Medi-Cal or had another type of healthcare coverage was a challenge this fiscal year. To address this, ATC identified other resources for mental health support when individuals did not have Medi-Cal coverage or had private insurance.

## Diversity, Equity and Inclusion

ATC is equipped to link individuals, if needed, to resources related to transportation, food, clothing, shelter, phones, language services (bilingual staff, a language line), as well as provide services offered via a variety of options (in-person, over the phone). The program accommodates individual's work and school schedules to complete service requests at times that work for the potential client.

Staff complete training and webinars related to cultural competency and implicit bias, as well as focus on these areas in supervision. Barriers related to seeking/adhering to mental health services due to culture or stigma are regularly discussed in individual and group supervision. Staff also work with their supervisors to address issues relevant to the LGBTQ+ population during intake and service requests and are equipped to provide community supports geared towards the LGBTQ+ community.

ATC regularly collaborates with the Community Navigators and Field Capable Clinical Services regarding referrals and support for older adults and veterans in the community. The program staff are also able to complete intakes for all ages to qualify for an intake assessment if indicated.

## Community Partners

While ATC collaborates with several internal departments, the highest amount of collaboration in relation to intakes, resources and referrals is with the Adult Outpatient Team, Co-Occurring Support Team, Full-Service Partnership, Children and Family Department, Intensive Outreach and Engagement Team, Crisis Department, Community Navigators, and the School Partnership Team. External partnerships are another source for referrals, resources, substance use treatment, reporting mandates, and housing support. Some examples of external partnerships are: multiple local hospitals,

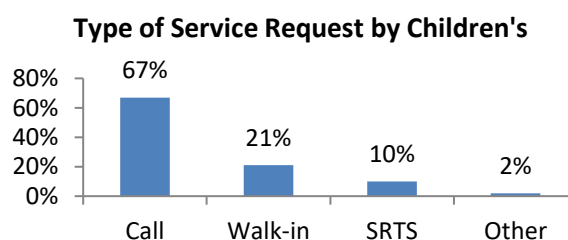
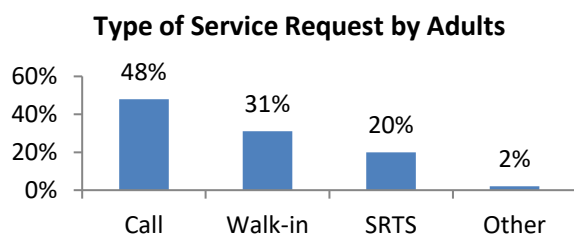
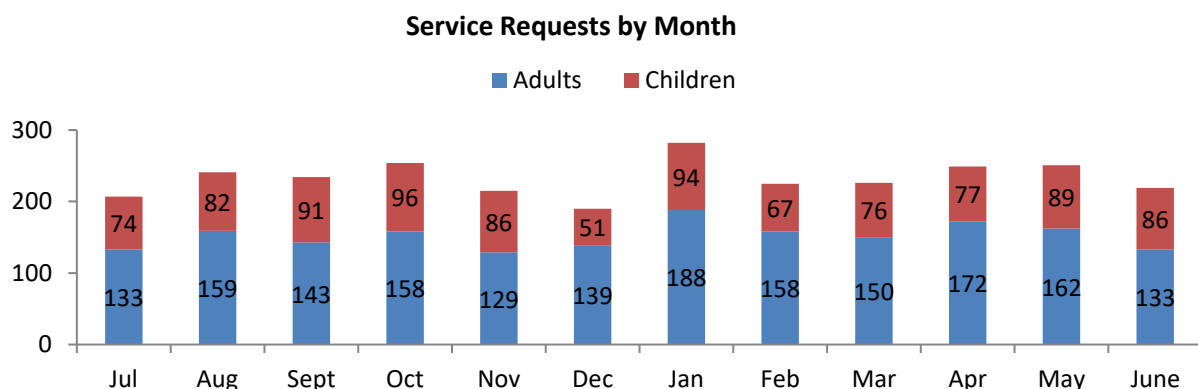
Department of Public Social Services, local colleges, East Valley Community Clinic/Behavioral Department, Park Tree Community Clinic, Prototypes, Pacific Clinics, David & Margaret Youth and Family Services, Department of Child and Family Services, Five Acres, primary care physicians, Adult/child Protective Services, Crisis and Trauma Resource Institute, American Recovery Center, Hope for Home and Volunteers of America.

## Success Story

A potential client completed an intake assessment and following the assessment, the determination was made that they did not meet medical necessity for specialty mental health services with Tri City. However, the family had needs pertaining to their young child who was recently diagnosed with Autism and required behavioral support. The intake clinician was able to connect the family to a Peer Support Specialist, and a team member was assigned to help support the family with accessing further resources that would better fit their needs. As a result, the family was connected to the San Gabriel Pomona Regional Center and the caregivers developed the knowledge to advocate for themselves and their child. This is an example of how ATC goes above and beyond to ensure that individuals who come to us in need are supported, even if that means connecting them to another type of agency that may better suit their needs.

## Program Summary

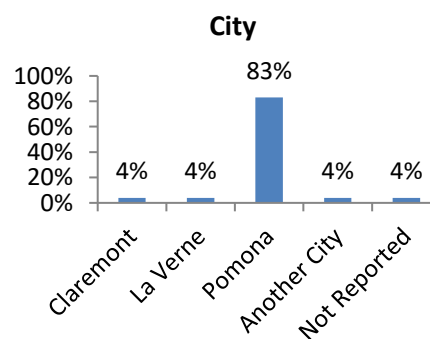
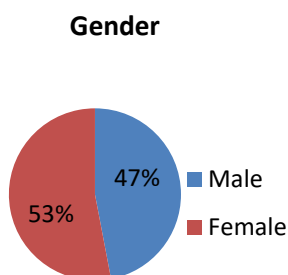
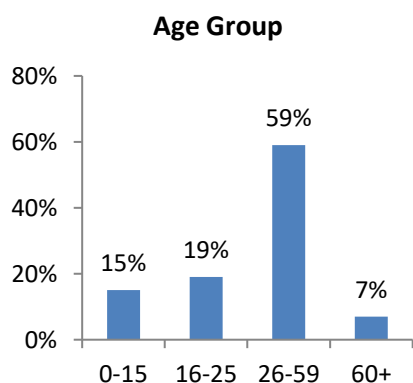
### How Much Did We Do?



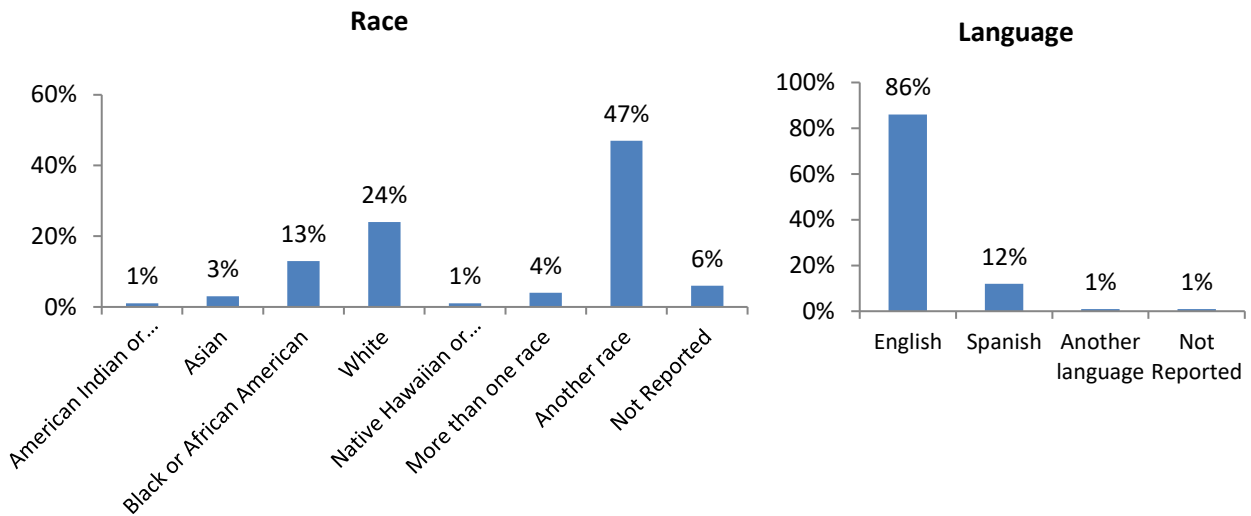
**2,793**  
**Service Requests**

The number of service requests **increased** from **2,517** in FY 2022-23 to **2,793** in FY 2023-24.

### Demographics from All Service Requests







**357**

**Services Request from  
Hospital Discharges  
Adults**

**106**

**Services Request from  
Hospital Discharges  
Children's**

**2,167**

**Intake Appointments  
Scheduled with  
Individual**

The number of hospital discharges for both sites and intake appointments **increased** from **281, 76, and 1,942** in FY 2022-23 to **357, 106, and 2,167** in FY 2023-24.



# Prevention and Early Intervention (PEI)

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

Community Wellbeing  
Community Mental Health Training  
Stigma Reduction and Suicide Prevention  
Older Adult Wellbeing/Peer Mentor  
Transition-Age Youth Wellbeing/ Peer Mentor  
Family Wellbeing  
NAMI Community Capacity Building Program (Ending the Silence)  
Housing Stability Program  
Therapeutic Community Gardening  
Early Psychosis  
School Based

---

## MHSA Regulations for Prevention and Early Intervention

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

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

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

### Prevention and Early Intervention Plan Required Categories/Programs

#### 1. Prevention Program

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

#### 2. Early Intervention Program

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

#### 3. Access and Linkage to Treatment Program

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

#### 4. Stigma and Discrimination Reduction

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

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

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

#### 6. Suicide Prevention

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

# Community Capacity Building

Community Capacity Building is comprised of three programs: Community Wellbeing Program, Community Mental Health Trainings and Stigma Reduction/Suicide Prevention Program

## Community Capacity Building (Prevention)

### Community Wellbeing

#### Program Description

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

#### Target Population

The Community Wellbeing (CWB) program has dedicated its efforts to improving the wellbeing of children and transition-age youth ages 0 to 25. The CWB program serves communities and groups located in the cities of Claremont, La Verne and Pomona who are either comprised of youth or fund projects that directly benefit them.

Community Grants Awarded	Community Members Represented
13	12,209

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	3,967	911	640	205	N/A	<b>5,723</b>
<b>Projected Number to be Served FY 2024-25</b>	4,083	938	659	211	N/A	<b>5,890</b>

## Program Update

In FY 2023-24, a total of 13 Community Wellbeing Grants were awarded. The community members served as a result of these grants represented 12,209 individuals, which was a significant increase from 10,809 in FY 2022-23. Notably, the communities being served by these projects provide services to underserved, unserved, and at-risk youth.

During this fiscal year, CWB staff partnered with other Tri-City staff and the Kennedy Austin Foundation to organize an event called "Box of Hope." This event was held at the Tri-City Wellness Center for families in Pomona, Claremont, and La Verne who were grieving the loss of loved ones. The aim was to create a supportive environment where families could feel cared for, heard, and connected to mental health services if necessary. Young members of the Kennedy Austin Foundation crafted and decorated beautiful boxes, each dedicated to the memory of loved ones, which families were able to take home. Additionally, program staff and other Tri-City personnel provided an overview of the services and programs available at Tri-City to assist youth and families in need, and several resource tables with information about Tri-City's programs and services were set up for attendees.

Program staff increased the number of in-person meetings in FY 2023-24 and attended events hosted by grantees and their organizations. This shift has fostered greater community engagement, as grantees can now meet face-to-face. A notable example of this was the final cohort meeting, which was hosted at a grantee's site. During this meeting, recipients of the grant were able to present their projects, share success stories, and discuss challenges they faced throughout the fiscal year. Additionally, they had the chance to network with one another and expressed their appreciation for the opportunity to meet and connect with their peers.

## Challenges and Solutions

Grantees reported facing challenges in recruiting participants, both through outreach efforts and adjustments to project delivery. They expressed difficulties in retaining current participants as well as obtaining and attracting new ones. Furthermore, while some participants prefer in-person meetings, there are still many who prefer to connect virtually, and unfortunately, some do not attend either format. Grantees were able to address these challenges by adapting the delivery of their projects based on feedback from their communities. They offered both in-person and virtual options, utilized incentives, provided resources, and leveraged social media to promote a wider range of their services.

Additionally, grantees collaborated with other members of their cohort to promote their services reciprocally and seek advice on effective outreach and service delivery strategies.

## Diversity, Equity and Inclusion

CWB staff consists of a bilingual staff member and all materials and presentations are available in English and Spanish. Additionally, a program staff member serves as the Chair for the ¡Adelante! Hispanic & Latino Wellness Committee. Members of ¡Adelante! share ideas and discuss barriers to improving the wellbeing of Latino and Hispanic families and communities. The program also works with community entities that provide services to underserved, unserved and at-risk communities, focusing on ages 0-25.

Additionally, grantees network and collaborate with each other to serve marginalized populations. Training resources related to cultural competence are disseminated to grantees, and the grantees distribute them to their participants. All 13 grantees are offered a diverse range of services, resources and activities, including hygiene products, meals, support groups, creative arts programs, clothing for teens, mental health workshops, afterschool programming, transportation for young mothers, grief and loss support, special needs basketball clinics for self-esteem and team building, art initiatives in open spaces, and an LGBTQ+ Youth Health & Education Wellbeing program. These efforts are aimed at enhancing the well-being of their communities and underserved populations.

## Community Partners

In addition to collaborating with several internal programs, CWB works in partnership with several agencies such as: Bithiah's Family Services, Character Champions Foundation, City of Knowledge, City of Pomona, Draper Center for Community Partnerships, 4Kids WorldWide, House of Ruth, Kennedy Austin Foundation, La Verne Youth & Family Action Committee, Pomona Valley Pride, Purpose Church, Sowing Seeds for Life, and The Youth and Family Club of Pomona Valley. These organizations represent an array of services and supports for our community and individuals in the 0-25 age range.

Program staff facilitated connections between various grantees and our Mental Health Trainer, enabling mental health training sessions for their communities to further promote mental health and wellbeing. Grantees also exchanged resources and events from their own communities, and program staff circulated these resources among the cohort and Tri-City staff. Additionally, some grantees reported collaborating with other grant recipients in the cohort.

## Success Story

Grantee, Purpose Church Rise Up Program, focuses on transition age youth (16-25) who reside in the Del Rosa and Angela Chanslor neighborhoods in Pomona. Rise Up provides weekly programming centered around social-emotional development via restorative circles, character building and mentorship. A total of 60 youth participates in this program. The Renacimiento Teen Center, where they have their central meeting location, is safe and conducive for this program. Per program staff and leadership, transformations have occurred within some of their attendees. One example is the story of a youth, who for the first year of receiving services, displayed difficulty with concentration,

disruptive behaviors and struggles with the authority figures. Upon entering year two, there was a noticeable change in the attendee. Currently, youth attend the program weekly, actively leads elements of the gathering among their peers, and has become close with his leaders. When leaders at the Rise Up Program approached the individual, inquiring on the change, the response included feedback highlighting staff persistence, accessibility, and genuine empathy for all who entered the program.

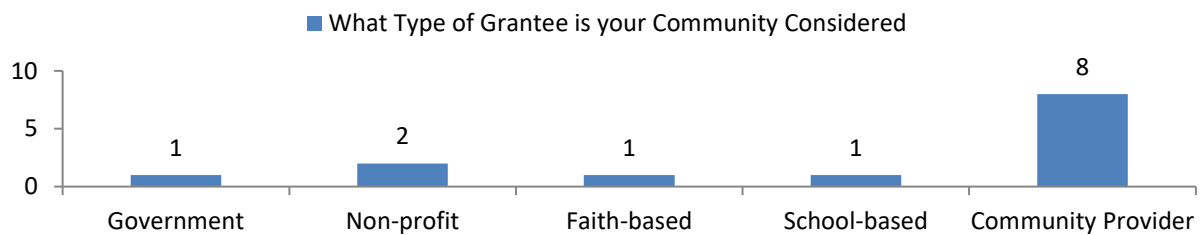
## Program Summary

### How Much Did We Do?

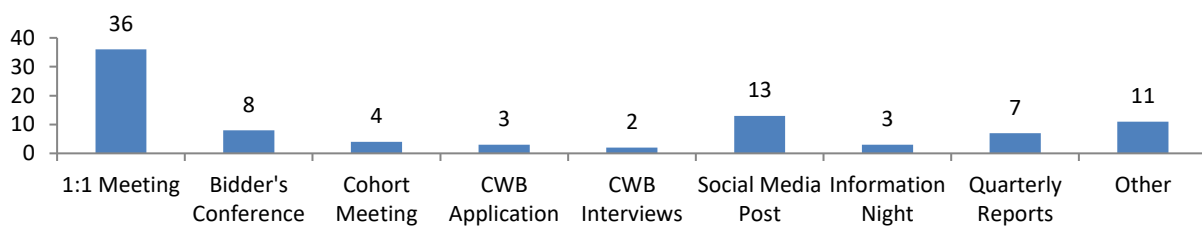


**12,209**  
**Community Members**  
**Represented in all of Grantee**  
**Communities**

The number of community members represented in all grantee communities **increased** from **10,809** in FY 2022-23 to **12,209** in FY 2023-24.



### Number of Events Held by Community Capacity Organizer



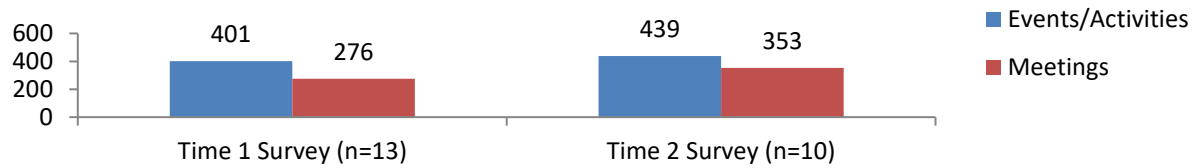
**391**  
**Event Attendees**

The number of events held **increased** from **81** in FY 2022-23 to **87** in FY 2023-24.

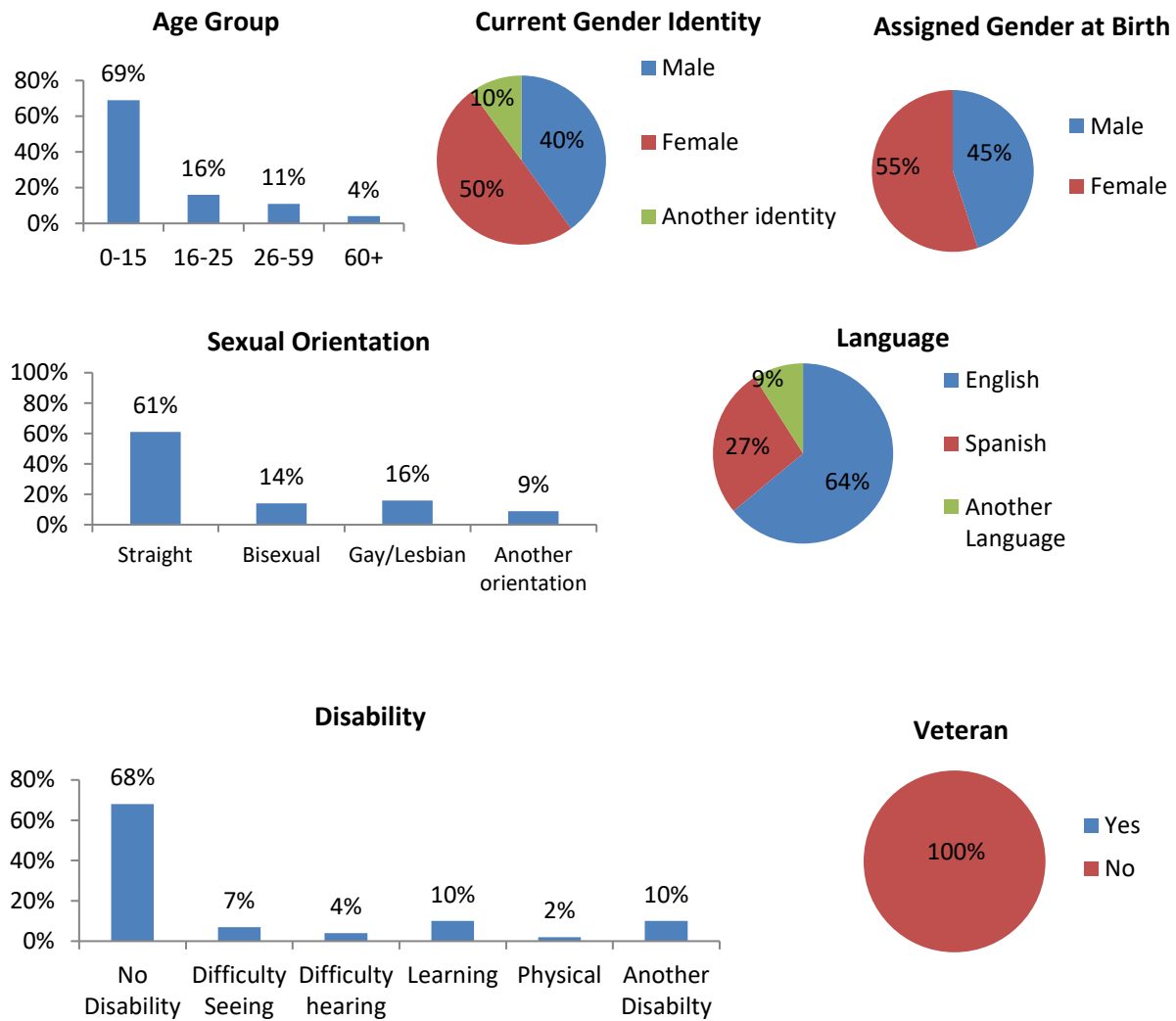


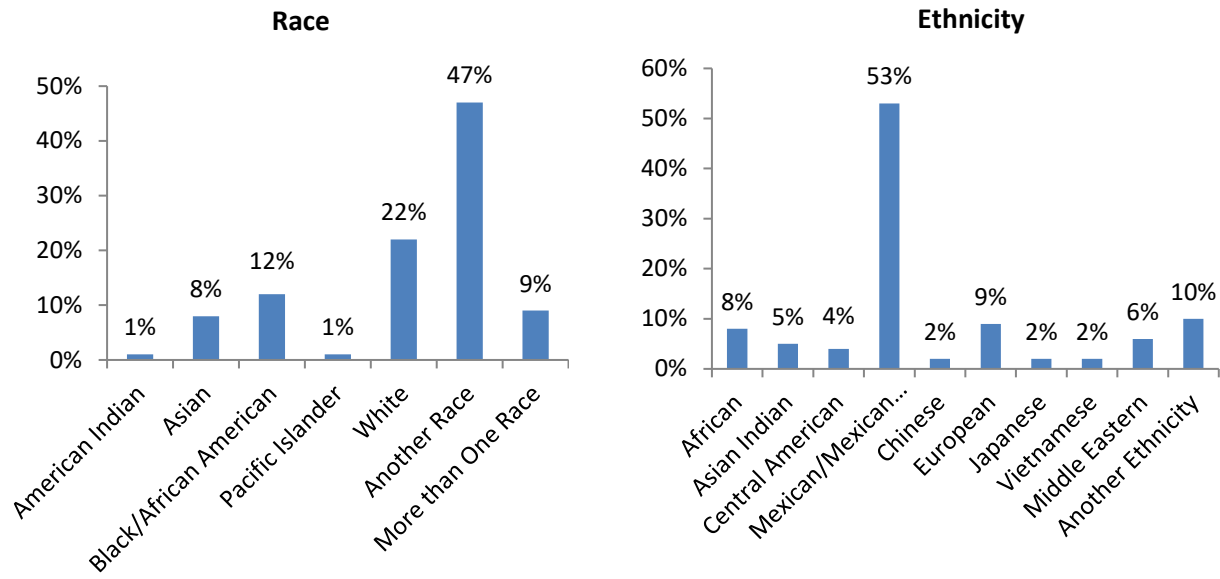
## Number of Events/Activities and Meetings Hosted by Grantees

**11,506 Attendees for Events/Meetings**



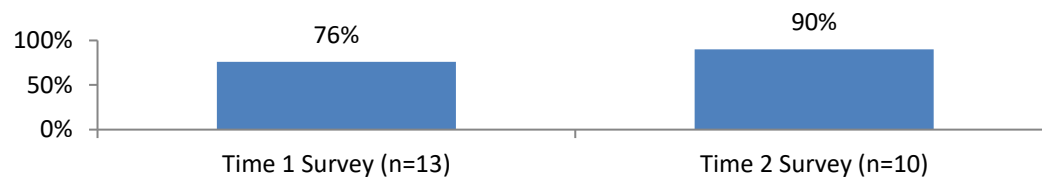
## Grantee Community PEI Demographics (13 grantees completed Time 1 Survey)



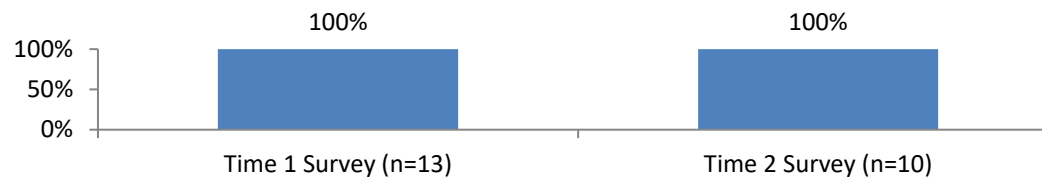


## How Well Did We Do It?

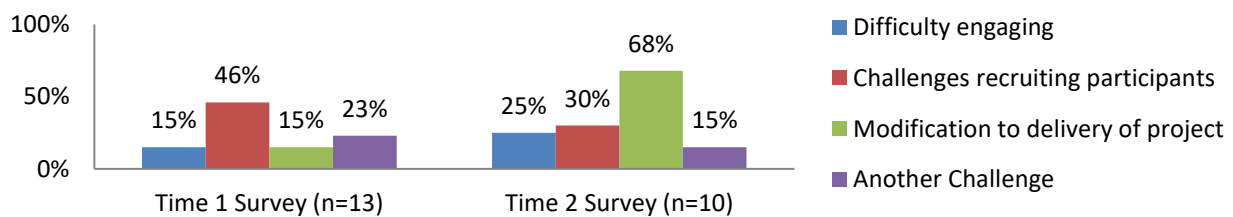
### Percentage of Grantees who Report Successful in their Community's Activities:



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

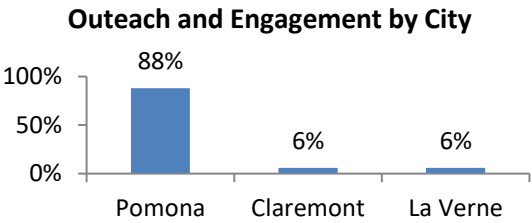


### Percent of Grantees who report challenges their communities faced? (Check all that apply)



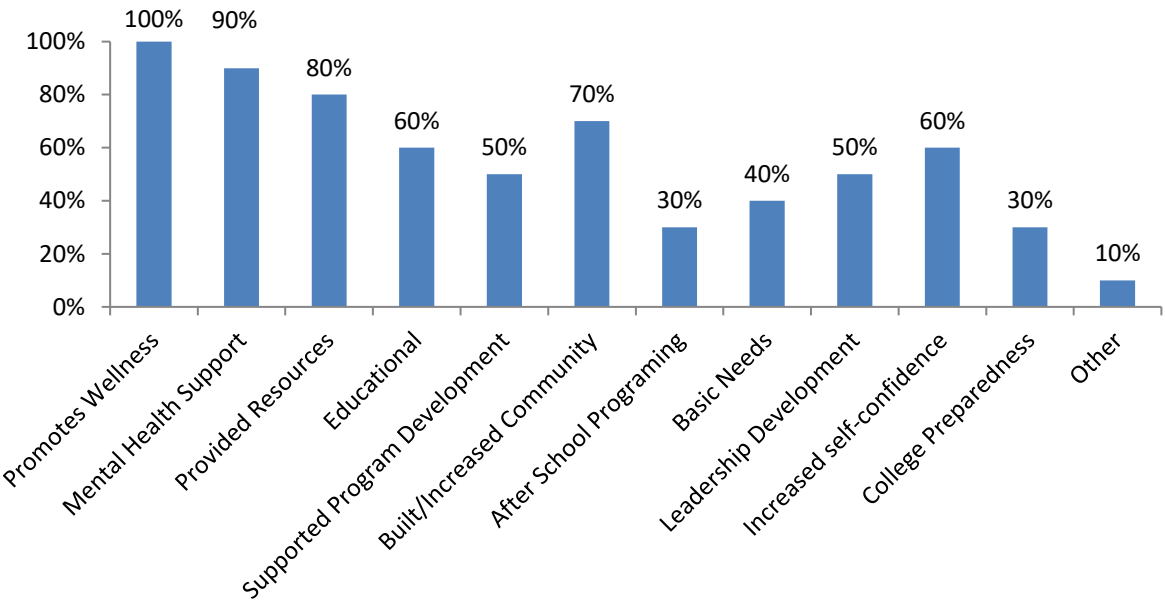
17  
Outreach  
and  
Engagement  
Events

29  
Individuals  
Outreached  
and Engaged

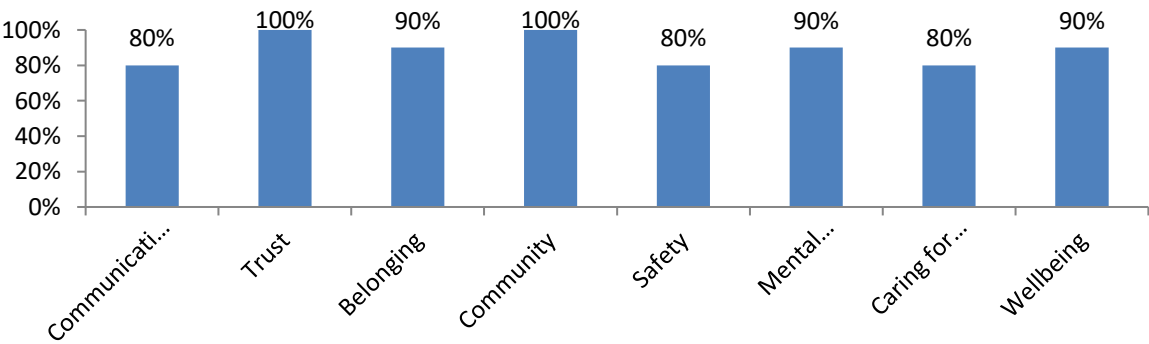


Is Anyone Better Off?

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



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



### What was the most successful outcome of this project:

- Being able to transport mothers to their appointments, therapy and work!
- Music is proven to empower us, teach us calmness, heal us, and to help us create communities with those around us. Seeing these effects occur in real time was amazing, and I truly feel that the most successful outcome of this project was from the weekly, genuine connections made between mentees and mentors in their lessons.
- That students felt better about themselves (especially those who are unhoused) interacted more with others and were more accepting of other services that improved their lives such as attending our food pantries off campus.
- The CC Kids project has made early childhood wellbeing education more accessible and engaging, and taught that every child, indeed every person, is valuable, lovable and capable (VLC).
- The most successful continues to be the opportunity for our children to socialize and be encouraged in a positive atmosphere.
- The most successful outcome of this project has been our participants' improved well-being. We see a significant change in the lives of many members in less tears and more smiles. As well as new jobs, relationships and community involvement.
- The ultimate aim of the Teen Center project is to empower our teenagers to envision a brighter future and strive toward achieving their individual goals. We believe that this project will attract a significant increase in teen participation.
- We were able to ensure that kids at risk and need had a meal each weekday of the summer

Number of Potential Responders	12,209
Setting in Which Responders were Engaged	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
Type of Responders Engaged	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

#### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to Community Wellbeing Program.**

# Community Capacity Building (Prevention)

## Community Mental Health Training

### Program Description

Tri-City offers free Community Mental Health Trainings (CMHT) to individuals, groups and community partners in the Tri-City service area of Claremont, La Verne and Pomona. These trainings are designed to provide participants with the skills and information they need to support themselves, friends, families, and others in mental wellness. These free trauma-informed and evidence-based trainings include Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), Adverse Childhood Experiences (ACEs), Community Resiliency Model™ (CRM), Motivational Interviewing (MI), Everyday Mental Health (EMH), Stress Management, Self-Esteem/Mental Health, and Wellness Recovery Action Plan. These trainings are offered virtually and in-person.

### Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	98	252	22	396	<b>768</b>
<b>Projected Number to be Served FY 2024-25</b>	0	118	302	26	475	<b>921</b>

### Program Update

The Community Mental Health Training (CMHT) program created and implemented an annual community calendar of trainings offered to the public (cities of Pomona, La Verne, Claremont). Trainings are offered every second Friday of the month. Due to the success of the annual calendar, there has been an increase of community members registering to be a part of the Community Mental Health Trainings Contact List. Through this list, individuals are notified via monthly emails regarding current and upcoming mental health trainings, workshops, and presentations. Sixty-four community members (comprised of school districts, service providers, individual community members, community groups and organizations), are currently registered to receive updates on the Community Mental Health Training program. Additionally, having multiple options available for trainings

continues to be useful, accordingly, CMHT still provides and will continue to provide virtual and in-person training options for accessibility and inclusivity purposes.

## Challenges and Solutions

The CMHT program has resumed in-house trainings for Tri-City staff. When scheduling and planning trainings for the community, staff must carefully consider scheduling options and make time available to support not only community members and groups, but also in-house staff. CMHT staff tracks and stays up to date on providing mandatory trainings to agency staff, while supporting the community and their training needs.

To support the organization and administration of trainings, CMHT staff created an In-House Trainings calendar for Tri-City staff to register for mandatory trainings. This allows the CMHT staff to properly organize and schedule for the Tri-City agency, while supporting requests from the community. This also supports in balancing the pre-designated monthly trainings offered to the general public on a monthly basis. Tracking requests also continues to be effective when scheduling trainings, and a vital source in managing organization and efficiency for the program.

## Diversity, Equity and Inclusion

The Community Mental Health Training team consists of bilingual staff who are available to offer trainings in both English and Spanish. In addition, materials and brochures are available in both English and Spanish, while training also targets service providers that serve and support underserved communities. Continuing to offer trainings virtually supports efforts in eliminating barriers related to lack of transportation or physical mobility and provides easier access allowing everyone to participate and gain knowledge in a safe environment from their preferred location.

Additionally, CMHT trainers complete cultural competence trainings and these concepts are incorporated in the trainings provided to the community. The CMHT program recognizes that cultural backgrounds, gender identities, sexual orientations, languages, ages, and religious beliefs can shape perceptions of mental illness. These factors may hinder some individuals from openly discussing their mental health challenges or seeking necessary support and services. Therefore, CMHT emphasizes in its marketing materials that trainings are available to all residents, service providers, community organizations, and groups in Pomona, Claremont, and La Verne.

## Community Partners

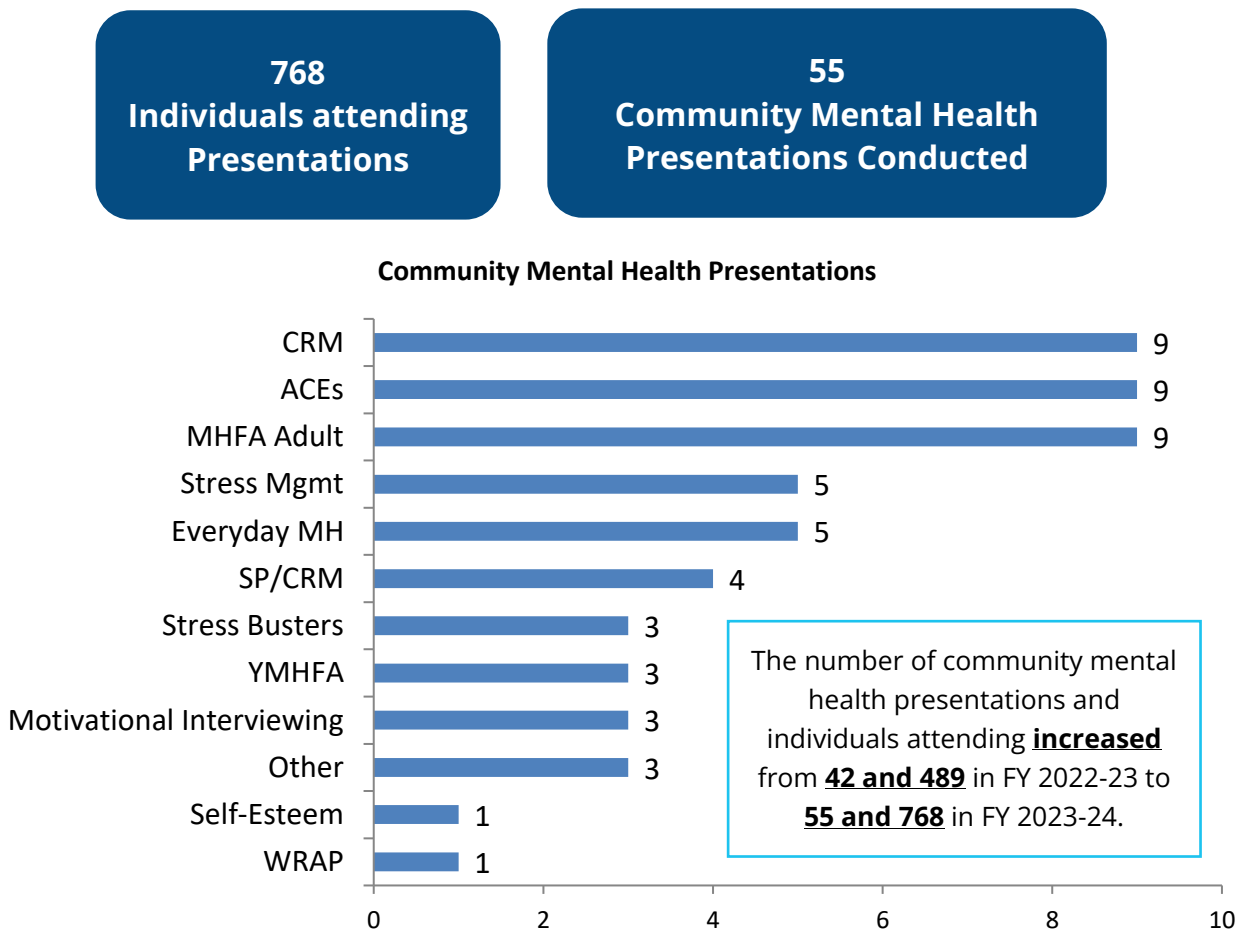
Community engagement is key to the success of the CMHT. Partners include local colleges, school districts, law enforcement, community-based organizations, and faith-based organizations. Some examples of external partners include Pomona Unified School District and Bonita Unified School District. While examples of internal partners include Tri-City's Mental Health Student Services Act, recipients of the Community Wellbeing Grant, interns, Housing Program and the Peer Mentor Program. These partnerships provide consumers of trainings for the CMHT program, support of landlords to increase their understanding of the intersection of mental health and housing needs, and support of school district staff and families.

Success Story

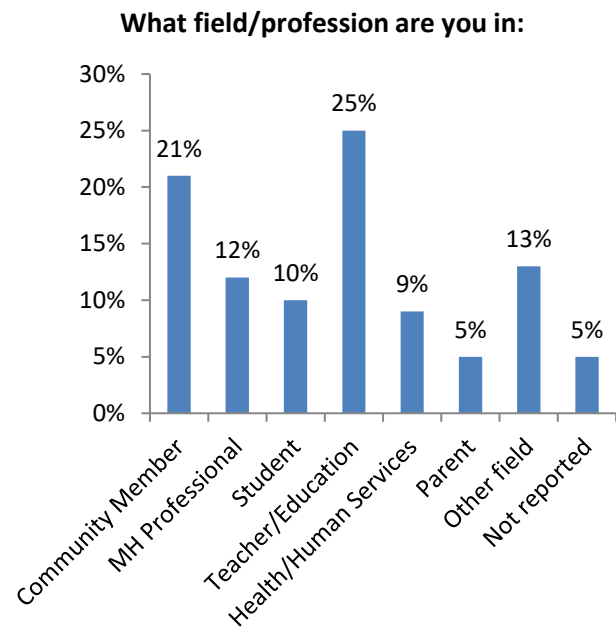
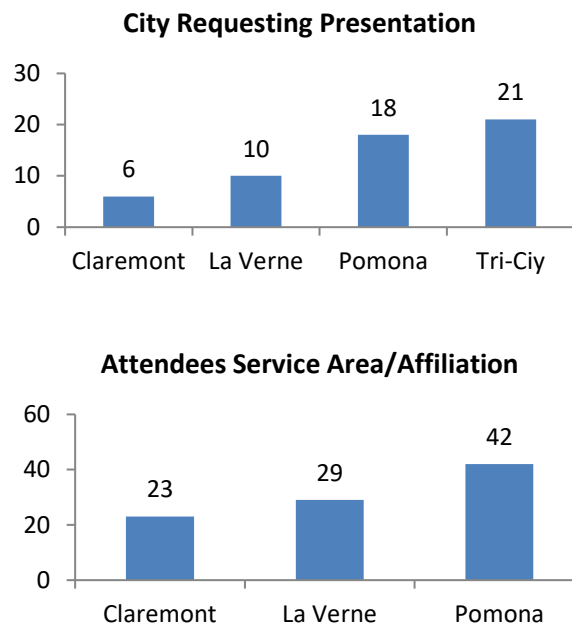
Staff delivered a Mental Health First Aid (MHFA) training to counselors at California Polytechnic University, Pomona. A few weeks after the training, CMHT staff was approached by one of the attendees in the community. The attendee shared their experience with staff, discussing their stepchild’s mental health struggles at home. The individual expressed that the training had enabled them to recognize the signs and symptoms of her stepchild’s challenges and was able to offer the MHFA action plan to provide the necessary support. As a result, they were able to ensure that the child received the appropriate resources to cope effectively. This community member’s feedback emphasized that the MHFA course had been incredibly informative and beneficial in helping them engage with a loved one when they were facing mental health challenges.

Program Summary

How Much Did We Do?



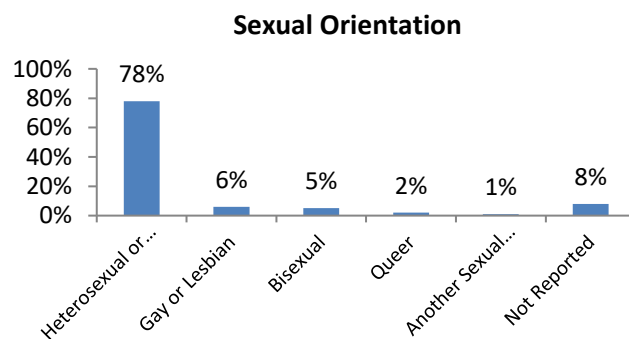
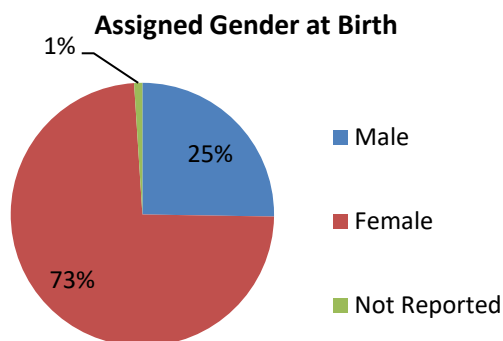
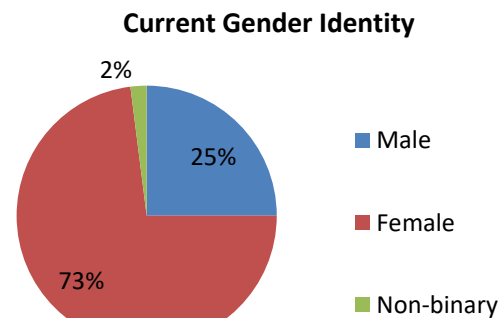
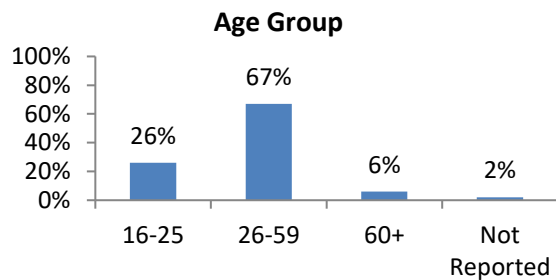


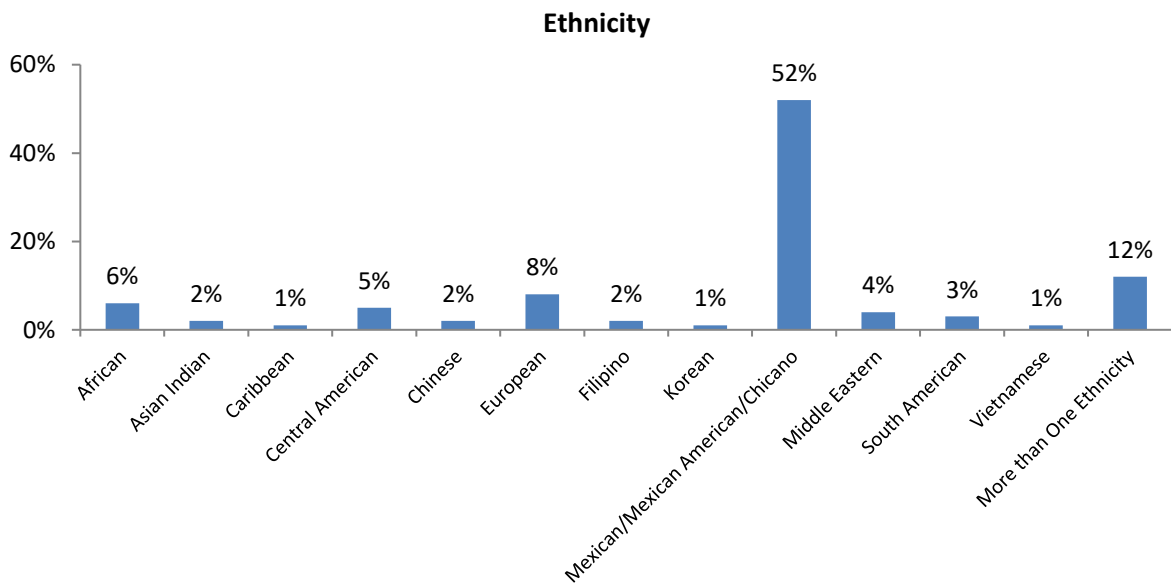
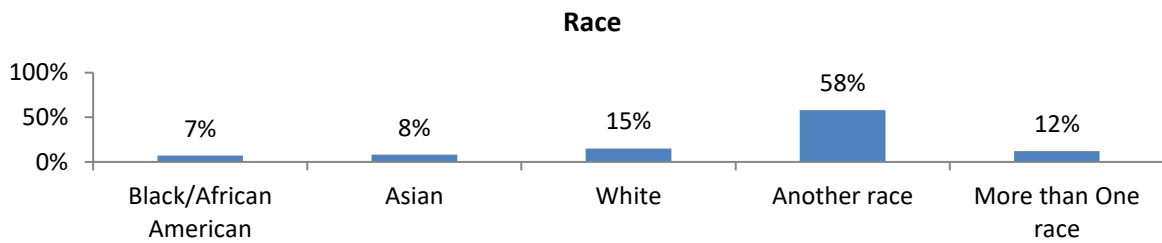
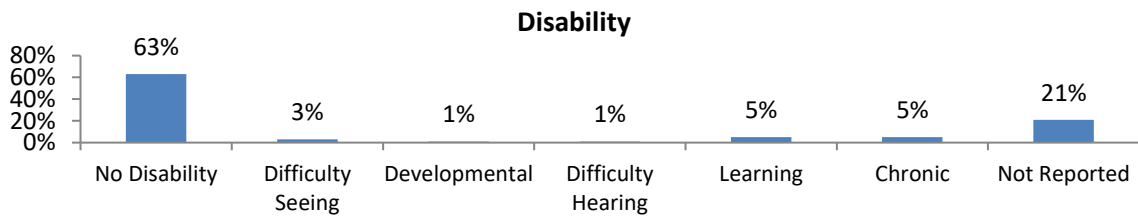
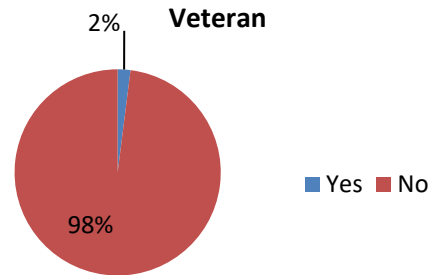
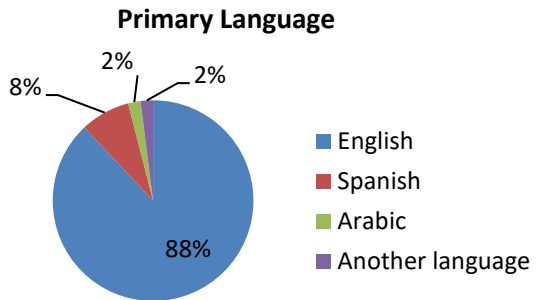


## PEI Demographics from Surveys (n= 378)

\*\* PEI Demographics only completed by Adults 18+

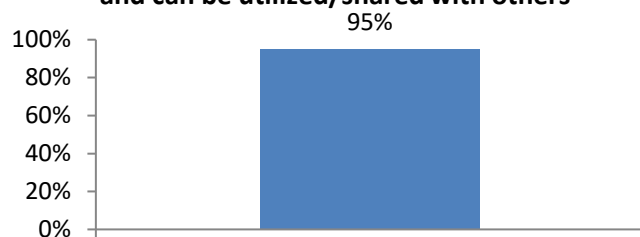
The number of surveys completed **increased** from **72** in FY 2022-23 to **378** in FY 2023-24.



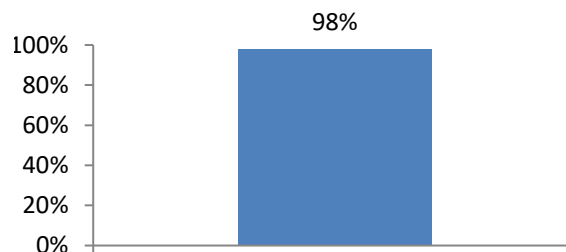


## How Well Did We Do It?

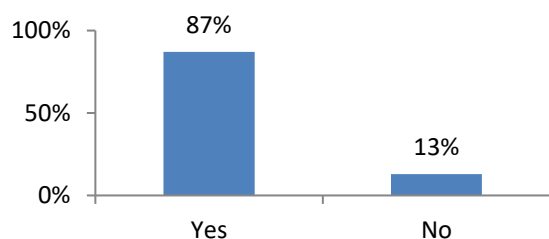
**Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others**



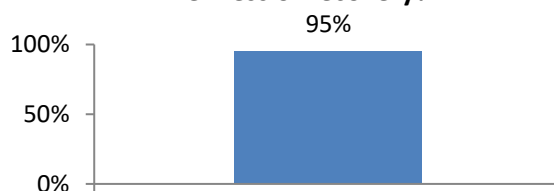
**Percentage of participants who rated the presentation as good or excellent:**



**At any time in your life, have you experienced a traumatic event or mental health challenge?**

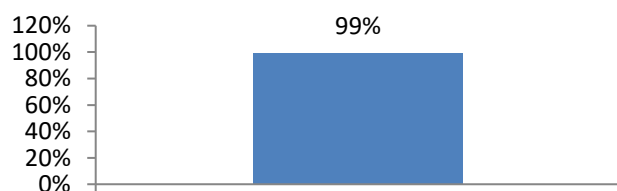


**If so, has this presentation provided the support to manage your wellness or recovery?**

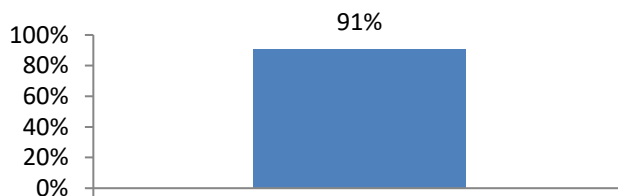


## Mental Health First Aid

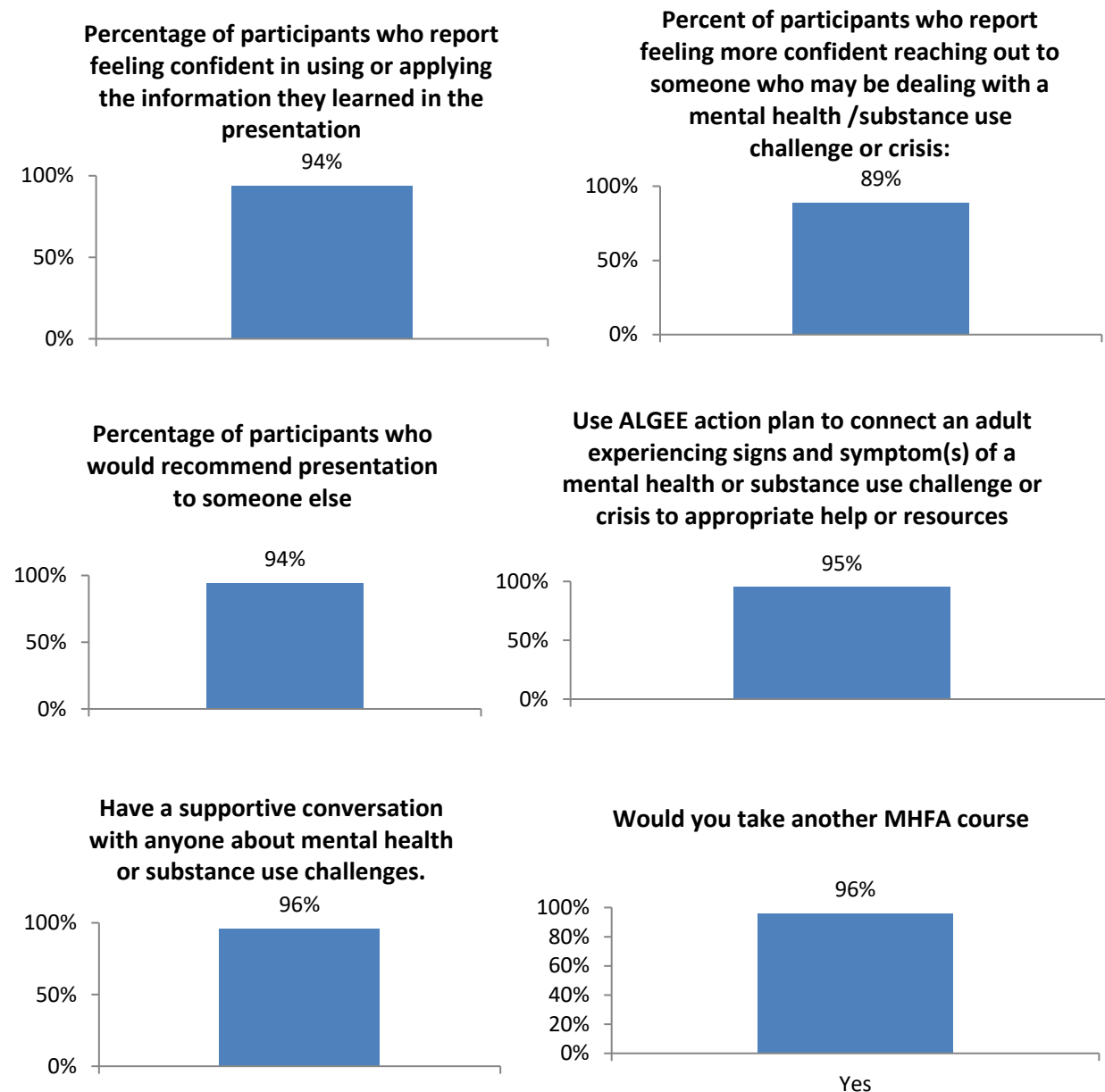
**Percentage of participants who report increased knowledge about recognizing the signs and symptoms of mental health or substance use challenges**



**Percentage of participants who can express concerns to any person about mental health signs and symptoms to help that person to seek timely support**



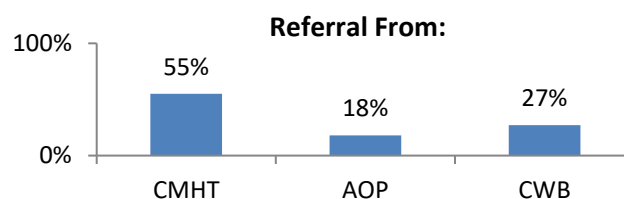
## Is Anyone Better Off?



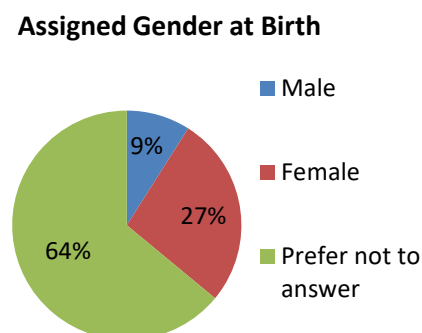
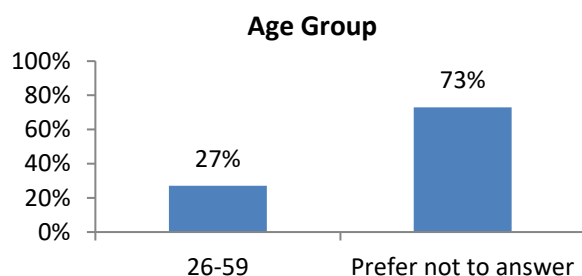
Number of Potential Responders	768
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, Adults, Seniors, Landlords, Parents, Residents, Consumers, Faith Based Organizations, Community Based Organizations, Service Providers and Students.
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

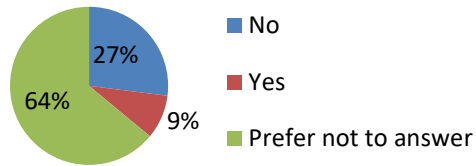
**There were 11 MHSA referrals to the CMHT Program**



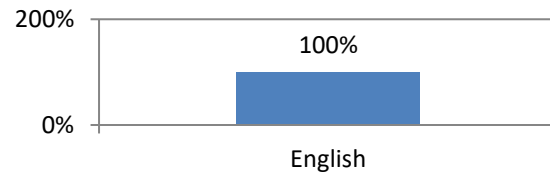
### PEI Demographics Based on Referrals



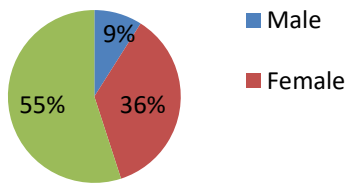
**Veteran Status**



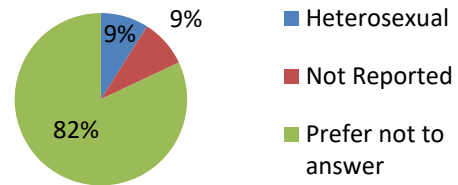
**Language**



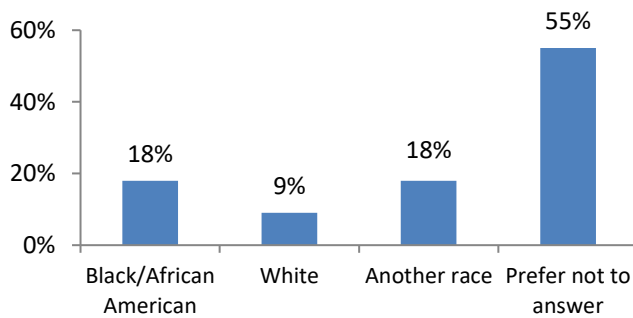
**Gender Identity**



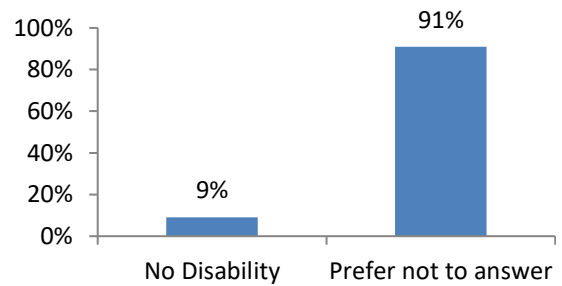
**Sexual Orientation**



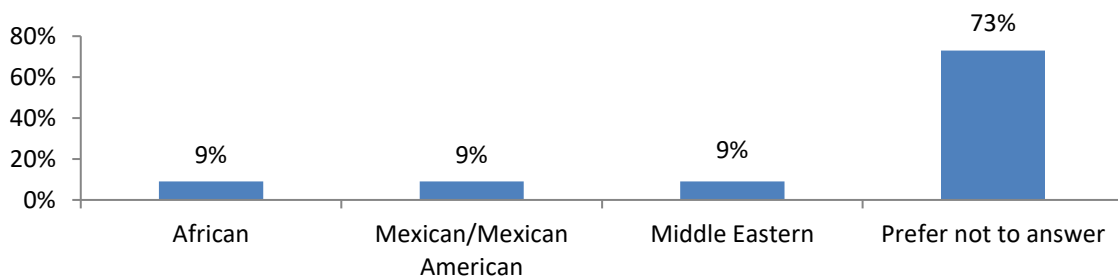
**Race**



**Disability**



**Ethnicity**



# Community Capacity Building (Prevention)

## Stigma Reduction and Suicide Prevention

### Program Description

Tri-City is committed to supporting the strengths of each individual participant in their journey of recovery. Tri-City stigma reduction efforts on our website, via workshops and various community events are designed to empower individuals experiencing mental health challenges while generating awareness to the stigma associated with mental illness. Some efforts of the program include 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.

Through a series of activities designed to support changes in attitudes, knowledge and behavior around the stigma related to mental illness, participants can 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.

These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience can share their personal stories of recovery through community presentations hosted throughout the year.
2. **Creative Minds:** Provides a unique opportunity for consumers and community members, both with and without a mental health condition, to create artwork that connects with their wellness, recovery and mental wellbeing. Art workshops and events are hosted in the community and virtually.
3. **Directing Change Program and Film Contest:** A statewide program with the mission to educate young people about suicide prevention, mental health and social justice through short films and art projects. Tri-City has a dedicated landing page where community members can view youth short film submissions from students in Pomona, Claremont and La Verne. Past award winners are listed here as well.
4. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, TCMH suicide prevention efforts include offering suicide awareness trainings which provide participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	65	39	16	602	<b>722</b>
<b>Projected Number to be Served FY 2024-25</b>	0	39	23	10	363	<b>435</b>

## Program Update

Suicide Prevention Week was held from September 10-16, 2023. Program staff launched a social media campaign to bring suicide prevention awareness to the community and distributed toolkits to local school sites, Tri-City, and community members. Each toolkit included a suicide prevention resource poster, pens, informational cards about Know the Signs, coasters, and stickers.

Additionally, Green Ribbon Week (GRW) was celebrated with a week of events and activities for the public. GRW is an annual recognition that aligns with Tri-City's stigma reduction campaign, encouraging the community to end mental health stigma. Courageous Minds Speakers Bureau, where individuals with lived experience can share their recovery journeys through community presentations, was also hosted during GRW.

During May 2024, Tri-City highlighted May Mental Health Awareness Month. During this month program staff hosted interactive lunch activities at elementary schools, middle schools, high schools and colleges to help promote mental health awareness and Tri-City mental health services. There were also virtual workshops hosted in collaboration with community partners to talk about mental health. In the next fiscal year, the program intends to implement a new suicide prevention training and recruit two cohorts per year for Courageous Minds.

## Challenges and Solutions

A challenge experienced by the Stigma Reduction and Suicide Prevention program was engaging with transition age youth (TAY) and getting them involved in stigma reduction events. Lack of TAY attendance was due to barriers such as transportation, lack of parental/guardian support, conflict in scheduling, and/or stigma. Another challenge was that program staff received an overwhelming number of requests to attend or support community events in order to facilitate a stigma reduction activity or promote resources. Unfortunately, some of these requests were declined due to the program being booked frequently. Part of the solution was to provide a warm hand-off between



community partners and other Tri-City programs that could fulfill the request. To address the lack of TAY participation, program staff collaborated with educators and trusted adults that youth have close relationships with that help encourage them to attend stigma reduction events. Additionally, program staff hosted stigma reduction activities/presentations at the school sites to help eliminate transportation barriers. Program staff also plans on collaborating with the Workforce Education & Training Supervisor to recruit TAY service learners and have them participate in stigma reduction and suicide prevention programming.

## Diversity, Equity and Inclusion

The Stigma Reduction program is designed to target underserved populations in the community, such as the stigma reduction/suicide prevention presentations, Creative Minds, Courageous Minds Speakers Bureau program, and the social media campaigns. Program staff also collaborates with Tri-City's Diversity, Equity, and Inclusion program via workshops, events, and social media campaigns. The program strives to help reduce stigma in the community across all cultures, backgrounds, and identities. By increasing mental health literacy among the Tri-City community members, they are more likely to reach out for help when needed. Lastly, staff utilize translation support for presentations and documents when requested and regularly participate in cultural competence trainings. Program staff currently collaborates directly with veterans through a relationship with Hope through Housing. To support the LGBTQ+ community, program staff works with the Pomona Valley Pride, presents stigma reduction workshops across the Tri-City area, and shares relevant LGBTQ+ mental health resources in stigma reduction/suicide prevention presentations.

## Community Partners

The Stigma Reduction and Suicide Prevention program partners with several internal and external entities. Local school districts, colleges and universities are valuable partners in spreading the word regarding stigma awareness and reduction. Some universities the program partners with are Cal Poly Pomona, Claremont High School, Western University, University of La Verne, Pomona College, Claremont McKenna, Pitzer College, Scripps College and Harvey Mudd College. Several K-12 schools are also valuable partners, including those in Pomona Unified School District, Bonita Unified school District, and Claremont Unified School District. Other outside agencies include CalMHSA, Directing Change, Tracks Activity Center (TAC), Youth Activity Center (YAC), La Verne Community Center, Hope through Housing, Pomona Public Library, Claremont Public Library, La Verne Public Library and several small businesses in the service area.

Collaborations with internal programs include the Mental Health Student Services Act, Community Wellbeing Grantees, Peer Mentorship program, Adult Outpatient Services, Children Outpatient Services, Therapeutic Community Gardening, Wellness Center, Community Navigators, and Diversity, Equity, and Inclusion. Some events that manifested from these collaborations were Bee a Pollinator Hero with Therapeutic Community Gardening and Find Your Calm with the Mental Health Student Services Act.

## Success Story

Program staff coordinated a Creative Minds – Paint & Sip event at a local boba tea shop in Claremont. The event was a notable success and had received positive feedback from the owner, specifying that they would like to continue this partnership to help combat the stigma, raise mental health awareness, and allow their patrons to feel more part of the community through these community mental health events. Attendees have also shared with program staff that they enjoy these events as they are able to build new connections, have healthy conversations around mental health, and have fun at the free art workshops. Since then, program staff has consistently hosted many Creative Minds art workshops at the local boba shop during FY 2023-2024.

## Program Summary

### Stigma Reduction, Courageous Minds & Creative Minds

#### How Much Did We Do?

12  
Stigma  
Reduction  
Presentations

9  
Active  
Courageous Minds  
Speakers

243  
Attendees for  
Stigma Reduction  
Presentations

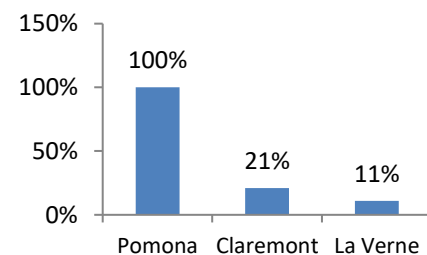
The number of Stigma Reduction presentations **decreased** from **41** in FY 2022-23 to **12** in FY 2023-24.

The number of active courageous minds speakers **increased** from **5** in FY 2022-23 to **9** in FY 2023-24.

Type of Stigma Reduction Presentations



Presentations by City

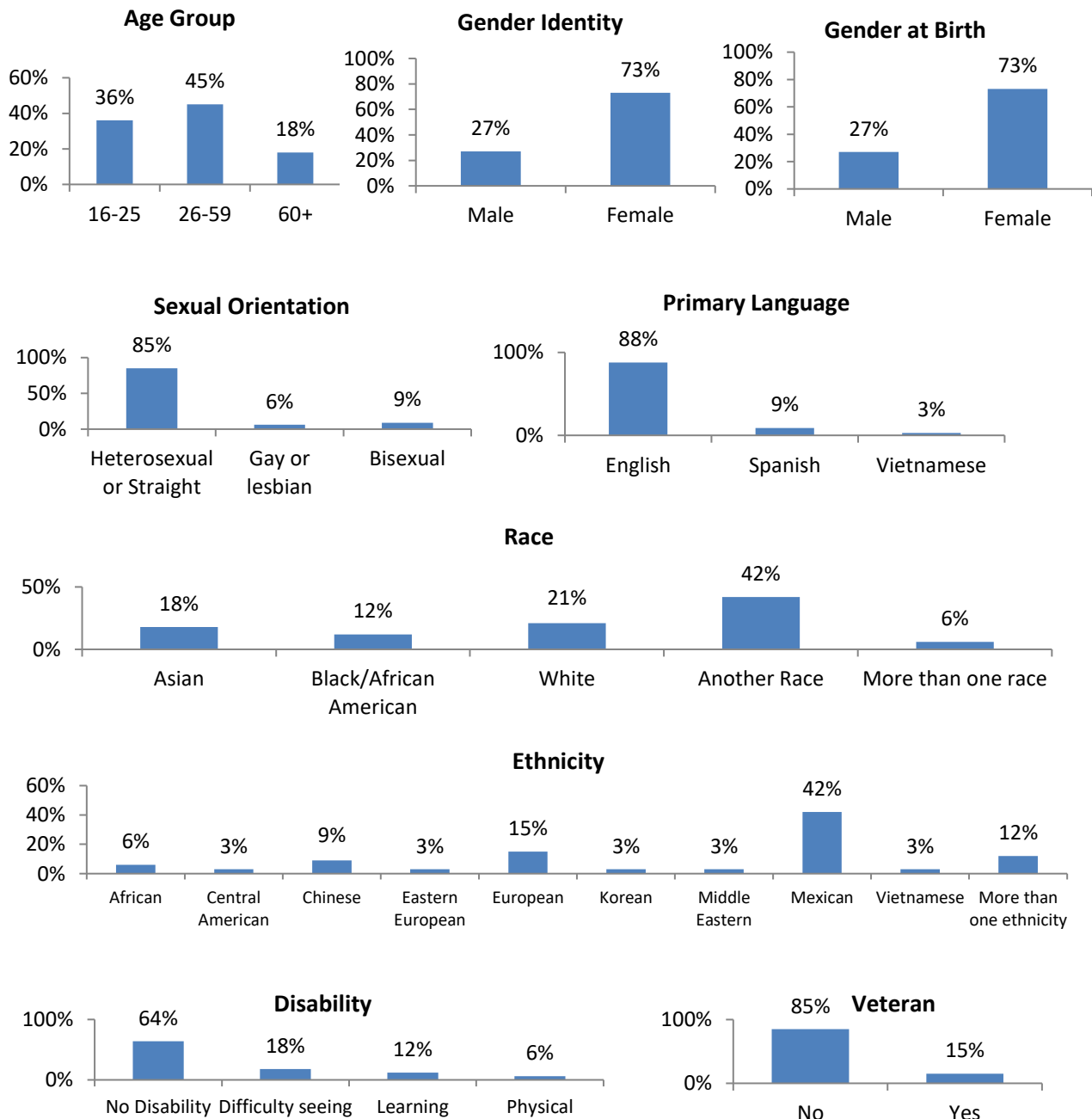


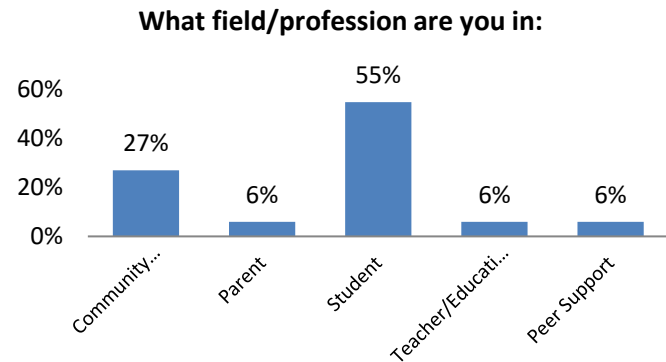
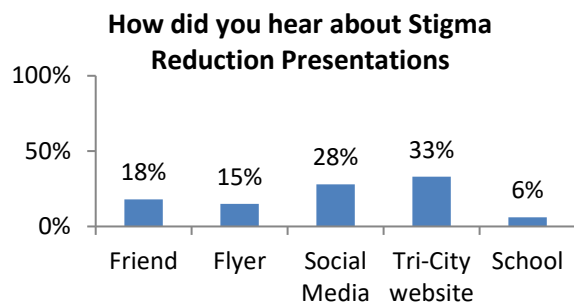
7  
Art Events Held

255  
Artists Participated in  
Creative Minds Workshops

### PEI Demographics from Post-Test Stigma Reduction Surveys (n=33)

\*PEI Demographics Completed Only by Adults 18+





## How Well Did We Do It?

**243**  
Individuals Outreached for Stigma  
Reduction Presentations

**255**  
Individuals Outreached for Art  
Gallery/Creative Minds

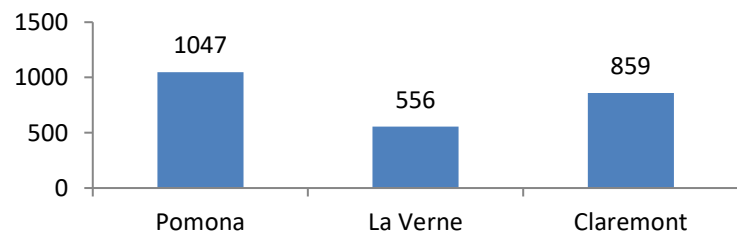
## Promotional Materials & Social Media Engagement for Stigma Reduction

**12,093**  
Promotional  
Materials

The number of promotional materials & people engaged from outreach **increased** from **8,342 and 1,404** in FY 2022-23 to **12,093 and 2,462** in FY 2023-24.

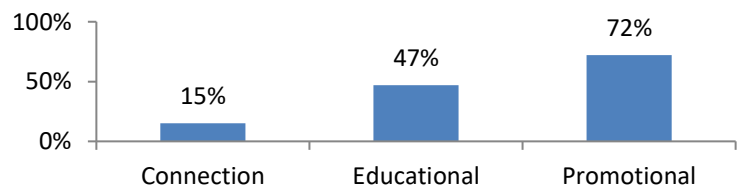
**2,452**  
People Engaged from  
Outreach Efforts

### Number of People Engaged In-Person by City



**6,665**  
Instagram accounts  
Reached for Social  
Media Engagement

### Type of Social Media

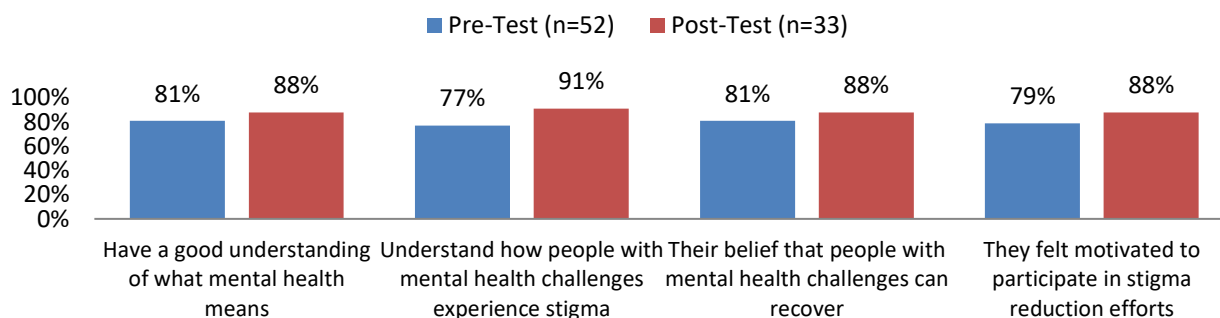


47 post/stories in  
social media

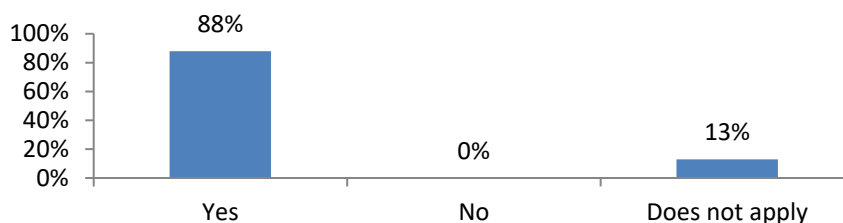
## Is Anyone Better Off?

### Stigma Reduction

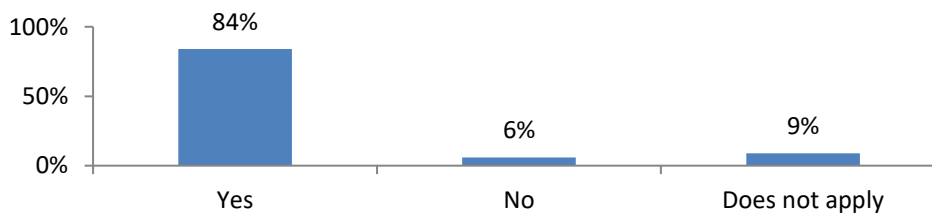
Q.1: Percentage of Stigma Reduction Survey Respondents who reported at Pre and Post Tests



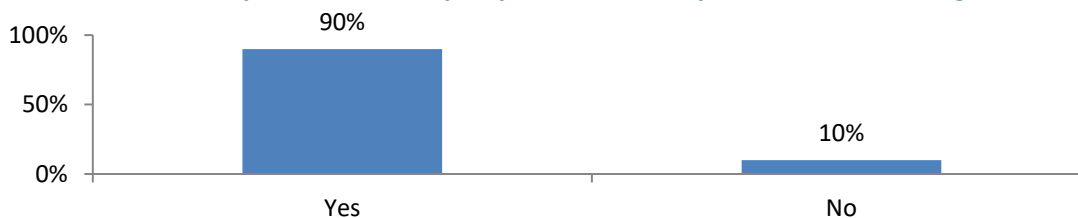
#### Does Art Help you Manage your Overall Wellbeing:



Q.2: Percentage of Stigma Reduction respondents who reported, "Have experienced any mental health challenges in the past:"



Q.3: Percentage of Stigma Reduction respondents who reported "Yes" to Q.2 and "Has this presentation helped you understand your overall wellbeing:"



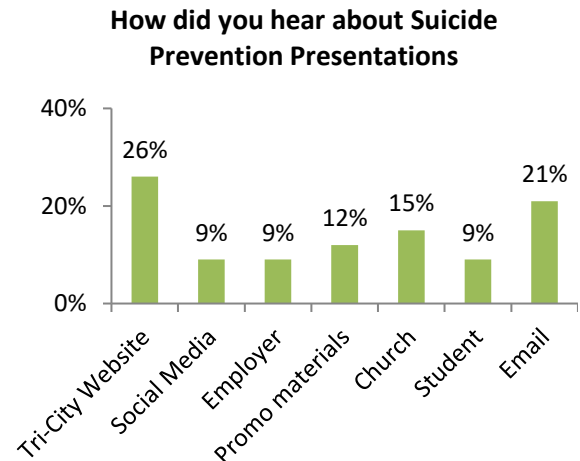
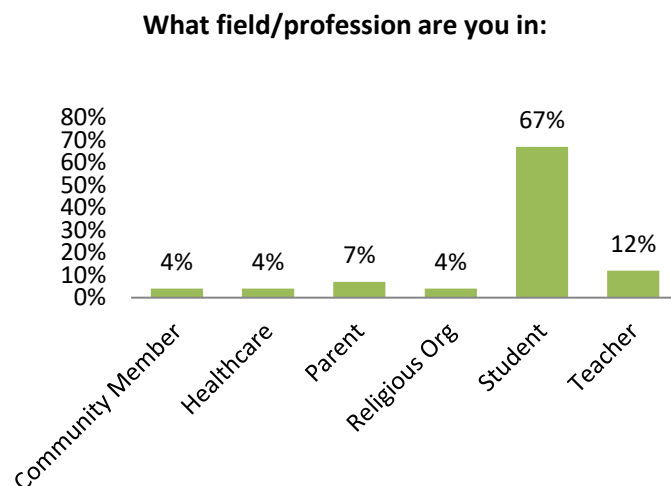
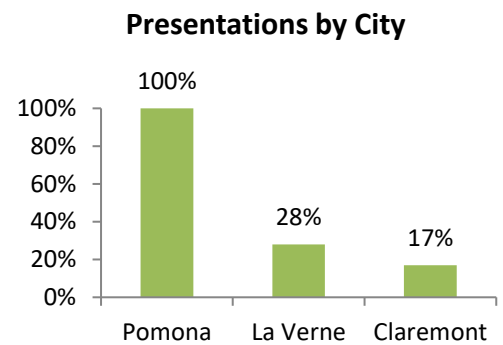
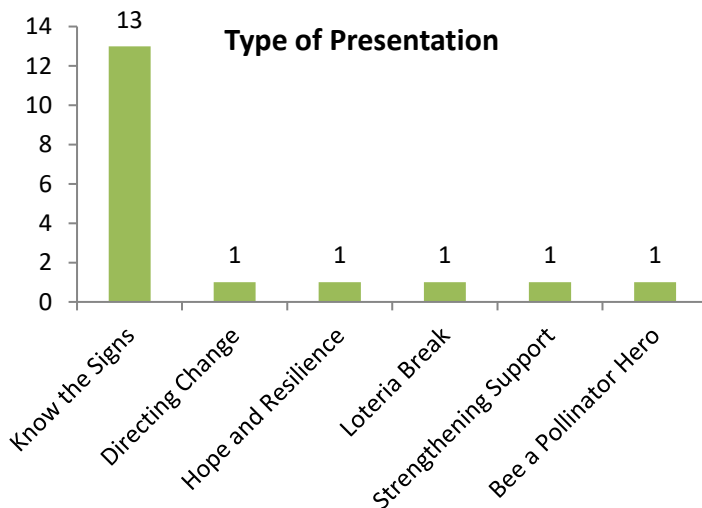
## Suicide Prevention

### How Much Did We Do?

**18**  
**Suicide Prevention**  
**Presentations**

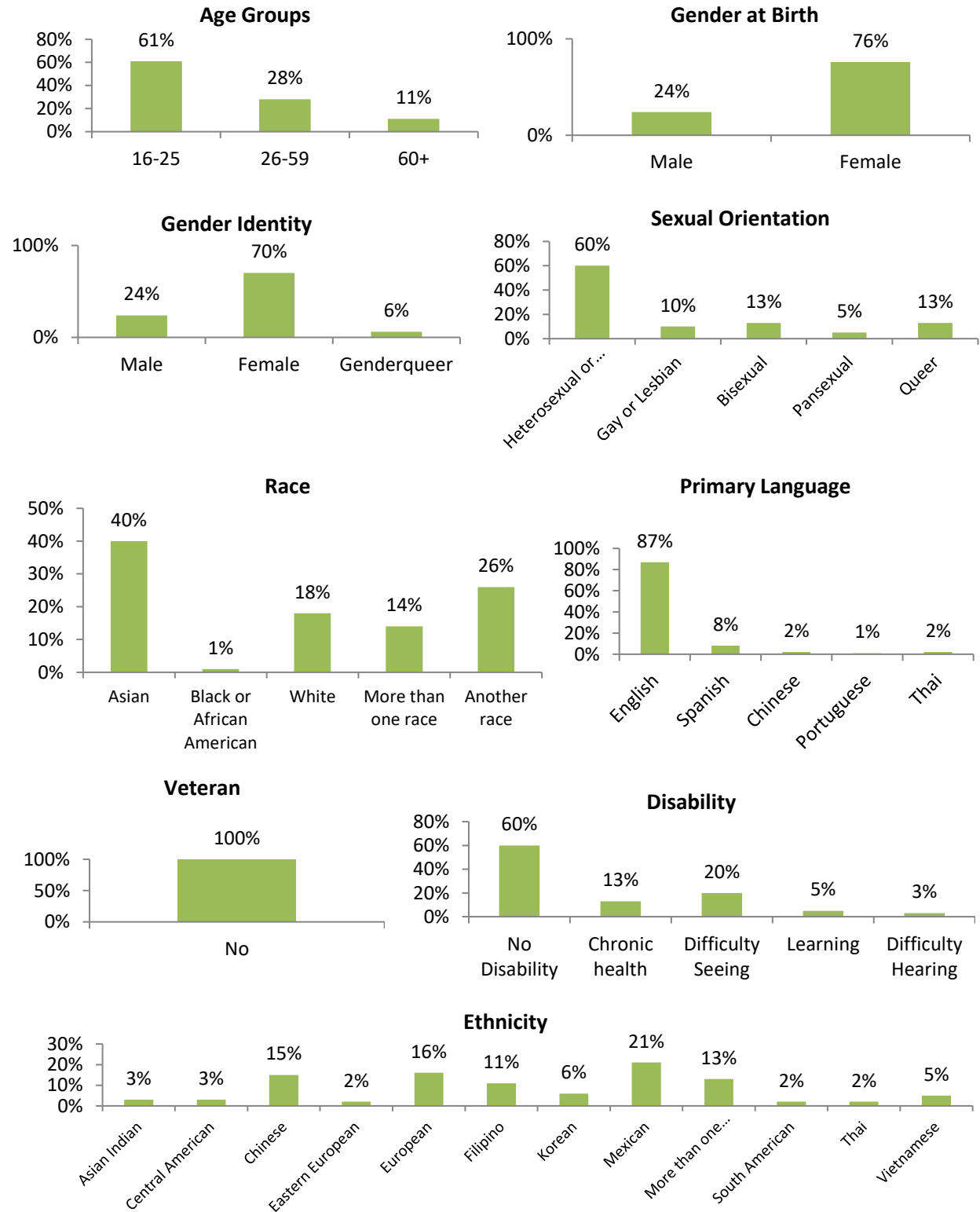
**224**  
**Attendees for Suicide**  
**Prevention Presentations**

The number of Suicide Prevention presentations and attendees **increased** from **15 and 152** in FY 2022-23 to **18 and 224** in FY 2023-24.



## PEI Demographics from Post-Test Suicide Preventions Surveys (n=87)

\*PEI Demographics Completed Only by Adults 18+



## How Well Did We Do It?

**224**  
**Individuals Outreached for  
Suicide Prevention Presentations**

The number of individuals outreached from suicide prevention presentations **increased** from **152** in FY 2022-23 to **224** in FY 2023-24.

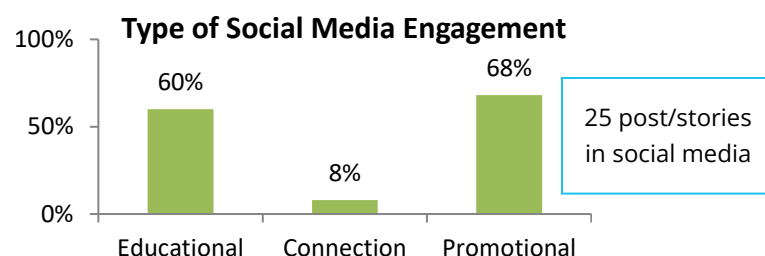
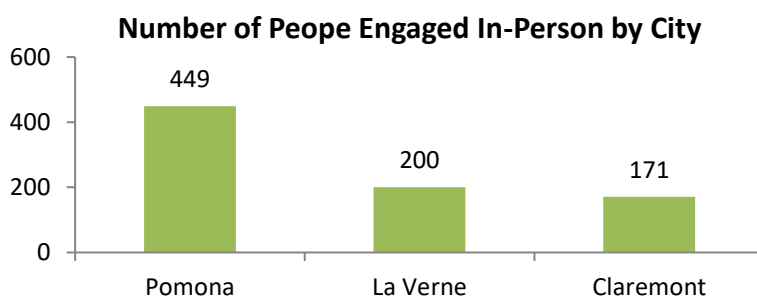
## Promotional Materials & Social Media Engagement for Suicide Prevention

**3,065**  
**Promotional Materials**

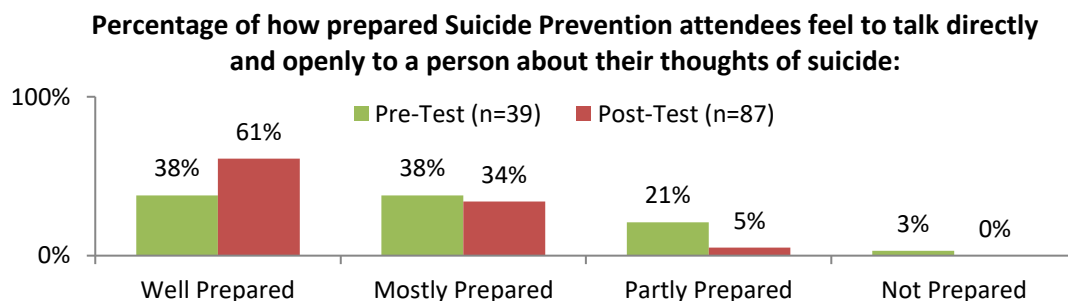
The number of people engaged from outreach **decreased** from **1,161** in FY 2022-23 to **820** in FY 2023-24.

**820**  
**People Engaged from  
Outreach Efforts**

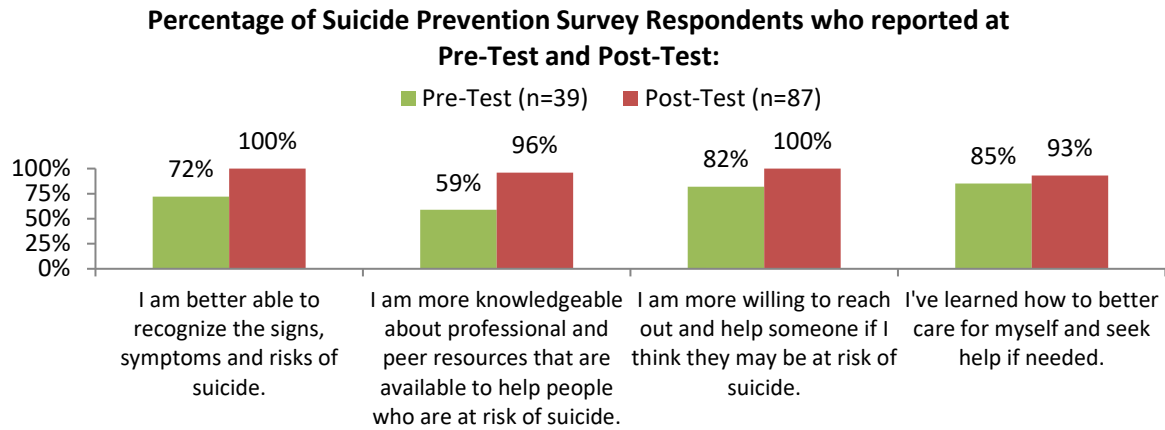
**2,580**  
**Instagram accounts  
Reached for Social  
Media Engagement**



## Is Anyone Better Off?







Number of Potential Responders	722
Setting in Which Responders were Engaged	Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged	TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

**0**  
**MHSA Referrals to Stigma Reduction/ Suicide Prevention Programs**

# Peer Mentor and Wellness Center PEI Programs

## Older Adult and Transition-Age Youth Wellbeing

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

## Peer Mentor (Prevention & Early Intervention)

### Program Description

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are looking for emotional support. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally matched to each individual mentee. For every individual they meet with, the role of peer mentors is to listen, help identify strengths and areas of need, identify supports and suggests resources to help address mentee concerns.

### Target Population

All community members with a focus on transition age youth (TAY ages 18-25) and older adults (ages 60 and over).

Age Group	Mentors					Total Served
	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	
<b>Number Served FY 2023-24</b>	0	12	10	5	0	<b>27</b>
<b>Projected Number to be Served FY 2024-25</b>	0	11	10	5	0	<b>26</b>
<b>Cost Per Person</b>	N/A	\$2,853	\$2,853	\$2,853	N/A	<b>\$2,853</b>

Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	12	9	5	0	<b>26</b>
<b>Projected Number to be Served FY 2024-25</b>	0	29	21	12	0	<b>62</b>

## Program Update

During FY 2023-24, the Peer Mentor program hosted its first Open House Event. The purpose of the event was to promote the program, highlight mentors, and emphasize the work they do for National Mentoring Month. Mentors were able to share how the program has been beneficial to them and highlight benefits of joining the program. Community Mental Health Training staff, also talked about the mental health benefits of volunteering. The program was well attended and received 2 new applications from prospective peer mentors. In total, the Peer Mentor program received 24 applicants in FY 2023-24, a 50% increase from FY 2022-23. Furthermore, 6 peer mentors from the program applied for paid positions at Tri-City Mental Health. Of the 6 who applied, 3 gained employment at the agency. The knowledge and experience they gained from working with mentees in the program was referenced in their applications and interviews.

## Challenges and Solutions

With the expansion of our mentor team, the program placed great emphasis on providing comprehensive training and support to the new mentors to ensure their success. While this was an effective approach, it did take up a considerable amount of time due to significant growth of the program. During the FY 2023- 24 the program focused on re-engaging previous mentors in order to have seasoned and experienced mentors to support existing mentee requests. Through in-person lunch opportunities, group wellness retreats and special events, the program emphasized empowering both new and seasoned mentors through tailored training, addressing their concerns, and answering their questions to foster a vibrant and supportive mentor community.

## Diversity, Equity and Inclusion

The Peer Mentor program is dedicated to actively seeking new mentor recruits from underserved populations to ensure greater accessibility for mentees from similar communities. The program staff are bilingual in English and Spanish and 23% of the mentors are proficient in a language other than English. Additionally, program staff proactively reach out to underserved communities through events and collaborations with relevant agencies. One of the 15 trainings offered to peer mentors focuses on working with diverse populations. During this training, mentors are informed about some of the

barriers underserved populations can encounter. From a lived experience perspective, a vast number of mentors themselves identify as being part of underserved communities and having diversities within the mentors helps to reduce stigma and support participants in feeling more comfortable when receiving services.

During FY 2023-24, the program connected with the Veteran's Affairs Department at the University of La Verne to provide them with information about the Peer Mentor program. Currently, the Peer Mentor program works with a mentor who identifies as a veteran and has previously mentored veterans.

## Community Partners

The Peer Mentor program has several interdepartmental collaborations to support the community, recruit mentors, and enroll mentees. Some of the collaborations include Stigma Reduction, Workforce Education and Training, various clinical departments, Community Mental Health Training, Therapeutic Community Gardening, Community Navigators, and the Wellness Center.

Through events and activities, these collaborations provide opportunities for mentor recruitment, mentee referrals, trainings, and community resources. Mentors also gain knowledge about Tri-City services to refer or provide resources to their mentees when necessary. Additionally, a large portion of mentors are college students, so connections with the universities in the service area are beneficial to the program and to mentees seeking support.

## Success Story

An older adult called Tri-City and inquired about receiving services at the Adult Outpatient Clinic. It was clinically determined that they did not meet medical necessity for specialty mental health services, and they were referred to the Wellness Center. Once they began attending the Wellness Center, it was determined that the individual could benefit from 1:1 support, and they were subsequently referred to the Peer Mentor program. The participant reported that they were involved with Tri-City decades ago that they were interested in receiving services based on their history with Tri-City and being aware of the range of services available.

## Program Summary

### How Much Did We Do?

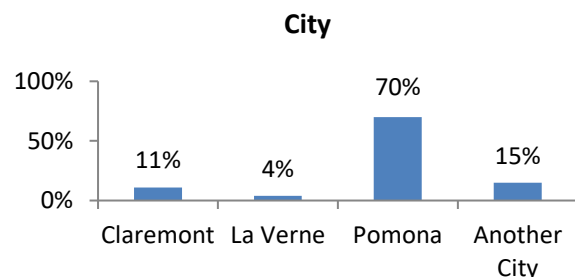
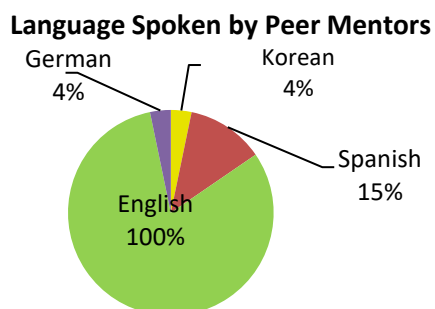
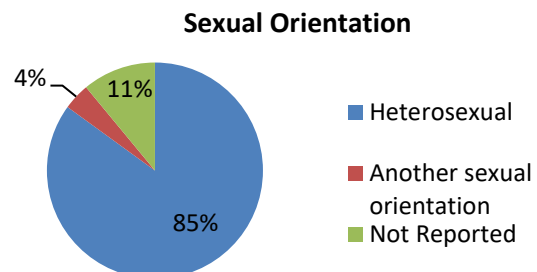
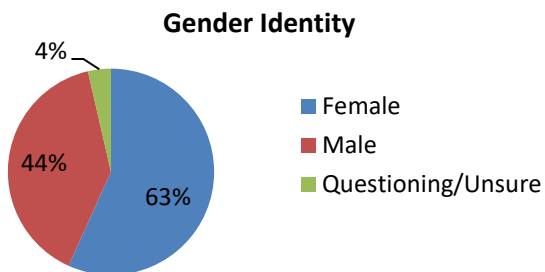
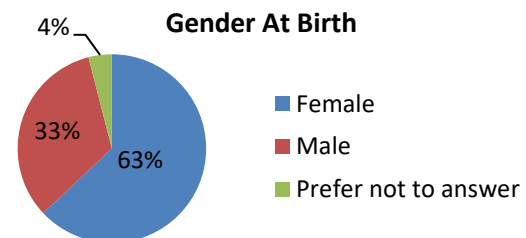
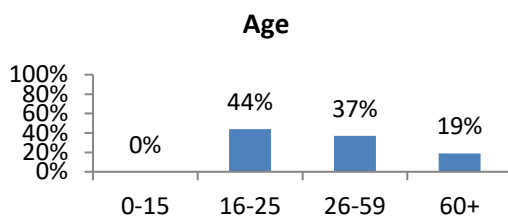
#### Peer Mentors

**24**  
Individuals Applied to  
Peer Mentor program

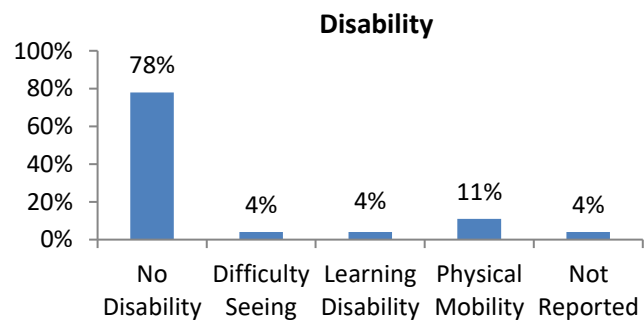
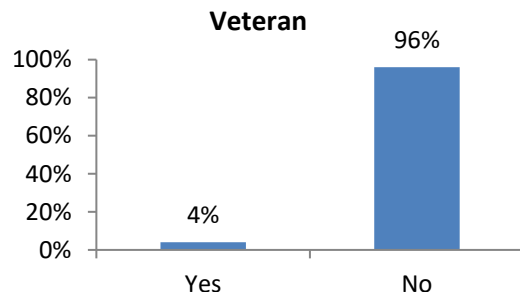
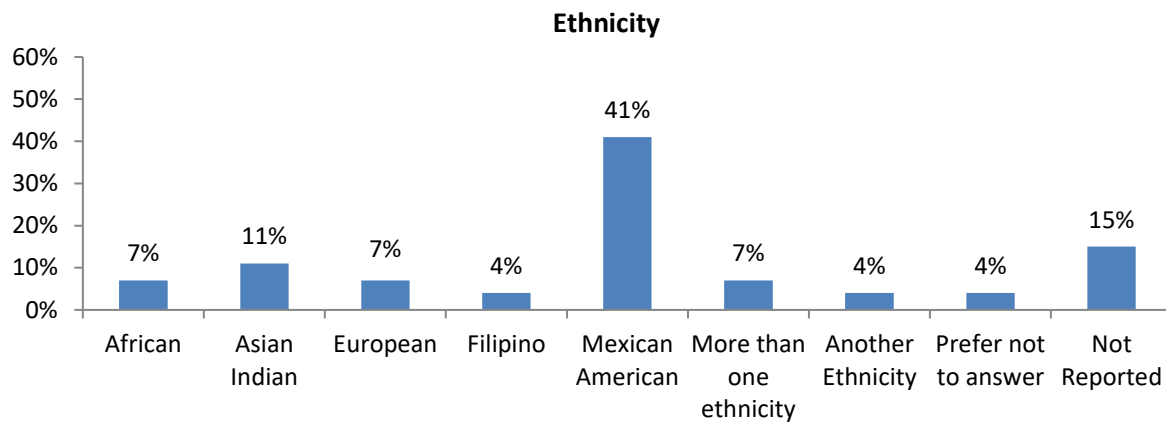
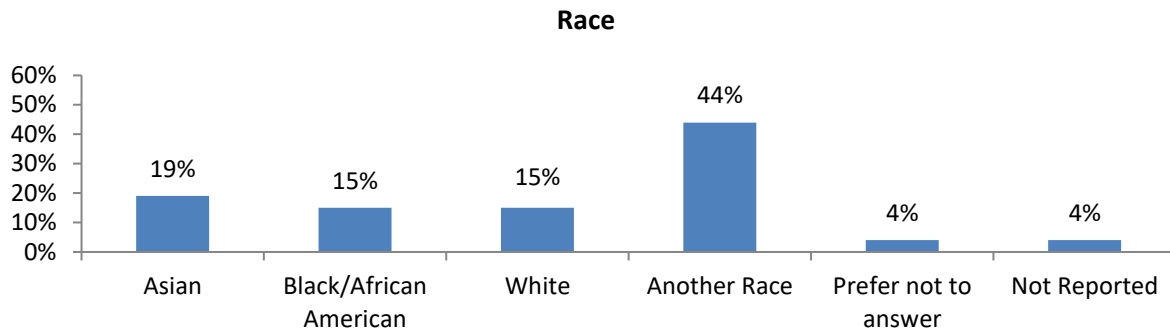
**27 Active Peer Mentors**  
**12 New Mentors**  
**15 Returning Mentors**

**19**  
Peer Mentor  
Meetings/Trainings

The number of active mentors **increased** from **14 active mentors** in FY 2022-23 to **27 active mentor** in FY 2023-24.



The number of available languages by mentors **increased** from **3 languages** in FY 2022-23 to **4 languages** in FY 2023-24.

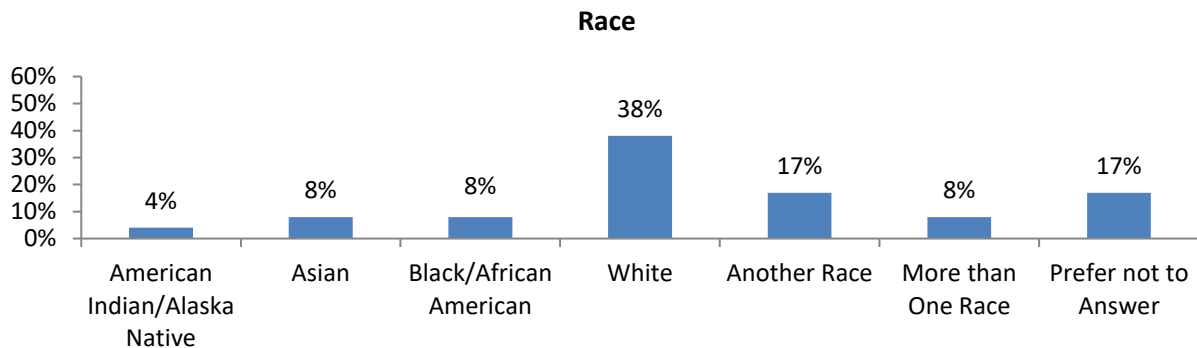
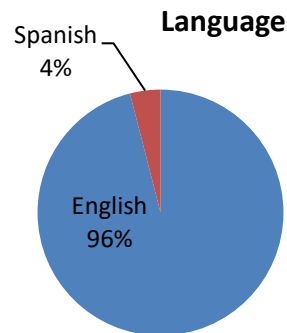
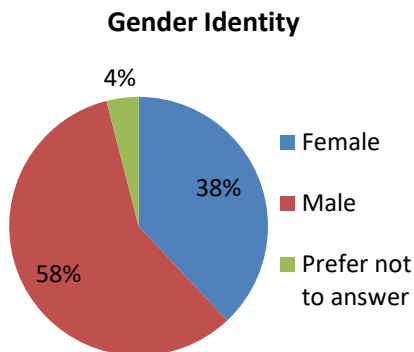
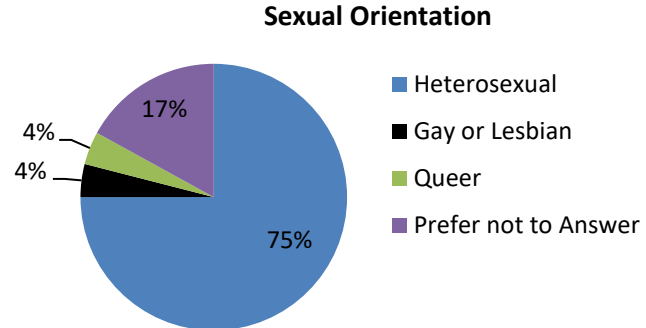
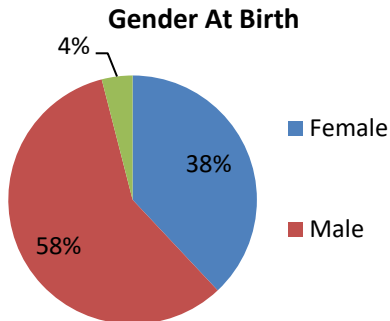
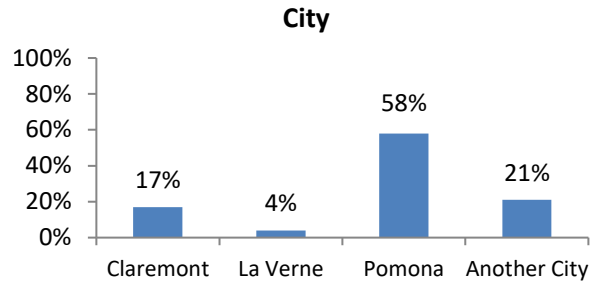
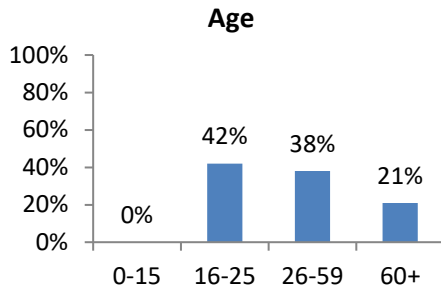


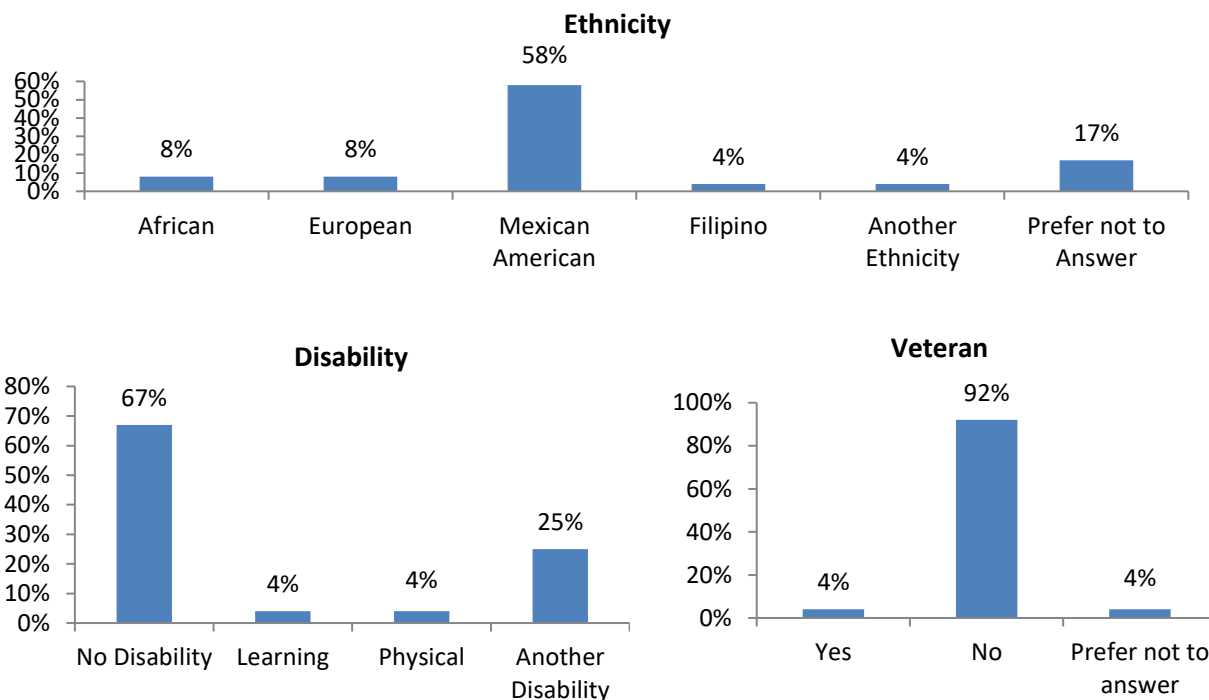
## Peer Mentees

**26**  
Mentees  
Served

**22**  
Mentee Referrals  
to the Peer  
Mentor program

Peer mentees served **decreased** from **40 mentees** in FY 2022-23 to **26 mentees** in FY 2023-24.





## How Well Did We Do It?

### Peer Mentor

**12 out of 24 (50%) Mentor Applicants Became Mentors**

**613 Hours Completed by Peer Mentors**

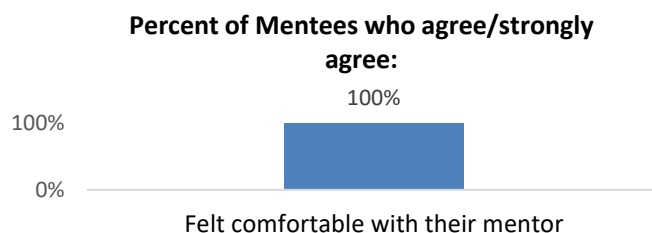
Direct Time with Mentees: 245  
Trainings and Supervision: 351  
Community Engagement: 17

**16 Peer Mentors Self-Identify with Lived Experience**

Peer mentors self-identifying with lived experience **increased** from **8 mentors** in FY 2022-23 to **16 mentors** in FY 2023-24.

### Peer Mentees

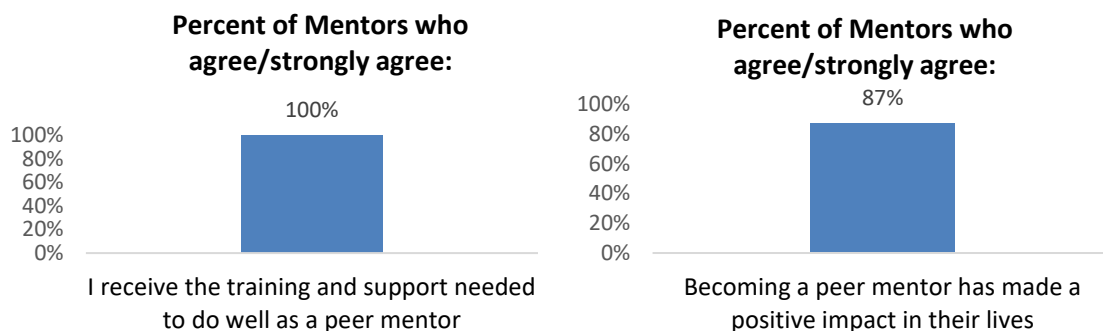
**15 out of 22 (68%) Mentee Referrals Became Mentees**





## Is Anyone Better Off?

### Peer Mentors



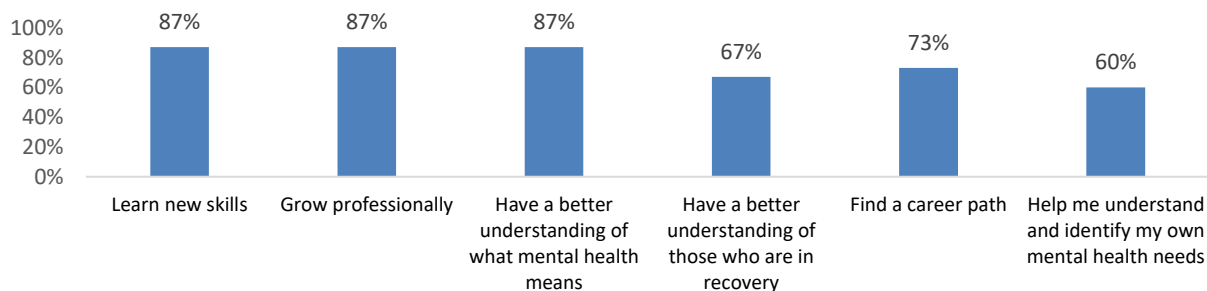
### What was your favorite part of being a mentor? (n=13)



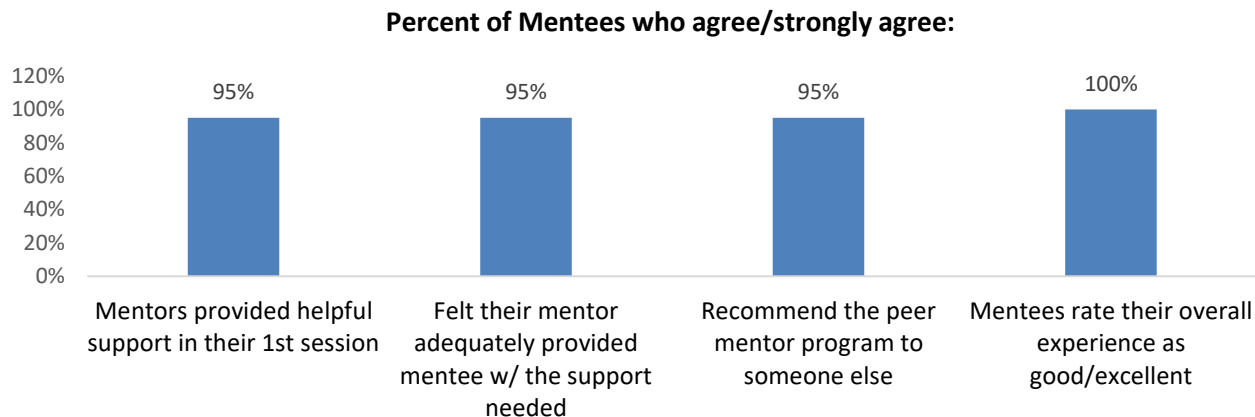
### List one thing from the peer mentor program you feel was most beneficial (n=13)



### How has the program helped you personally as Mentor: (Check all that apply)



## Peer Mentees



**List one thing from the mentee program you feel was most beneficial: (n=9)**

one  
someone  
talk support

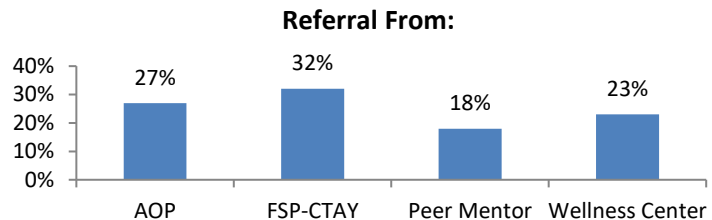
Number of Potential Responders	51
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community
Type of Responders Engaged	TAYs, Adults, Seniors, and those with lived experience
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy

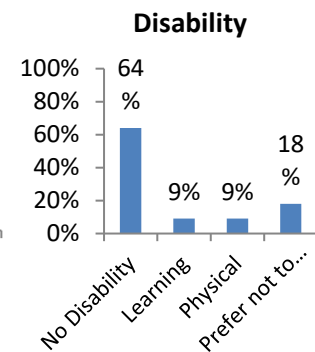
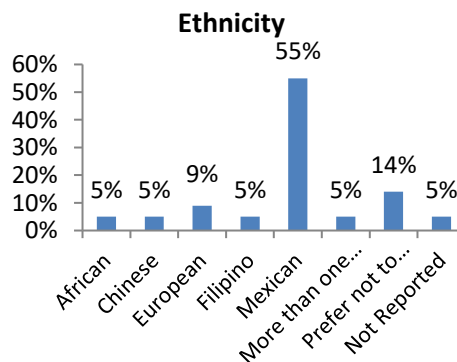
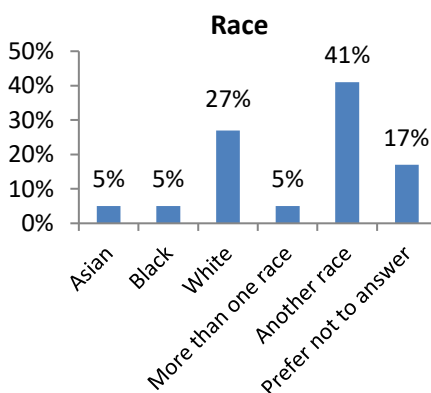
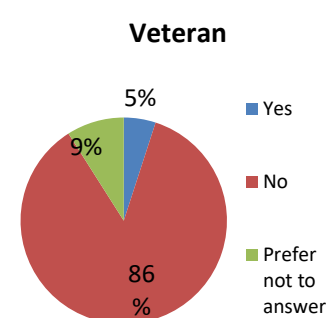
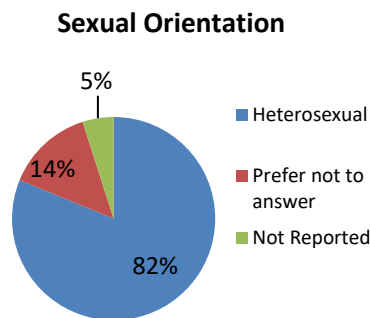
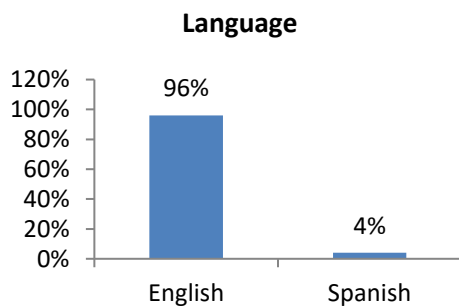
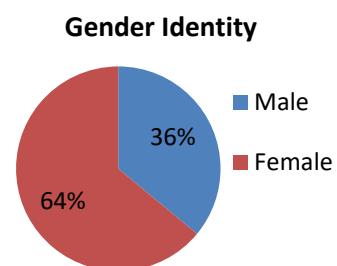
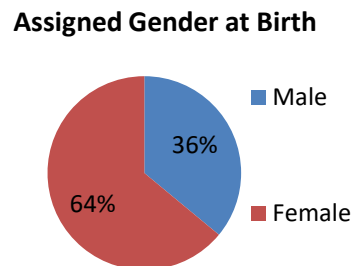
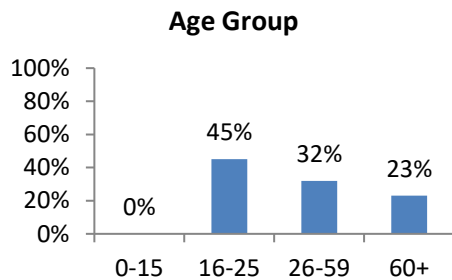
**22**  
**MHSA Referrals received**  
**by Peer Mentor program**

**15 out of the 22**  
**Referrals became mentees**

**2 Days**  
**Average Time between**  
**Referral and becoming a**  
**mentee**



## PEI Demographics Based on Referrals



## Wellness Center PEI Programs (Prevention & Early Intervention)

### Transition-Age Youth Wellbeing and Older Adult Wellbeing

#### Program Description

Individuals attending the transition age youth (TAY) and older adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

#### Target Population

Transition age youth (TAY) and older adults are considered specialized populations in need of support, however these populations also tend to be some of the most difficult to engage in and maintain in services. Reasons include issues related to stigma and difficulty with transportation. To meet the needs of these individuals, the Wellness Center utilizes Prevention and Early Intervention (PEI) funding to create programming specific to the needs and interests of these populations.

Age Group	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	1,152	122	43	0	<b>1,317</b>
<b>Projected Number to be Served FY 2024-25</b>	900	95	34	N/A	<b>1,029</b>
<b>Cost Per Person</b>	\$1,645**	\$1,645**	\$1,645***	N/A	<b>\$1,645**</b>

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

#### Program Update

The Wellness Center Senior Retreat was held in September 2023 in collaboration with Therapeutic Community Gardening. Participants were able to learn about taking care of succulents, how to plant them, and created terrariums. The participants expressed how grateful they were for the information that they learned during the retreat; emphasizing positive memories were made and connections with others enhanced their social wellness. In August of 2023, the Wellness Center collaborated with the Joselyn Senior Center in Claremont to incorporate in-person support groups at their Center. The

program facilitated Senior Calm groups in which participants practiced coping skills and engage in mindfulness activities. The Wellness Center program also hosted a fieldtrip to Pomona College's Organic Farm. The participants were able to enjoy a day of nature and light lunch under the trees. The seniors expressed high levels of satisfaction during and after the fieldtrip, reporting an appreciation to reconnect with nature.

In November of 2023, the program hosted a TAY harvest event, Fall Y'all. Attendees enjoyed an evening of autumn festivities, socialization with peers, games, and crafts. During the fiscal year, a friendship event also took place where TAY participants celebrated friendships, enjoyed food, engaged in crafts, and won raffle prizes. Towards the end of the fiscal year, the Annual Talent Show was held, giving the TAY participants an opportunity to showcase their talents, and enjoy a free event filled with music, art, poetry, and much more.

## Challenges and Solutions

The older adults in the program share that they enjoy groups however have issues with transportation. To alleviate this challenge, we plan to have a designated driver at the Wellness Center to provide transportation. Our participants also express a struggle with symptoms and/or illnesses that prevent them from attending. Some of the older adult participants also report memory issues that impact their ability to recall dates and times of events. To address this challenge, reminder calls are provided, frequent announcements are made, and appointment cards are distributed.

Retaining TAY individuals in groups is a challenge as well. Youth will attend an event on a one-time basis, and not return for groups consistently. It has been reported that some TAY struggle with balancing time for work, school, and support groups. While others state that they have reduced their attendance, or removed themselves from groups completely, due to feeling that the groups were too small. The Wellness Center will continue to conduct outreach in the community, distribute group calendars and event flyers to local school districts, colleges, and other local organizations to address this challenge and connect with the TAY population.

## Diversity, Equity and Inclusion

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

The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees. Staff are also regularly trained on specialized populations, diversity/inclusion, cultural competence, and culture-centered approaches to recovery. Programming always includes a welcoming, inclusive, and nonjudgmental environment. Staff are encouraged to take training courses on the importance of diversity and inclusion of all individuals regardless of their sexual orientation. The TAY program also connects participants who identify LGBTQIA+ with Pomona Valley Pride.

## Community Partners

For the purposes of collaborative events, workshops, group enrollment, and resource sharing, the Wellness Center program has collaborated with agencies such as Aging Next in La Verne and the Palomares Senior Center in Pomona to support our older adults. Aging Next (older adult volunteers) also visit the Wellness Center to hold meetings. Additionally, local artists from Saint Remy Arts and Culture provide participants with workshops on creating clay artwork.

TAY programming partners with agencies such as the Youth Activity Center in Claremont to develop and present content to their TAY attendees. Some of the topics have included the importance of boundaries and forming and maintaining friendships. The Wellness Center TAY programming also frequently collaborates with the Cal Poly University Village to develop workshops addressing topics such as college struggles and healthy coping strategies that can help college students enhance their mental health.

## Success Story

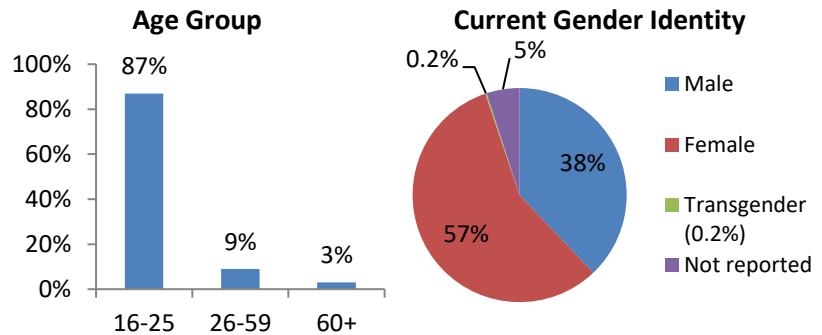
A consistent participant in our older adult support groups expressed struggles with mental health concerns. They highlighted the meaningful impact that the Wellness Center and the senior groups have made in helping manage their symptoms, learn how to cope, and not feel as isolated. They also expressed a benefit in feeling comfortable enough to express themselves in groups and feel supported in a safe environment.

A TAY participant struggled with identifying healthy ways to cope with their mental health challenges. They expressed feelings of boredom and a lack of direction, contributing to coping in unhealthy ways. Currently, the TAY individual participates consistently in the support groups. They report enjoying spending time at the Wellness Center, increasing socialization with others and gaining confidence in vocalizing their needs to others.

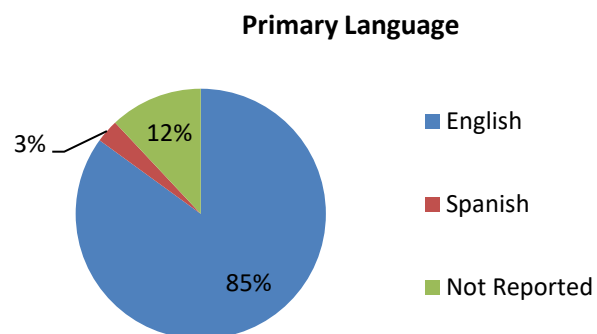
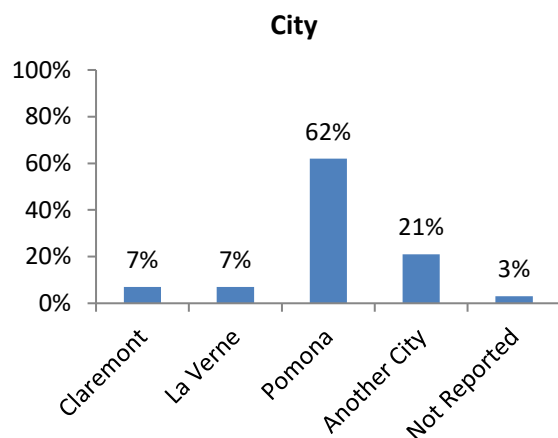
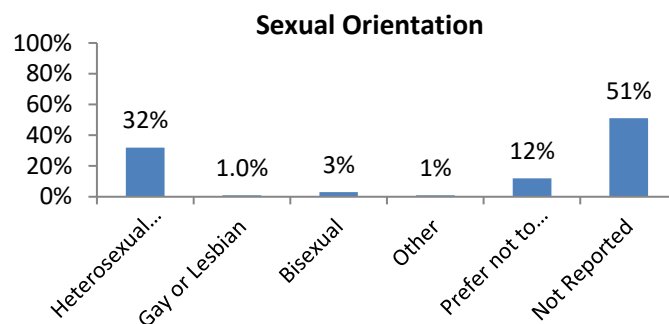
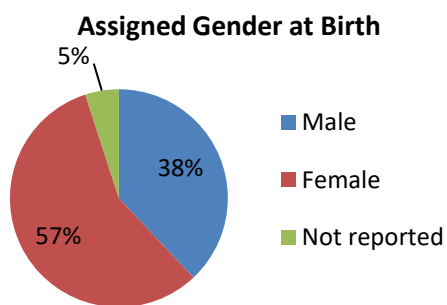
## Program Summary

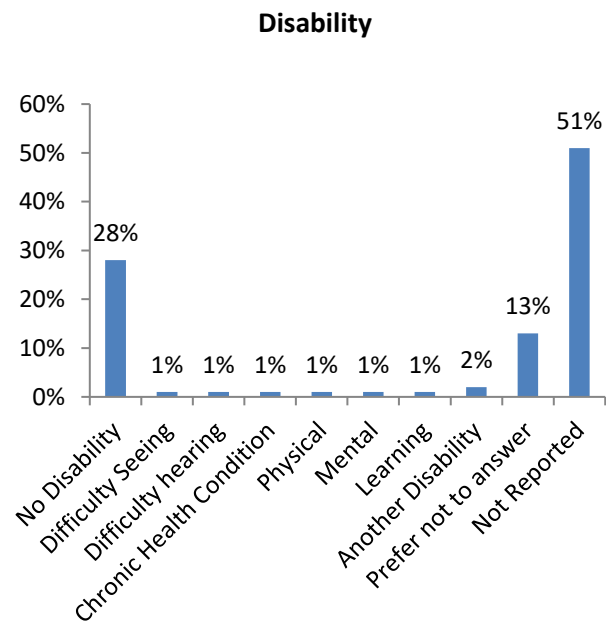
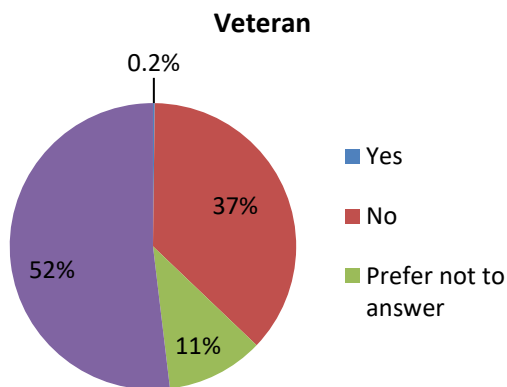
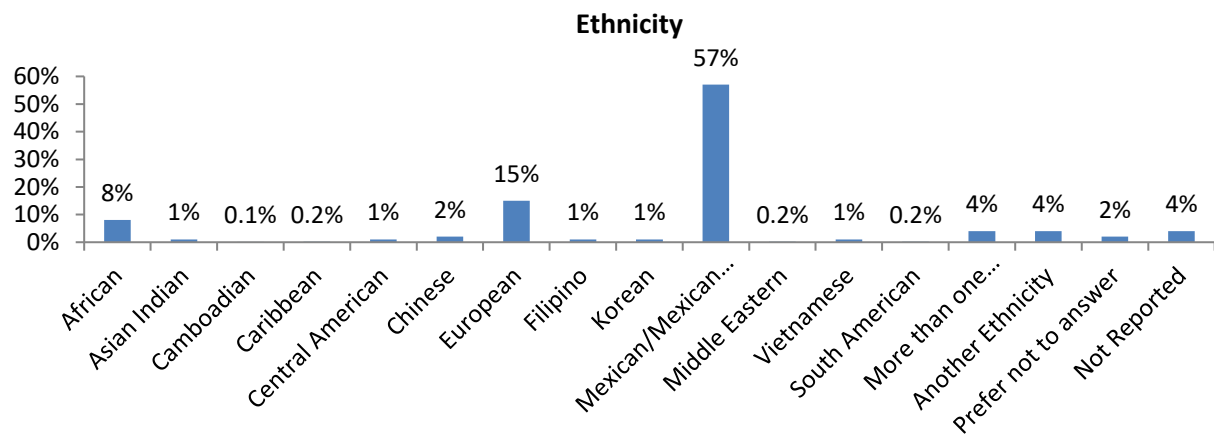
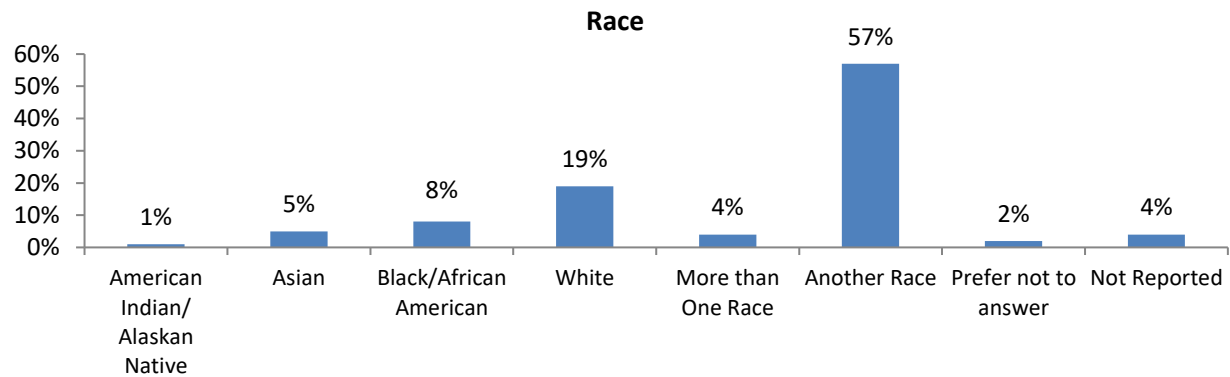
### How Much Did We Do?

**1,317**  
Unique Individuals  
attending Wellness  
Center TAY/Senior



The number of individuals attending Wellness Center TAY/Senior groups **remained constant** from FY 2022-23 to FY 2023-24.







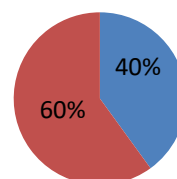
## How Well Did We Do It?

**4,482**  
**Number of Wellness Center  
 PEI: TAY/Senior Events**  
 (Duplicated Individuals)

### Number of Times People Visited

■ One Visit

■ Two or  
More Visits



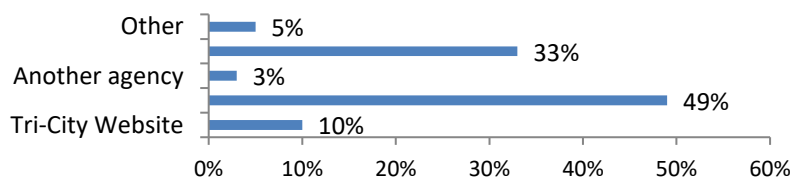
The total number of (duplicated) individuals attending Wellness Center TAY/Senior groups **increased** from **4,435** FY 2022-23 to **4,482** FY 2023-24.

Support Activities Name	Number of Times Activity Was Held	Average Number of Attendees at an Activity
Platica Entre Amigos	29	1
Senior Calm	70	5
Senior Socialization	39	2
Senior Bingo	7	2
Senior Virtual Vacation	1	1
TAY – Brunch Club	32	2
TAY – Friendly Feud	38	1
TAY – Fun with Friends	45	2
TAY – Peace of Mind	41	2
TAY – Popcorn, Peers & Leadership (PPL)	35	2

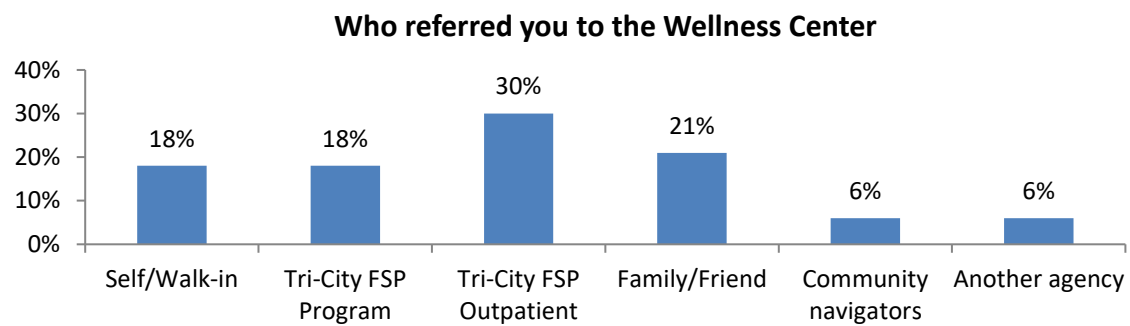
Contacts by Type	Number of Individuals
TAY – Phone Call - Wellness Calls	1,240

### How Did You Learn About the Wellness Center Programs?

(Choose All that Apply)z

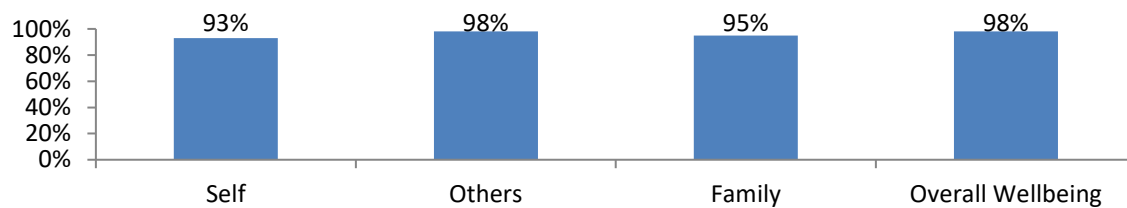


**100%**  
**Satisfied with the**  
**“help I get at**  
**Wellness Center”**



## Is Anyone Better Off?

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



Number of Potential Responders	1,317
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAY, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy

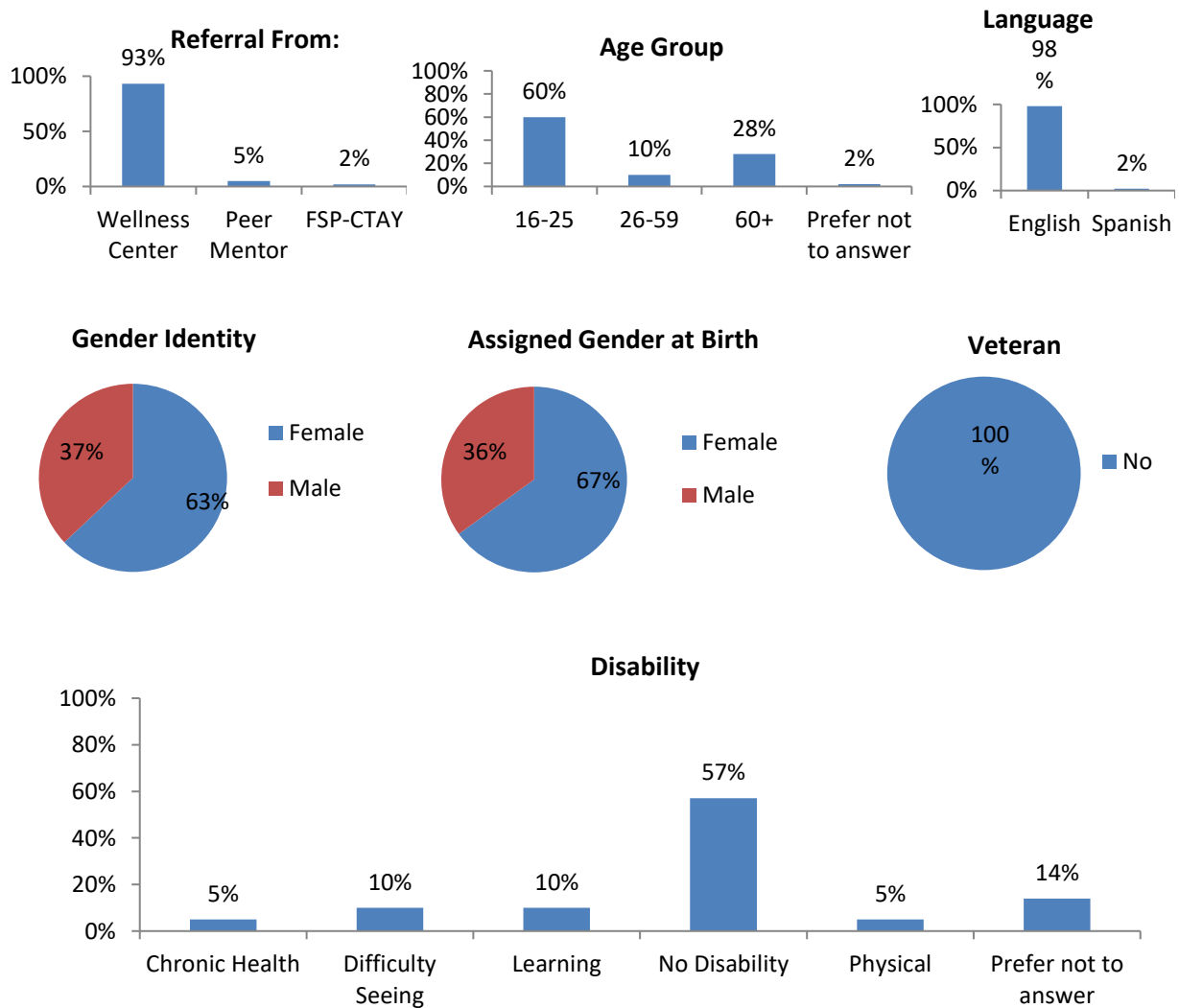
**42**  
Referral coming  
into Wellness  
Center TAY

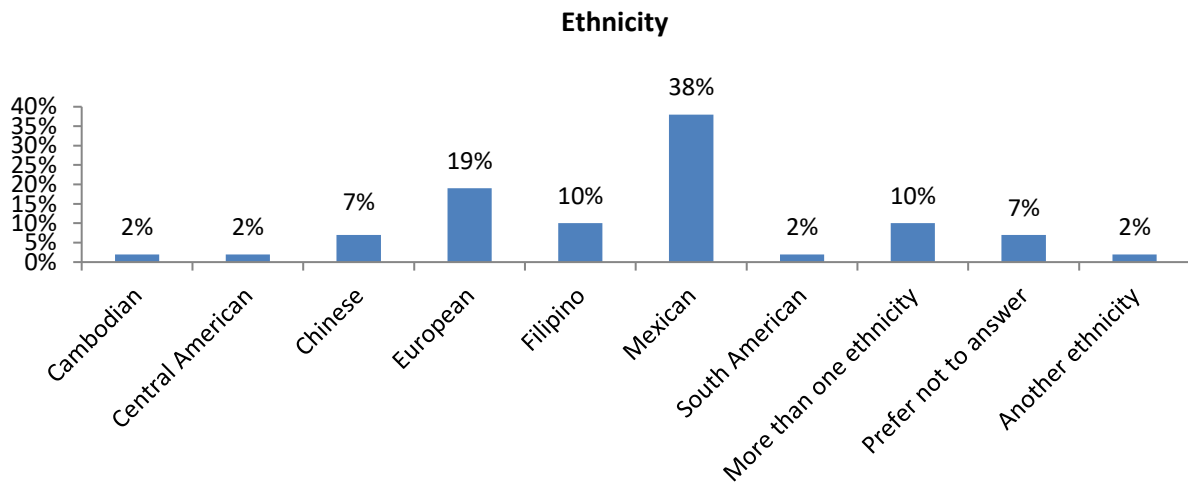
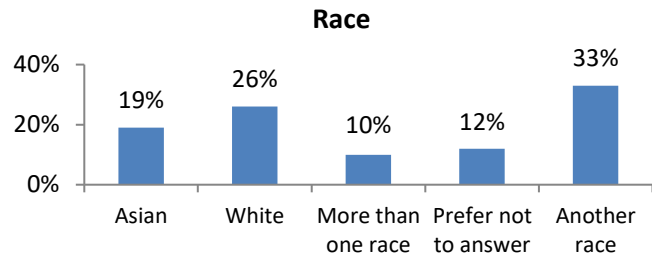
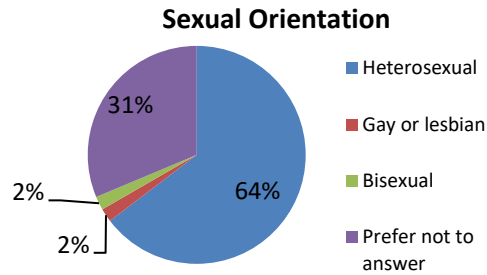
**35 out of the 42**  
Referrals attended a  
Wellness Center  
group

**3 Days**  
Average Time  
between referral and  
participation

The number Wellness Center referrals **increased** from **6** FY 2022-23 to **42** FY 2023-24.

## PEI Demographics Based on Referrals





# Family Wellbeing

## (Prevention & Early Intervention)

### Program Description

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

### Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	184	70	483	88	53	<b>878</b>
<b>Projected Number to be Served FY 2024-25</b>	109	41	286	52	31	<b>519</b>
<b>Cost Per Person</b>	\$263**	\$263**	\$263**	\$263**	\$263**	\$263**

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

### Program Update

The Family Wellbeing program hosted a Thanksgiving basket giveaway in November, FY 2023-24. The baskets consist of a turkey and all the sides to provide a free meal to families in need. The program also hosted the annual tree lighting for all families in the community. The event was accompanied by hot chocolate, music, singing, and a gift for all the children in attendance. The evening ended with the tree lighting and a holiday movie.

The Wellness Center Summer Camp, for children 7–12 years of age, is a highly anticipated event annually and once again received positive feedback from the community. The Summer Camp provides a positive and safe learning environment where campers can explore, experience educational outings, and participate in an array of activities.

Another update to the Family Wellbeing program was that some of the groups start time was changed to adjust with families' schedules. Additionally, the program hosted groups at the Children's Outpatient clinic to accommodate parents by reducing barriers related to transportation. Lastly, some groups have remained hybrid to accommodate those who experience barriers related to attending groups in-person.

## Challenges and Solutions

Challenges experienced during FY 2023-24 included transportation as well as some families not being able to attend groups due to financial hardship. Another challenge for some attendees is the time of the group, one conflict specifically being with after school programs or sports that end late. Lastly, children and teens are typically not able to attend groups if there is no ride available from parents or caregivers. Addressing this challenge is multifaceted, however the program can consider changing the time of additional groups to address attendance. Furthermore, having the groups in a hybrid format could increase attendance as this would expand accessibility.

## Diversity, Equity and Inclusion

Family Wellbeing staff are bilingual and diverse in race, ethnic background, cultures, age, and sexual orientation which helps to reduce stigma and barriers to seeking services. Program and information brochures are available in both English and Spanish.

Staff attend various community events to meet with children and families to reduce barriers when accessing mental health services. By engaging families using personal stories of success and inviting participants to share their experience in groups, staff attempt to reduce the stigma surrounding mental health services. Staff are also well versed in internal and external community resources, to refer appropriately when individuals are seeking support directly related to culture, gender identity, military status or otherwise. Groups have also been reimaged to be more inclusive, for example, *Mommy and Me* being redesigned to *Baby and Me*.

## Community Partners

Family Wellbeing program collaborates with several internal and external partners within the service area. Some internal partnerships include the Adult Outpatient program, Therapeutic Community Gardening and Children's Outpatient program who assist with promoting Summer Camp to their clients, providing general referrals and collaborating on events.

Examples of external partnerships include Gen Her (a non-profit organization who supports single mothers), Parents in Partnership (DCFS program that hosts support groups for families with open court cases), Parents Anonymous (hold certified classes for parents at the Wellness Center), and collaborations with Foothill Family Services (providing groups to individuals seeking parenting, couple and individual support). These collaborations, among others, lead to enhancing existing groups, developing supportive programs, and planning specialty events for the community.

## Success Story

A single parent attending the *Baby and Me* group reported that their child was diagnosed with a learning disability. The parent's goal was to find as many groups as possible and activities in the community in order to support the child and their needs. After attending the *Baby and Me* group regularly, the parent disclosed that the child had displayed noticeable improvements with their speech.

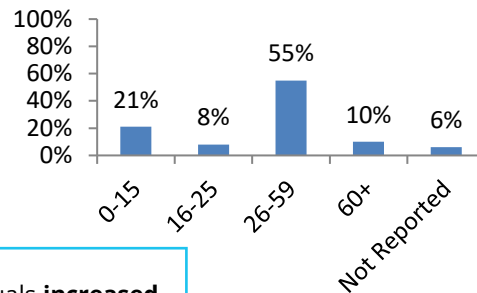
## Program Summary

### How Much Did We Do?

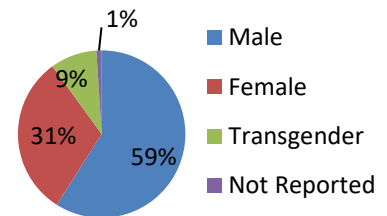
**878**  
Unique  
Individuals  
attending Family  
Wellbeing

The number of unique individuals **increased** from **522** in FY 2022-23 to **878** in FY 2023-24.

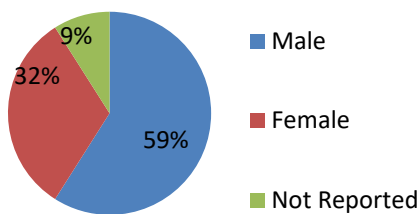
Age Group



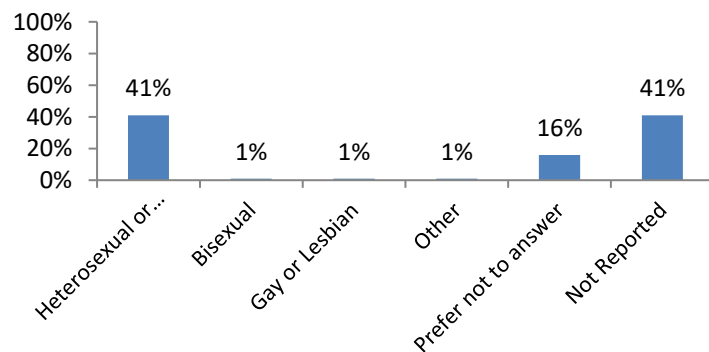
Current Gender Identity



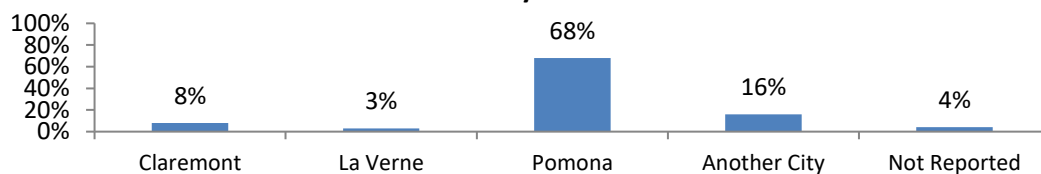
Assigned Gender at Birth



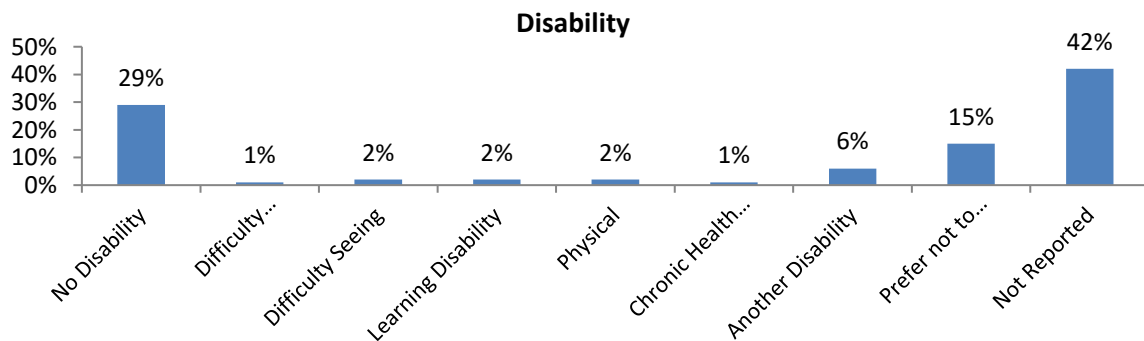
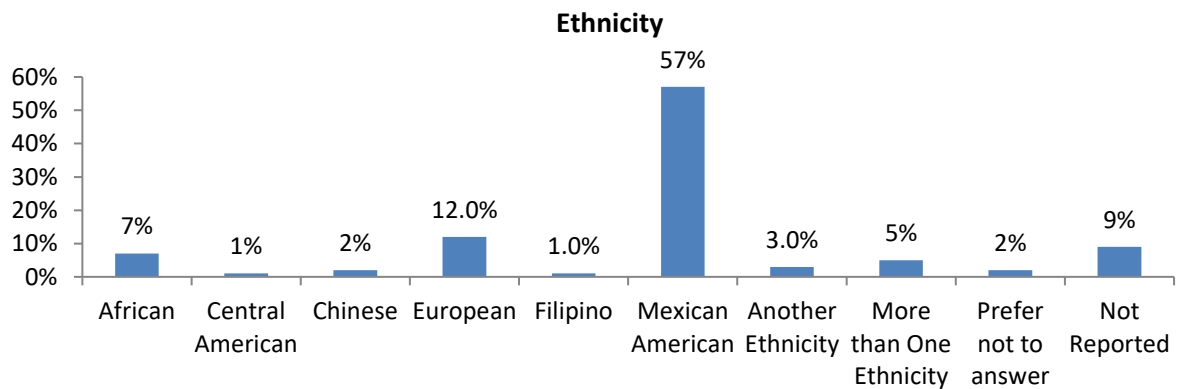
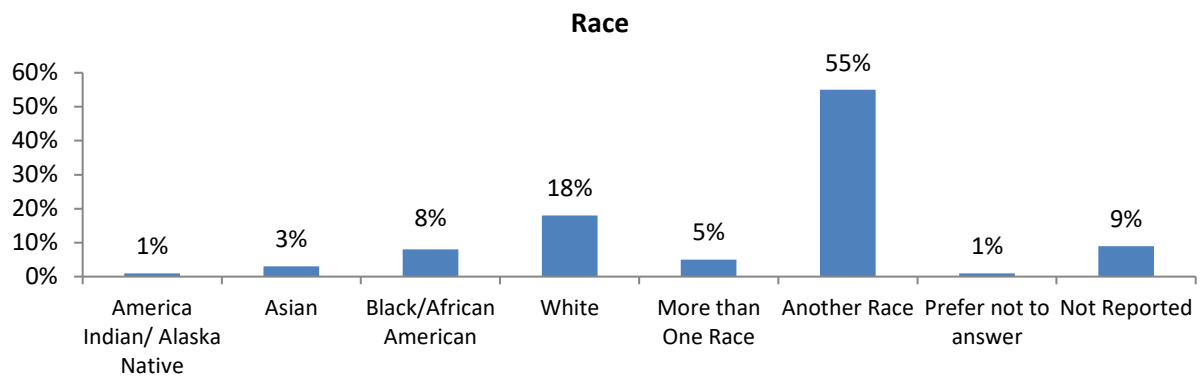
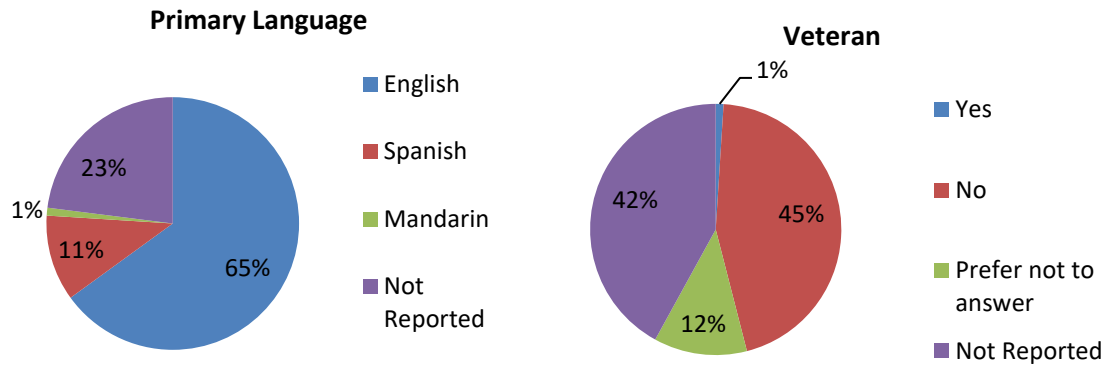
Sexual Orientation



City

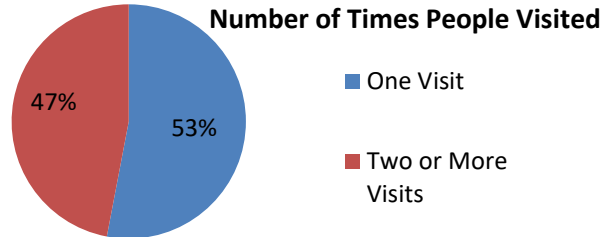






## How Well Did We Do It?

**5,129**  
**Number of Family Wellbeing Events**  
(Duplicated Individuals)



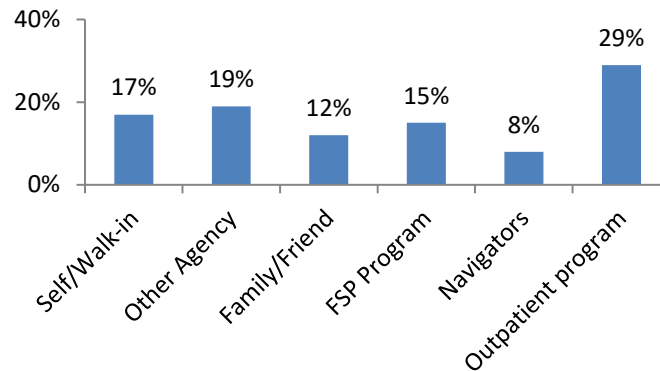
The number of family wellbeing activities **increased** from **9** in FY 2022-23 to **14** in FY 2023-24.

Family Wellbeing Activities	Number of Times Activity Was Held	Average Number of Attendees at an Activity
Arts & Crafts	39	4
Cooking Class	22	4
Grief and Loss	46	4
Kid's Hour	46	3
Limited to Limitless	46	3
Baby & Me	8	3
Movie Night	19	8
Music	36	4
Spirituality	51	5
Summer Camp	26	8
Teen Hour	48	4
United Family	79	7
Walking Adventures	40	2
Writing to Heal	17	3

Contacts/Events by Type	Number of Individuals Attending Contacts/Events
Attendance Letter	153
One-on-One	55
MHSA PEI Referrals	163
Other	289
Phone Call/Email	2,051
FWB Meeting/Event	32

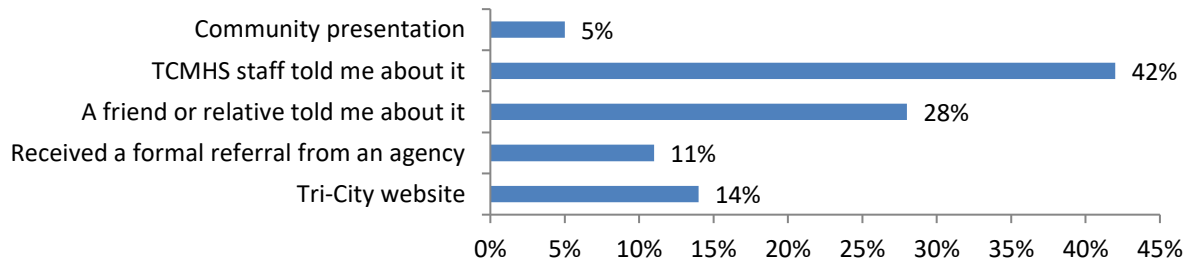
**97%**  
Satisfied with the  
“help I get at Family  
Wellbeing program”

**Who referred you to the Wellness Center**

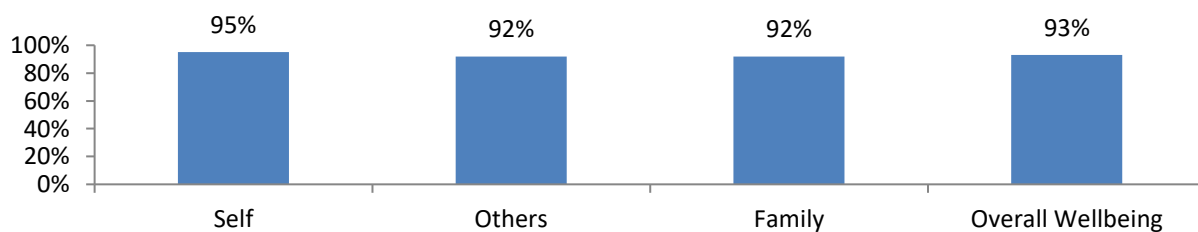


## Is Anyone Better Off?

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

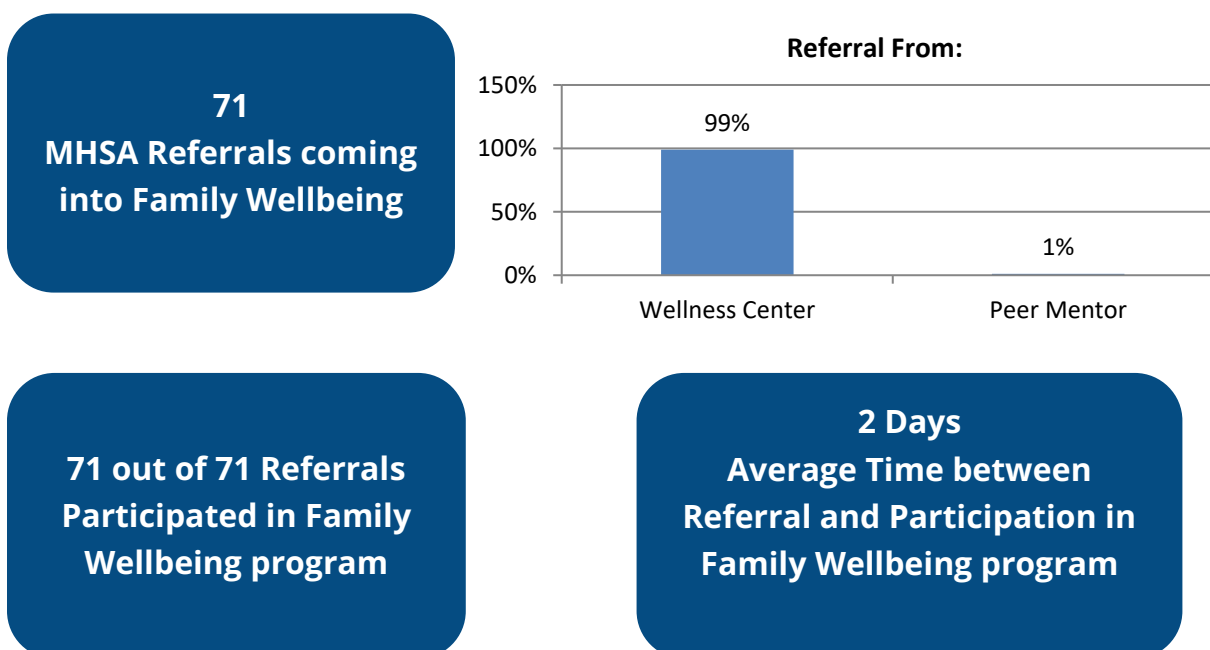


**Percent of people who report improved relationships with the following  
because of the help they get from the Family Wellbeing program**

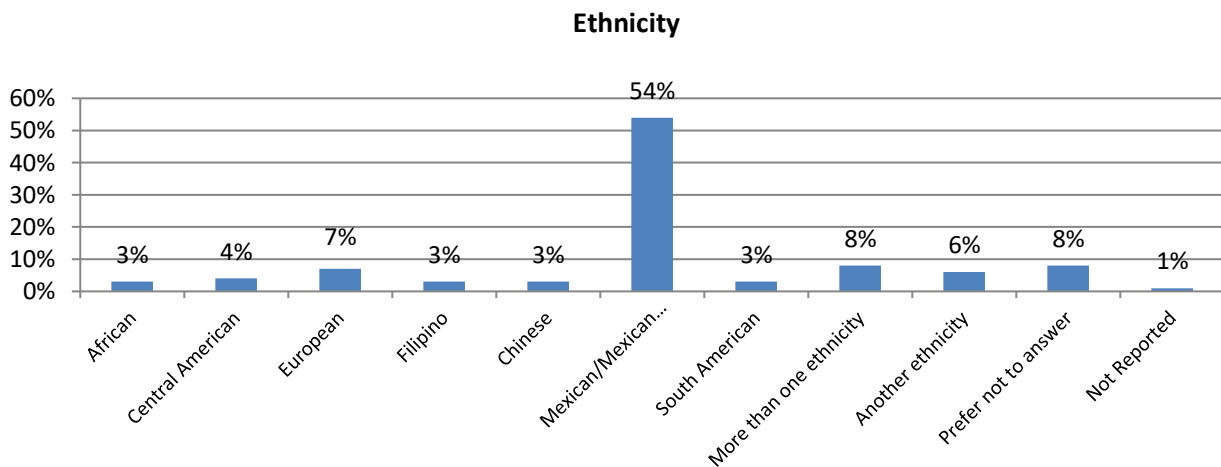
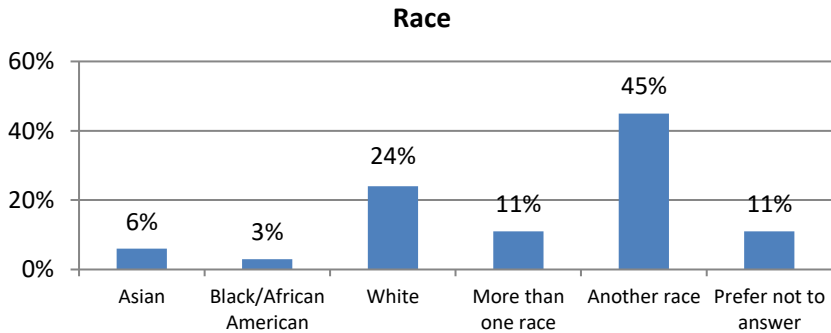
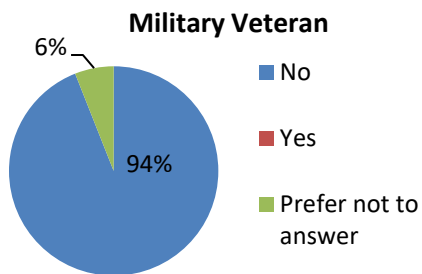
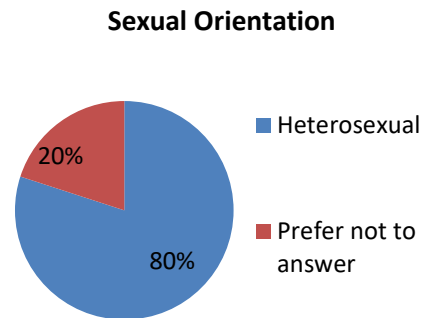
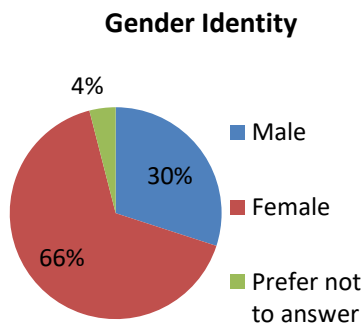
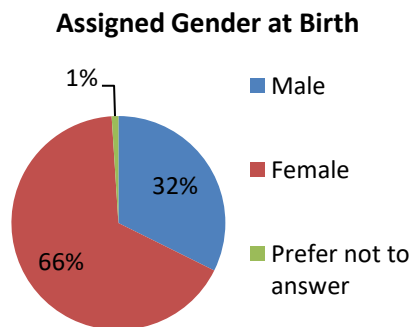
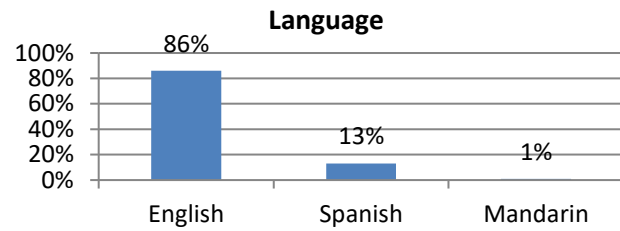
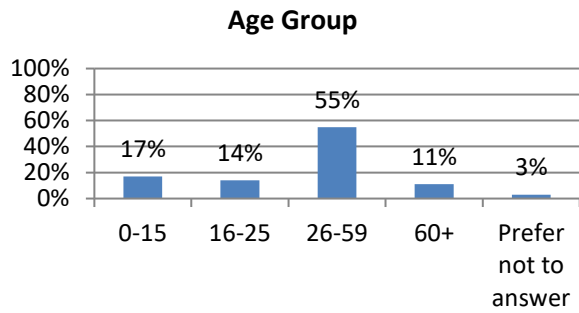


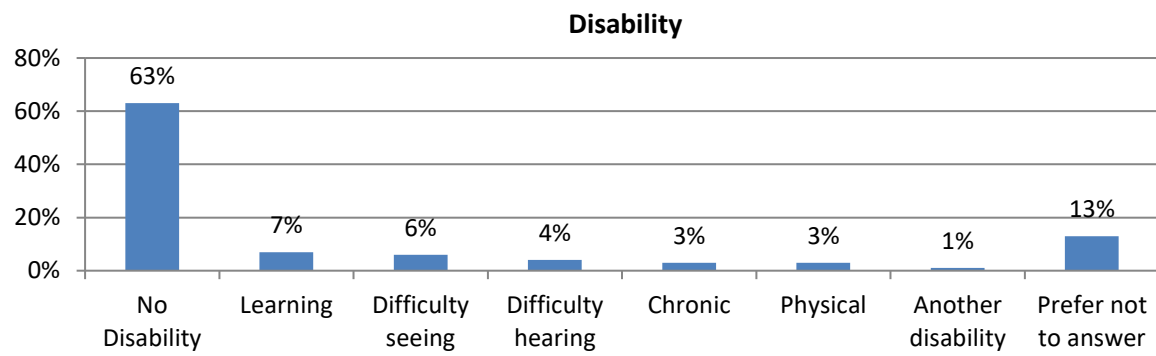
Number of Potential Responders	878
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Parents and children
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

#### Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on Referrals





# NAMI Community Capacity Building Program

## Ending the Silence (Prevention)

### Program Description

Ending the Silence and NAMI 101 are community presentations offered through the National Alliance on Mental Illness (NAMI) and provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

Ending the Silence is a 50-minute presentation designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is, how to maintain wellness, how to identify symptom triggers, how to identify a support system, mental health warning signs, empathy, boundary setting, and self-care.

### Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	4	Total Number Served FY 2021-22	176
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### Program Update

Throughout FY 2023-24, NAMI continued to solidify existing school partnerships as well as build new ones. This work has allowed the program to execute more presentations within the public school system, which is aiding in the goal of reestablishing the frequency of programming that was experienced pre-Covid. Regarding classes and support groups, the program trained several additional facilitators (in English and Spanish), which expands capacity to add more support groups and classes to the calendar and accommodate more community members.

### Challenges and Solutions

Toward the beginning of the 2023-24 fiscal year, capacity was a concern. The program lacked enough staff to return to the engagement levels of previous years. Overall, visibility has been a challenge as many community members or organizations report not knowing who NAMI is or what the program does.

Part of the solution is to continue building relationships. The program is very community facing, the board is active and engaged in outreach, and staff are dedicated to building strong partnerships with community organizations and entities to enhance the range of collaboration opportunities. NAMI participates in events, attends campus drop-ins, and works on identifying additional ways to be more visible to the youth.

## Diversity, Equity and Inclusion

NAMI 101 and the Ending the Silence are available in both English and Spanish and are facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health conditions and/or how signs and symptoms may not be addressed or acknowledged. Additionally, some trainers identify as having lived experience. NAMI partners with several external entities that support older adults and veterans and is equipped to provide referrals and resources to these entities when needed. Presentations allow space to converse about the specific challenges/stigma/barriers that the LGBTQ+ communities encounter. NAMI also had presenters who identify with this community in the queue to be trained for presentations and this will allow ways to expand on these conversations.

## Success Story

The program received feedback from a community member reporting the benefits they experienced related to being involved in NAMI classes. The individual reported feeling grateful for the program, stating that the classes had been extremely helpful in their journey. They also reported that the topics discussed had never been presented to them in the way they were in the 8-week course, allowing them to form new perspectives and ideas regarding mental health. They also expressed appreciation for the transparency of the group leadership and the opportunity to hear stories from individuals with lived experience.



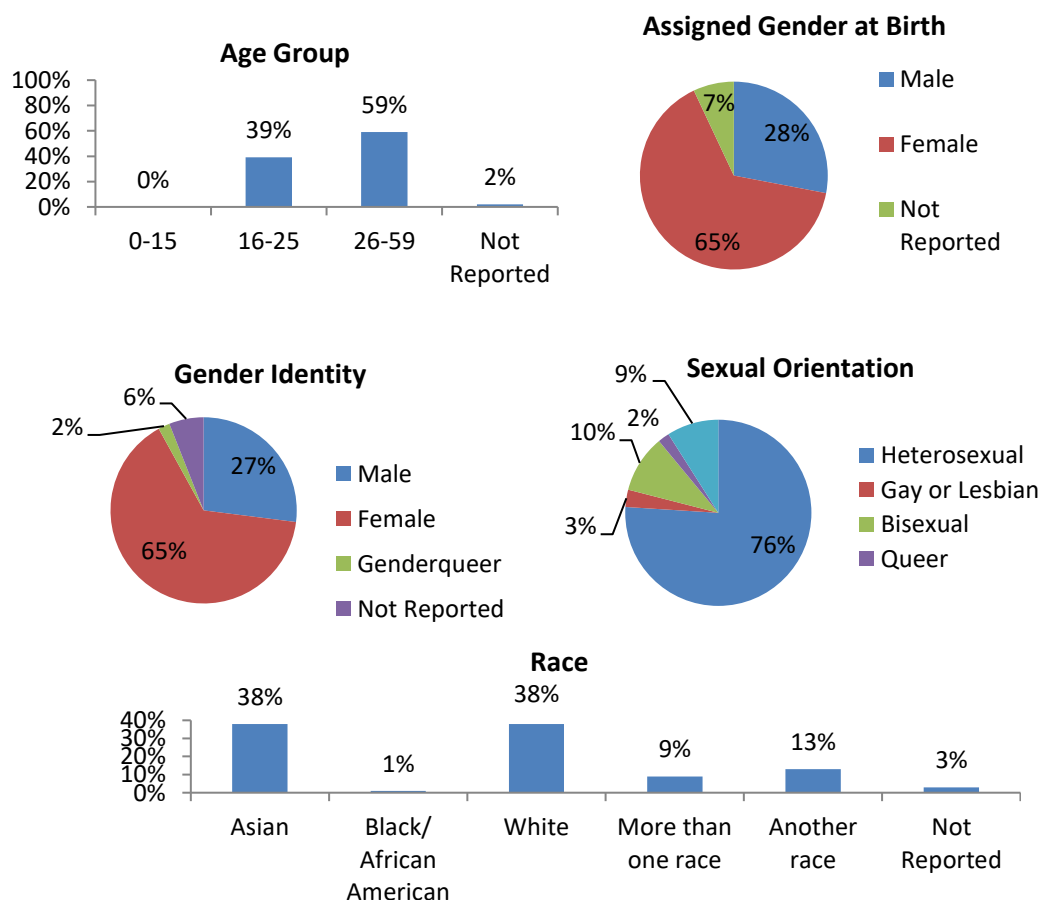
## Program Summary

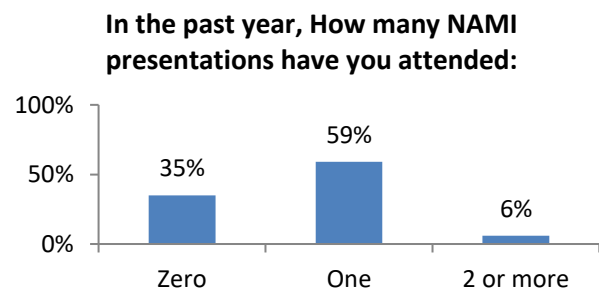
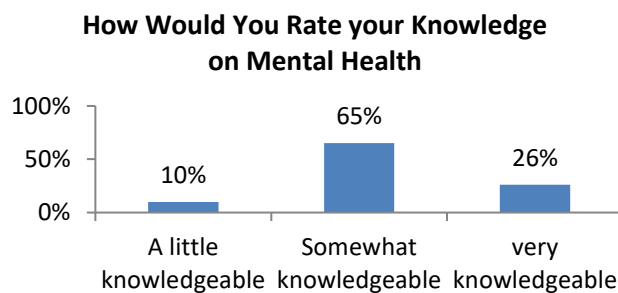
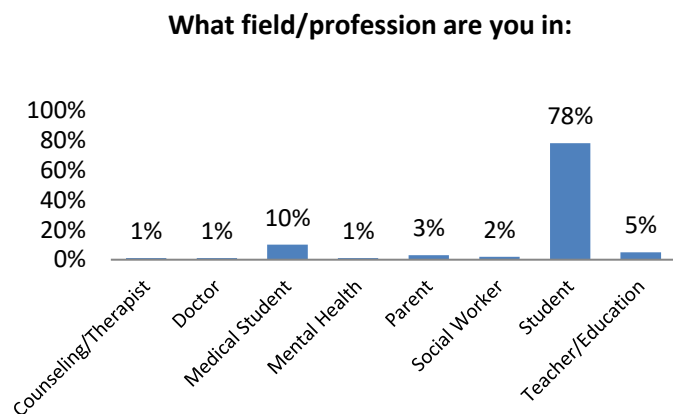
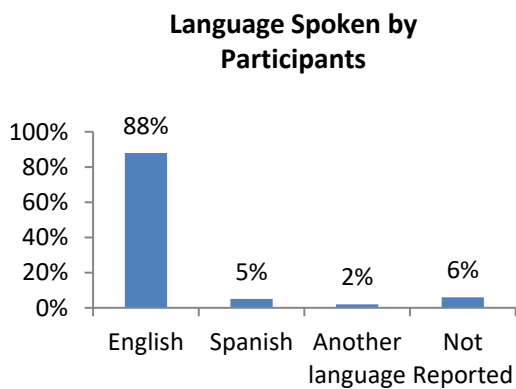
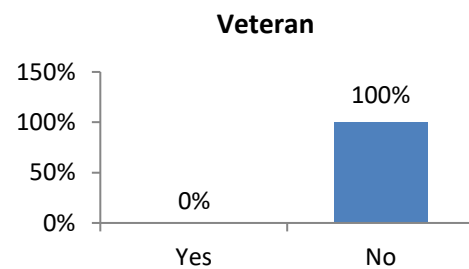
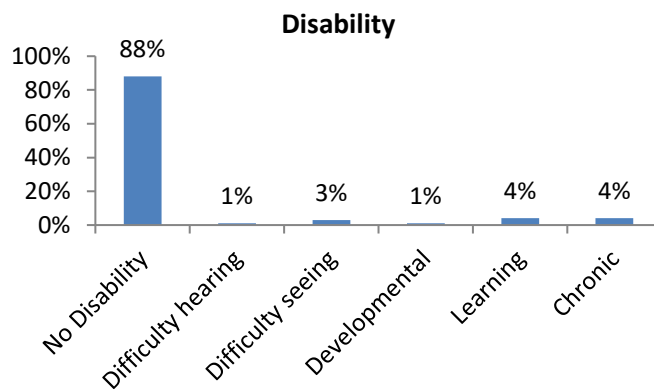
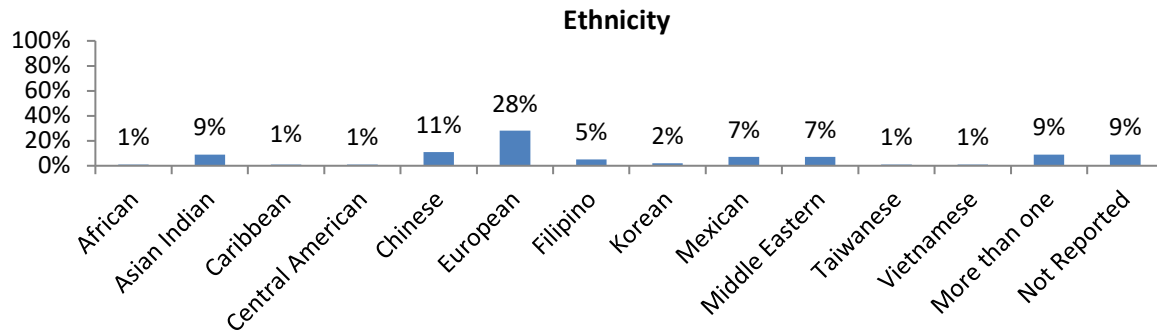
### How Much Did We Do?



The number of presentations **increased**, and attendees **decreased** from **3 and 359** in FY 2022-23 to **4 and 176** in FY 2023-24.

### Demographics from Surveys Completed by Participants (n=176)





## How Well Did We Do It?

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### NAMI 101

**97%**

Agreed or strongly agreed that the presentation increased their understanding of symptoms associated with mental health challenges.

**92%**

Agreed or strongly agreed that the presentation will help me recognize early warning signs of mental health challenges.

### Ending the Silence

**86%**

Agreed or strongly agreed that the presentation increased their understanding of symptoms associated with student mental health.

**93%**

Agreed or strongly agreed that the presentation will help me recognize early warning signs of student mental health.

## Is Anyone Better Off?

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### NAMI 101

**94%**

Agreed or strongly agreed that the presentation provided me with new and useful resources.

**98%**

Agreed or strongly agreed that the presentation helped me understand the impact of untreated mental health challenges.

## Ending the Silence

**94%**

Agreed or strongly agreed that the presentation provided me with new and useful resources I can use on a regular basis.

**96%**

Agreed or strongly agreed that the presentation helped me understand the impact of unaddressed mental health issues.

Number of Potential Responders	165
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

## Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to NAMI PEI.**

# Housing Stability Program (Prevention)

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	0	9	3	49	<b>61</b>
<b>Projected Number to be Served FY 2024-25</b>	0	0	12	4	63	<b>78</b>
<b>Cost Per Person</b>	\$2,710**	\$2,710**	\$2,710**	\$2,710**	\$2,710**	<b>\$2,710**</b>

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

## Program Update

The HSP had a vacancy in the Housing Outreach Specialist position that runs the Housing Stability programming. However, towards the beginning of the fiscal year, the program was able to fill the position. Over the course of the year, the Housing Outreach Specialist reestablished groups and workshops to help support the community. In January, the Landlord Hour returned, and the Good Tenant Curriculum resumed. The program continues to look for more spaces to host these group in the community to expand the reach.

The Landlord Hour had a name change in April and is now called the Housing Provider Hour. The term “housing provider” is seen as more inclusive and comprehensive of what the role is. The Housing Provider Hour had more consistent attendance, and the Specialist has built rapport with the providers that attend. In the fiscal year to come, the program intends to create a yearly calendar for Housing Provider Hour in order to identify the topics and presenters in advance, as opposed to waiting month by month. This will help our targeted audience plan better for the meeting and increase attendance.

HSP also would like to develop a spreadsheet as a database of housing providers, along with requirements that each property looks for (income req., pet policy). This will assist the program with a better understanding of the housing climate and support housing staff with providing resources.

## Challenges and Solutions

The primary challenge for HSP was lack of engagement in Good Tenant Curriculum from community members. To increase attendance, the groups were moved to properties and hosted in community rooms as opposed to being held only at the Wellness Center. The program also increased outreach by going into the field to meet with new housing providers and attended community events such as Pomona Wellness Center’s Housing event and Claremont Housing meetings. There was also an effort made to visit local colleges (Claremont Colleges and Western) and their student housing departments.

## Diversity, Equity and Inclusion

The Housing Stability Program offers fair housing to all clients and their families regardless of status. In addition, the Housing Division staff are trained in cultural competency, stigma reduction, and aware of fair housing law. Staff are bilingual in English and Spanish and groups provide education on protected rights. The language line is available as well if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages throughout the sites.

Staff are aware of resources pertaining to specialized populations, referral processes and accommodations. Older adults who may not feel comfortable with technology are able to have their services in-home. The program also conducts in-person outreach to senior living and veteran apartments.

Monthly meetings, Mental Health First Aid training and stigma reduction training are offered to landlords, owners, and property managers to help them better understand and support individuals with mental illness.

## Community Partners

In addition to referrals made within Tri-City’s own departments, the Housing Division staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, sober living facilities, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services, House of Ruth, Pomona Youth Prevention Council and Just Us 4 Youth. These entities, among others, work in collaboration with HSP to provide/receive referrals, educate/empower tenants,

support landlords and property managers in appropriately recognizing and responding to individuals with symptoms of mental illness, and provide additional resources inside and outside of Tri-City.

## Success Story

A notable success for the program this fiscal year was the increased attendance for Housing Provider Hour. Having the opportunity to engage local housing providers creates community, cohesion, provides education, and stigma reduction. These efforts can contribute to tenants maintaining the housing they have established.

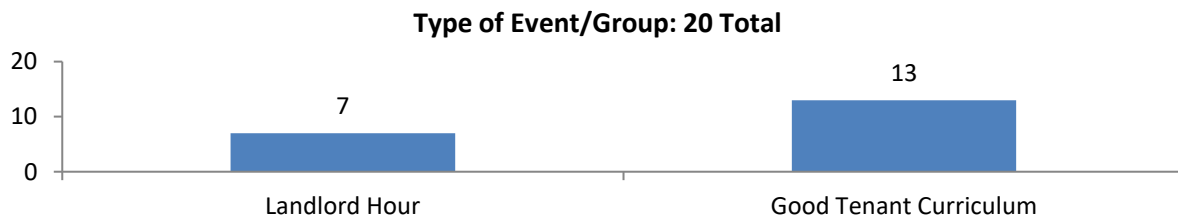
## Program Summary

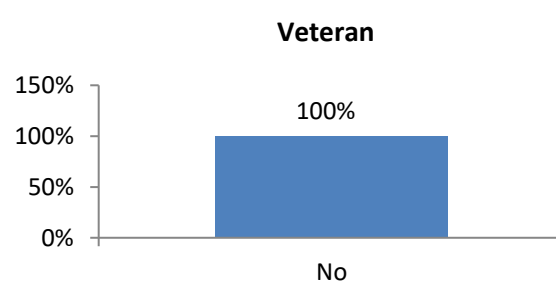
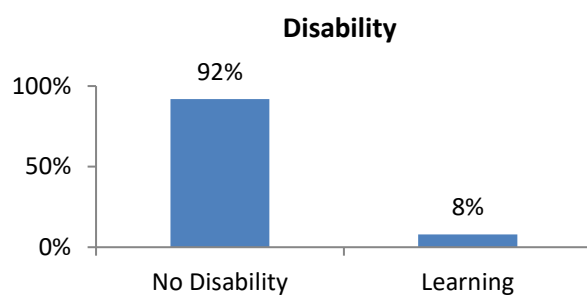
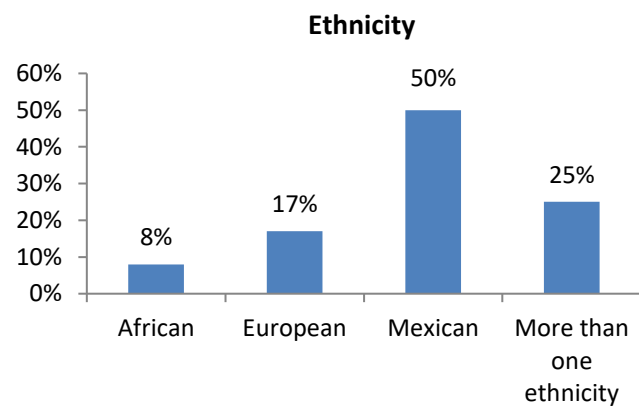
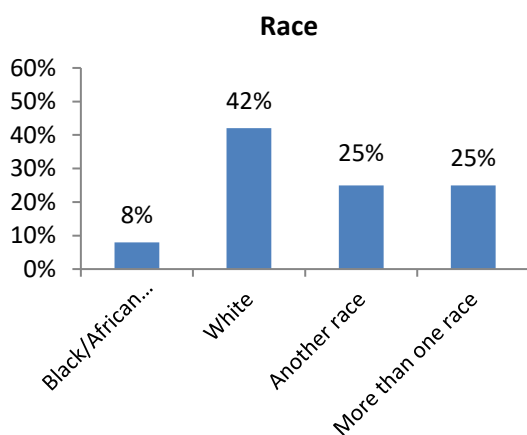
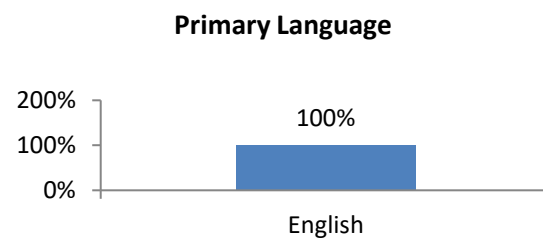
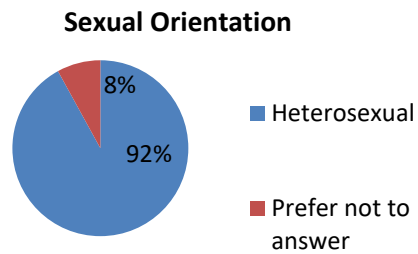
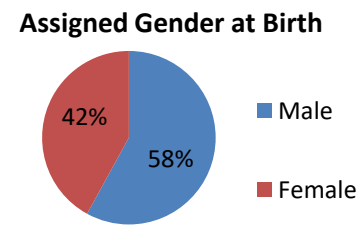
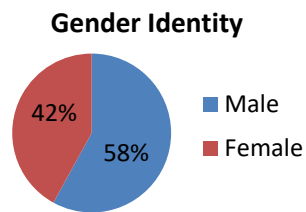
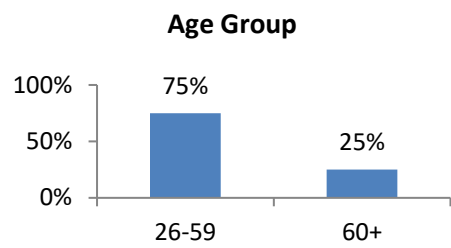
### How Much Did We Do?



The number of new landlord contacts and follow-ups **increased** from 13 and 2 in FY 2022-23 to **20 and 11** in FY 2023-24.

The number of landlord hour events **increased** from **3** in FY 2022-23 to **7** in FY 2023-24.

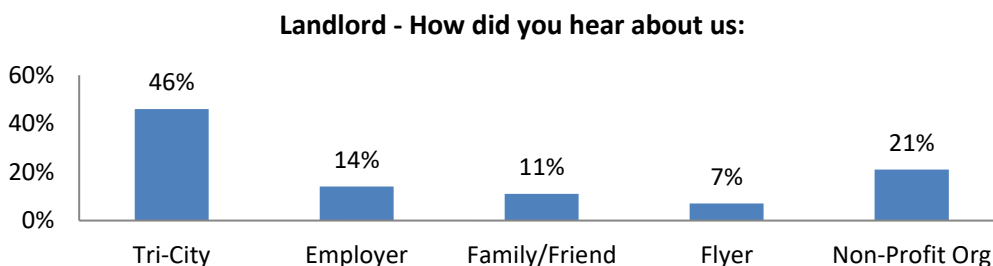
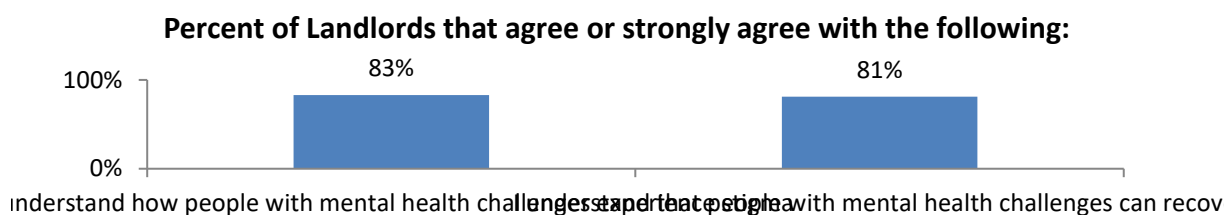
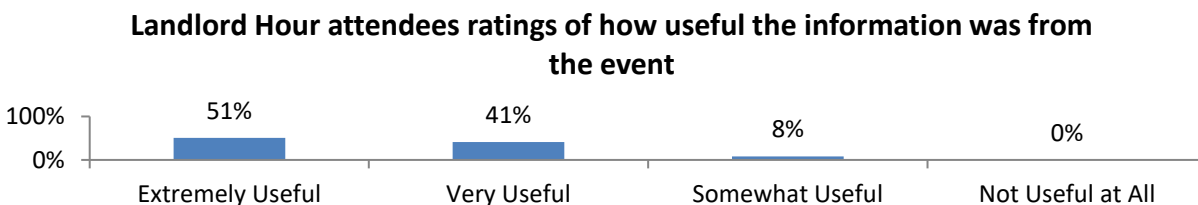






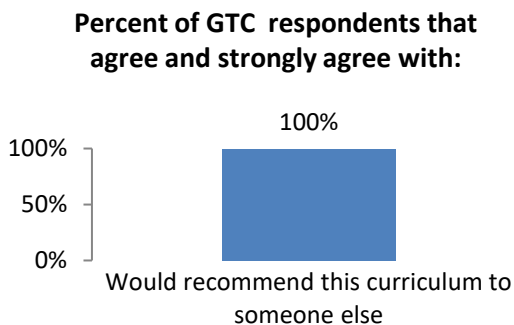
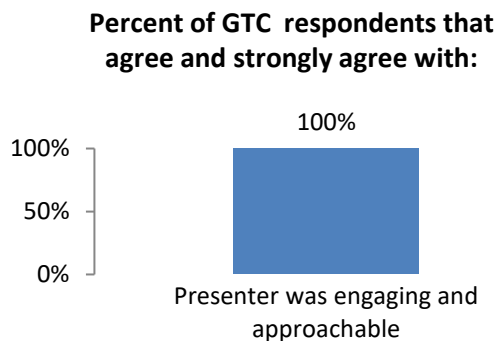
## How Well Did We Do It?

### Landlord Hour



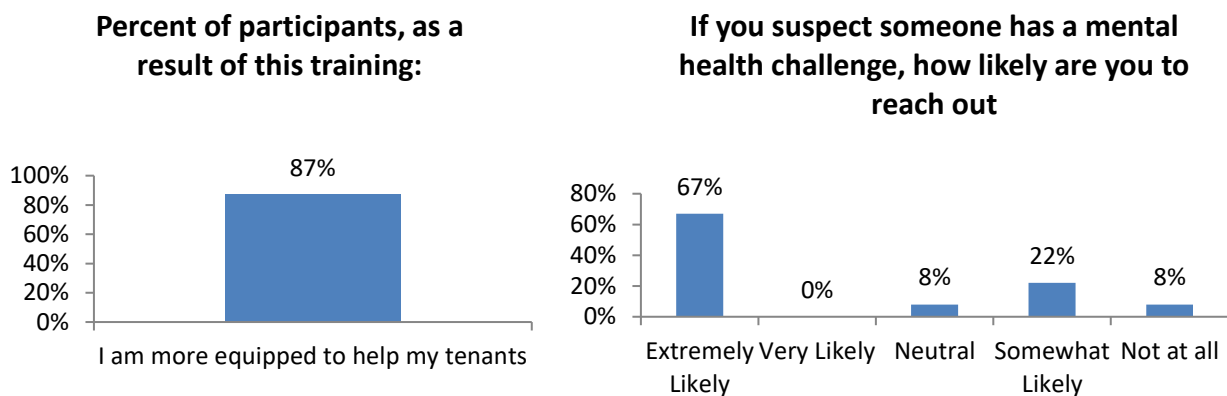
The percent of landlords hearing about the program via Tri-City **increased** from **0%** in FY 2022-23 to **46%** in FY 2023-24.

### Good Tenant Curriculum (GTC)

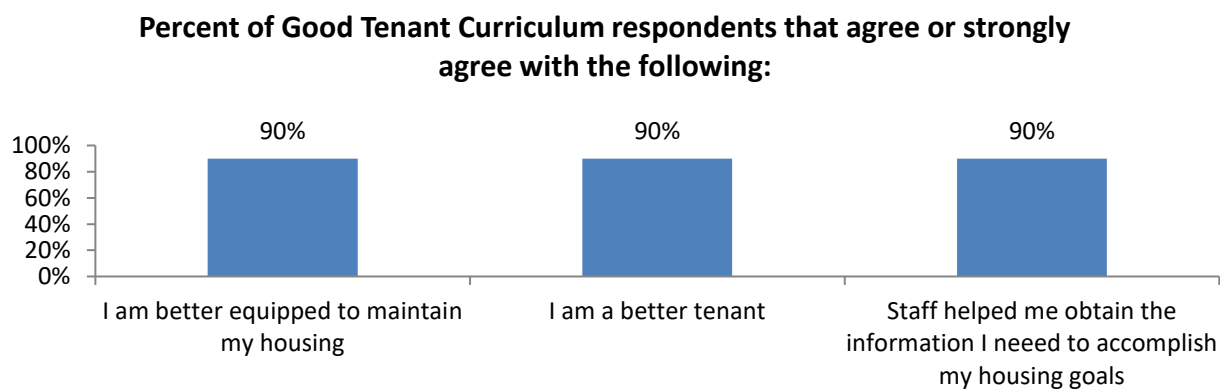


## Is Anyone Better Off?

### Landlord Hour



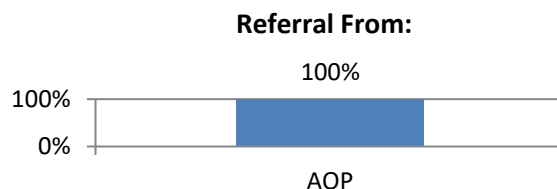
### Good Tenant Curriculum (GTC)



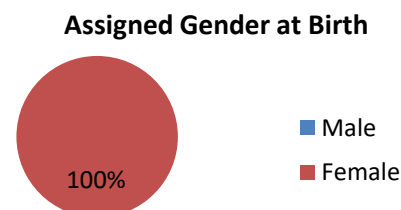
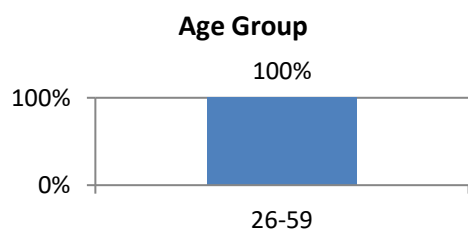
Number of Potential Responders	61
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy

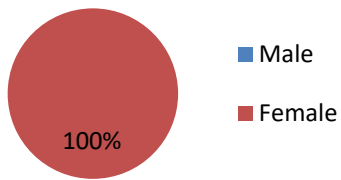
**1**  
**MHSA referral into**  
**Housing Stability**



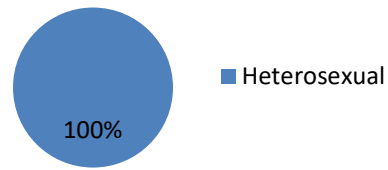
## PEI Demographics Based on MHSA Referral



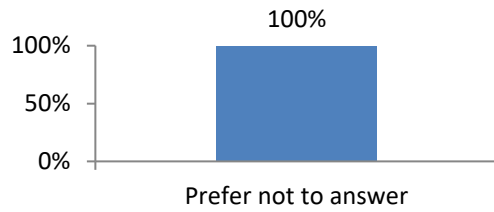
**Gender Identity**



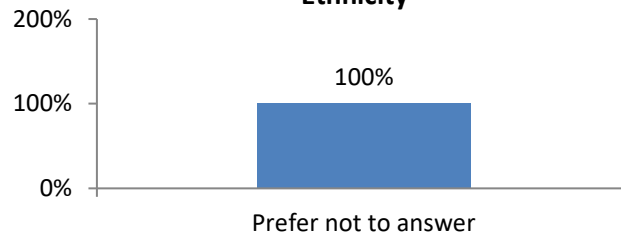
**Sexual Orientation**



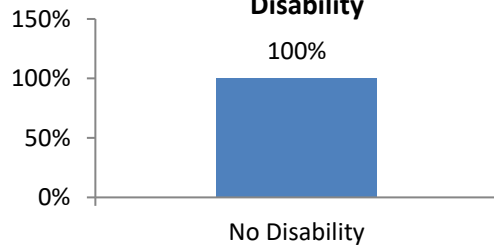
**Race**



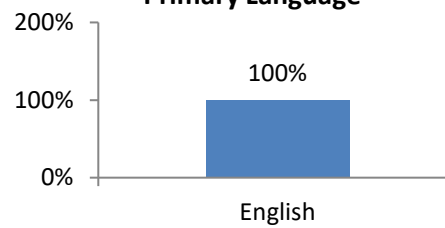
**Ethnicity**



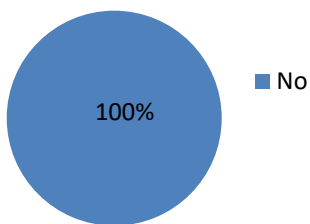
**Disability**



**Primary Language**



**Veteran**



# Therapeutic Community Gardening

(Early Intervention)

## Program Description

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

## Target Population

Community members including unserved and underserved populations, adults, transition age youth, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	0	19	58	39	214	<b>330</b>
<b>Projected Number to be Served FY 2024-25</b>	0	4	52	22	N/A	<b>78</b>
<b>Cost Per Person</b>	N/A	\$6,023**	\$6,023**	\$6,023**	N/A	\$6,023**

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

## Program Update

The construction of the rejuvenation project in the garden, which began the previous fiscal year, continued throughout FY 2023-24. TCG also filled a position for a second clinical therapist. With the addition of another team member, the program was able to increase output with regards to curriculum, workshops, and with community partner collaborations. The TCG team doubled the

number of workshops and events in this fiscal year compared to the last fiscal year (FY 2022-23: n = 16, FY 2023-24: n = 32). This increase was also reflected in the number of workshop participants more than doubling from year to year (FY 2022-23 n = 132, FY2023-24 n = 288).

There was also a marked increase in TCG group participant satisfaction and longevity in the program this fiscal year. This is reflected in the data that states the average length of time a participant remained in the program increased to 12 months. Likewise, survey results indicate that 100% of participants enjoyed TCG groups as well as felt more confident in the skills they learned in TCG Groups.

## Challenges and Solutions

Construction in the Garden impacted the programs' ability to function at full capacity. For example, TCG was unable to have consistent in-person group and was unable to harvest from the fruit trees or vegetable beds. Furthermore, groups remaining virtual has made it difficult to retain TCG participant attention and interest in the program. Many potential new referrals reported wanting to be involved in the TCG program after attending an in-person event. However, upon learning of the virtual nature of the groups, these new referrals reported wanting to wait until the Garden opens to join. Reaching the child and TAY audience in TCG groups continues to be a challenge. The Youth and Family Groups struggle with retaining participants.

When the Garden opens, many of these challenges will be solved or provide an opportunity for TCG to see if there are other barriers beyond garden access. Currently, the program offers occasional in-person groups with activities for participants to enjoy hands on activities preparation for in-person groups. Another potential solution that has been developed by the team is to collaborate with more internal programs to provide TCG programming that will allow clients and community members to engage with the gardening program (examples of this are collaborations with Wellness Center and Co-Occurring Support Team for workshops). Additionally, creating workshops specifically for the younger demographic has assisted the program in addressing low attendance in youth and family groups.

## Diversity, Equity and Inclusion

TCG specifically collaborates with agencies that target groups such as TAY, children, families, Veterans, older adults and the LGBTQ+ community. When harvest is available, a food security program exists that provides excess produce to community members and agencies in need. Staff regularly attend cultural competence trainings, and its staff are bilingual in both English and Spanish. A staff member is also the chair of the RAINBOW Wellness Collaborative, allowing for concepts such as diversity and inclusion to be embedded into TCG curriculum for the community. TCG frequently partners with agencies in Pomona, Claremont and La Verne that target underserved and unserved individuals and families. There are also groups developed specifically for the Spanish speaking community, and flyers are translated into Spanish. Lastly, the cultural significance of food is used in curriculum and this concept has always been well received by community members.

## Community Partners

The Therapeutic Community Gardening staff network and collaborate with a multitude of community partners and organizations. Examples include annual events with Cal Poly Pomona Veterans Resource Center, outreach with Pomona Unified School District targeting children and TAY, collaborations with Casa Colina Hospital and Centers for Healthcare, schools in the service area, community centers, and several small businesses.

Other examples of organizations in which TCG engages in strong community partnerships are: Sustainable Claremont, Lopez Urban Farm, Bridge the Gap, Traumatic Brain injury- Outreach, DA Center for The Arts, California Horticultural Therapy Network, Pomona Valley Pride and animal therapy agencies. Outcomes of these connections include development of workshops, general outreach, group referrals, seedling donations, and produce donations to community agencies when available.

## Success Story

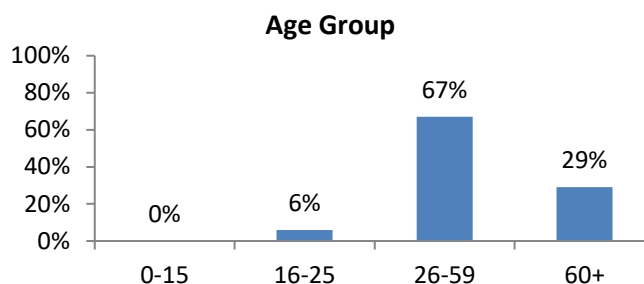
This fiscal year the TCG team provided an in-person group that encouraged participants to socialize face-to-face, as well as prepare them for the eventual transition to in-person groups in the Garden. Participants learned about mindfulness and addressed stress management. Attendees created pressed herb canvas paintings as the hands-on activity. Staff informed participants on the benefits of being in the present moment, while connecting with their senses and learned about how colors can impact our mood. Participants shared their appreciation for the opportunity to interact with each other in-person, create a natural art piece, and gain knowledge about color psychology.

## Program Summary

### How Much Did We Do?

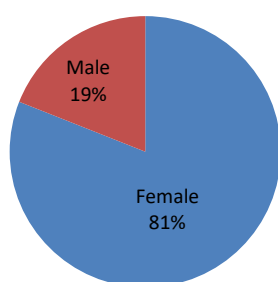
**42**  
**Participants Enrolled in TCG**  
**Program Groups**

**12 Months**  
**Average Length of Time**  
**Participants Enrolled in TCG**

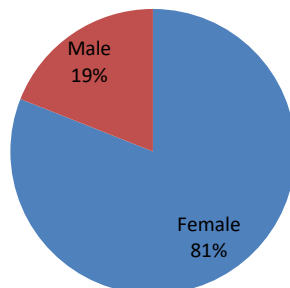


The number of participants enrolled in TCG groups **decreased** from **85** in FY 2022-23 to **42** in FY 2023-24.

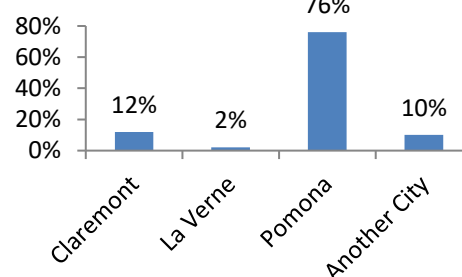
**Assigned Gender at Birth**



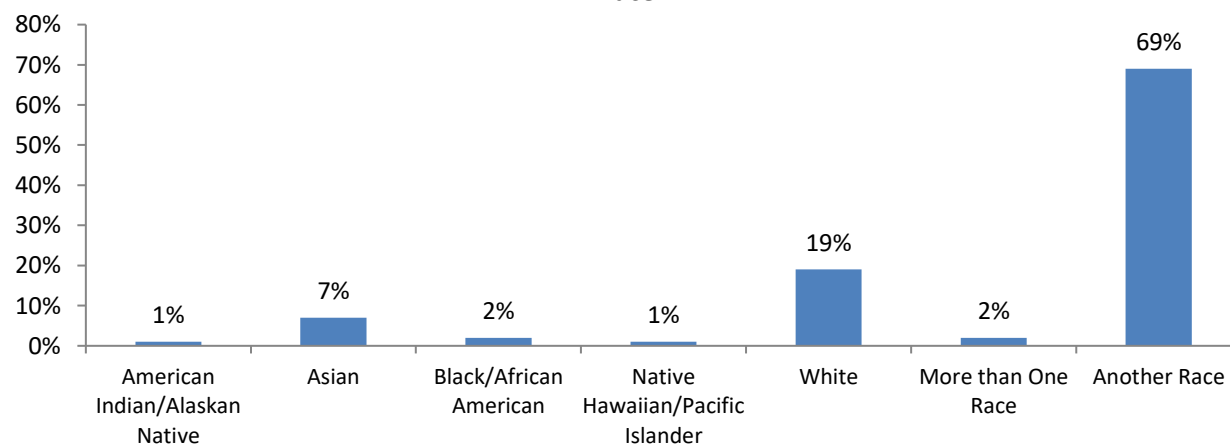
**Current Gender Identity**



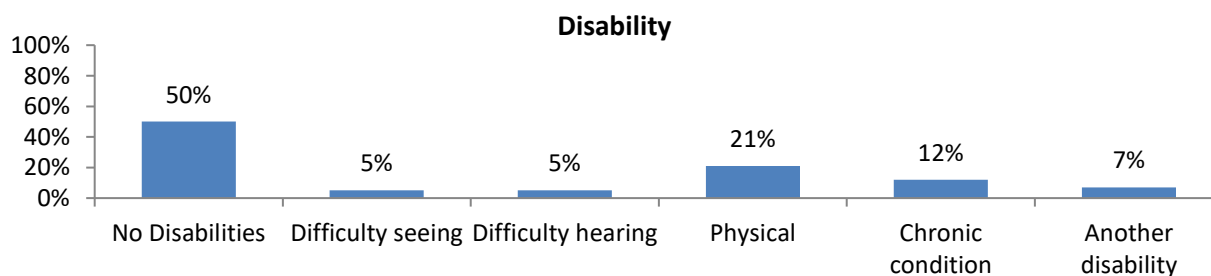
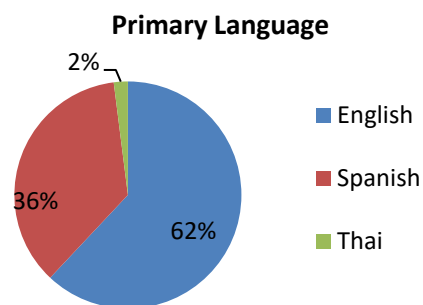
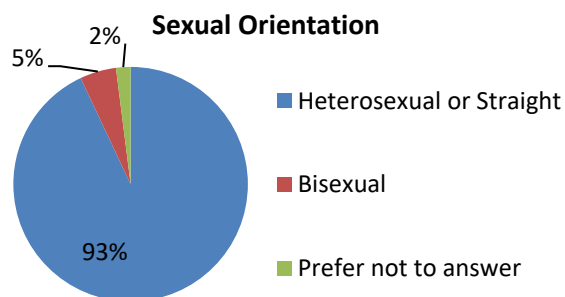
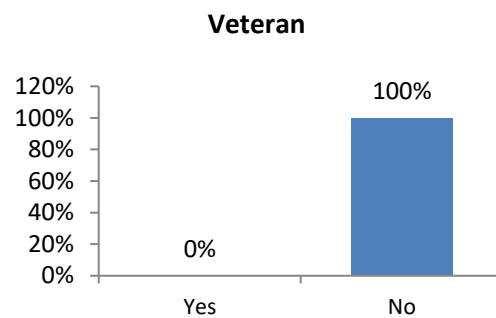
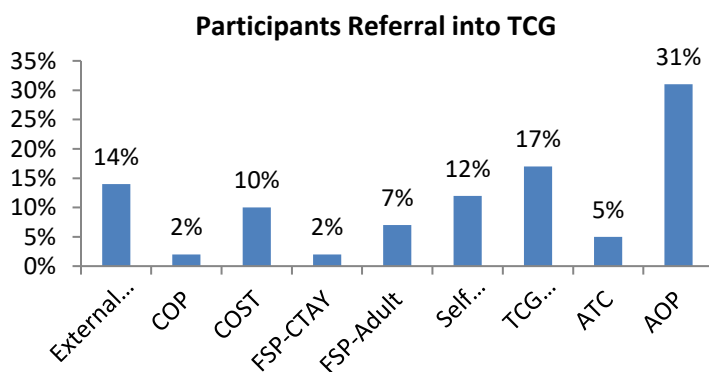
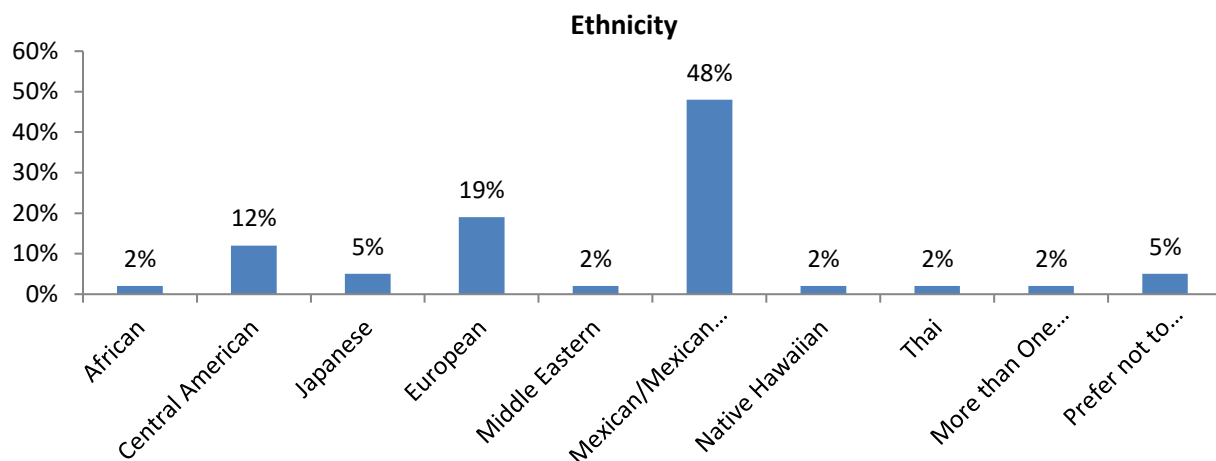
**City**



**Race**





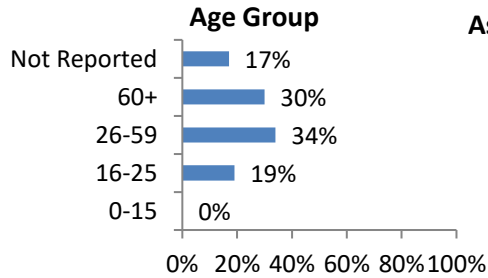


## TCG Workshop/Events Survey Demographics (n=89)

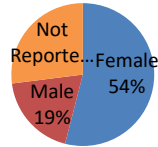
**32**  
**Workshop/Events**

**288**  
**Attendees**

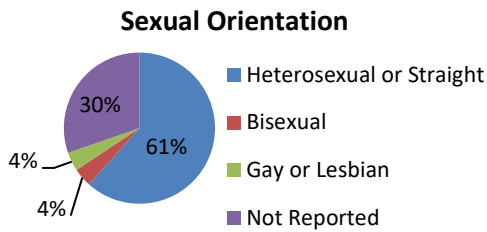
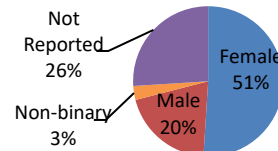
The number of workshops/events and attendees **increased** from **16 and 132** in FY 2022-23 to **32 and 288** in FY 2023-24.



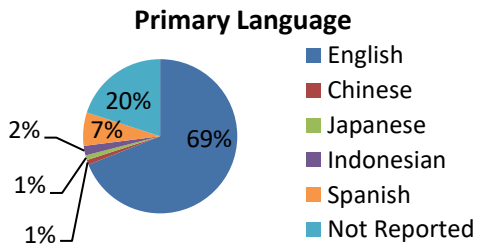
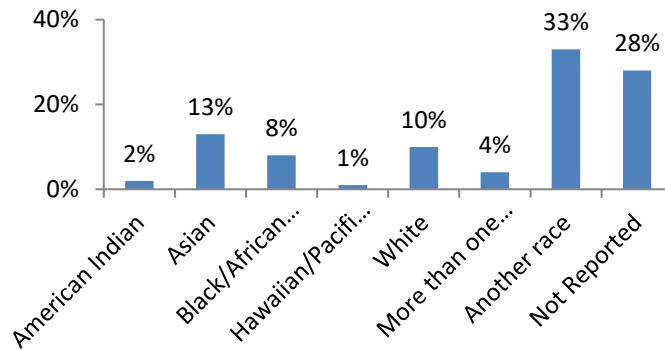
### Assigned Gender at Birth



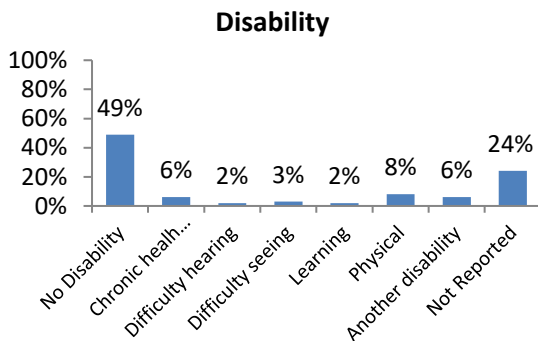
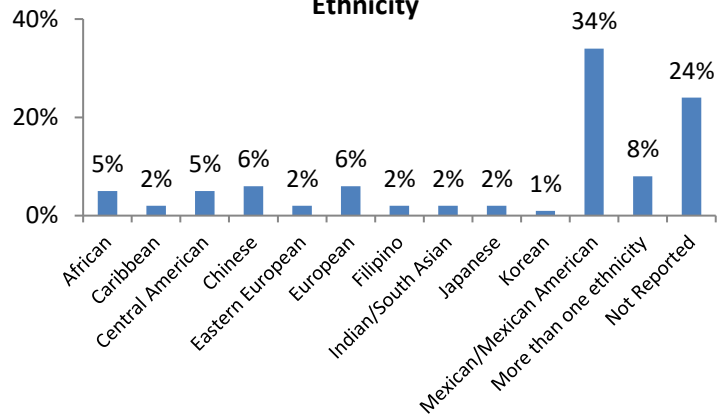
### Current Gender Identity



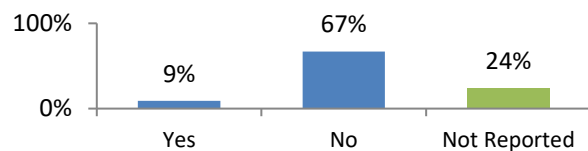
### Race



### Ethnicity



### Veteran



## How Well Did We Do It?

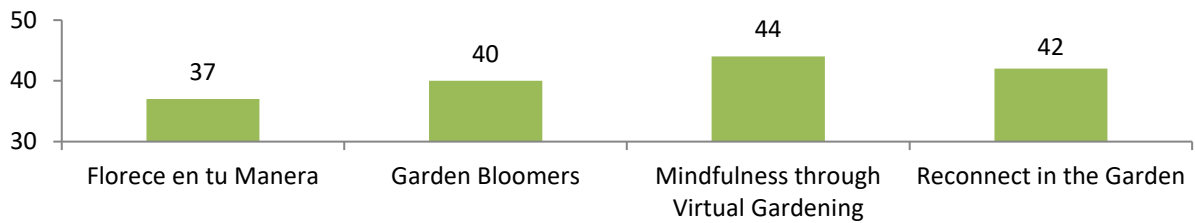
**163**

TCG Groups  
Held

**465**

Participants Attending TCG  
Groups

### Type of TCG Groups Held - 163



The number of TCG Groups held **decreased** from **180** in FY 2022-23 to **163** in FY 2023-24.

**244**

Number of TCG  
Outreach

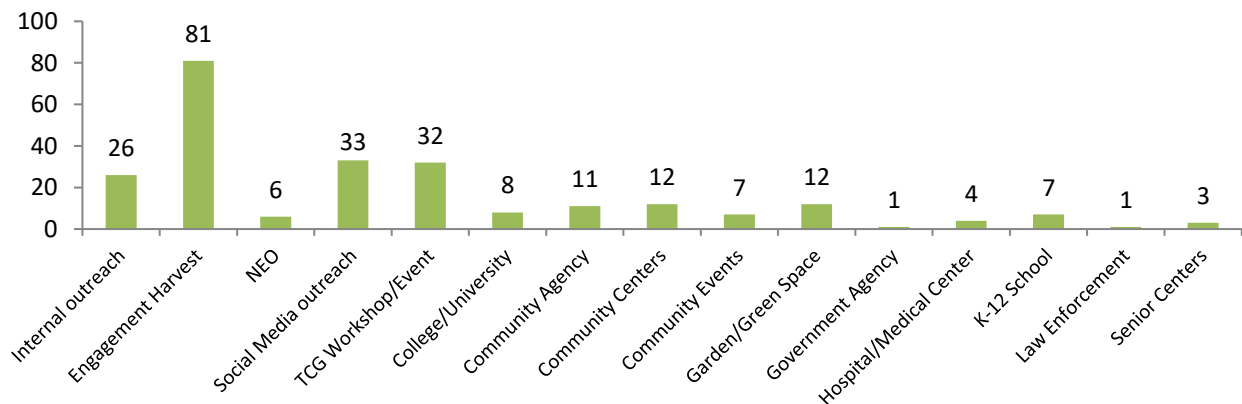
**1,867**

Number of Individuals  
Outreached

**5,304**

Number of Individuals  
Outreached via Social Media

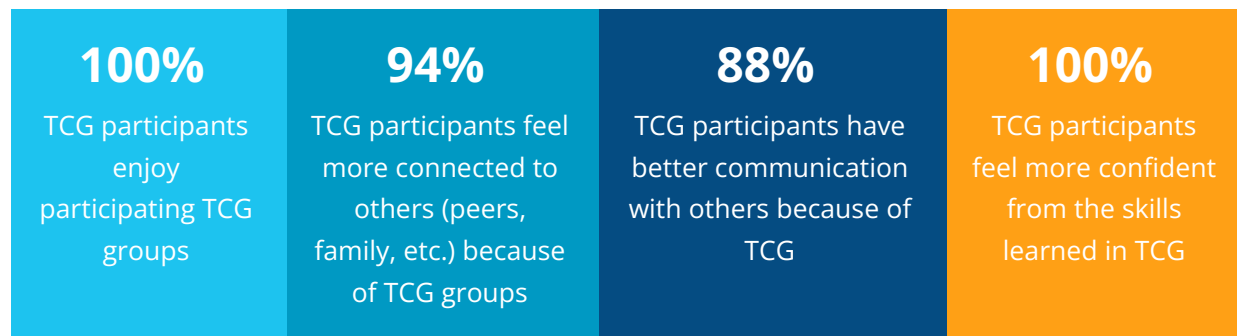
### TCG Outreach By Type - 244



The number of individuals outreached **increased** from **2,557** in FY 2022-23 to **7,171** in FY 2023-24.

## Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=17)



TCG Workshop Survey Responses Based on Completed Surveys (n=89)



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

It has made me more social through quarantine and everything. I have benefited through it in all aspects of my life.	I have benefited because it has helped me to understand how plant and what soil to use and I now feel more confident in how I am planting.
More knowledgeable about plants and also when provided resources during group has been helpful, keeps me informed.	Getting to know more people. Also having the opportunity to work on more self-awareness and learn mindfulness.
I am a little bit more social in public because of the TCG groups.	I have benefited from TCG when feedback is expressed and there is connection between group participants, and everyone can be themselves.
It has helped me to be more connected with nature evoking calm and relaxation.	I learned a lot about myself.
Building a connection with others. Connection of earth to myself.	I'm inspired to do painting at home. It's therapeutic.
Fun community.	Learning how to propagate properly has been helpful.
My garden is looking good and providing food.	TCG has helped me be myself and open myself up more to who I am. My life is more positive!

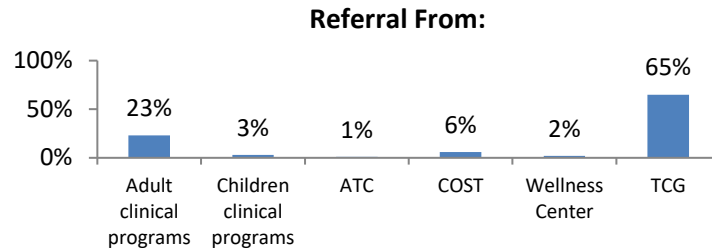
**TCG Participant – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:**

I like how the program is led.	Everything is good.
Everything is on point. I always love to learn, and I can share with others.	Everything is nice the way it is, all is good. I really enjoy group.
I enjoy each group meeting.	I am just waiting for the garden to open, although, I do enjoy the virtual groups.
I hope that I am able to participate in person when the garden is open.	I feel that the virtual garden is a great program that opens doors for connection.
I would like the group to be big!	I look forward to going into the real garden soon.
The program is good	TCG program has been above my expectations and group has brought me much joy.
These types of social activities are essential to help PTSD survivors.	I am so impressed in every group and the learning aspect of it.

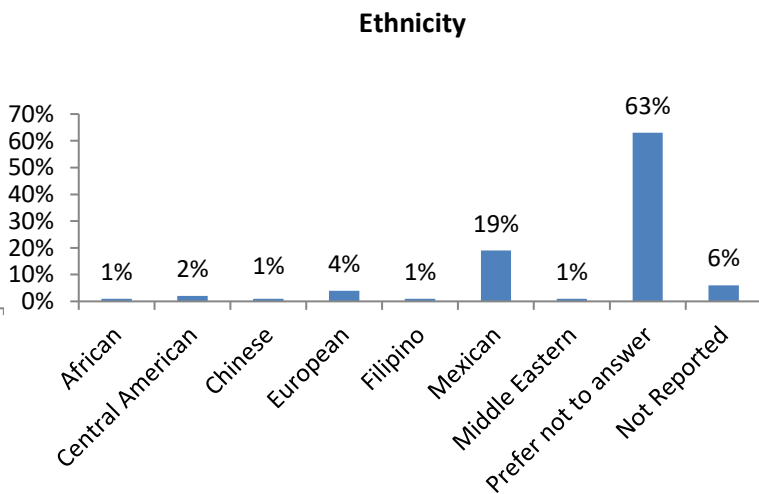
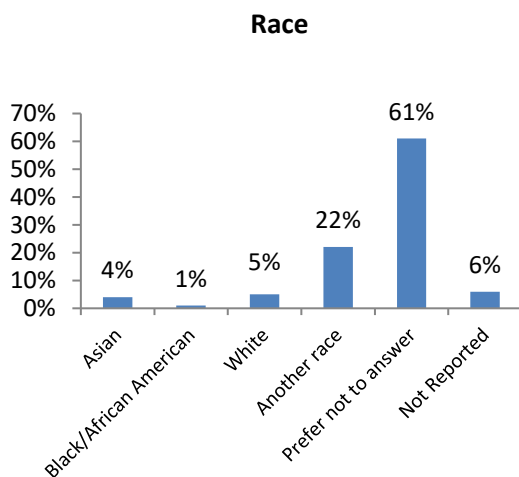
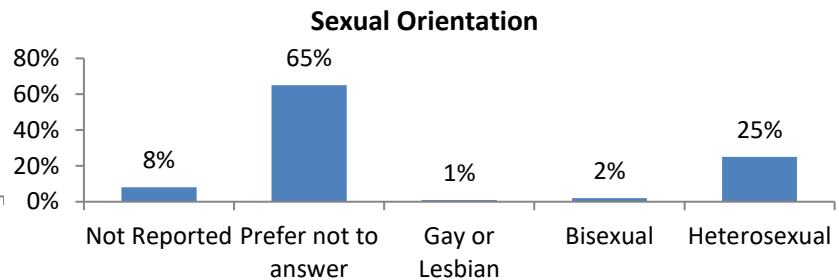
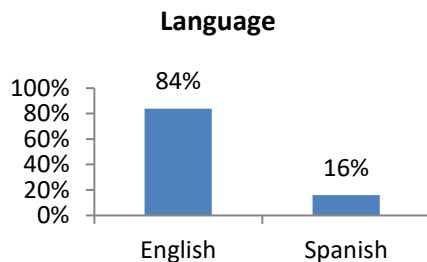
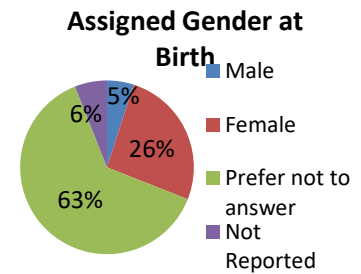
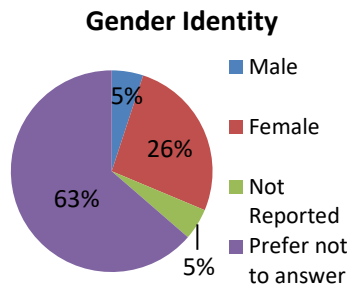
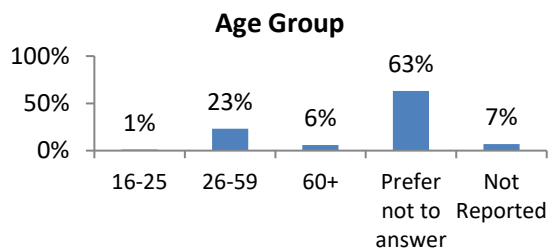
<b>Number of Potential Responders</b>	7,836
<b>Setting in Which Responders were Engaged</b>	Community, schools, health Centers, workplace, and outdoors.
<b>Type of Responders Engaged</b>	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

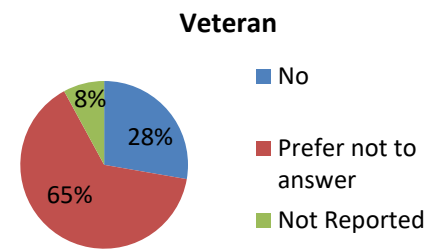
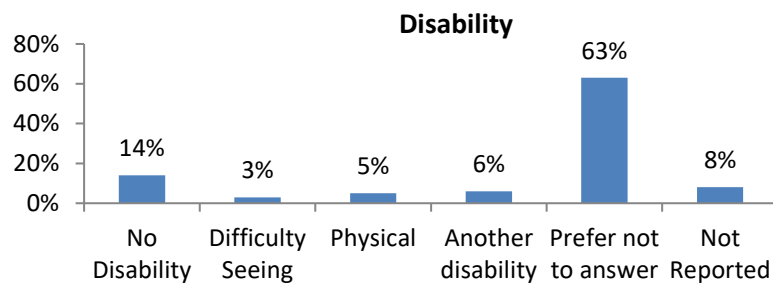
## Timely Access to Services for Underserved Populations Strategy

**93**  
MHSA Referrals coming  
into TCG Program



## PEI Demographics Based on MHSA Referrals





# Early Psychosis

## (Prevention & Early Intervention)

### Program Description

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

### Target Population

Transition age youth (TAY) ages 12 to 25 who are experiencing psychosis and are not currently enrolled in mental health services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	6	18	0	0	0	<b>24</b>
<b>Projected Number to be Served FY 2024-25</b>	14	41	N/A	N/A	N/A	<b>54</b>
<b>Cost Per Person</b>	\$5,126**	\$5,126**	N/A	N/A	N/A	<b>\$5,126**</b>

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

### Program Update

In FY 2023-24, there was an increase in participants whose family were monolingual Spanish speaking. As a result, the caseload for the Spanish speaking clinician and Spanish speaking group grew this year. The EP team established weekly team meetings where staff (including psychiatrist) took the opportunity to discuss important updates and directions in the cases. Due to this care team approach, staff are feeling supported and informed. Notably, clients have experienced minimal need for crises intervention requiring hospitalization and several client graduations are pending due to



improvements in symptoms and treatment goals being met. A program change was the expanded criteria to allow for onset of symptoms to be within the past 18 months, rather than 12 months to match best practices.

Lastly, EP joined an early psychosis collaborative with other local counties who have established early psychosis programs. The goal of this collaborative is to share knowledge, resources and problem solve to ensure that program is operating within best practices and standards of care. The focus of the next fiscal year will be to improve outcome measures and data tracking. This includes collecting surveys more regularly to ensure that work done is participant informed. Along with this, there will be an increase in community outreach.

## Challenges and Solutions

There has been a challenge growing the adult TAY cohort, as most often the TAY are attempting to work or go back to school. As a result, there have been challenges with accepting or consistently participating the multiple services included in the program. Along with this, there has been a slowdown in incoming referrals in the past fiscal year.

To address this challenge, the team has changed time of services and offered it in different modalities. It appears that virtual has been easier to maintain consistent participation for the adult TAY population, whereas the Spanish speaking child cohort tends to be more responsive to in person groups and workshops.

## Diversity, Equity and Inclusion

The Early Psychosis program consists of multicultural staff who provide services in both English and Spanish. Workshops and webinars, including outreach and engagement, are also available in both languages. Additional languages are available via a language line. Materials for trainings are available to be translated upon request. The EP team is representative of staff of various cultural backgrounds, ages and languages which allows for representative for the participants. The program includes a peer support specialist who can share their lived experience with participants, in regards to experiences with disparities in the mental health system.

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as LGBTQIA+ are addressed. Furthermore, client's electronic health record indicates preferred pronouns and/or name to reduce mis-gendering. Workshops and groups also promote inclusivity by allowing time to identify pronouns and preferred names.

Barriers related to socioeconomic status, transportation or otherwise are also reduced by offering sessions in a variety of ways (virtual, in person, home, school, in office).

## Community Partners

Local schools within the service area are the primary community partners for this program (Schools and colleges in Pomona, Claremont, and La Verne). The EP team has a designated peer support

specialist, psychiatrist, and occupational therapist, which makes for effective collaboration inside and outside of treatment. Along with this, in the past fiscal year there has been improved collaboration with the Co-Occurring Support Team (COST). Cost provider has intermittently participated in weekly EP team meetings and regularly participates in care and communication. This has helped to improve treatment outcomes and knowledge for staff.

## Success Story

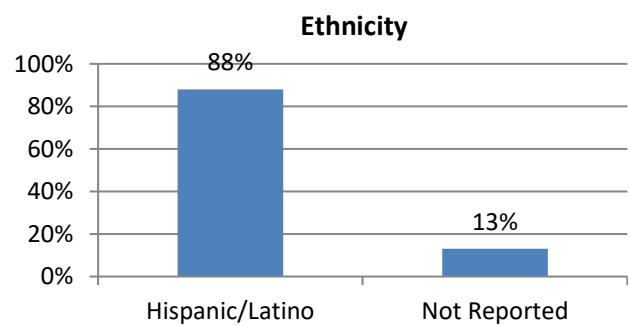
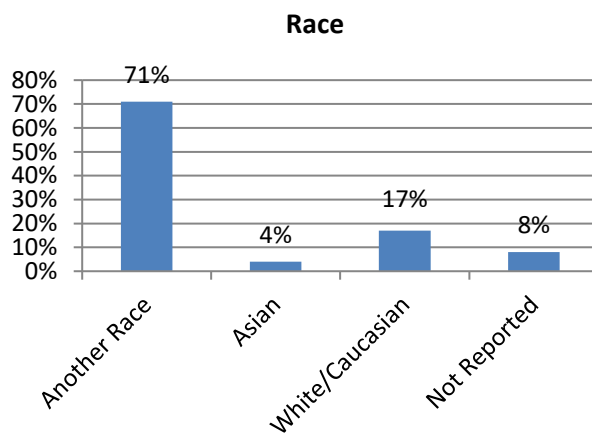
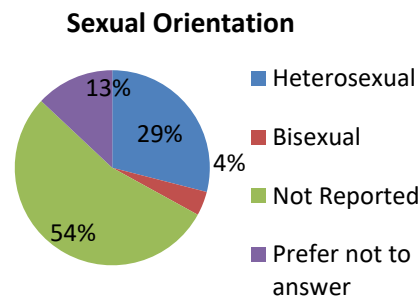
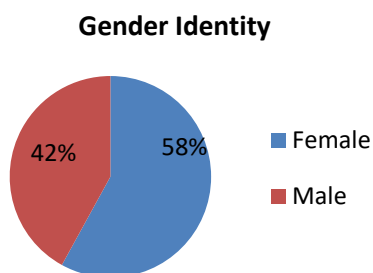
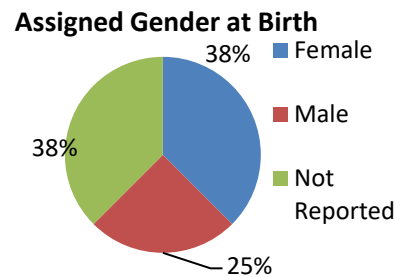
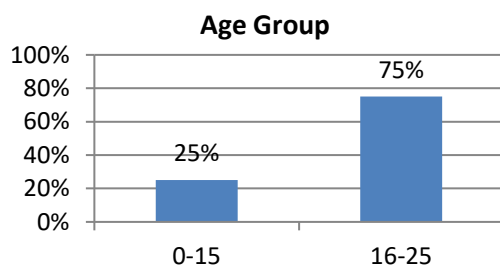
A TAY individual had been involved in the EP program for about a year. The individual had a history of hospitalizations and severe symptoms of psychosis impairing their functioning and leading to risk factors. Due to client's level of psychosis, they were hesitant about treatment recommendations being made, particularly around medication. Their family also struggled with coping with their loved one's symptoms, and not knowing how to best support them. The individual began to severely decompensate, almost requiring hospitalization. The client had access to a clinical therapist, behavioral health specialist, occupational therapist, peer support and psychiatrist. Team members regularly had internal meetings, as well as meetings involving the family. Trust was built and treatment recommendations began to be implemented by the client and family members. The client was able to avoid hospitalization, stabilized, and work has shifted to focusing on independent living skills.

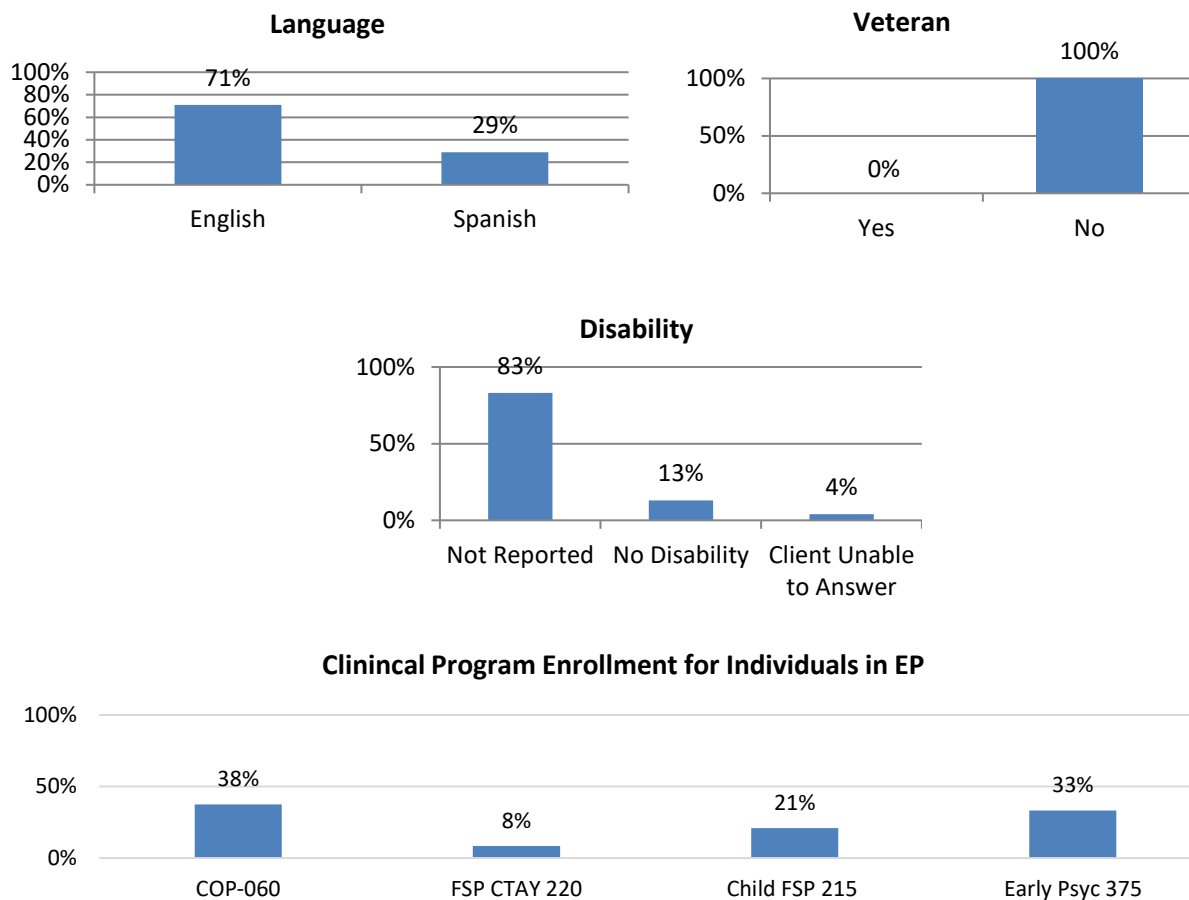
## Program Summary

### How Much Did We Do?

**24**  
**Individuals Enrolled**  
**In Early Psychosis**

The number of individuals enrolled **increased** from **19** in FY 2022-23 to **24** in FY 2023-24.

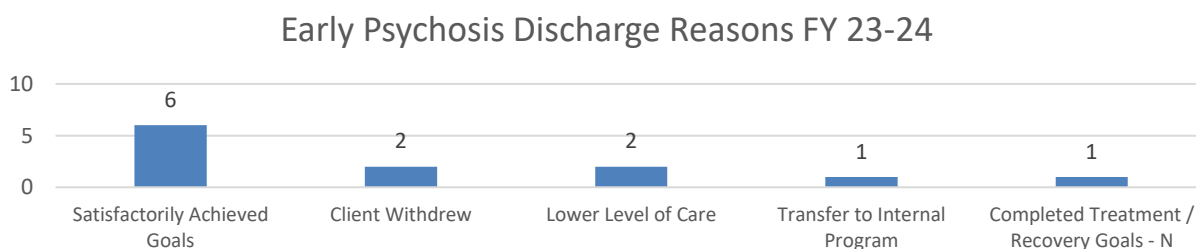




## How Well Did We Do It?

Early Psychosis hosted 3 psychoeducation workshops for client and families & 1 community outreach event

## Is Anyone Better Off?



## Underserved Populations

African American, Asian/Pacific Islander, Latino  
Lesbian/Gay/Bisexual/Transgender/Questioning, Native  
American, Refugee/Immigrant, transition-aged youth, older  
adult and those with a physical disability.

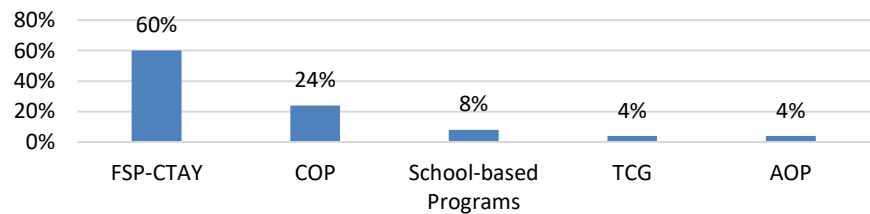
## Access and Linkage to Treatment Strategy

Tri-City encouraged access to services by creating a referral  
form, identifying point people in each program to promote,  
receive, and follow-up on referrals. Regular meetings were held  
to improve the process and identify referrals to the agency's PEI  
programs.

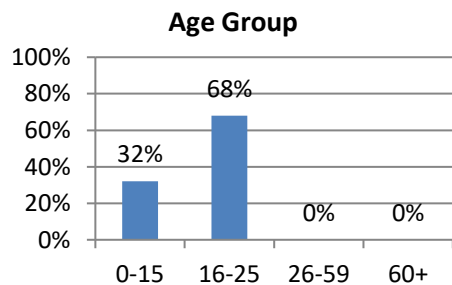
## Timely Access to Services for Underserved Populations Strategy

**25**  
**MHSA Referrals**  
**to Early**  
**Psychosis**

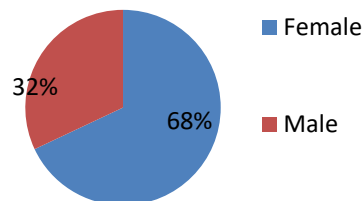
Referrals by Program



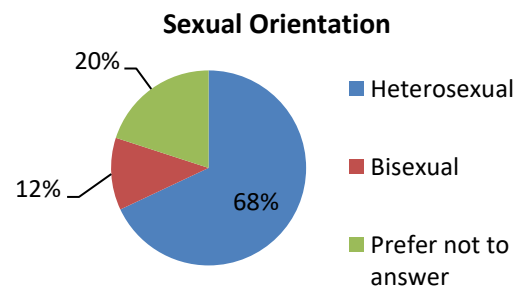
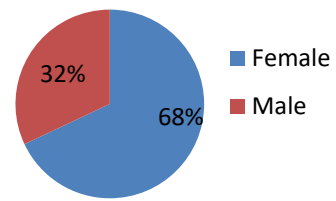
## PEI Demographics Based on MHSA Referrals



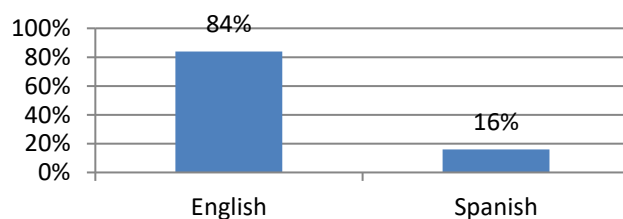
Assigned Gender at Birth

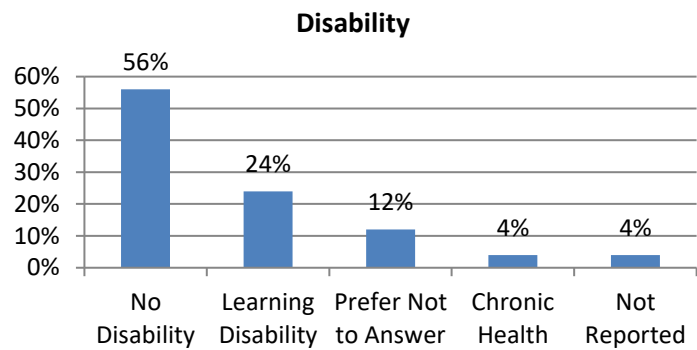
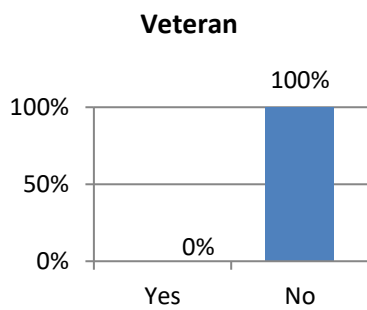
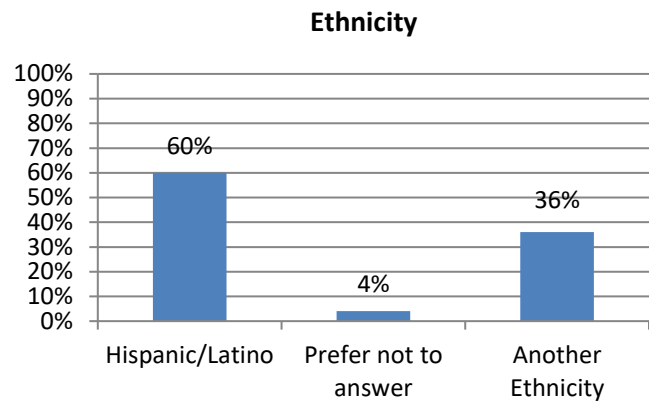
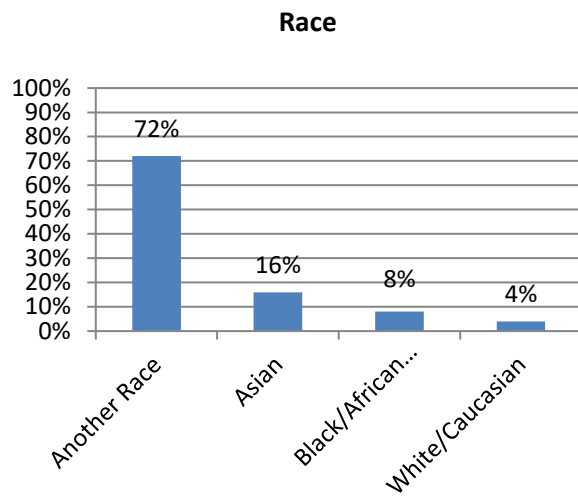


Gender Identity



Language





# School Based

## (Early Intervention)

### Program Description

School Based services (SBS) provide services to students directly on local school campuses during school hours. SBS bridge the gap between community mental health services and local schools, reducing barriers to accessibility by meeting the youth where they are at.

### Target Population

Students attending school in the school districts and colleges located within the Tri-City service area (Pomona, Claremont and La Verne).

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	123	76	2	N/A	N/A	<b>201</b>
<b>Projected Number to be Served FY 2024-25</b>	177	109	3	N/A	N/A	<b>289</b>
<b>Cost Per Person</b>	\$2,716**	\$2,716**	\$2,716**	N/A	N/A	<b>\$2,716**</b>

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

### Program Update

School Based services (SBS) experienced an increase in referrals from students at universities. There was also notable increase in new schools reaching out for support and services. The program made an effort to increase outreach and engagement with elementary schools in the city of Claremont and also increased services with the School of Arts and Enterprises. This included crisis support following the death of a student due to an overdose. The SBS also added a virtual office hour which is open to all school partners to consult on referrals or ask questions.

In the upcoming fiscal year, the program intends to add more collaboration with schools underutilizing SBS as well as participate in more school events to promote awareness of services (i.e. Back to School Night).

## Challenges and Solutions

School partners often are busy and struggle to attend monthly meetings leading to some possible gaps in communication regarding referrals or needs. Additionally, school schedules are different than the typical Tri-City work schedule, leading to difficulty connecting with schools. There was also a decrease in referrals this fiscal year as well as a struggle for families to complete the enrollment process or attend appointments at the clinic.

To address this challenge, SBS offered school partners to meet virtually vs in person. There is also a ongoing effort to make enrollment easier, such as revising interview questions to screen for appropriate candidates and rule in or out services at this level. The program also aims to make services more accessible, collaborate with school partners on different needs and continue to work on becoming the preferred referral for local schools.

## Diversity, Equity and Inclusion

SBS staff prioritizes on-site school visits to assist with removing barriers to attending services such as transportation. Although a big focus of services is to provide treatment at school, both treatment and intake services are being offered in the office and via telehealth to increase families' access to mental health services. Additionally, parents/caregivers are included in the client's services to better assess the needs, create realistic goals and interventions for clients, and provide access to resources.

Spanish speaking clients have access to bilingual staff, and other languages are offered through a language line. A diverse group of providers supports the SBS team in increasing representation for the community leading to improved engagement in services. Additionally, all documents are translated in the threshold languages.

The SBS team educates themselves on barriers and stigma the LGBTQ+ community may experience by reviewing available community resources, completing trainings, and attending department meetings focusing on this population. Inclusivity is also ensured through electronic health records reflecting the client's desires and culture needs such as appropriate pronouns and names. There is also support provided to parents, which teaches them gender affirming parenting skills and behaviors.

## Community Partners

Community Partners largely consist of local schools and colleges within the Tri-City service area. Some examples include: California Polytechnic University, University of La Verne, Pomona Unified School District (PUSD), Bonita Unified School District (BUSD), Claremont Unified School District (CUSD), and The School of Arts and Enterprise (SOAE). These partnerships foster resource sharing, increase access for students in need of mental health services and generate referrals to the SBS team.



## Success Story

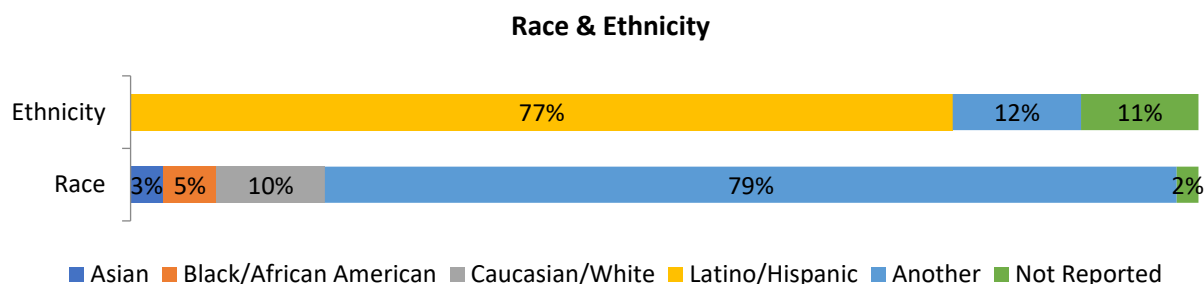
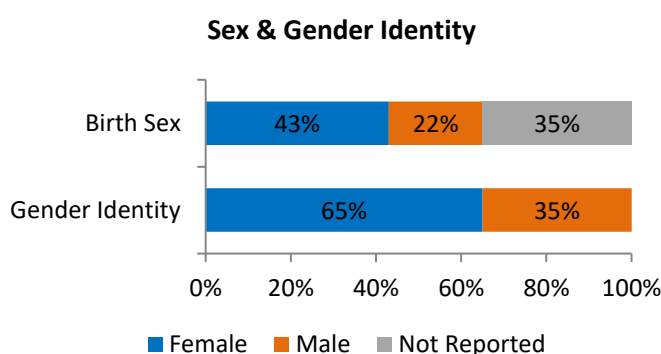
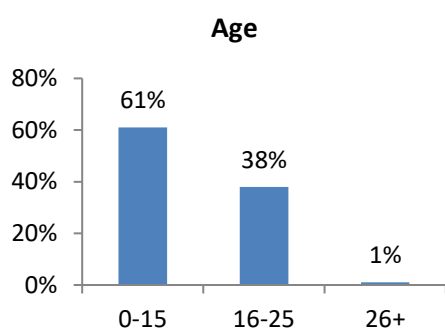
During FY 2023-24, SBS held meetings with district leadership, resulting in dialogue and overviews of program performance at CUSD schools. This resulted in a shift in focus based on client needs identified and research of student demographics. The program was also able to identify new schools as a primary target for service delivery, resulting in an initial connection and service delivery to students at the school. Lastly, the elementary counselor observed a need and services were provided at the identified schools, resulting in increased referrals from all elementary schools at Claremont Unified School District.

## Program Summary

### How Much Did We Do?

**201**  
Individuals  
received a school  
based  
intervention

**91%**  
of enrolled SBS clients lived in  
**Pomona in 2023-2024**  
while 4% of clients lived in Claremont  
and 5% of clients lived in La Verne.



Data not available for Disability and Sexual Orientation

## How Well Did We Do It?

SBS Provided by Type	Number of Services Provided
Crisis - CA	3
Family Therapy - CA	102
Individual Therapy - CA	2,369
Intensive Care Coordination - CA	8
Plan Development/Tx Planning - CA	282
Psychiatric Evaluation / Assessment - CA	9
Psychosocial Rehabilitation - CA	464
Targeted Case Management - CA	6
<b>Grand Total</b>	<b>3,243</b>

SBS Provided by Location	Number of Services Provided
Clinic/Office	1017
Home	42
Other	1
Other Community Location	13
Phone	993
School	610
Telehealth	372
Telehealth - Patient's Home	195
<b>Grand Total</b>	<b>3,243</b>

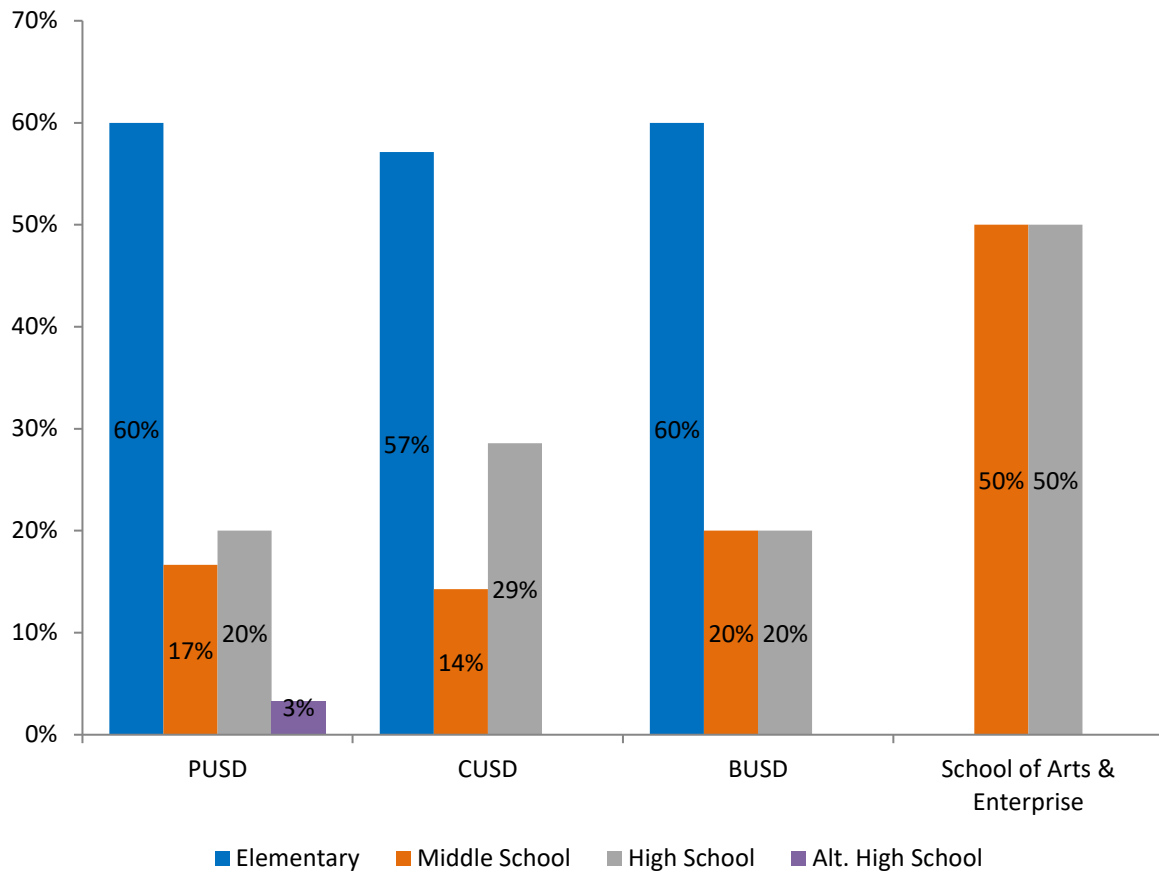
**68  
Individuals  
received services  
at school sites**

**Individual Therapy account for  
73% of School Based services**  
with psychoeducation at 14%,  
plan development at 9% and  
family therapy at 3%.

## Is Anyone Better Off?

**43**  
**Schools served**  
**by SBS staff**

**District & School Levels Served**





## Innovation (INN)

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

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## Innovation (INN)

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

Innovation expanded in August 2023 with the addition of an MHSA Program Coordinator for Innovation and a Peer Support Specialist. Tri-City currently has two active projects and one project recently ending.

## Help@Hand/Tech Suite

### Project Update

Tri-City partnered with CalMHSA in a multi-year Innovation project in which 11 California cities and counties worked together to explore mental health solutions through the use of technology. This project began on January 1, 2019, and ended on December 31, 2023. For more information about the Help@Hand Innovation Project Final Report and details regarding the outcomes of this project, visit: <https://helpathandca.org/project-updates/reports/helpand-evaluation-reports/>.

Project Dates	January 1, 2019 to December 31, 2023
Project Funding Amount	\$1,674,700
Target Populations	<ul style="list-style-type: none"><li>• Transition age youth and college students (up to age 25)</li><li>• Older adults (ages 60+)</li><li>• Non-English-speaking clients and community members who may be experiencing stigma and language barriers</li></ul>

### Challenges and Solutions

The Innovation staff discovered that older adults required more personalized assistance to sign up for the myStrength app. It became clear that simple outreach efforts, such as distributing flyers, were insufficient. During a tabling event at a local community center, the team observed that effective outreach involved more than promotion; it required hands-on help with every step of the sign-up process, including email setup and navigation. The myStrength app's multi-step sign-up process highlighted the need for in-person support to ensure a smoother user experience.

Additionally, there was a challenge related to the technology itself, particularly in educating older adults about digital tools. Virtual Digital Health Literacy (DHL) training sessions had low attendance, which underscored the need for more accessible, in-person training opportunities. To address the challenge of signing up older adults for the myStrength app, the team shifted to providing direct, in-person assistance.

Another challenge was enrollment, retention and repeated use of the app when determining total number served. While 54 individuals were documented as users of the app, 46 followed through to activate an account/profile, while 8 did not. Those who did not activate an account were not able to utilize the application to its full extent and as intended. Additionally, of those who activated an account (46 users), 24 individuals returned to utilize the application one or more times after initial enrollment. As with other programs and projects, increased engagement and retention is always a goal for future endeavors.

Enrolled	Activated	Returning
54	46	24

## Diversity, Equity and Inclusion

The myStrength app was made available in both English and Spanish and was accessible via smart phone, tablet or computer. Tablets were provided to individuals who did not have computers or phones to utilize the app. myStrength offered evidenced-based LGBTQ+ behavioral health resources such as informative content, interactive quizzes, and worksheets that discuss LGBTQ+ pride, allyship, depression and shame in LGBTQ+ communities. Partnering with local senior centers within our three cities supported outreach and engagement to older adults and veterans. Resource tables were made available during the center's lunch hours to promote Help@Hand when foot traffic is high. Staff also held a DHL training at the senior center in Claremont to eliminate barriers for our older adults and ensure they could participate.

## Community Partners

Innovations relied on community partners and social media posts to help encourage individuals to sign up for myStrength. Community Navigators and other staff supported promoting the myStrength app to the community. Innovation staff worked with market partners, Uptown Studios, who helped create flyers for the three target populations: TAY, older adults and monolingual Spanish speakers.

Other community partners included Cal Poly Pomona and Western University of Health Sciences through the Youth Wellness Symposium collaboration. Through these efforts, DHL workshops were held in Spanish and for older adults. The TAY population was outreached through various connections to schools and colleges.

# Psychiatric Advance Directives (PADs)

## Multi-County Collaborative

Tri-City joined the Psychiatric Advance Directives (PADs) Multi-County Collaborative on July 1, 2022. This Innovations project aims to develop and test the feasibility of Psychiatric Advance Directives (PADs) in California.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Projected Number to be Served FY 2024-25</b>	N/A	41	11	3	N/A	<b>55</b>
<b>Cost Per Person</b>	N/A	\$6,818**	\$6,818**	\$6,818**	N/A	<b>\$6,818**</b>

\*\*The estimated projections were determined by prior participation rates for INN projects and total budget allocated to the INN plan.

## Project Update

<b>Project Dates</b>	PADs Phase I: July 1, 2023 to June 30, 2025 PADs Phase II: July 1, 2025 to June 30, 2029
<b>Project Funding Amount</b>	PADs Phase I: \$789,360 PADs Phase II: \$1,500,000
<b>Target Populations</b>	<ul style="list-style-type: none"> <li>• Transition age youth and young adults (ages 18 to 25)</li> <li>• Older adults (ages 60+)</li> <li>• Individuals who are homeless or at risk of homelessness</li> </ul>

In the peer-led Psychiatric Advance Directives (PADs) project, peers from the communities provided feedback to the technology subcontractor, Chorus, to finalize the PADs platform. By March 2024, two new team members were trained on the PADs platform for participant sign-ups. A specialized version of the PADs platform was developed for law enforcement and hospital staff. Additionally, the marketing subcontractor, Idea Engineering, completed the project's logo and produced new branding materials to boost outreach efforts. Phase II of the project is scheduled to begin on July 1, 2025, following requested endorsement from the Tri-City Mental Health Commission, pending approval by the Tri-City Governing Board and resulting submission to the Mental Health Services Oversight and Accountability Commission. Phase II will involve the enrollment of participants onto the PADs system, and the resulting opportunity to track number served once that data is available.

## Challenges and Solutions

Community member perception of PADs was a challenge. Individuals reported discomfort with having their information made available to law enforcement or hospitals. Educating the community about the various concepts involved in PADs was crucial to reducing misconceptions about the platform. For example, it was helpful to alert community members that a PAD is to be filled out with full consent of the individual, it was also beneficial to inform community members that a PAD is not required, in addition to informing individuals about the various ways a PAD can be customized and personalized.

## Diversity Equity and Inclusion

Innovation projects focus on increasing access and engagement for underserved populations by introducing and refining mental health approaches that facilitate learning. The PADs project specifically targets transition age youth (TAY). Innovation projects aim to reduce stigma, enhance accessibility, and improve the quality of mental health services, ensuring broader participation across various demographics.

## Community Partners

Concepts Forward Consulting (CFC) is the lead project director, overseeing county and subcontractor activities and closely with county and oversight staff to ensure all requirements are met. Idea Engineering (IE), is a full-service marketing agency specializing in community communications and is responsible for developing branding and outreach materials, including flyers, the main PADs website, informational videos, and promotional items. Chorus serves as the technology subcontractor, developing and improving the PADs platform that allows participants to create and access their completed PADs, which will be available to law enforcement, first responders, and hospitals. Painted Brain is also involved in this project due to its alignment with peer-led initiatives. Leveraging their experience in peer advocacy, Painted Brain assists with component identification, peer facilitator curriculum development, and provides Training for the Trainer, ensuring the project's peer-led approach is effectively implemented.



# Community Planning Process for Innovation Project(s)

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Projected Number to be Served FY 2024-25</b>	N/A	18	252	90	N/A	<b>360</b>
<b>Cost Per Person</b>	N/A	\$1,403**	\$1,403**	\$1,403**	N/A	<b>\$1,403**</b>

\*\*The estimated projections were determined by prior participation rates for INN projects and total budget allocated to the INN plan.

## Project Update

<b>Project Dates</b>	July 1, 2023 to June 30, 2026
<b>Project Funding Amount</b>	\$675,000
<b>Primary Purpose</b>	Promote interagency and community collaboration related to mental health services, supports or outcomes

The Community Planning Process (CPP) for Innovation Project(s) aims to reimagine our current community program planning process by making it more accessible, inclusive, and taking into consideration suggestions made by community members and partners regarding how to make improvements. Innovation funds in the amount of \$675,000 are to be used over three years to develop a robust and effective strategic CPP and related activities, resulting in future Innovation plans that are calculated, meaningful, and effective. This includes changes to the CPP survey, peer-support contracts, marketing strategies, focus groups and more. The CPP Innovation plan was posted on August 11, 2023, for a 30-Day review period. Following the 30-day comment period, a Public Hearing was held during the Mental Health Commission meeting on September 12, 2023, and to the Governing Board on September 20, 2023, gaining approval. With Governing Board approval, the plan was submitted to the Mental Health Oversight and Accountability Commission, who approved the project to move forward.

This project partnered with Pomona Consulting Group (PCG), a student-led group from Pomona College, marking Tri-City's first collaboration with PCG. The students provided valuable insights into survey design, marketing, and strategies to engage transition age youth (TAY), aiming to improve

survey effectiveness and participation. In the subsequent months, the team refined and finalized an updated version of the CPP survey. Requests for Quotes (RFQs) for marketing and peer consultant roles were issued, and the team is currently evaluating a Peer Consultant agency for approval and posting an RFQ for marketing services on the Tri-City website. Revised CPP surveys are expected to be distributed during the fall 2024 CPP and subsequent numbers served and resulting data will be captured.



# Workforce Education and Training (WET)

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The Workforce Education and Training (WET) Plan focuses its efforts on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel.

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# Workforce Education and Training (WET)

The Workforce Education and Training plan is dedicated to training and supporting the people who are charged with the delivery of the services and supports. This includes clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal support to loved ones and others.

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

## Program Update

During the FY 2023-2024 twelve of our Peer Support Specialist were awarded with \$500 stipends through our partnership with SCRP and our WET program funding. Fifty-six staff members were also awarded \$7,500 towards their student loans. Twelve staff members also received loan repayment funding through the loan repayment program sponsored by the Southern Counties Regional Partnership (SCRP). There are also efforts being made to allow high school students (16-17) to be able to volunteer year-round, as opposed only having this opportunity available for the Wellness Center Summer Camp. There is also a plan to launch a pilot program at Pomona Unified School District which will allow their students to volunteer during the year. WET also plans on bringing back the Working Independence Skills Helping (WISH) program for clients. WISH 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.

## Pathway to Career Opportunities:

### Service-Learner

Service-Learners (formerly called volunteers) provide 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, and stigma reduction events such as Tri-City's Green Ribbon Week.

### Wellness Center Summer Camp

The annual Wellness Center 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

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

## Relias Training

Relias is an online e-learning system that is a recognized leader in online training services for the healthcare industry. Relias is self-paced and serves staff who are required to complete a set of courses, provides an opportunity to pursue courses that are of interest, and is a viable resource for obtaining continuing education units (CEUs).

## Challenges and Solutions

During FT 2023-24, WET received feedback regarding the ‘value of the experience’ for service learners. Through a post survey, service learners provided feedback that provided insight into the way the program is structured, as well as how to address improvements. One solution is to provide a more structured program. This would include required Wellness Center Groups, spending time at the Therapeutic Community Garden, joining stakeholder meetings, attending Mental Health Commission meetings, and Governing Board meetings to help broaden their understanding of Tri-City and how the agency operates. Also revamping the orientation to include a slideshow presentation to cover key points about Tri-City, as well as how to conduct themselves professionally (which was feedback from the Stigma Reduction and Suicide Prevention program on interactions they had with service learners).

## Diversity, Equity and Inclusion

INN strives to engage underserved populations by communicating in ways that are accessible to all members of the community. This includes communicating via a variety of social media platforms and incorporating messaging that is reflective of the diverse populations that we serve and containing messaging that is often directly relevant to the experiences of these populations within our service area. The perspectives of members of these underserved communities are considered in the selection of content that is represented on social media, and in the selection of trainings that are offered to staff (i.e. cultural competency and implicit bias).

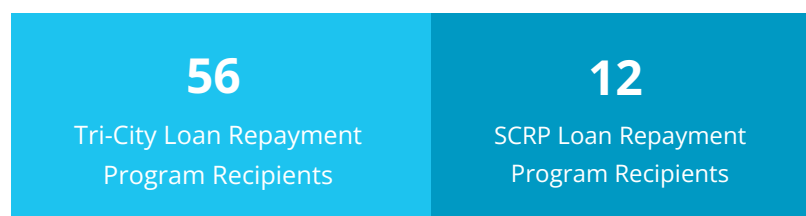
Tri-City supports staff in building their capacity to address barriers related to disparities. The service learner program is designed to welcome individuals from any background to volunteer their time to participate in various community events throughout the year. Events include community meetings, and stigma reduction events such as Tri-City’s Green Ribbon Week. Additionally, depending on the assignment, they can volunteer and suggest different ways to engage individuals experiencing different disparities.

## Program Summary

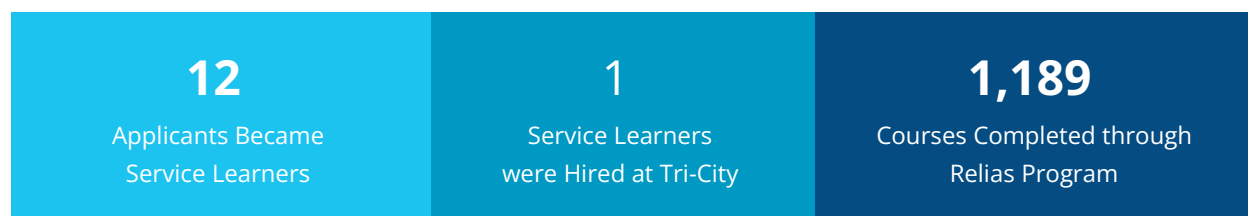
### How Much Did We Do?



The number of service learner hours, applications and trainings **increased** from **27, 11, and 7** in FY 2022-23 to **510, 23, and 40** in FY 2023-24.

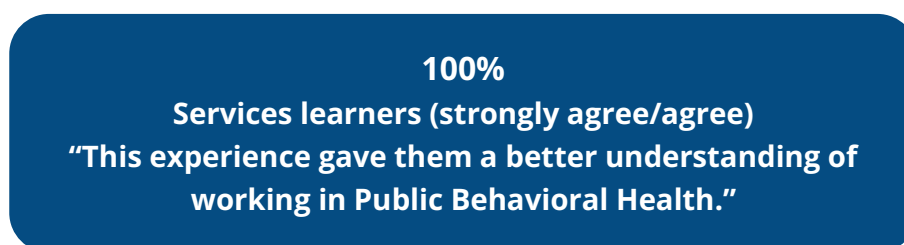


### How Well Did We Do It?



The number of applicants who became service learners **increased** from **1** in FY 2022-23 to **12** in FY 2023-24.

### Is Anyone Better Off?





# Capital Facilities and Technological Needs (CFTN)

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The Capital Facilities and Technological Needs (CFTN) Plan focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

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## Capital Facilities and Technological Needs (CFTN)

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

### Program Update

There were several notable events in FY 2023-24 impacting the CFTN plan. One major project was the remodeling of the 2001 MHSA Administrative Office building. The majority of the work on this project was completed during the 2023-24 fiscal year. Additionally, the Therapeutic Garden and 2008 Parking Lot construction was largely completed in the same fiscal year as well. Lastly, upgraded network infrastructure (switches and wireless access points) were completed at the 2001 MHSA Administrative Office building, the Wellness Center, and the Claremont Administrative Office building. This upgrade provided staff at these locations with faster speeds and more resilient networks.





# MHSA Expenditure Plan

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The following section includes information regarding Cost Per Participant for  
MHSA Programs and TCMHA Staff Demographics

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## Cost Per Participant

The services provided in Fiscal Year 2023-24 are summarized in the table below per the guidelines for this Annual Update by age group, number of clients served, and average cost per person:

Summary of MHSA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
<b>Full-Service Partnership (Child)</b>	CSS	98	\$17,040
<b>Full-Service Partnership (TAY)</b>	CSS	162	\$14,854
<b>Community Navigators</b>	CSS	127	\$706**
<b>Wellness Center</b>	CSS	284	\$1,645**
<b>Supplemental Crisis Services</b>	CSS	6	\$1,056**
<b>Access to Care</b>	CSS	958	\$544**
<b>Family Wellbeing</b>	Prevention and Early Intervention	254	\$263**
<b>Peer Mentor (TAY Wellbeing)</b>	Prevention and Early Intervention	12	\$278**
<b>Therapeutic Community Gardening</b>	Early Intervention	2	\$6,023**
<b>Early Psychosis</b>	Prevention and Early Intervention	24	\$5,126**
<b>School Based</b>	Early Intervention	199	\$2,716**

Summary of MHSA Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
<b>Full-Service Partnership (TAY)</b>	CSS	162	\$14,854
<b>Full-Service Partnership (Adult)</b>	CSS	454	\$11,670
<b>Full-Service Partnership (Older Adult)</b>	CSS	73	\$10,927
<b>Community Navigators</b>	CSS	641	\$706**
<b>Wellness Center</b>	CSS	1,466	\$1,645**
<b>Supplemental Crisis Services</b>	CSS	64	\$1,056**
<b>Access to Care</b>	CSS	2,364	\$544**
<b>Field Capable Clinical Services for Older Adults</b>	CSS	52	\$5,005
<b>Family Wellbeing</b>	Prevention and Early Intervention	641	\$263**
<b>Peer Mentor (Older Adult Wellbeing)</b>	Prevention and Early Intervention	5	\$278**
<b>Therapeutic Community Gardening</b>	Early Intervention	42	\$6,023**

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

In FY 2023-24, Tri-City served approximately 2,960 unduplicated clients who were enrolled in formal services. Tri-City's Fiscal Year 2024-25 budget included a total of 251 Full-time/Equivalent employees and an annual operating budget of approximately \$37.5 million dollars.

## Capacity Assessment

Tri-City strives to reflect the diversity of its communities through its hiring, languages spoken, and cultural competencies. The following sections reflect TCMHA's efforts to meet the diverse needs of populations served within Pomona, Claremont and La Verne.

### Mental health needs of unserved, underserved/inappropriately served, and fully served city residents who qualify for MHSA services:

Recent data were gathered to determine whether those served at Tri-City were representative of the Tri-City area. Participant/client data were compared to U.S. Census data (2021 ACS 5-Year Estimates). Demographic information includes what participants feel comfortable sharing; therefore, there are demographics that are not reported.

Overall, Tri-City is fully serving all age groups with the exception of those in the 60+ age range. With regard to race/ethnicity, services are provided to African Americans and Hispanic/Latino/a/x populations, however, Asian Pacific Islanders, Native Americans and those who identify as having more than one race appear to be underserved. More data will need to be collected to address the high percentage (63%) of those who did not report their race.

Age of Those Served by Tri-City	Percentage		Population of Tri-City Area	Percentage
0-15	16%		0-14	19%
16-25	20%		15-24	17%
26-59	48%		25-59	44%
60+	8%		60+	21%
Not Reported	9%		Not Reported	0%

Race of Those Served at Tri-City	Percentage		Population of Tri-City Area	Percentage
African American	6%		African American	6%
Asian Pacific Islander	2%		Asian Pacific Islander	12%
Native American	0%		Native American	2%
White	9%		White	42%
Another Race	18%		Another Race	26%
Two or More Races	2%		Two or More Races	13%
Not Reported	63%		Not Reported	0%

Ethnicity of Those Served by Tri-City	Percentage		Population of Tri-City Area	Percentage
Hispanic/Latino/a/x	56%		Hispanic/Latino/a/x	59%
Another Ethnicity	30%		Another Ethnicity	41%
Not Reported	14%		Not Reported	0%

Percentages of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served:

HR Staff Data compared to Tri-City Race Demographics			
Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	20%	White	15.6%
Hispanic/Latinx	54%	Hispanic/Latinx	61.4%
Asian/Pacific Islander	3%	Asian	10.7%
Black/African American	13%	Black/African American	7.3%
Native American/Alaska Native	0.5%	Native American/Alaska Native	0.5%
Other	3%	Other	2.4%
Two Or More Races	4%	Two Or More Races	1.9%

(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

### Assessment of bilingual proficiency in threshold languages:

Bilingual proficiency was assessed by gathering data on the languages spoken by staff. Additionally, Tri-City also provides access to language interpretation services

Approximately 52% of the Tri-City workforce is bilingual. Approximately 46% of the Tri-City workforce is qualified to provide bilingual interpretation services in the threshold language, Spanish. These percentages reflect a significant increase from the previous fiscal year 2022-23.

Number of Staff Certified/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%
<b>Total Bilingual</b>	<b>107</b>	<b>52.14%</b>

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

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. In an effort to recruit, train and attract a workforce that mirrors our client population, Tri-City's Human Resources Department actively seeks out recruitment advertisement opportunities with a variety of culturally specific organizations and associations. 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, WET program staff actively outreaches to students from high schools and universities within our service area. The goal of this outreach is to educate and encourage students about the potential of working within the community mental health system. Through student career fairs and class specific presentations, Tri-City staff engage residents and students of the three cities to participate as Service-Learners, a volunteer program to support Tri-City staff and departments to meet the needs of consumers and community members.

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

In addition, Tri-City's implementation of hiring incentives such as a sign-on bonus, hybrid work schedules, hazard and longevity pay have helped to create a more attractive compensation and benefit package to attract staff and we often survey our current workforce for ideas on attractive benefits and incentives.

Lastly, each month Tri-City staff review and prepare reports for the Governing Board which reflect our current staffing including diversity and comparison to the community we serve. Through this practice, staff are able to determine the limitations of our agency and able to address these concerns on a monthly basis.

### **The strengths and limitations of the city and service providers that impact their ability to meet the needs of racially and ethnically diverse populations:**

Service providers are representative of the Tri-City cities for Hispanic/Latino/a/x, Asian Americans, and Black/African Americans. Staff are less represented for Native American/Alaska Natives, Whites, and those who are two or more races.

### **Possible barriers to implementing the proposed programs/services and methods of addressing these barriers:**

Lack of awareness can be a barrier to individuals accessing our programs and utilizing the services. Despite increased outreach and engagement in the community, there is feedback provided indicating individuals in the community do not know what Tri-City is or what the organization does. In an effort to increase awareness Tri-City continues to implement smaller community forums for schools, school district meetings, organizations, faith-based establishments, government agencies, community groups and more. This is increasing the awareness in the community as well as growing our stakeholder list, which is used to inform community members of Tri-City events, stakeholder meetings and public hearings for example.

An additional barrier is stigma. Even in a situation where an individual is aware of Tri-City and its services, there may be resistance, shame or hesitation to reach out for support due to the negative beliefs associated with mental health treatment, support, or illness. Tri-City addresses this directly through many community efforts and engagements. One in particular is the Stigma Reduction and Suicide Prevention program. The program offers free presentations, for the community to raise mental health awareness and inspire conversation. By sharing information and increasing understanding of mental illness and recovery, community members begin to see how stigma is a barrier and can be addressed appropriately so individuals can get their needs met. These conversations have been provided formally, in school settings and for community partner organizations; while also being offered in more casual settings, such as at local tea, boba, and coffee shops.

Continuing efforts to increase awareness and decrease stigma will be a large component that contributes to community members knowing where they can turn when they need additional support and the ability to follow through with reaching out to that support when they need to.

## FY 2025/26 Mental Health Services Act Annual Update Funding Summary

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2025/26 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	24,523,448	4,078,128	3,670,798	548,773	5,881,190	
2. Estimated New FY 2025/26 Funding	11,518,521	2,879,630	757,797			
3. Transfer in FY 2025/26 <sup>a/</sup>	(3,000,000)	0	0	1,500,000	1,500,000	0
4. Access Local Prudent Reserve in FY 2025/26	0	0				0
5. Estimated Available Funding for FY 2025/26	33,041,969	6,957,758	4,428,595	2,048,773	7,381,190	
<b>B. Estimated FY 2025/26 MHSA Expenditures</b>	15,624,618	3,636,618	1,021,033	456,602	700,000	
<b>G. Estimated FY 2025/26 Unspent Fund Balance</b>	17,417,351	3,321,140	3,407,562	1,592,171	6,681,190	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2025	2,199,999
2. Contributions to the Local Prudent Reserve in FY 2025/26	0
3. Distributions from the Local Prudent Reserve in FY 2025/26	0
4. Estimated Local Prudent Reserve Balance on June 30, 2026	2,199,999

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



**FY 2025/26 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: **TRI-CITY MENTAL HEALTH AUTHORITY**

Date: 3/7/2025

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. 1a-Child FSP	1,874,346	529,145	891,433		453,768	
2. 1b-TAY FSP	1,990,501	336,940	1,257,838		395,723	
3. 1c-Adult FSP	3,594,449	1,200,424	2,295,700		98,325	
4. 1d-Older Adult FSP	611,898	273,143	328,952		9,803	
5.						
<b>Non-FSP Programs</b>						
1. Community Navigators	757,451	757,451				
2. Wellness Center	1,476,861	1,476,861				
3. Field Capable Clinical Services for Older Adults	175,167	11,176	159,129		4,862.00	
4. Permanent Supportive Housing	608,971	603,971				5,000
5. Access To Care	1,520,051	251,088	1,100,514		168,449	
6. Mobile Crisis Care (MCC) Pilot Program Expanding Temporary Supportive Housing	950,757	950,757				
7. Options for Tri-City Clients	5,200,000	5,200,000				
<b>CSS Administration</b>	4,033,662	4,033,662				
<b>CSS MHSA Housing Program Assigned Funds</b>	0	0				
<b>Total CSS Program Estimated Expenditures</b>	22,794,114	15,624,618	6,033,566	0	1,130,930	5,000
<b>FSP Programs as Percent of Total</b>	51.7%					

**FY 2025/26 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Family Wellbeing	136,400	136,400				
2. Older Adult Wellbeing (Peer Mentor)	91,557	91,557				
3. Transition-Age Youth Wellbeing (Peer Mentor)	104,141	104,141				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	549,071	549,071				
5. NAMI Community Capacity Building Program (Ending the Silence)	16,500	16,500				
6. Housing Stability Program	211,370	211,370				
<b>PEI Programs - Early Intervention</b>						
7. Older Adult Wellbeing (Peer Mentor)	91,557	91,557				
8. Transition-Age Youth Wellbeing (Peer Mentor)	104,141	104,141				
9. Therapeutic Community Gardening	469,827	469,827				
10. Early Psychosis	276,780	276,780				
11. School Based	784,940	784,940				
<b>PEI Programs - Other</b>						
12.	0	0				
13.	0	0				
14.	0	0				
<b>PEI Administration</b>	768,335	768,335				
<b>PEI Assigned Funds</b>	32,000	32,000				
<b>Total PEI Program Estimated Expenditures</b>	<b>3,604,618</b>	<b>3,636,618</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2025/26 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Psychiatric Advance Directive (PADs) Multi-County Collaborative	375,000	375,000				
2. Community Planning Process for Innovation Project (s)	505,000	505,000				
<b>INN Administration</b>	141,033	141,033				
<b>Total INN Program Estimated Expenditures</b>	1,021,033	1,021,033	0	0	0	0

**FY 2025/26 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. A Systematic Approach to Learning and Improvement	296,139	296,139				
2. Engaging Volunteers and Future Employees	34,412	34,412				
<b>WET Administration</b>	126,051	126,051				
<b>Total WET Program Estimated Expenditures</b>	456,602	456,602	-	-	-	-

**FY 2025/26 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Technological Needs Projects</b>						
4. Technology Upgrades	700,000	700,000				
5.	0	0				
6.	0	0				
<b>CFTN Administration</b>	0	0				
<b>Total CFTN Program Estimated Expenditures</b>	700,000	700,000	0	0	0	0

# Appendix

Mental Health Services Act (MHSA)

# Public Hearing Documents





# HOPE. WELLNESS. COMMUNITY.

Let's find it together.

Founded in 1960  
by the residents

of Pomona,  
Claremont and La  
Verne.

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

## TRI-CITY MENTAL HEALTH AUTHORITY

### AGENDA

#### REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

#### AND

#### PUBLIC HEARING FOR THE MENTAL HEALTH SERVICES ACT (MHSA)

TUESDAY, APRIL 8, 2025 AT 3:30 P.M.

**Meeting Location:** MHSA Administrative Office, 2001 N Garey Ave, Pomona, CA 91767

To join the meeting on-line click on the following link: <https://tricitymhs-org.zoom.us/j/81660261636?pwd=Pwdr-ceFOl6SbANhHOghOQqPOWFDEE12.C2hmf-tW1cTmG0S>

Passcode: xm.T07sV

#### **Administrative Office**

1717 North Indian Hill  
Boulevard, Suite B  
Claremont, CA 91711  
Phone (909) 623-6131  
Fax (909) 623-4073

#### **Clinical Office / Adult**

2008 North Garey Avenue  
Pomona, CA 91767  
Phone (909) 623-6131  
Fax (909) 865-9281

#### **Clinical Office / Child & Family**

1900 Royalty Drive, Suite 180  
Pomona, CA 91767

Phone (909) 766-7340

Fax (909) 865-0730

#### **MHSA Administrative Office**

2001 North Garey Avenue  
Pomona, CA 91767  
Phone (909) 623-6131  
Fax (909) 326-4690

#### **Wellness Center**

1403 North Garey Avenue  
Pomona, CA 91767  
Phone (909) 242-7600  
Fax (909) 242-7691

**Public Participation.** Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Mental Health Commission (MHC) on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Commission. Therefore, members of the public are invited to speak on any matter on or off the agenda. If the matter is an agenda item, you will be given the opportunity to address the legislative body when the matter is considered. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section. **No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.**

*In-person participation: raise your hand when the Chair invites the public to speak.*

*Online participation: you may provide audio public comment by connecting to the meeting through the zoom link provided; and use the Raise Hand feature to request to speak.*

Please note that virtual attendance is a courtesy offering and that technical difficulties shall not require that a meeting be postponed.

*Written participation: you may also submit a comment by writing an email to [molmos@tricitymhs.org](mailto:molmos@tricitymhs.org). All email messages received by 12:30 p.m. will be shared with the Mental Health Commission before the meeting.*

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the MHC less than 72 hours prior to this meeting, are available for public inspection at 1717 N. Indian Hill Blvd., Suite B, in Claremont during normal business hours.*

*In compliance with the American Disabilities Act, any person with a disability who requires an accommodation to participate in a meeting should contact JPA Administrator/Clerk Mica Olmos at (909) 451-6421 at least 48 hours prior to the meeting.*



## **POSTING OF AGENDA**

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

## **CALL TO ORDER**

Chair Henderson calls the meeting to Order.

## **ROLL CALL**

Anne Henderson – *Chair*  
Wray Ryback – *Vice-Chair*  
Carolyn Cockrell – GB Liaison  
Clarence D. Cernal

Sandra Christensen  
Mildred Garcia  
Ethel Gardner  
Frank Guzman

Laura Mundy  
Janet R. Roy  
Danette E. Wilkerson

## **PRESENTATION**

AN AWARD OF RECOGNITION WILL BE PRESENTED TO OUTGOING MENTAL HEALTH COMMISSION MEMBERS JOAN M. REYES, TWILA L. STEPHENS AND TONI L. WATSON FOR THEIR LEADERSHIP AND DEDICATED SERVICE TO TRI-CITY MENTAL HEALTH AUTHORITY

## **REGULAR BUSINESS**

### **I. APPROVAL OF MINUTES FROM THE MARCH 11, 2025 MENTAL HEALTH COMMISSION REGULAR MEETING**

### **II. EXECUTIVE DIRECTOR MONTHLY REPORT**

## **COMMISSION ITEMS AND REPORTS**

Commissioners are encouraged to make brief comments or request information about mental health needs, services, facilities, or special problems that may need to be placed on a future Mental Health Commission Agenda. In addition, this is an opportunity to provide reports on their activities.

## **PUBLIC COMMENT**

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

Mental Health Commission – Agenda  
April 8, 2025  
Page 3 of 3

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### **PUBLIC HEARING - MENTAL HEALTH SERVICES ACT (MHSA)**

Public Hearing for Tri-City Mental Health Authority's MHSA Annual Update For Fiscal Year 2025-26.

- A. OPEN THE PUBLIC HEARING
- B. COMMUNITY PLANNING PROCESS (TIMELINE)
- C. PROPOSALS APPROVED DURING THE FISCAL YEAR 2024-25
- D. TRANSFER OF COMMUNITY SERVICES AND SUPPORT PROGRAM (CSS) FUNDS
- E. TCMHA'S MHSA ANNUAL UPDATE PROGRAM HIGHLIGHTS
- F. MHSA FUNDING SUMMARY (FINANCIAL SUMMARY)
- G. NEXT STEPS
- H. PUBLIC COMMENT
- I. CLOSE THE PUBLIC HEARING

### **III. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2025-26**

Recommendation: "A motion to recommend to the TCMHA Governing Board to approve and adopt the Authority's Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2025-26."

### **ADJOURNMENT**

The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on **Wednesday, May 21, 2025 at 5:00 p.m.** in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS  
JPA ADMINISTRATOR/CLERK

## RESOLUTION NO. 779

### A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FY 2025-26

The Governing Board of the Tri-City Mental Health Authority does resolve as follows:

**1. Findings.** The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") wishes to adopt the Authority's Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2025-26, as recommended by the Authority's Mental Health Commission.

B. The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures.

C. The MHSA Annual Update was developed through a Community Planning Process wherein stakeholders and community members participate in reviewing and recommending programming and services.

**2. Action**

The Governing Board approves the Authority's MHSA Annual Update for Fiscal Year 2025-26; and authorizes the Executive Director, or designee, to prepare and submit any and all reports related thereto.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 16, 2025, by the following vote:

AYES: Board Members Carolyn Cockrell, Lorraine Canales, Sandra Grajeda, Paula Lantz, and Elizabeth Ontiveros-Cole; Vice-Chair Wendy Lau; and Chair Jed Leano.

NOES: None.

ABSTAIN: None.

ABSENT: None.



JED LEANO, CHAIR

APPROVED AS TO FORM:

  
STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

  
MICAELA P. OLMOS, RECORDING SECRETARY

# Notice of PUBLIC HEARING



## NOTICE IS HEREBY GIVEN

A Public Hearing will be held during a regularly scheduled meeting of the Tri-City Mental Health Commission. The hearing is on the Mental Health Services Act (MHSA) Annual Update Fiscal Year (FY) 2025-26.

## Make Your Voice Heard

Are you a community member or organization in Pomona, Claremont or La Verne?

Join us for a discussion where we will share updates on programs funded by the Mental Health Services Act (MHSA). We will review the MHSA Annual Update Fiscal Year 2025-26.

Participate in public comment and share your thoughts on the future planning and development of MHSA-funded programs! **This forum is open to all**, and we especially want to hear from community members, peers, families, parents, caregivers, young adults, older adults, LGBTQIA+ individuals and veterans.

Join us in person or  
via Zoom!

Tuesday, April 8, 2025

3:30 PM–5:00 PM

Tri-City Mental Health  
MHSA Administrative Office

2001 N Garey Ave, Pomona, CA 91767



To participate virtually,  
visit [tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)  
for Zoom meeting details.

Can't Attend?  
Share Your Comments!



The draft MHSA Annual Update FY 2025-26 is posted for a **30-day public comment period** until April 8.



## For More Information:

Sara Rodriguez, LMFT, MHSA Projects Manager  
[srodriguez@tricitymhs.org](mailto:srodriguez@tricitymhs.org) | (909) 623-6131

Spanish and American Sign Language (ASL)  
interpretation available upon request.



GET INVOLVED AT  
[tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)

Funded by counties through the voter-approved  
Mental Health Services Act (Prop. 63)

HOPE. WELLNESS. COMMUNITY.  
Let's find it together.

# Aviso de AUDIENCIA PÚBLICA



## POR MEDIO DEL PRESENTE AVISO SE COMUNICA

Una Audiencia Pública que se llevará a cabo durante la Reunión de Comisión de Salud Mental. La audiencia es sobre la Ley de Servicios de Salud Mental (MHSA) y la Publicación del Plan Anual del Año Fiscal 2025-26 de MHSA.

## ¡Su Opinión Cuenta!

¿Es usted un miembro de la comunidad o de una organización en Pomona, Claremont o La Verne?

Participe en una conversación en la que compartiremos actualizaciones sobre programas financiados por la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés). Revisaremos la Publicación del Plan Anual del Año Fiscal 2025-26 de MHSA.

¡Comparta su opinión sobre la planificación y el desarrollo futuro de los programas financiados por MHSA! **Este foro está abierto a todos** y especialmente buscamos recibir sugerencias de miembros de la comunidad, pares, padres, cuidadores, familias, jóvenes adultos, adultos mayores, personas LGBTQIA+ y veteranos.

**¡Únase a nosotros en persona o por Zoom!**

**Martes, 8 de abril de 2025**

3:30 PM–5:00 PM

**Tri-City Mental Health  
Oficina Administrativa de MHSA**

2001 N Garey Ave, Pomona, CA 91767



Para participar virtualmente, visite [tricitymhs.org/mhsa](https://tricitymhs.org/mhsa) para obtener detalles de la reunión en Zoom

¿No puede asistir?  
**¡Comparta su opinión!**



La Publicación del Plan Anual del Año Fiscal 2025-26 de MHSA estará disponible para recibir **comentarios del público durante 30 días, hasta el 8 de abril.**



## Para más información:

Sara Rodriguez, LMFT, Gerente de Proyectos MHSA  
[srodriguez@tricitymhs.org](mailto:srodriguez@tricitymhs.org) | (909) 623-6131

Interpretación al español y lenguaje de señas está disponible, si se solicita.



PARTICIPE EN  
**[tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)**

Financiado por condados a través de la Ley de Servicios de Salud Mental (Propuesta 63), aprobada por votantes.

**ESPERANZA. BIENESTAR. COMUNIDAD.**  
Encontrémoslo juntos.





Notice of Mental Health Commission

# PUBLIC HEARING

Aviso de Audiencia Pública de la Comisión de Salud Mental

## Make Your Voice Heard!

Help us improve the health and wellness of  
Claremont, La Verne and Pomona.

Voice your opinion, get information, and ask questions about  
programs funded through the Mental Health Services Act (MHSA).  
Share your input on the MHSA Annual Update Fiscal Year 2025-26.  
**This forum is open to all.**

## ¡Su opinión cuenta!

Ayúdenos a mejorar la salud y el bienestar de  
Claremont, La Verne y Pomona.

Expresa su opinión, obtenga información, y haga preguntas sobre los  
programas financiados por la Ley de Servicios de Salud Mental (MHSA por  
sus siglas en inglés). Comparta su opinión sobre la Publicación del Plan  
Anual del Año Fiscal 2025-26 de MHSA. **Este foro está abierto a todos.**



Join us in person or via Zoom | ¡Acompañenos en persona o por Zoom!



Tri-City MHSA Administrative Office  
2001 N Garey Ave, Pomona, CA



April/Abril 8, 2025  
3:30 PM-5 PM



Spanish and ASL interpretation  
available upon request

Get involved at | Participe en

**[tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)**



# Notice of Mental Health Commission **PUBLIC HEARING**

Aviso de Audiencia Pública de la Comisión de Salud Mental

## Make Your Voice Heard!

Help us improve the health and wellness of Claremont, La Verne and Pomona.

Voice your opinion, get information, and ask questions about programs funded through the Mental Health Services Act (MHSA). Share your input on the MHSA Annual Update Fiscal Year 2025-26. **This forum is open to all.**

## ¡Su opinión cuenta!

Ayúdenos a mejorar la salud y el bienestar de Claremont, La Verne y Pomona.

Expresé su opinión, obtenga información, y haga preguntas sobre los programas financiados por la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés). Comparta su opinión sobre la Publicación del Plan Anual del Año Fiscal 2025-26 de MHSA. **Este foro está abierto a todos.**



**Join us in person or via Zoom | ¡Acompañenos en persona o por Zoom!**



**Tri-City MHSA Administrative Office**  
2001 N Garey Ave, Pomona, CA



**April/Abril 8, 2025**  
3:30 PM–5 PM



Spanish and ASL interpretation  
available upon request

Get involved at | Participe en

**[tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)**

**From:** [Sara Rodriguez](#)  
**To:** [Sara Rodriguez](#)  
**Subject:** Notice of MHSA Public Hearing: Tuesday April 8th  
**Date:** Thursday, March 13, 2025 2:21:45 PM  
**Attachments:** [image001.png](#)  
[04-08-25 TCMH Notice of Public Hearing Eng Spa.pdf](#)

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Dear Community Partners,

You are invited to attend our Mental Health Services Act (MHSA) Public Hearing on Tuesday, April 8th at 3:30 pm. This meeting will take place during our Mental Health Commission Meeting as a hybrid (both in-person and virtual options available) at the 2001 location. Please invite your program participants, staff, community members and anyone who lives, works, or attends school in Pomona, Claremont or La Verne!

**PUBLIC NOTICE:** Public Hearing of the Mental Health Services Act (MHSA) Annual Update Fiscal Year 2025-26.

Notice is hereby given that a Public Hearing will be held during the Mental Health Commission meeting on April 8th, 2025. The hearing is on the MHSA Annual Update Fiscal Year 2025-26. Tri-City Mental Health (TCMH) invites the public to review and comment on the Annual Update. The draft of the plan is provided to stakeholders regarding program updates funded under MHSA. The draft of the MHSA Annual Update Fiscal Year 2025-26 is posted for a 30-day public comment period beginning March 7th and is available for review at the link below:

[https://tricitymhs.org/images/documents/MHSA/MHSA%20Annual%20Updates/MHSA\\_Annual\\_Update\\_FY\\_2025-26\\_Draft.pdf](https://tricitymhs.org/images/documents/MHSA/MHSA%20Annual%20Updates/MHSA_Annual_Update_FY_2025-26_Draft.pdf)

MHSA Public Hearing

April 8th, 2025

3:30pm - 5:00pm

Join us in person at:

2001 North Garey Ave. Pomona, CA 91767

Join us virtually by accessing the link here:

<https://tricitymhs.org/component/jevents/eventdetail/1209/88/mental-health-commission-regular-meeting?Itemid=560>

Please view the enclosed flyer for more details.

For additional information about the Public Hearing or to request interpretation services, contact Sara Rodriguez, MHSA Projects Manager, at (909) 623-6131 or [srodriguez@tricitymhs.org](mailto:srodriguez@tricitymhs.org).

We look forward to having your presence and input!

*Sara Rodriguez, LMFT*  
*She/her/Ella*



**From:** [Sara Rodriguez](#)  
**To:** - 2008; - 2001-MHSA; - Royalty; - Wellness Center Staff; - Claremont  
**Subject:** Notice of MHSA Public Hearing: Tuesday April 9th  
**Date:** Thursday, March 13, 2025 9:49:36 AM  
**Attachments:** [image001.png](#)  
[04-08-25 TCMH Notice of Public Hearing Eng Spa.pdf](#)

---

Dear Tri-City colleagues,

You are invited to attend our Mental Health Services Act (MHSA) Public Hearing on Tuesday, April 8th at 3:30 pm. This meeting will take place during our Mental Health Commission Meeting as a hybrid (both in-person and virtual options available) at the 2001 location. Please invite your clients, program participants, staff, and community members!

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Notice is hereby given that a Public Hearing will be held during the Mental Health Commission meeting on April 8th, 2025. The hearing is on the MHSA Annual Update Fiscal Year 2025-26. Tri-City Mental Health (TCMH) invites the public to review and comment on the Annual Update. The draft of the plan is provided to stakeholders regarding program updates funded under MHSA. The draft of the MHSA Annual Update Fiscal Year 2025-26 is posted for a 30-day public comment period beginning March 7th and is available for review at the link below:

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MHSA Public Hearing

April 8th, 2025

3:30pm - 5:00pm

Join us in person at:

2001 North Garey Ave. Pomona, CA 91767

Join us virtually by accessing the link here:

<https://tricitymhs.org/component/jevents/eventdetail/1209/88/mental-health-commission-regular-meeting?Itemid=560>

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We look forward to having your presence and input!

*Sara Rodriguez, LMFT*

*She/her/Ella*

MHSA Projects Manager

Mental Health Services Act (MHSA)

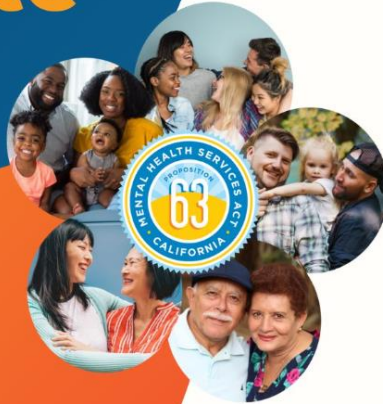
# Annual Update

FY 2025-26

Now Available for Public  
Comment and Review

Share your  
comments by  
April 8!

[tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)



tricitymhs



tricitymhs Tri-City's MHSA Annual Update FY 2025–26 is posted for a 30-day public review and comment period now through April 8, 2025. This document provides a comprehensive overview of the projects and programs funded through the Mental Health Services Act.

On April 8, 2025 the Tri-City Mental Health Commission will host the MHSA Public Hearing where community members and local partners in Pomona, Claremont and La Verne are invited to join and share feedback regarding program updates.

We want to hear from you! Visit [www.tricitymhs.org/mhsa](https://www.tricitymhs.org/mhsa) to review this draft document and to share your comments! Link in bio.

#pomona #claremont #laverne #mhsa #mentalhealth #wellness #wellbeing #tricitymhs

4m



healingissues Send me this post



27s Reply

[View insights](#)

[Boost post](#)



1 like  
4 minutes ago

Add a comment...

[Post](#)



**Tri-City Mental Health** @TriCityMHS · 2s

Tri-City's #MHSA Annual Update FY 2025-26 is now available for 30-day public comment through April 8, 2025. Join the Public Hearing on April 8 to share your feedback! Visit [tricitymhs.org/mhsa](https://tricitymhs.org/mhsa) to read the draft & comment. We want to hear from you! #Pomona #Claremont #LaVerne

Mental Health Services Act (MHSA)

# Annual Update

FY 2025-26

Now Available for Public  
Comment and Review

Share your  
comments by  
April 8!

[tricitymhs.org/mhsa](https://tricitymhs.org/mhsa)





Tri-City Mental Health Services

Just now · 🌐

...

Tri-City's MHSA Annual Update FY 2025–26 is posted for a 30-day public review and comment period now through April 8, 2025. This document provides a comprehensive overview of the projects and programs funded through the Mental Health Services Act.

On April 8, 2025 the Tri-City Mental Health Commission will host the MHSA Public Hearing where community members and local partners in Pomona, Claremont and La Verne are invited to join and share feedback regarding program updates.

We want to hear from you! Visit [www.tricitymhs.org/mhsa](http://www.tricitymhs.org/mhsa) to review this draft document and to share your comments!

#pomona #claremont #laverne #mhsa #mentalhealth #wellness #wellbeing #tricitymhs

Mental Health Services Act (MHSA)

# Annual Update

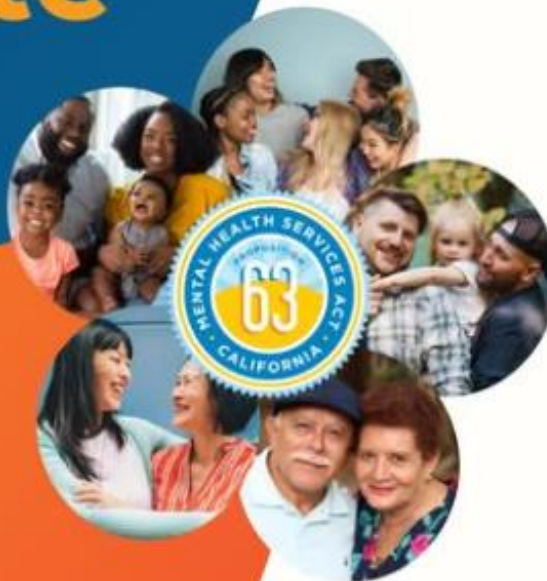
FY 2025-26



Now Available for Public  
Comment and Review

Share your  
comments by  
April 8!

[tricitymhs.org/mhsa](http://tricitymhs.org/mhsa)





## **PUBLIC HEARING ANNUAL UPDATE AND COMMISSION MEETING COMMENTS**

### **April 8, 2025**

Mental Health Commission (MHC) monthly meeting and Public Hearing for the Annual Update FY 2025-26 met on Tuesday, April 8, 2025, at 3:30pm at the MHSA 2001 site.

1. Board member brought up the Sip and Paint event held during green ribbon week and inquired when will the next one be as she really enjoyed it. She asked if there will be one for May Mental Health Month. Lisa Naranjo, Program Supervisor, thanked her for attending and informed her that they are currently working with local business so they can provide the same positive experience to the community.
2. Board member asked to confirm that there were sufficient funds for workforce training. Dana Barford, Director of MHSA and Ethnic Services began to explain how certain percentage within the BHSA funds is transferable and they fall within their projective summary. Sara Rodriguez, Projects Manager, referred them to review the plan, on pages 192-197, as it is all displayed and explained there.
3. Mental Health Commission member left written comment indicating "Very thorough coverage of this plan."
4. Mental Health Commission member left written comment indicating "Thoroughness of planning and community engagement;" "Showing data w/% increase or decrease would be helpful."
5. Mental Health Commissioner left written comment indicating "Very well put together and detailed w/the pertinent data to explain data and outcomes."

## MHSA Public Hearing 2025

Annual Update FY 2025-26

Sara Rodriguez, LMFT, MHSA Projects Manager

April 8<sup>th</sup>, 2025



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## Agenda

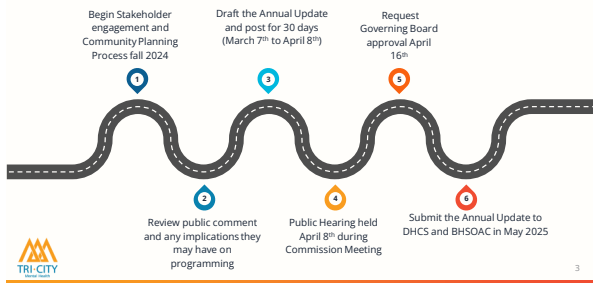
- Community Planning Process
- Proposals Approved During the FY 2024-25
- Transfer of Community Services and Support funds
- MHSA Annual Update: Program highlights
- MHSA Funding Summary
- Public Comment



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## Timeline



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## Proposals Approved During the FY 2024-25 Community Planning Process



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## Psychiatric Advanced Directives, (PADs) Phase II Multi-County Collaborative Innovation Project for Tri-City Mental Health Authority

During the MHSA Community Forums held on September 4th and 5th, 2024, stakeholders were provided updates on PADs Phase I (development and testing of PADs), as well as the plan and budget developed to potentially implement PADs Phase II (Integration and onboarding users).

Project dates	July 1 <sup>st</sup> , 2025, to June 30 <sup>th</sup> , 2029
Project Funding Amount	\$1,500,00.00 for the 4-year project
Target Populations	<ul style="list-style-type: none"> <li>• Transition age youth</li> <li>• Older adults (60+)</li> <li>• Individuals who are homeless or at risk of homelessness</li> </ul>



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Are you in favor of moving forward with approving PADs Phase II?

Yes	No	Unsure
87.5%	0%	12.5%

**Stakeholders voted in support of implementing PADs Phase II**



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## Transfer of Community Services and Support (CSS) Funds



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## MHSA Annual Update FY 2024-25 Mid-Year Update: Claremont Gardens Senior Housing Project

Tri-City proposed to update its FY 2024-25 MHSA Program Annual Update to utilize existing unspent CSS funding to support the completion of the Claremont Gardens Senior Housing Project at 956 W. Baseline Road, Claremont, California 91711 under the Mental Health Services Act (MHSA) Community Services and Support (CSS) Plan in an amount not to exceed three million dollars (\$3,000,000)



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## Claremont Gardens Senior Housing Project

- Amendment posted for a 30-day public comment period, November 8, 2024, until December 7, 2024, on Tri City's website as well as all social media sites including Facebook, Instagram, and Twitter
- Amendment was distributed to numerous locations including city halls, libraries, and community centers
- No feedback was received and there were no substantive changes made to the plan.
- The plan was presented to the Mental Health Commission on November 12, 2024.
- The Tri-City Governing reviewed this amendment on December 18, 2024, approving and adopting the amendment.



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## Expanding Temporary Supportive Housing Options for Tri-City Clients Within the Cities of Pomona, Claremont, and La Verne

Proposal to allocate \$5,200,000 in Community Services and Support (CSS) Funds for housing options within the three cities.

This supports avoiding the risk of reversion



Stakeholders, city officials, mental health commissioners and governing board members were engaged to identify community needs and gaps

Supporting the efforts for housing options for the unhoused and those experiencing homelessness was a top priority

On January 29th, 2025, the mid-year Community Forum provided an additional opportunity for community feedback, and attendees were asked to rank their options in order of highest priority



10

## Results: Expanding Temporary Supportive Housing Options for Tri-City Clients Within the Cities of Pomona, Claremont, and La Verne

After careful consideration of all recommendations, the final decision was made to allocate the unspent CSS funds as follows:

- 1) To purchase an existing commercial building or residential property, renovating, if necessary, with the goal of creating additional housing options and support services.
- 2) Partner with local landlords and property managers to purchase individual units in apartment complexes located throughout the cities of Pomona, Claremont, and La Verne for the purpose of providing additional housing options.
- 3) Increase the number of reserved beds with Hope for Home Shelter.



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## Transfer \$3,000,000 from the Community Services and Support plan to Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN) plans

The Community Services and Support (CSS) plan receives the largest portion of MHSA funding at 76%

Transfer of excess funds from CSS is allowed into Prudent Reserve, CFTN and WET accounts

This ability to reallocate funds is critical to the sustainability of the Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training as well as addressing reversion concerns

CFTN	\$1,500,00.00
WET	\$1,500,00.00
Total	\$3,000,000.00



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## MHSA Annual Update Program Highlights



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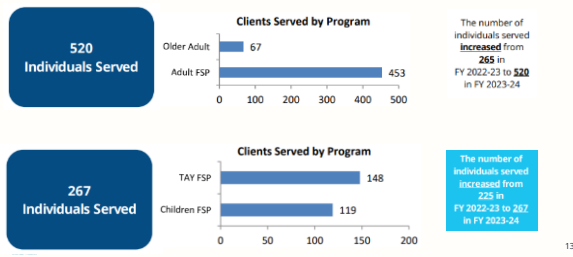
## Community Services and Support (CSS)



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### Full-Service Partnership (FSP)



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### FSP Success Story

- Co-morbidity
- Utilization of the system of care, utilizing a whole-person approach
- Multiple strides and victories achieved, including skills building, processing past trauma, money management, sobriety and improved medical conditions.
- Demonstrates team approach, internal system of care, external supports and efforts made by individual related to motivation and follow-through, among other factors.



Source: Adapted from Swarbrick, H. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.

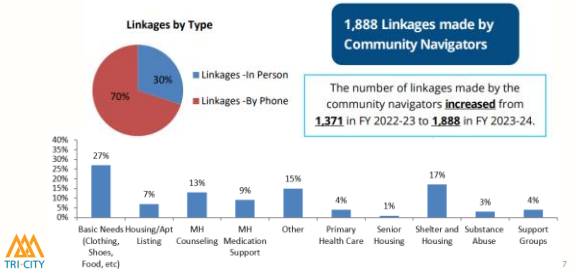


<https://library.samhsa.gov/sites/default/files/sma16-4950.pdf>

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### Community Navigators



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### Community Navigator Success Story

- Unhoused family
- Voucher for hotel placement for a month (Homeless Prevention grant)
- Once expired, linked to another crisis housing resource, in addition to multiple other resources including document identification for a Section 8 voucher
- Section 8 voucher was approved, permanent housing was secured and the family was able to pivot their priorities to personalizing their forever space



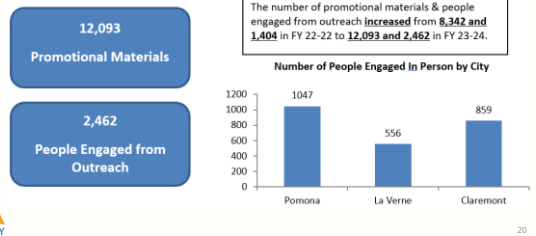
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## Stigma Reduction and Suicide Prevention



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## Stigma Reduction and Suicide Prevention Success Story



- Creative Minds Paint & Sip
- Bringing the events into the community
- Connections with business owners who become motivated to be a part of the efforts to reduce stigma and increase MH awareness
- Additional events were held at this location throughout FY 2023-24 and continue to this day (most recently, less than 3 weeks ago).

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## School Partnership Team

**201**  
Individuals received a school partnership intervention

Service Type	Number of Services Provided
Crisis - CA	3
Family Therapy - CA	102
Individual Therapy - CA	2369
Intensive Care Coordination - CA	8
Plan Development/Tx Planning - CA	282
Psychiatric Evaluation / Assessment - CA	9
Psychosocial Rehabilitation - CA	464
Targeted Case Management - CA	6
<b>Grand Total</b>	<b>3243</b>

TRI-CITY

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## School Partnership Team Success Story

- During FY 2023-24, School Partnership Team held meetings regarding overviews of the program performance at CUSD schools.
- Results included a shift in focus based on client needs identified and research of student demographics.
- New schools were also identified as a primary target for service delivery, resulting in an initial connection and service delivery to students at the new locations.
- An elementary counselor observed a need in additional sites, and services were provided at the identified schools.
- Ultimately, an increase in referrals from all elementary schools resulted at Claremont Unified School District.



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## Psychiatric Advance Directives (PADs)

- In the peer-led PADs project, peers from the communities provided feedback to the technology subcontractor, Chorus, to finalize the PADs platform.
- By March 2024, two new team members were trained on the PADs platform for participant sign-ups.
- A specialized version of the PADs platform was developed for law enforcement and hospital staff.
- Marketing subcontractor, Idea Engineering, completed the project's logo and produced new branding materials to boost outreach efforts.
- Phase II of the project is anticipated to begin on July 1, 2025, following endorsement from the Tri-City Mental Health Commission and approval by the Tri-City Governing Board.



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## Workforce Education and Training



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## Workforce Education and Training

The number of service learner hours, applications and trainings **increased** from **27, 11, and 7** in FY 22-23 to **510, 23, and 40** in FY 23-24.

HOW WELL DID WE DO IT?

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Applicants became  
Service Learners

1

Service Learner was  
Hired at Tri-City

1,189

Courses Completed  
through Relias  
Program

The number of applicants who became service learners **increased** from **1** in FY 22-23 to **12** in FY 23-24.

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## Capital Facilities and Technological Needs (CFTN)



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## CFTN updates



2008 Parking lot expansion; majority of work completed during FY 2023-24



Upgraded network infrastructure at Wellness Center, Claremont, and 2001 (faster speeds and more resilient networks)



Rejuvenation project for the Therapeutic Community Garden largely worked on during FY 2023-24



2001 MHSA Administrative Office building remodeling including additional office space

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## Financial Summary



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## Funding reminders

### 5 Components and Breakdowns

CSS 76%  
PEI 19%  
INN 5%  
WET  
CFTN  
(WET and CFTN sustained by transfers from CSS)

### Further Breakdown

51% of PEI funds to 0-25  
51% of CSS funds to Full-Service Partnership (FSP)

### We will look at Estimates of

-Funding  
-Expenditures  
-Unspent fund balance



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County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2025/26 Funding</b> ★						
1. Estimated Unspent Funds from Prior Fiscal Years	24,523,448	4,078,128	3,670,798	548,773	5,881,190	
2. Estimated New FY 2025/26 Funding	11,518,521	2,879,630	757,797			
3. Transfer in FY 2025/26 *	(3,000,000)	0	0	1,500,000	1,500,000	0
4. Access Local Prudent Reserve in FY 2025/26	0	0				0
5. Estimated Available Funding for FY 2025/26	33,041,969	6,957,758	4,428,595	2,048,773	7,381,190	
<b>B. Estimated FY 2025/26 MHSA Expenditures</b> ★	15,624,638	3,836,618	1,021,083	406,602	700,000	
<b>G. Estimated FY 2025/26 Unspent Fund Balance</b> ★	17,417,331	3,121,140	3,407,512	1,592,171	6,681,190	
<b>H. Estimated Local Prudent Reserve Balance</b>						
1. Estimated Local Prudent Reserve Balance on June 30, 2025		2,199,999				
2. Contributions to the Local Prudent Reserve in FY 2025/26		0				
3. Distributions from the Local Prudent Reserve in FY 2025/26		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2026		2,199,999				

\* Pursuant to Welfare and Institutions Code Section 18802(c), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

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## Next steps

After the Public Hearing:

- Request Governing Board approval April 16<sup>th</sup>
- Submit the Annual Update to DHCS in May 2025
- Celebrate a successful FY and plan submission!



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## Questions and Comments



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## Contact Us

Email  
srodriguez@tricitymhs.org

Phone Number  
(909) 623-6131

Website  
www.tricitymhs.org

Stay Connected with Us  
@TriCityMHS



Thank You!

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## Audiencia pública de la MHSA de 2025

Actualización anual del año fiscal 2025-2026

Sara Rodríguez, LMFT, Gerente de  
Proyectos de la MHSA

8 de abril de 2025



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## Agenda

- Proceso de planificación comunitaria
- Propuestas aprobadas durante el año fiscal 2024-2025
- Transferencia de fondos de Servicios y Apoyo Comunitarios
- Actualización anual de la MHSA: Aspectos destacados del programa
- Resumen de financiación de la MHSA
- Comentario público



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## Cronología

Comenzar el proceso de participación de las partes interesadas y planificación comunitaria en el otoño de 2024

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## Transferencia de fondos de servicios y apoyo comunitario (CSS)



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## Actualización anual de la MHSA para el año fiscal 2024-2025 Actualización de mitad de año: Proyecto de viviendas para personas mayores Claremont Gardens

Tri-City propuso actualizar su Actualización Anual del Programa de la MHSA del año fiscal 2024-2025 para utilizar los fondos CSS existentes no gastados para respaldar la finalización del Proyecto de Vivienda para Personas Mayores Claremont Gardens en 956 W. Baseline Road, Claremont, California 91711, según el Plan de Servicios y Apoyo Comunitarios (CSS) de la Ley de Servicios de Salud Mental (MHSA) por un monto que no exceda los tres millones de dólares (\$3,000,000).



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## Proyecto de viviendas para personas mayores Claremont Gardens

- Enmienda publicada durante un período de comentarios públicos de 30 días, del 8 de noviembre de 2024 al 7 de diciembre de 2024, en el sitio web de Tri-City, así como en todos los sitios de redes sociales, incluidos Facebook, Instagram y Twitter.
- La enmienda se distribuyó en numerosos lugares, incluidos ayuntamientos, bibliotecas y centros comunitarios.
- No se recibió ninguna retroalimentación y no se realizaron cambios sustanciales al plan.
- El plan fue presentado a la Comisión de Salud Mental el 12 de noviembre de 2024.
- El gobierno de Tri-City revisó esta enmienda el 18 de diciembre de 2024, aprobándola y adoptándola.



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## Ampliación de las opciones de vivienda de apoyo temporal para los clientes de Tri-City en las ciudades de Pomona, Claremont y La Verne

Propuesta para asignar \$5,200,000 en Fondos de Servicios y Apoyo Comunitarios (CSS) para opciones de vivienda dentro de las tres ciudades.

Esto ayuda a evitar el riesgo de reversión.



Se involucró a las partes interesadas, funcionarios de la ciudad, comisionados de salud mental y miembros de la junta directiva para identificar las necesidades y brechas de la comunidad.

Apoyar los esfuerzos para encontrar opciones de vivienda para las personas sin hogar y las que experimentan la falta de vivienda fue una prioridad máxima.

El 29 de enero de 2025, el Foro Comunitario de mitad de año brindó una oportunidad adicional para recibir comentarios de la comunidad, y se pidió a los asistentes que clasificaran sus opciones en orden de mayor prioridad.



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## Resultados: Ampliación de las opciones de vivienda de apoyo temporal para los clientes de Tri-City en las ciudades de Pomona, Claremont y La Verne

Después de considerar cuidadosamente todas las recomendaciones, se tomó la decisión final de asignar los fondos CSS no gastados de la siguiente manera:

- 1) Comprar un edificio comercial o una propiedad residencial existente y renovarlo, si es necesario, con el objetivo de crear opciones de vivienda adicionales y servicios de apoyo.
- 2) Asociarse con propietarios y administradores de propiedades locales para comprar unidades individuales en complejos de apartamentos ubicados en las ciudades de Pomona, Claremont y La Verne con el fin de brindar opciones de vivienda adicionales.
- 3) Aumentar el número de camas reservadas con Hope for Home Shelter.



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## Transferir \$3,000,000 del plan de Servicios y Apoyo Comunitarios a los planes de Educación y Capacitación de la Fuerza Laboral (WET) y de Instalaciones de Capital y Necesidades Tecnológicas (CFTN)

El plan de Servicios y Apoyo Comunitarios (CSS) recibe la mayor parte de la financiación de MHSA, con un 76 %.

Se permite la transferencia de fondos excedentes de CSS a cuentas de Prudent Reserve, CFTN y WET

Esta capacidad de reasignar fondos es fundamental para la sostenibilidad de las Instalaciones de Capital y Necesidades Tecnológicas (CFTN) y la Educación y Capacitación de la Fuerza Laboral, así como para abordar las preocupaciones de reversión.

CFTN	\$1,500,00.00
WET	\$1,500,00.00
Total	\$3,000,000.00



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## Aspectos destacados del programa de actualización anual de la MHSa



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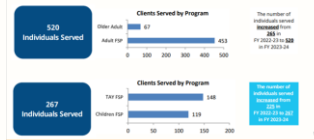
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### Asociación de servicios completos (FSP)



520 individuals served	520 personas atendidas
267 individuals served	267 personas atendidas
Clients served by program	Clients atendidos por el programa
Adult FSP	Adulto FSP
Child FSP	Child FSP
Clients served by program	Clients atendidos por el programa
Adult FSP	Adulto FSP
Child FSP	Child FSP
The number of individuals served increased from 265 in FY 2022-23 to 520 in FY 2023-24	El número de personas atendidas aumentó de 265 en el año fiscal 2022-2023 a 520 en el año fiscal 2023-2024
The number of individuals served increased from 225 in FY 2022-23 to 267 in FY 2023-24	El número de personas atendidas aumentó de 225 en el año fiscal 2022-2023 a 267 en el año fiscal 2023-2024



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### Historia de éxito de FSP

- Comorbilidad
- Utilización del sistema de atención, utilizando un enfoque integral de la persona
- Se lograron múltiples avances y victorias, incluido el desarrollo de habilidades, el procesamiento de traumas pasados, la administración del dinero, la sobriedad y la mejora de las condiciones médicas.
- Demuestra enfoque de equipo, sistema interno de atención, apoyos externos y esfuerzos realizados por el individuo relacionados con la motivación y el seguimiento, entre otros factores.

#### Las Ocho Dimensiones del Bienestar



Fuente: Adaptado de Swartz, R. (2019). "8 Dimensiones del Bienestar". *Revista de Bienestar Humano*, 1(1), 1-10.

<https://library.samhsa.gov/sites/default/files/sma16-4950.pdf>

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### Navegantes de la comunidad



1,188 linkages made by Community Navigators	1,188 vínculos realizados por los Navegantes Comunitarios
The number of linkages made by the community navigators increased from 1,171 in FY 2022-23 to 1,188 in FY 2023-24	El número de vínculos establecidos por los navegantes comunitarios aumentó de 1,171 en el año fiscal 2022-2023 a 1,188 en el año fiscal 2023-2024
Basic needs (Clothing, Shoes, Food, etc.)	Necesidades básicas (ropa, zapatos, comida, etc.)
Housing	Vivienda
Food	Comida
Substance use	Uso de sustancias
Other	Otro
Primary Health Care	Atención Primaria de Salud
Senior Housing	Vivienda para personas mayores
Substance Abuse	Trastorno por consumo de sustancias
Support Groups	Grupos de apoyo



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### Historia de éxito de Navegantes de la comunidad

- Familia sin hogar
- Bono para alojamiento en hotel durante un mes (subvención para la prevención de personas sin hogar)
- Una vez vencido, se vincula a otro recurso de vivienda en crisis, además de varios otros recursos, incluida la identificación de documentos para un vale de la Sección 8
- Se aprobó el vale de la Sección 8, se consiguió una vivienda permanente y la familia pudo reorientar sus prioridades hacia la personalización de su espacio para siempre.



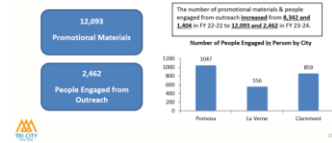
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## Reducción del estigma y prevención del suicidio



12,093 promotional materials	12,093 materiales promocionales
2,462 people engaged from outreach	2,462 personas involucradas en actividades de divulgación
The number of promotional materials and people engaged from outreach increased from 8,342 and 1,409 in FY 22-23 to 12,093 and 2,462 in FY 23-24.	La cantidad de materiales promocionales y personas involucradas en actividades de divulgación aumentó de 8,342 y 1,409 en el año fiscal 2022-2023 a 12,093 y 2,462 en el año fiscal 2023-2024.
Number of people engaged in person by city	Número de personas comprometidas personalmente por ciudad

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## Historia de éxito en la reducción del estigma y la prevención del suicidio



- Mentes creativas Paint & Sip
- Llevando los eventos a la comunidad
- Conexiones con propietarios de negocios que se motivan a ser parte de los esfuerzos para reducir el estigma y aumentar la conciencia sobre la salud mental
- Se llevaron a cabo eventos adicionales en este lugar durante el año fiscal 2023-24 y continúan hasta el día de hoy (el más reciente, hace menos de 3 semanas).

## Equipo de Asociación Escolar

201	Service Type	Number of Services Provided
Individuals received a school partnership intervention	Crisis - CA	3
	Family Therapy - CA	102
	Individual Therapy - CA	2369
	Intensive Case Coordination - CA	8
	Plan Development/Tx Planning - CA	282
	Psychiatric Evaluation / Assessment - CA	9
	Psychosocial Rehabilitation - CA	464
	Targeted Case Management - CA	6
	Grand Total	3243

201 individuals received a school partnership intervention	201 personas recibieron una intervención de asociación escolar
Service type	Tipo de servicio
Number of services provided	Número de servicios brindados
Crisis - CA	Crisis - CA
Family Therapy - CA	Terapia familiar - CA
Individual therapy - CA	Terapia individual - CA
Intensive case coordination - CA	Coordinación de casos intensivos - CA
Plan development / Text planning - CA	Diseño de planes / Planificación de textos - CA
Psychiatric Evaluation / Assessment - CA	Evaluación/Valoración Psiquiátrica - CA
Psychosocial Rehabilitation - CA	Rehabilitación Psicosocial - CA
Targeted Case Management - CA	Gestión de casos específicos - CA
Grand Total	Gran total

21

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## Historia de éxito del equipo de asociación escolar

- Durante el año fiscal 2023-24, el Equipo de Asociación Escolar celebró reuniones sobre descripciones generales del desempeño del programa en las escuelas del CUSD.
- Los resultados incluyeron un cambio de enfoque basado en las necesidades de los clientes identificadas y la investigación de la demografía de los estudiantes.
- También se identificaron nuevas escuelas como un objetivo principal para la prestación de servicios, lo que dio como resultado una conexión inicial y una prestación de servicios a los estudiantes en las nuevas ubicaciones.
- Un consejero de primaria observó una necesidad en sitios adicionales y se brindaron servicios en las escuelas identificadas.
- En última instancia, se produjo un aumento en las remisiones de todas las escuelas primarias en el Distrito Escolar Unificado de Claremont.



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# Directivas anticipadas psiquiátricas (PAD)

- En el proyecto PAD dirigido por pares, los pares de las comunidades proporcionaron retroalimentación al subcontratista de tecnología, Chorus, para finalizar la plataforma PAD.
- Para marzo de 2024, dos nuevos miembros del equipo fueron capacitados en la plataforma PAD para el registro de participantes.
- Se desarrolló una versión especializada de la plataforma PADs para personal policial y hospitalario.
- El subcontratista de marketing, Idea Engineering, completó el logotipo del proyecto y produjo nuevos materiales de marca para impulsar los esfuerzos de difusión.
- Se prevé que la Fase II del proyecto comience el 1 de julio de 2025, tras la aprobación de la Comisión de Salud Mental de Tri-City y la aprobación de la Junta Directiva de Tri-City.



25

25

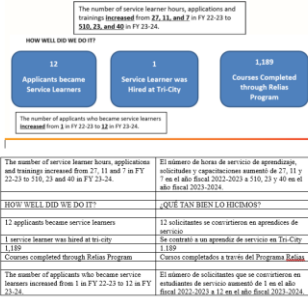
# Educación y capacitación de la fuerza laboral



26

26

## Educación y capacitación de la fuerza laboral



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# Instalaciones de capital y necesidades tecnológicas (CFTN)



28

28

# Actualizaciones de CFTN



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29

# Resumen financiero



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## Recordatorios de financiación

### 5 Componentes y Desgloses

CSS 76%  
PEI 19%  
INN 5%  
WET  
CFTN  
(WET y CFTN  
sostenidos por  
transferencias de  
CSS)

### Desglose adicional

El 51% de los fondos de PEI se destinan a niños de 0 a 25 años  
  
El 51% de los fondos de CSS se destina a la Asociación de Servicios Integrales (FSP)

### Veremos Estimaciones de

-Financiación  
-Gastos  
-Saldo de fondos no gastados



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Cuentas de la TRI-CITY						Fecha: 07/03/2023
Financiación de 2022						
	A	B	C	D	E	F
	Servicios y apoyo comunitario	Desarrollo e intervención temprana	Investigación	Educación y Promoción de la Salud Infantil	Intervención de capital comunitario	Reserva
A. Financiación estimada para el año fiscal 2022-23	24,523,448	4,078,428	3,670,798	548,773	5,881,190	
B. Financiación de fondos en garantía de ejecución de cuentas	11,518,521	2,879,630	757,797			
C. Financiación de cuentas transferidas para el año fiscal 2022-23	(3,000,000)	0	0	1,500,000	1,500,000	0
D. Transferencia al año fiscal 2022-23	0	0	0			0
E. Financiación de cuentas transferidas para el año fiscal 2022-23	33,041,969	6,957,758	4,428,595	2,048,773	7,381,190	
F. Saldo estimado de la TRI-CITY para el año fiscal 2022-23	15,434,618	3,636,618	1,071,033	456,803	790,000	
G. Saldo estimado de fondos en garantía de ejecución de cuentas para el año fiscal 2022-23	17,417,351	3,321,140	3,407,562	1,592,171	6,691,190	
H. Saldo estimado de la Reserva a Prórroga Local						
I. Saldo estimado de la Reserva a Prórroga Local al 31 de mayo de 2022						
J. Contribuciones de la Reserva a Prórroga Local al año fiscal 2022-23						
K. Saldo estimado de la Reserva a Prórroga Local al 31 de mayo de 2023						

a. De conformidad con la Sección 3802(b) del Código de Gobierno e Instituciones, los condados pueden utilizar una parte de sus fondos CSS para WET, CFTN y la Reserva a Prórroga Local. El monto total de fondos CSS utilizado para este propósito no excederá el 20% del monto promedio total de fondos asignados a ese condado durante los cinco años anteriores.



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## Siguientes pasos

Después de la Audiencia Pública:

- Solicitar aprobación a Junta Directiva 16 de abril
- Presentar la actualización anual al DHCS en mayo de
- ¡Celebre un año fiscal exitoso y la presentación del!



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## Preguntas y comentarios



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## Contáctenos



Correo electrónico  
srodriguez@tricitymhs.org



Número de teléfono  
(909) 623-6131



Sitio web  
www.tricitymhs.org



Manténgase conectado con nosotros  
@TriCityMHS

¡Gracias!

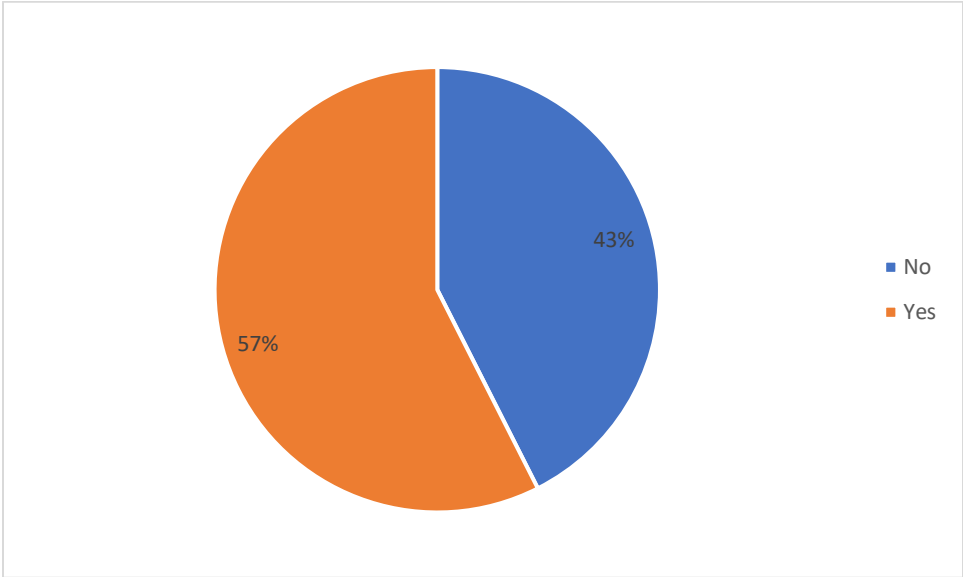


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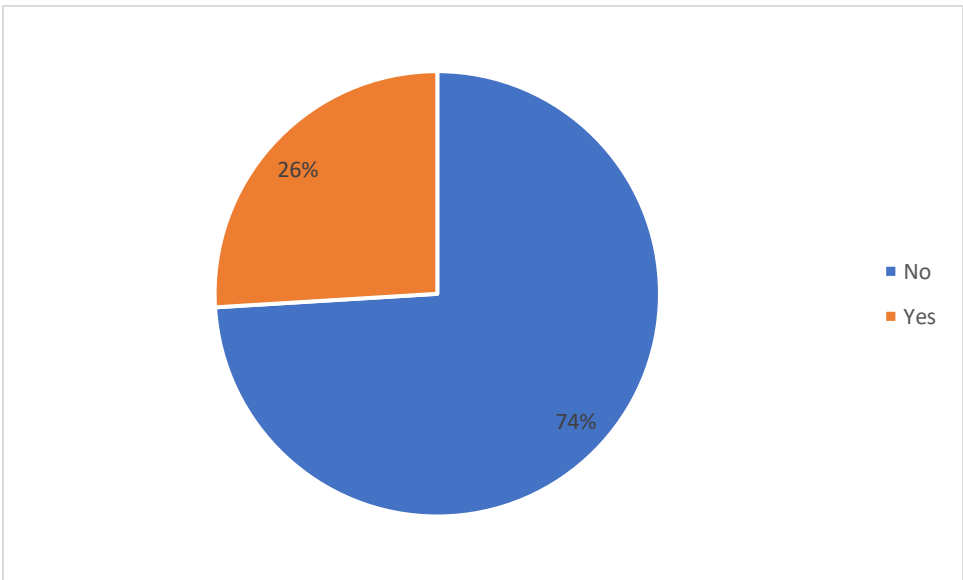
# MHSA Community Planning Process Survey Results – FY 2024-2025

N = 181

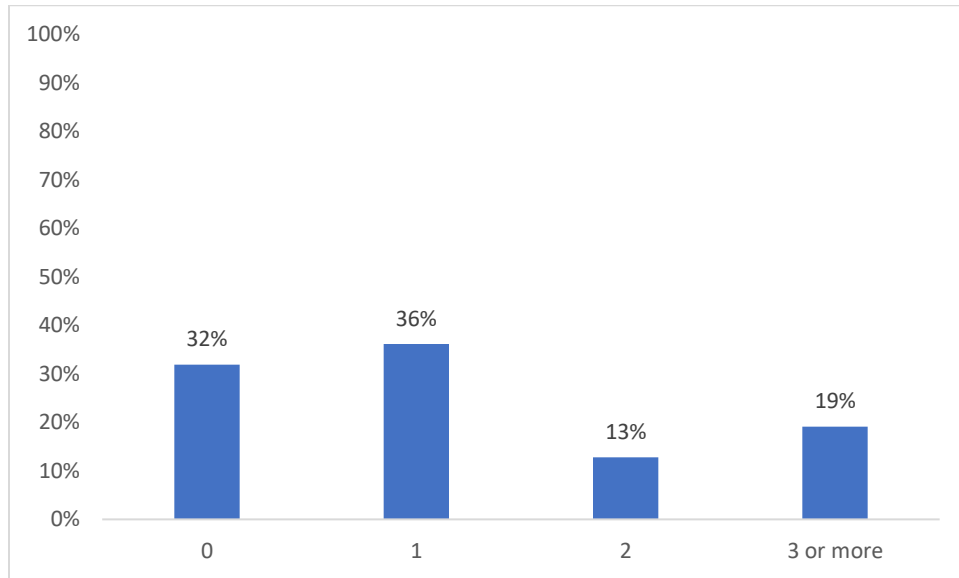
1. Are you familiar with the information, resources and/or services offered by Tri-City Mental Health?



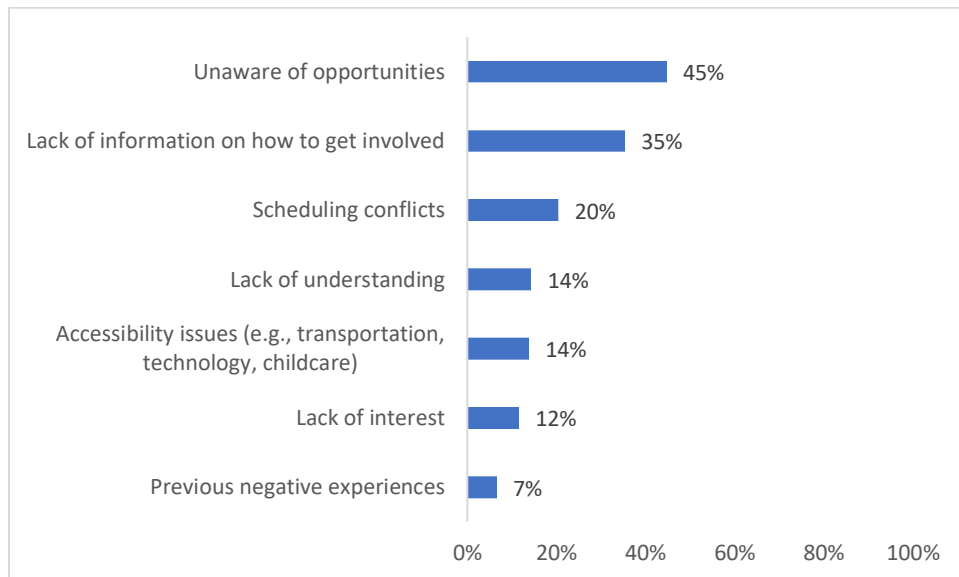
2. Have you ever participated in any of the following activities organized by Tri-City Mental Health: community forums/meetings, surveys, focus groups, or similar events?



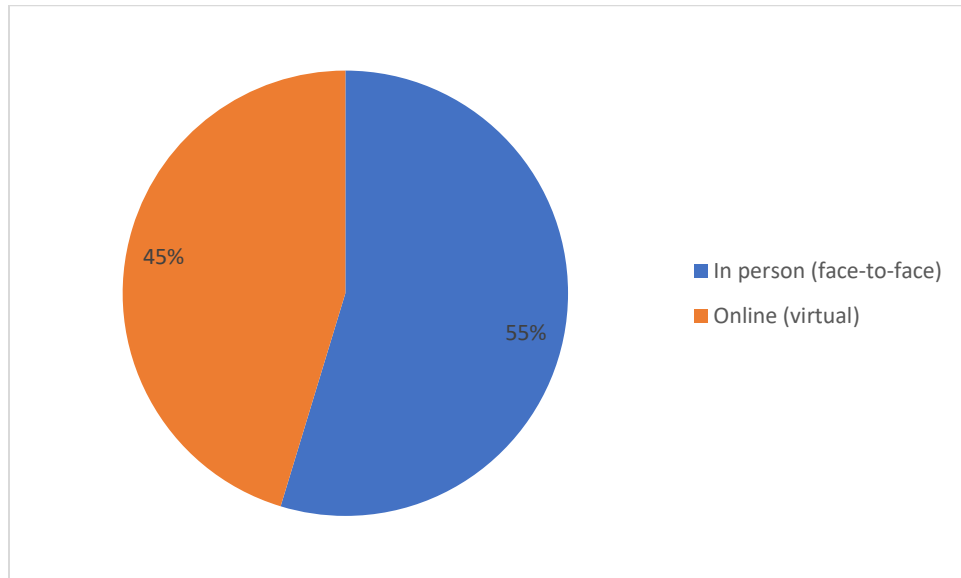
3. Since you indicated that you have participated in activities organized by Tri-City Mental Health, in the last year how many activities have you participated in?



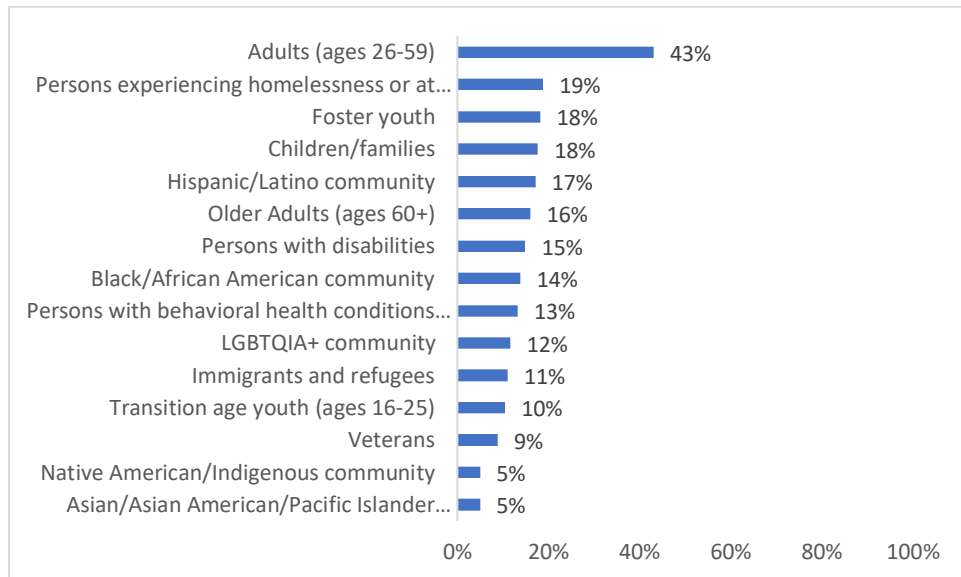
4. What obstacles have affected your participation in the mentioned Tri-City Mental Health's activities\*, whether in the past or currently?



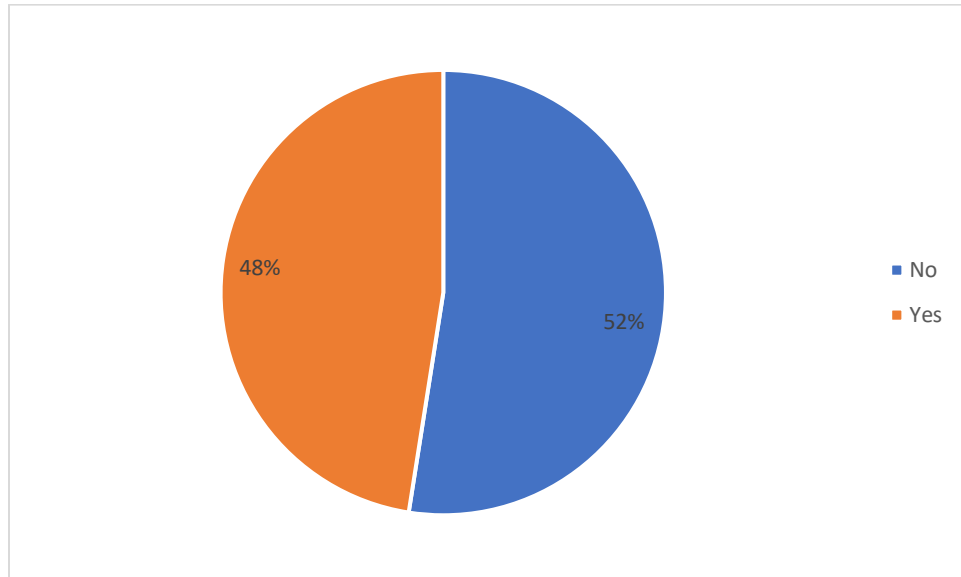
**5. How would you prefer to join community meetings that provide helpful information, updates, and a space for discussions?**



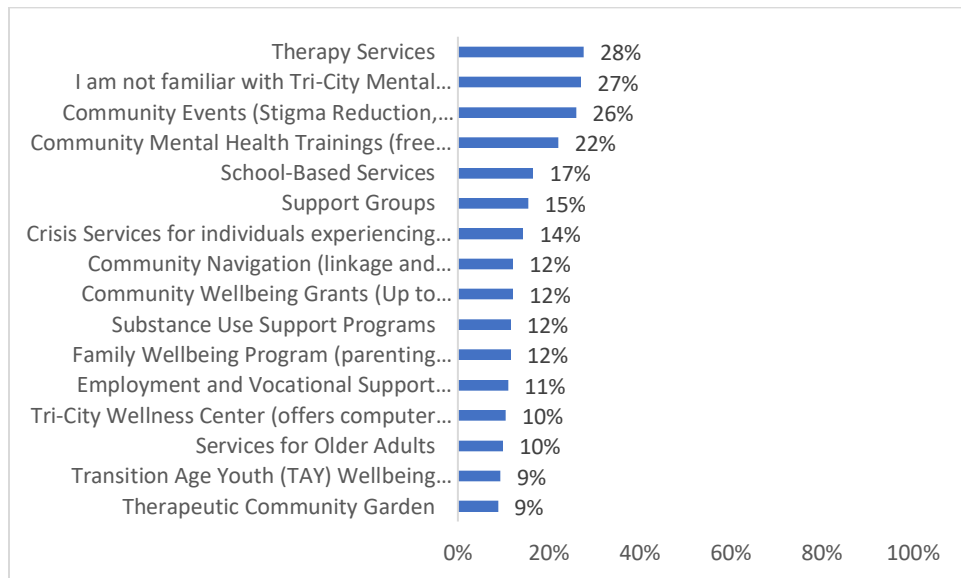
**6. Please identify the populations you believe are the most underserved or unserved.**



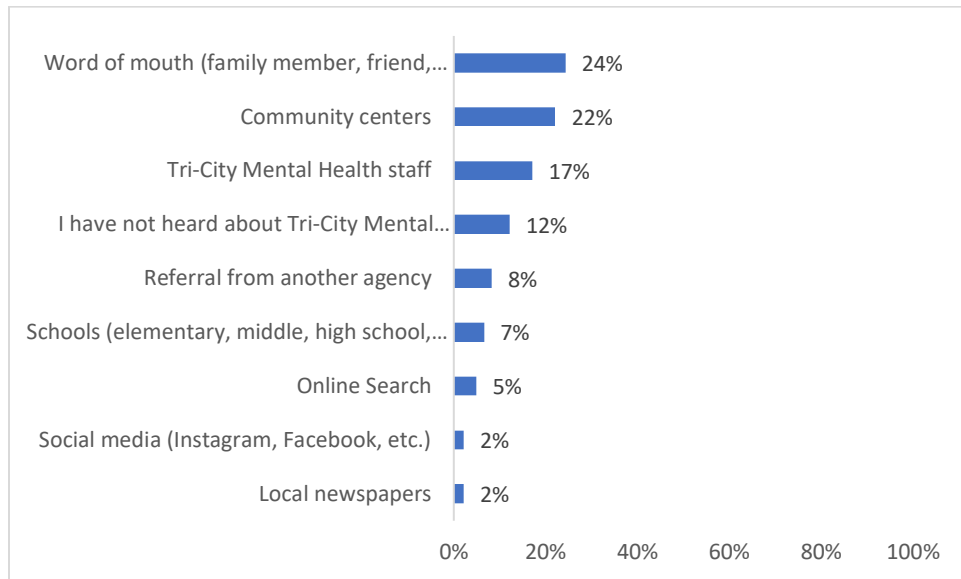
**7. Have you or a family member requested or received mental health support in the past year?**



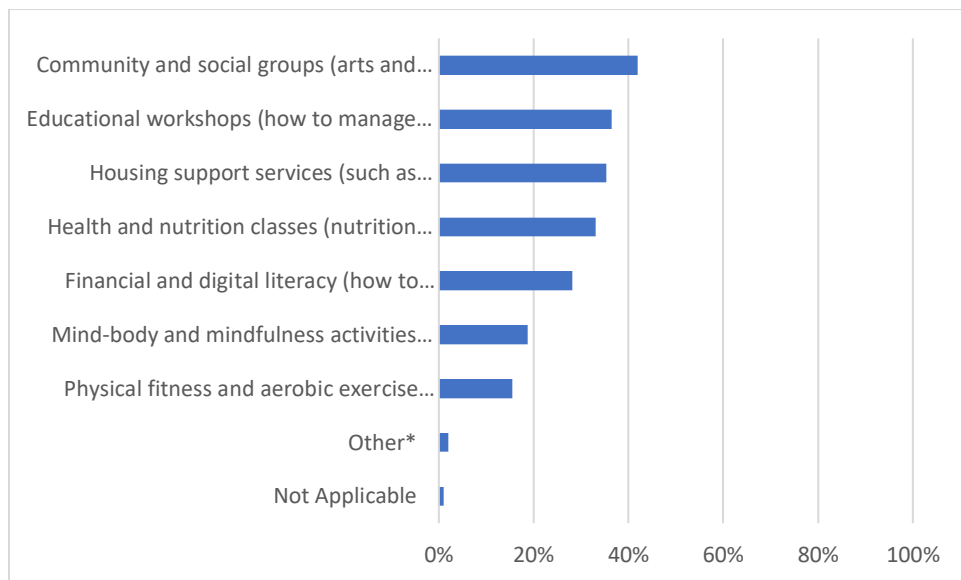
**8. Which of the following services at Tri-City Mental Health are you familiar with?**



**9. How did you hear about Tri-City Mental Health?**

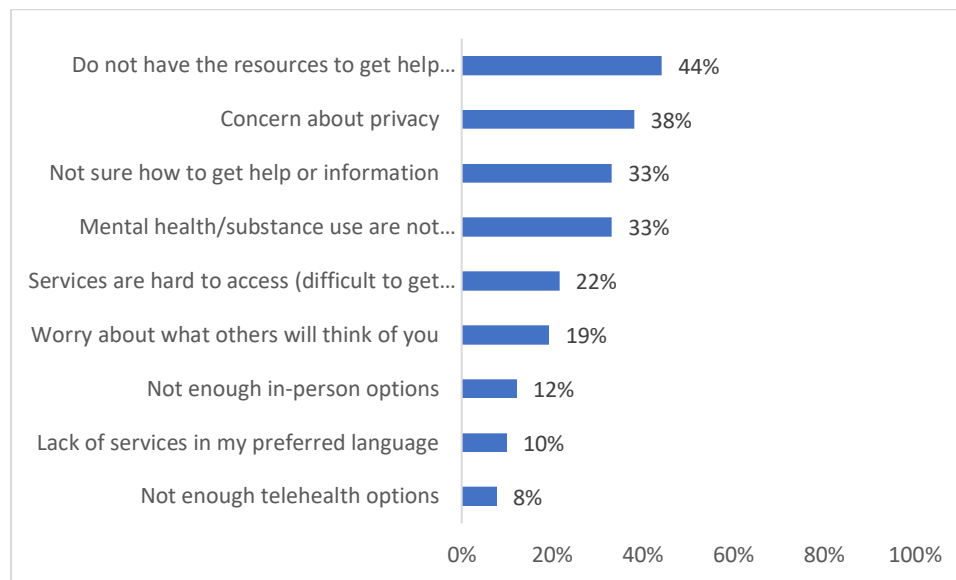


**10. What additional services and/or supports would you like to see offered in your community?**



*\* Note: Other services listed included write-in responses – “Grief/Loss Support Groups (thanatology)” and “trainings related to the Labyrinth in the Therapeutic Garden for clients and staff.”*

**11. Please identify the top 3 barriers that you or someone you know face when looking for mental health support.**



**12. How can we improve Tri-City's programs and services to better meet the needs of the community?**

Themes	Count	Percentage
Increased Advertising & Outreach	51	28%
Expanded Services	32	18%
Better Communication & Information	32	18%
Improved Access to Services	9	5%
Community Collaboration & Support	1	1%
Community Feedback	2	1%
Unaware of services offered	5	3%
Satisfaction	18	10%
Uncertain	10	6%
Not Applicable/None	21	12%
<b>Grand Total</b>	<b>181</b>	<b>100%</b>

**Increased Advertising & Outreach (51)**

- **Connect more** with the community.
- **Talk more about Tri-City** so that more people know about this workshop
- Knocking on doors
- **Advertise more**
- **Advertisement**

- **Advertisement being apart of community events** in booths
- Continue having **information in social media**
- Could have **more online information** and services
- **Exposing themselves out more in events**
- **Exposure**
- **Finding the area** that will have the **most engagement**
- "Getting...**more outreach to public awareness for services offered** and try reducing the stigma. The crises for mental health is known to be a source The fear of being locked up reduces the access for crises is more of a watch what you say as a threat for hospitalization and will take a ambulance as of what comes out of your mouth and reduces a crises to suicide attempt and not a compassion for conversation and not a leap to call it as 5150 with fears taking the client to a place of decompensation. "
- with critical and known as a access for immediate hospitalization.
- **Getting the word out**
- Having **more advertising access**
- I think **more outreach and more advertisement of services/programs**
- I think with **more advertising and marketing** we could be **more aware of the resources offered**.
- **Increased community field outreach.**
- Just to **be involved in the community**, and to **get more exposure**
- **Keep showing up to community events**
- **Make flyers** to pass out to people and homeless.
- **Marketing at more community events**
- Maybe **put up more announcements**
- **Meetings**
- **More advertisement** about what cost is
- **More advertising**
- **More advertising**
- **More advertising**
- **More adverti[sing] in the media or in the community**, so that more people know about tri city. I heard only for my husband, so we are here together.
- **More awareness**
- **More canvassing**
- **More online**
- **More online information**
- **More online services**
- **More options to come meet clients where they are**, like come to the home even if only 1-2 people are reached
- **More visibility**
- **More/vast broad communication of your organization's service**. I live across the street from your office since and see very little about the organization and services.
- **Need more ad Advertisement**
- **Outreach**
- **Post papers in public locations**



- **Posting more on Instagram stories / reels & TikTok describing programs and services**
- **Publicize on local websites**, like the **La Verne city webpage**
- **Reaching out to youths**
- **Be More Recognized**
- **Social media outreach**
- **Spread the word**
- **Sharing your services** in the community
- **TV ads, high schools, school staff** ie school psychologists
- **Maybe seek out the community** because mental health can often be disregarded or not talke[d] about.
- **Visit our departments more often** and **share what your do/what services are available** that officer can utilize in the field when dealing with patients.
- **Visiting schools**
- **Work with more youth** to help them before they get older and mental health gets worse

#### **Expanded Services (32)**

- **Having more programs**
- **Do more housing**
- **Exercising**
- **Free consultations**
- **Help the people needy and elderly** more
- **Home repair services for seniors** in your community
- **I need help with ssa**
- **I think creating a group for men to help end toxic masculinity**
- **internet services**
- **Maybe more focused groups in the neighborhoods**
- **More**
- **More choices**
- **More collaborative events** with other groups and organizations
- **More frequent free programs**
- **More funding**
- **More help for homeless**
- **More help for kids**
- **More in person events**
- **Offer social interaction opportunities**
- **Other services that are available to those who left** in West Covina
- **Spanish services**
- **Substance use prevention or counseling** is needed at the school site.
- **Support more of those who work normal 8-5 jobs** and have resources after hours or even weekends? Unsure of hours.
- **Teens**
- There need to be **more mindfulness classes offered at the Wellness Center for ages 25 to 59**. I was there after the job fair and there weren't any mindfulness classes offered for adults. I also cannot express enough how anyone who utilizes the Labyrinth needs to know what it is and

what it isn't. Someone on your social media team misidentified it as a maze and that can be potentially dangerous.

- **More face to face.** Even though once in a great while.
- **More options in person**
- **More in school support for students and families**
- **More opportunities** like Tri City has been doing. It's great to see all that's offered.
- **More options**
- **More parenting classes**
- **More people around to help**

#### **Better Communication & Information (32)**

- It is the first workshop I attend but if **I would like to receive information to attend other workshops**
- **Send monthly messages of classes that are available** for people to attend
- **Be more vocal**
- **Better communicate services**
- **Better communication and training of staff**
- **Better information**
- **Call**
- **Communication**
- **Communicating in different centers**
- **Contacts us faster and keep in touch with us** cause I'm starting to feel really lonely
- **Face to face communication**
- **Have more pop ups that can give people more information**
- **I would need to be more informed**
- **Lack of communication** to those in need
- **Listen to all voice** and signs
- **Make us more aware of services** provided
- **More communication**
- **More inf[o]**
- **More info**
- **More info on what tri-city is**
- **More information**
- **More information**
- **More information about services** you provide.
- **More information all around**
- **More information on the mental health**
- **More information on what or where to get the info required to get help needed for needs or wants needed for the community.** Also lack of contact person available.
- **More news**
- **More organization in phone calls**
- **Send more information**

- The follow up from tri-city is great, however, **it would be great to know when services fall through and when police can be of assistance to help** get those who started services back on track.
- **More knowledge**
- **More knowledge**

#### **Improved Access to Services (9)**

- **Making them even more accessible to everyone in the community.** People who do not have health insurance, or even if they do, do not have mental health support services.
- **Connect families to services faster and maintain consistent staff** to assure ongoing support occurs.
- **Create a fast track onboarding process for children and youth** who are having significant struggles in school/life. Assessment and support need to happen much more quickly.
- **Helping Other[s]**
- **I have friends and family members that are in need of these services but are having a hard time getting referrals from others.**
- I personally believe this organization does exceptional work, **I would just like for Tri-City to be more available to the community.**
- **If they would get back to us sooner**
- **Making things more accessible** could always help
- **More accessible locations**

#### **Community Collaboration & Support (1)**

- **connect CBOs and ed system to more resources /be the linch pin/** collaboration breaks down silos and garners greater resources invested as well as innovation and efficiency - CBOs still most trusted and in the field. uber small grants will not sustain this crucial weave in community. **lead by serving as conduit between sectors and own the mental health space as the glue.**

#### **Community Feedback (2)**

- Have **more community input**
- Have **more paid surveys**

#### **Unaware of services offered (5)**

- **I don't know because I don't know much about this organization.**
- **I'm unaware of this program**
- More education as I was **unaware**
- **Unaware** of what is being offered
- Unsure, **my first time**

#### **Satisfaction (18)**

- **I don't think there's any improvement needed :)**
- **No improvements**
- **Nothing** that I can think about at the moment
- **Nothing** you are doing **amazing!**
- Everything is **good the way it is**
- **Great job**
- I feel that the organization is making a **really great impact** throughout the community.
- I feel **Tri City does great job!**

- I had a **great experience**
- **I love it** already
- I think **you guys do a great job already** and help the most you can
- **I'm happy with tri city I feel good** currently receiving therapy
- It's **good**
- Keep up the **amazing work**
- **Thank you** for all you do to help the community
- There [are] **[g]ood services**
- They are **great**
- It's already big.

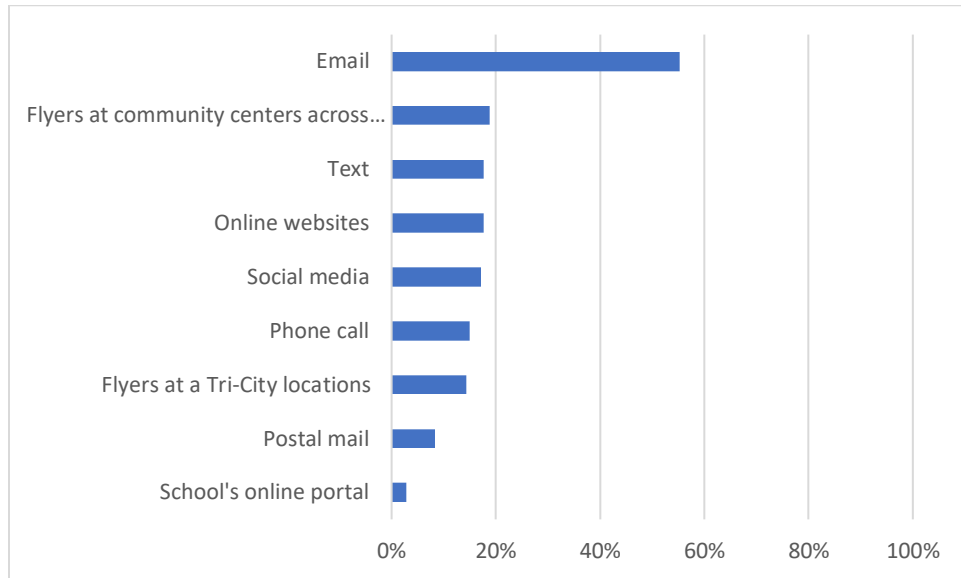
#### **Uncertain (10)**

- I don't know
- Idk
- Im not sure
- I'm not sure
- I'm not sure
- Im not sure
- Not sure
- Not sure
- Not sure
- Not sure

#### **Not Applicable/None (21)**

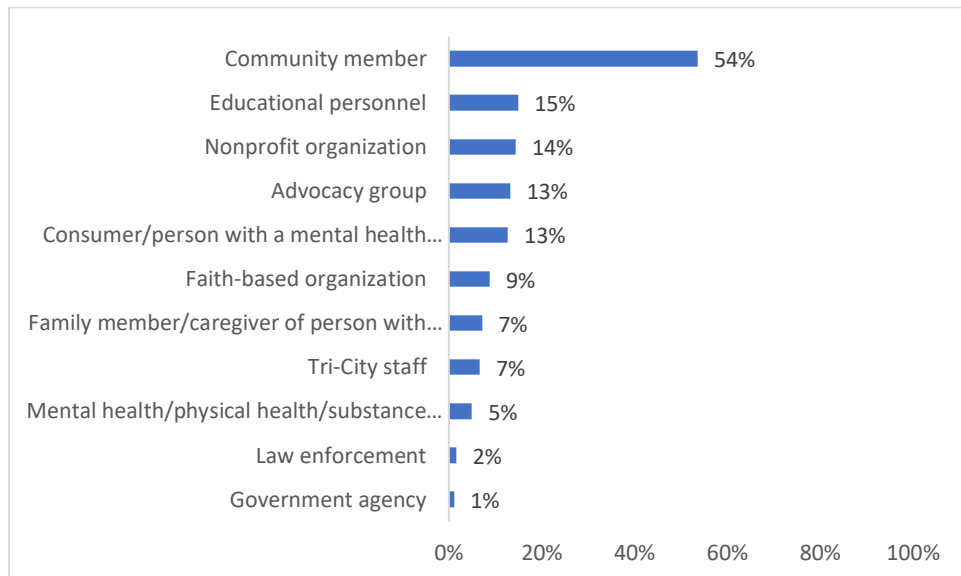
- N/a
- N/a
- N/A
- Na
- Na
- Na
- Na
- NA
- Na
- Na
- Na
- Na
- Na
- Nm
- No
- None
- None
- None
- None
- Former tie city member
- H
- **No Response**

**13. Where or how do you receive updates and information on community activities, events, meetings, etc?**

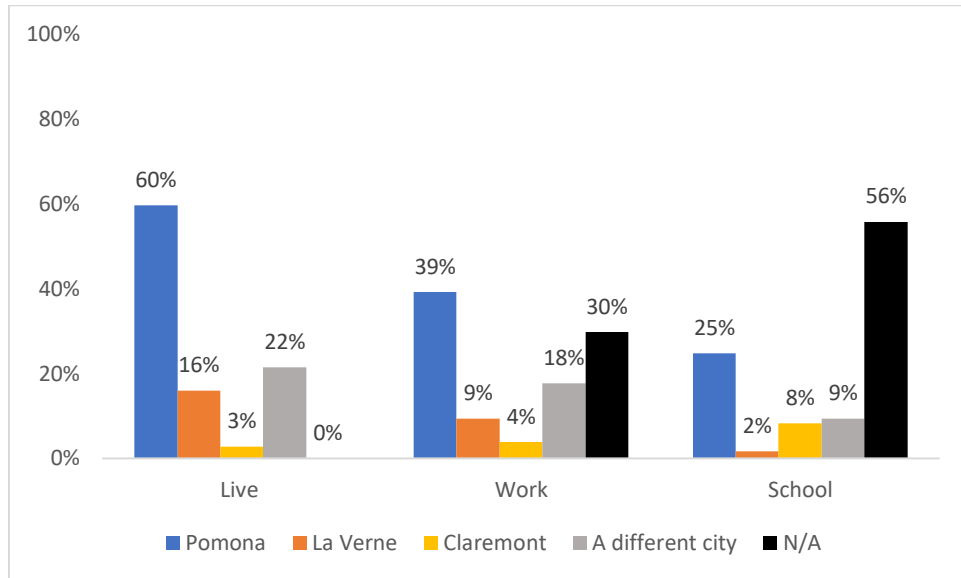


Demographic Information

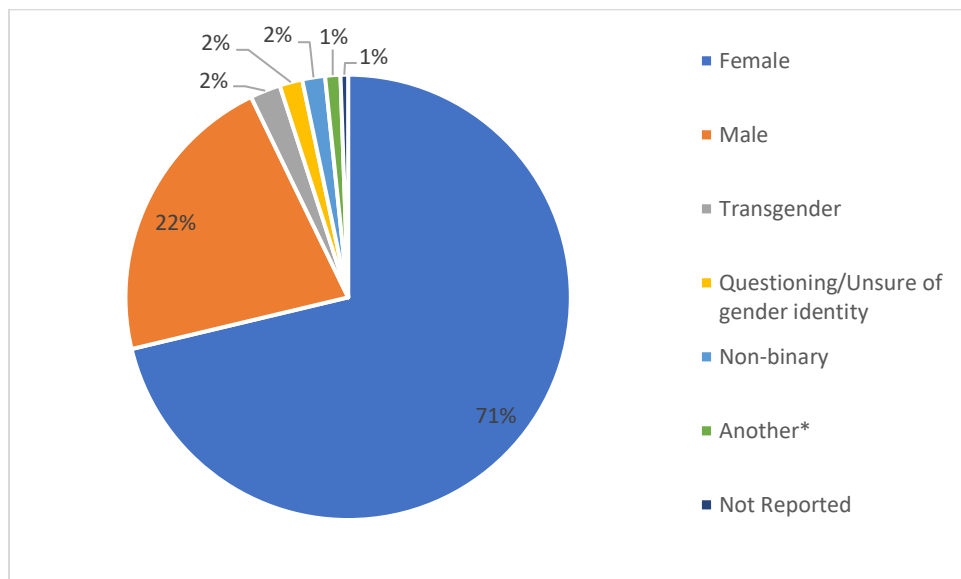
**14. Which community group do you currently identify with?**



**15. – 17. Where do you live, work, and attend school?**

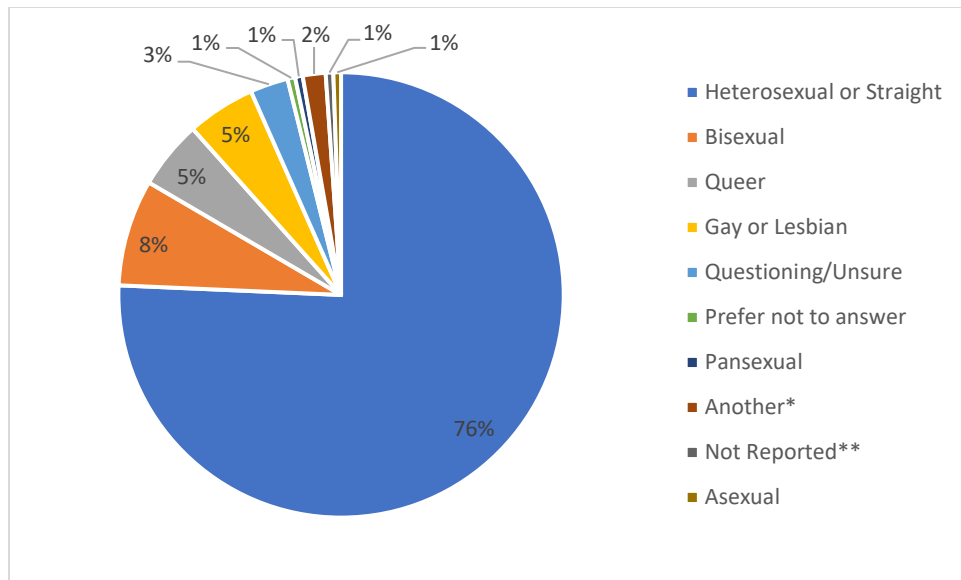


**18. Please indicate the gender you identify with:**



*\* Note: Other genders listed included write-in responses - “agender” and “both”.*

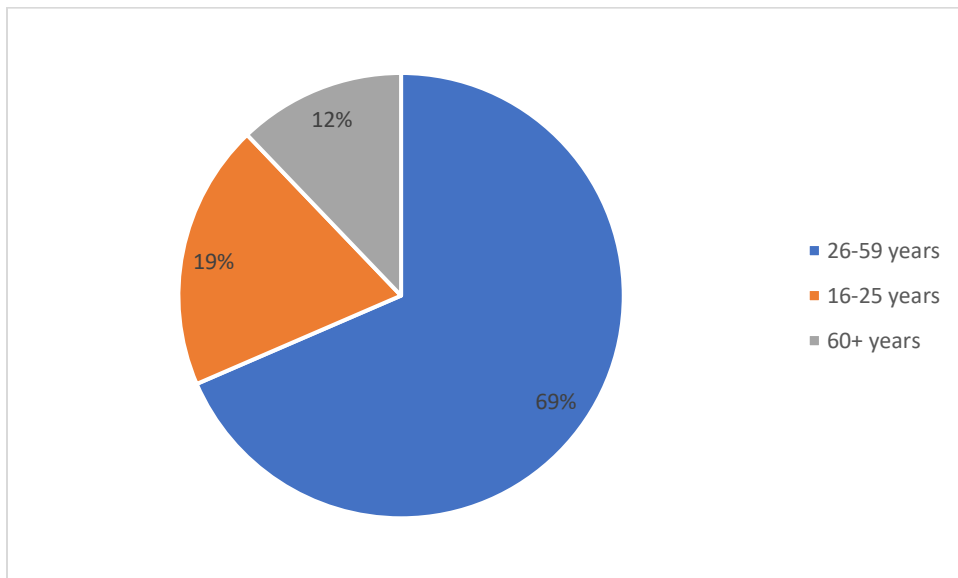
**19. Please indicate your sexual orientation:**



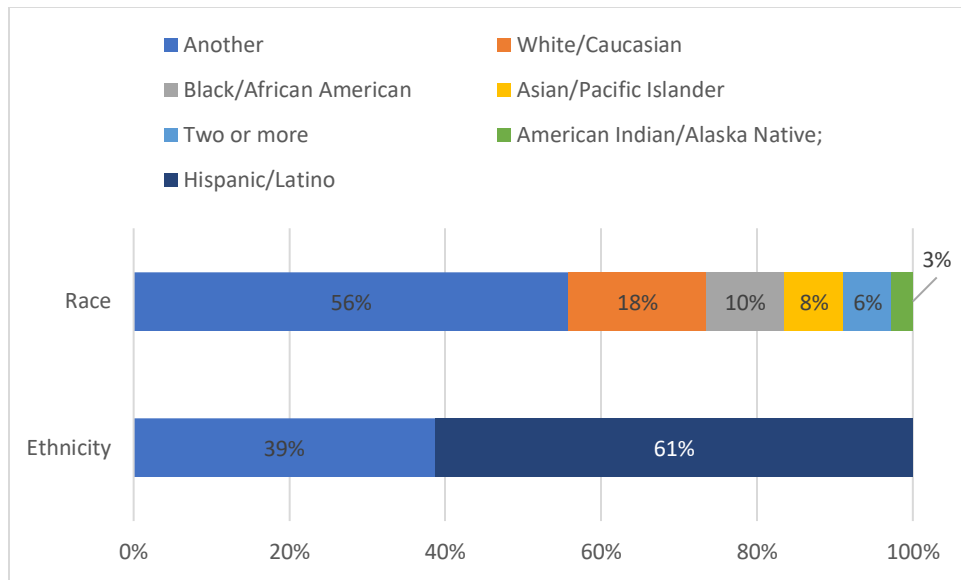
\* Note: Other sexual orientations listed included write-in responses - "Don't Identify," "Both," "Regular," and "I love women."

\*\* Note: Client wrote in "Hispanic" as sexual orientation, which was changed to Not Reported.

**20. Please indicate your age group:**



**21. Please indicate your race/ethnicity:**





Summary of sign in sheets for the Annual Updat

	Initials	Agency	Age	Ethnicity	Primary Language
In-person:	JC	Compassionate Pomona	60+	Caucasian	English
	HS	Tri City	26-59	Caucasian	English
	PA	Tri City	26-59	Hispanic	English
	RS	Tri City	26-59	Caucasian	English
	DW	Tri City	26-59	African Am	English
	OP	Tri City	60+	African Am	English
	AV	Tri City	26-59	Hispanic	English/Spanish
	BL	Tri City	26-59	Hispanic	English/Spanish
	DR	Tri City	26-59	Hispanic	English/Spanish
	EA	Tri City	60+	Hispanic	English
	MR	Tri City	26-59	Hispanic	English
	TS	Tri City			
	MM	Tri-City	26-59	Hispanic	English
	OCH	Pomona Unified School District	26-59	Hispanic	English
	FG	Pomona Valley Pride	26-59	Hispanic	English
Zoom:	LW				
	unknown				
	unknown				
	ZS				
	MS				
	ES				
	MM				
	LS				
	MS				
	GRR				
	CM				
	JS				
	MG				
	A				
	GRR				
	MM				
	FR				
	GRR				
	FS				
	MM				
	MS				

Public Hearing FY 2025-26

Referral Source

Social Media

TC staff

TC staff

TC staff

Other

TC staff

TC staff

TC staff

TC staff

TC staff

TC staff

TC staff

Other-email

Other

## Summary of Outreach

Public Hearing Tracking:  
MHSA Annual Update FY 2025-26

Public Hearing April 8th 2025

Date of Contact	Location/Event	Total	Male/Female	Hispanic	White	Af/Am	N/A	As/PI	Other	0-15	16-25	26-59	60+
3/26/2025	Pomona Valley Pride	3	3M	x								x	
3/26/2025	African Am Advisory Alliance (Pomona 4th)	2	2F			x						x	
3/26/2025	Latino/a Roundtable	2	2F	x							x	x	
3/26/2025	Café Con Libros	1	1F	x								x	
3/26/2025	Kennedy Austin Foundation	1	1F			x						x	
3/26/2025	United Church	1	1M	x								x	
3/26/2025	Galan Cultural Center	1	1F	x								x	
3/19/2025	Email to grantees	33	7M/26F	3	25	1		1	3			27	6
4/8/2025	2001 MHSA	2	2F		2								2
4/1/2025	Peer Mentor Meeting	8	1M/7F/1nb	2	2	2		2			5	2	1
4/2/2025	Email to contacts	23	7M/15F/1nb								15	6	2
4/7/2025	Peer Mentor Meeting	3	1M/2F	1	1			1			2	1	
4/8/2025	Email to contacts	32											
3/19/2025	Claremont Library	2	2f		X							X	
3/19/2025	Claremont City Hall	3	1M / 2F	X	X						X	X	
3/19/2025	Claremont Joslyn Center	4	4F	X		X					X	X	
3/19/2025	Alexander Hughes	2	2f		X						X	X	
3/18/2025	City Council	40	30F/ 10F		X	X		X			X	X	

Af/Am=African American

N/A=Native American

As/PI=Asian /Pacific Islander

3/13/2025	Internal email-staff	230		133	40	20	2	20	15		50	160	20
3/13/2025	External email to partners	100											
3/20/2025	Compassionate Pomona	13	4M/9F	2	8	1			1			4	9
3/23/2025	League of Women voters	6	6F		6						3	2	1
3/25/2025	CAP Comm. Meeting	15	6M/9F	8	1	3			3		3	9	3

## Flyers left at sites

La Verne City Hall	25	
La Verne Comm Center	25	
La Verne Library	25	
La Verne City Council Meeting		25
Pomona Community Center		25
Pomona Library	25	
Washington Park Community Center		25
Palomares Park Community Center		25
Pomona City Council Meeting		30
Hope for Home shelter		30
University of La Verne:		
Campus Library		1
Miller Hall		1
Exterior campus board		1
Hoover Building		1
Ludwick Center 3rd floor		1
Ludwick Center Multi-cultural center table 2nd floor		1
La Fetra Hall		1
Founders Hall		1
Campus center lounge		1

Mental Health Services Act (MHSA)

# Innovation (INN)

## Annual Update

FY 2025–26



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# Innovation (INN) Annual Update

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

Innovation expanded in August 2023 with the addition of an MHSA Program Coordinator for Innovation and a Peer Support Specialist. Tri-City currently has two active projects and one project recently ending.

## Help@Hand/Tech Suite

### Project Update

Tri-City partnered with CalMHSA in a multi-year Innovation project in which 11 California cities and counties worked together to explore mental health solutions through the use of technology. This project began on January 1, 2019, and ended on December 31, 2023. For more information about the Help@Hand Innovation Project Final Report and details regarding the outcomes of this project, visit: <https://helpathandca.org/project-updates/reports/helpand-evaluation-reports/>.

Project Dates	January 1, 2019 to December 31, 2023
Project Funding Amount	\$1,674,700
Target Populations	<ul style="list-style-type: none"><li>• Transition age youth and college students (up to age 25)<ul style="list-style-type: none"><li>• Older adults (ages 60+)</li></ul></li><li>• Non-English-speaking clients and community members who may be experiencing stigma and language barriers</li></ul>

### Challenges and Solutions

The Innovation staff discovered that older adults required more personalized assistance to sign up for the myStrength app. It became clear that simple outreach efforts, such as distributing flyers, were insufficient. During a tabling event at a local community center, the team observed that effective outreach involved more than promotion; it required hands-on help with every step of the sign-up process, including email setup and navigation. The myStrength app's multi-step sign-up process highlighted the need for in-person support to ensure a smoother user experience.

Additionally, there was a challenge related to the technology itself, particularly in educating older adults about digital tools. Virtual Digital Health Literacy (DHL) training sessions had low attendance, which underscored the need for more accessible, in-person training opportunities. To address the challenge of signing up older adults for the myStrength app, the team shifted to providing direct, in-person assistance.

Another challenge was enrollment, retention and repeated use of the app when determining total number served. While 54 individuals were documented as users of the app, 46 followed through to activate an account/profile, while 8 did not. Those who did not activate an account were not able to utilize the application to its full extent and as intended. Additionally, of those who activated an account (46 users), 24 individuals returned to utilize the application one or more times after initial enrollment. As with other programs and projects, increased engagement and retention is always a goal for future endeavors.

Enrolled	Activated	Returning
54	46	24

## Diversity, Equity and Inclusion

The myStrength app was made available in both English and Spanish and was accessible via smart phone, tablet or computer. Tablets were provided to individuals who did not have computers or phones to utilize the app. myStrength offered evidenced-based LGBTQ+ behavioral health resources such as informative content, interactive quizzes, and worksheets that discuss LGBTQ+ pride, allyship, depression and shame in LGBTQ+ communities. Partnering with local senior centers within our three cities supported outreach and engagement to older adults and veterans. Resource tables were made available during the center's lunch hours to promote Help@Hand when foot traffic is high. Staff also held a DHL training at the senior center in Claremont to eliminate barriers for our older adults and ensure they could participate.

## Community Partners

Innovations relied on community partners and social media posts to help encourage individuals to sign up for myStrength. Community Navigators and other staff supported promoting the myStrength app to the community. Innovation staff worked with market partners, Uptown Studios, who helped create flyers for the three target populations: TAY, older adults and monolingual Spanish speakers.

Other community partners included Cal Poly Pomona and Western University of Health Sciences through the Youth Wellness Symposium collaboration. Through these efforts, DHL workshops were held in Spanish and for older adults. The TAY population was outreached through various connections to schools and colleges.



# Psychiatric Advance Directives (PADs)

## Multi-County Collaborative

Tri-City joined the Psychiatric Advance Directives (PADs) Multi-County Collaborative on July 1, 2022. This Innovations project aims to develop and test the feasibility of Psychiatric Advance Directives (PADs) in California.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Projected Number to be Served FY 2024-25</b>	N/A	41	11	3	N/A	<b>55</b>
<b>Cost Per Person</b>	N/A	\$6,818**	\$6,818**	\$6,818**	N/A	<b>\$6,818**</b>

\*\*The estimated projections were determined by prior participation rates for INN projects and total budget allocated to the INN plan.

## Project Update

<b>Project Dates</b>	PADs Phase I: July 1, 2023 to June 30, 2025 PADs Phase II: July 1, 2025 to June 30, 2029
<b>Project Funding Amount</b>	PADs Phase I: \$789,360 PADs Phase II: \$1,500,000
<b>Target Populations</b>	<ul style="list-style-type: none"> <li>Transition age youth and young adults (ages 18 to 25) <ul style="list-style-type: none"> <li>Older adults (ages 60+)</li> </ul> </li> <li>Individuals who are homeless or at risk of homelessness</li> </ul>

In the peer-led Psychiatric Advance Directives (PADs) project, peers from the communities provided feedback to the technology subcontractor, Chorus, to finalize the PADs platform. By March 2024, two new team members were trained on the PADs platform for participant sign-ups. A specialized version of the PADs platform was developed for law enforcement and hospital staff. Additionally, the marketing subcontractor, Idea Engineering, completed the project's logo and produced new branding materials to boost outreach efforts. Phase II of the project is scheduled to begin on July 1, 2025, following requested endorsement from the Tri-City Mental Health Commission, pending approval by the Tri-City Governing Board and resulting submission to the Mental Health Services Oversight and Accountability Commission. Phase II will involve the enrollment of participants onto the PADs system, and the resulting opportunity to track number served once that data is available.

## Challenges and Solutions

Community member perception of PADs was a challenge. Individuals reported discomfort with having their information made available to law enforcement or hospitals. Educating the community about the various concepts involved in PADs was crucial to reducing misconceptions about the platform. For example, it was helpful to alert community members that a PAD is to be filled out with full consent of the individual, it was also beneficial to inform community members that a PAD is not required, in addition to informing individuals about the various ways a PAD can be customized and personalized.

## Diversity Equity and Inclusion

Innovation projects focus on increasing access and engagement for underserved populations by introducing and refining mental health approaches that facilitate learning. The PADs project specifically targets transition age youth (TAY). Innovation projects aim to reduce stigma, enhance accessibility, and improve the quality of mental health services, ensuring broader participation across various demographics.

## Community Partners

Concepts Forward Consulting (CFC) is the lead project director, overseeing county and subcontractor activities and closely with county and oversight staff to ensure all requirements are met. Idea Engineering (IE), is a full-service marketing agency specializing in community communications and is responsible for developing branding and outreach materials, including flyers, the main PADs website, informational videos, and promotional items. Chorus serves as the technology subcontractor, developing and improving the PADs platform that allows participants to create and access their completed PADs, which will be available to law enforcement, first responders, and hospitals. Painted Brain is also involved in this project due to its alignment with peer-led initiatives. Leveraging their experience in peer advocacy, Painted Brain assists with component identification, peer facilitator curriculum development, and provides Training for the Trainer, ensuring the project's peer-led approach is effectively implemented.

# Community Planning Process for Innovation Project(s)

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Projected Number to be Served FY 2024-25</b>	N/A	18	252	90	N/A	<b>360</b>
<b>Cost Per Person</b>	N/A	\$1,403**	\$1,403**	\$1,403**	N/A	<b>\$1,403**</b>

\*\*The estimated projections were determined by prior participation rates for INN projects and total budget allocated to the INN plan.

## Project Update

<b>Project Dates</b>	July 1, 2023 to June 30, 2026
<b>Project Funding Amount</b>	\$675,000
<b>Primary Purpose</b>	Promote interagency and community collaboration related to mental health services, supports or outcomes

The Community Planning Process (CPP) for Innovation Project(s) aims to reimagine our current community program planning process by making it more accessible, inclusive, and taking into consideration suggestions made by community members and partners regarding how to make improvements. Innovation funds in the amount of \$675,000 are to be used over three years to develop a robust and effective strategic CPP and related activities, resulting in future Innovation plans that are calculated, meaningful, and effective. This includes changes to the CPP survey, peer-support contracts, marketing strategies, focus groups and more. The CPP Innovation plan was posted on August 11, 2023, for a 30-Day review period. Following the 30-day comment period, a Public Hearing was held during the Mental Health Commission meeting on September 12, 2023, and to the Governing Board on September 20, 2023, gaining approval. With Governing Board approval, the plan was submitted to the Mental Health Oversight and Accountability Commission, who approved the project to move forward.

This project partnered with Pomona Consulting Group (PCG), a student-led group from Pomona College, marking Tri-City's first collaboration with PCG. The students provided valuable insights into survey design, marketing, and strategies to engage transition age youth (TAY), aiming to improve

survey effectiveness and participation. In the subsequent months, the team refined and finalized an updated version of the CPP survey. Requests for Quotes (RFQs) for marketing and peer consultant roles were issued, and the team is currently evaluating a Peer Consultant agency for approval and posting an RFQ for marketing services on the Tri-City website. Revised CPP surveys are expected to be distributed during the fall 2024 CPP and subsequent numbers served and resulting data will be captured.

# Innovation (INN) Expenditure Report

## FY 2025/26 Mental Health Services Act Annual Update Innovations (INN) Funding

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Psychiatric Advance Directive (PADs) Multi-County Collaborative	375,000	375,000				
2. Community Planning Process for Innovation Project (s)	505,000	505,000				
<b>INN Administration</b>	141,033	141,033				
<b>Total INN Program Estimated Expenditures</b>	1,021,033	1,021,033	0	0	0	0

# Help@Hand Final Report

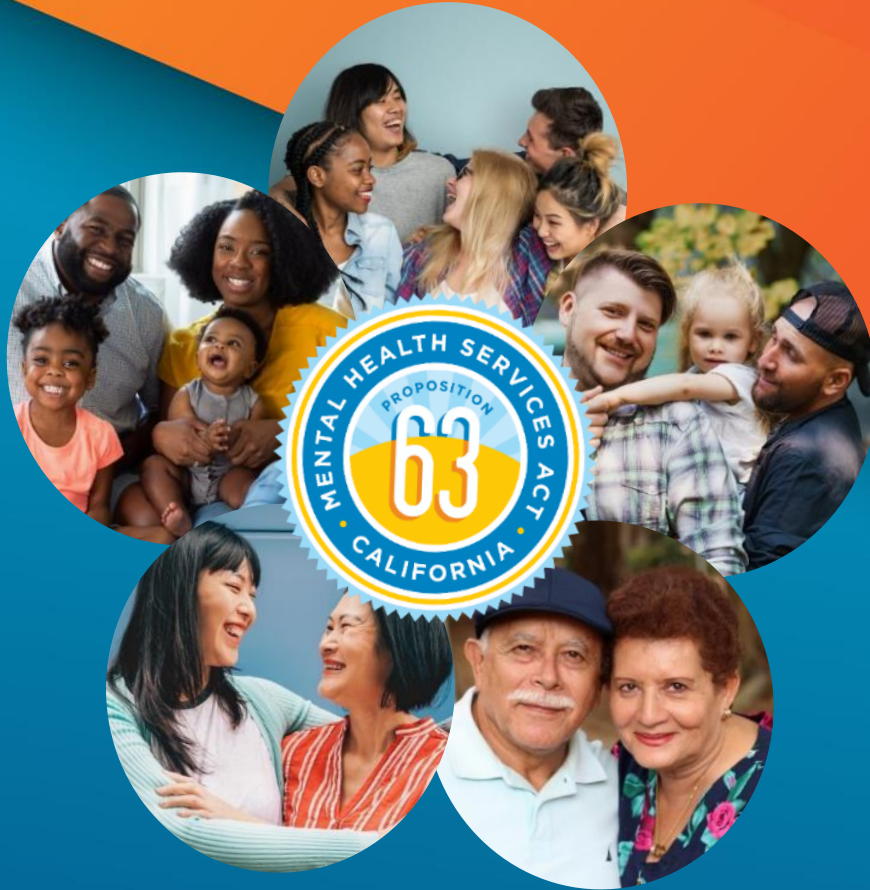
The Help@Hand Innovation Project Final Report can be found below:

- <https://helpathandca.org/project-updates/reports/helpand-evaluation-reports/>
- <https://helpathandca.org/wp-content/uploads/2025/02/Help@Hand-Final-Report-low-res.pdf>

Mental Health Services Act (MHSA)

# Three-Year Prevention and Early Intervention (PEI) Evaluation Report

April 2025



This report is prepared in compliance with California Code of Regulations, Title 9, Section 350(a)(1)(A), Innovation Project and Section 3560.010(2)(1), Prevention and Early Intervention Program and Evaluation Report.



*The information and data for this report is the same information provided in the  
MHSA Annual Updates for FY 2023-24, FY 2024-25, and FY 2025-26*

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Older Adult Wellbeing/Peer Mentor  
Transition-Age Youth Wellbeing/ Peer Mentor  
Family Wellbeing  
NAMI Community Capacity Building Program (Ending the Silence)  
Housing Stability Program  
Therapeutic Community Gardening  
Early Psychosis

**Prevention and Early Intervention Programs FY 2024-25 .....**

Community Wellbeing  
Community Mental Health Training  
Stigma Reduction and Suicide Prevention  
Older Adult Wellbeing/Peer Mentor  
Transition-Age Youth Wellbeing/ Peer Mentor  
Family Wellbeing  
NAMI Community Capacity Building Program (Ending the Silence)  
Housing Stability Program  
Therapeutic Community Gardening  
Early Psychosis  
School Based

**Prevention and Early Intervention Programs FY 2025-26 .....**

Community Wellbeing  
Community Mental Health Training  
Stigma Reduction and Suicide Prevention  
Older Adult Wellbeing/Peer Mentor  
Transition-Age Youth Wellbeing/ Peer Mentor  
Family Wellbeing  
NAMI Community Capacity Building Program (Ending the Silence)  
Housing Stability Program  
Therapeutic Community Gardening  
Early Psychosis  
School Based



## MHSA Regulations for Prevention and Early Intervention

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

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

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

Prevention and Early Intervention Plan Required Categories/Programs	
<b>1. Prevention Program</b> <ul style="list-style-type: none"><li>a. Housing Stability Program</li><li>b. Therapeutic Community Gardening</li></ul>	<b>5. Outreach for Increasing Recognition for Early Signs of Mental Illness Program</b> <ul style="list-style-type: none"><li>a. Community Mental Health Training</li><li>b. Community Wellbeing</li><li>c. Early Psychosis</li><li>d. Family Wellbeing</li><li>e. Housing Stability Program</li><li>f. TAY and Older Adult Wellbeing (Peer Mentor)</li><li>g. Therapeutic Community Gardening</li><li>h. Wellness Center (TAY and Older Adults)</li></ul>
<b>2. Early Intervention Program</b> <ul style="list-style-type: none"><li>a. Early Psychosis</li><li>b. TAY and Older Adult Wellbeing (Peer Mentor)</li><li>c. Therapeutic Community Gardening</li><li>d. School Based</li></ul>	<b>6. Suicide Prevention</b> <ul style="list-style-type: none"><li>a. Stigma Reduction/Suicide Prevention</li><li>b. NAMI: Ending the Silence</li><li>c. TAY and Older Adult Wellbeing (Peer Mentor)</li></ul>
<b>3. Access and Linkage to Treatment Program</b> <ul style="list-style-type: none"><li>a. Early Psychosis</li><li>b. Family Wellbeing</li><li>c. Housing Stability Program</li><li>d. TAY and Older Adult Wellbeing (Peer Mentor)</li><li>e. Therapeutic Community Gardening</li><li>f. Wellness Center (TAY and Older Adults)</li></ul>	
<b>4. Stigma and Discrimination Reduction</b> <ul style="list-style-type: none"><li>a. Community Mental Health Training</li><li>b. Community Wellbeing</li><li>c. Early Psychosis</li><li>d. Family Wellbeing</li><li>e. Housing Stability Program</li><li>f. TAY and Older Adult Wellbeing (Peer Mentor)</li><li>g. Therapeutic Community Gardening</li><li>h. Wellness Center (TAY and Older Adults)</li></ul>	

# **Prevention and Early Intervention Programs**

## **FY 2023-24**

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

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# Community Capacity Building Programs

Community Capacity Building is comprised of three programs: Community Wellbeing Program, Community Mental Health Trainings/Trainers and Stigma Reduction/Suicide Prevention Program

## Community Capacity Building

### Community Wellbeing Program

☐ New Program – First date of service \_\_\_\_\_

☒ Continued from prior year plan or update

#### Program Description

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

#### Target Population

The Community Wellbeing (CWB) program has dedicated its efforts to improving the wellbeing of children and transition-age youth ages 0 to 25. The CWB program serves communities and groups located in the cities of Claremont, La Verne and Pomona who are either comprised of youth or fund projects that directly benefit them.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	6,280	3,979	286	9	0	<b>10,554</b>

## Program Update

The Community Wellbeing Grant program received a total of 30 applications of which 17 grantees were awarded grants for FY 2021-2022. All 17 new grantees provided an array of services/activities such as afterschool learning activities, student meal delivery program, gardening, support groups, creative arts, teen clothing, mental health workshops, wellness website, art in open spaces, and LGBTQ+ Youth Health & Education Mentorship program that improved the wellbeing of their communities and also the underserved populations. These grantees also network and collaborate with each other to continue to provide services to the underserved populations. In addition, the Community Wellbeing Program collaborates with previous grantees that provide services to the underserved and unserved communities.

All programming was still conducted through virtual platforms such as RingCentral and Zoom including Information Night, Bidder's Conference, application reviews, interviews, orientation, one on one sessions with grantees and cohort meetings. Program staff were able to meet with a few grantees at their locations which allowed grantees to provide tours and talk about how their projects are doing. In addition, program staff had an opportunity to meet with members of their community and hear about their participation in the project.

## Challenges and Solutions

### Program staff challenges

One of the Community Wellbeing Grant obligations is for grantees to complete a survey twice during the fiscal year. This survey helps program staff identify and capture any challenges and successes each grantee experiences during their grant year. Grantee feedback stated that it's difficult to complete the survey at once because Survey Monkey doesn't have an option to save their work and finish later. In response, program staff connected with a Tri-City Program Analyst and a PDF form of all the survey questions is now available to all grantees.

### Grantee challenges

Grantees shared difficulty engaging their clients/participants during their virtual meetings. Clients/participants have their camera off and are on mute for most of their meetings. In order to address this challenge, the grantees collaborated with other grantees in the cohort to learn how they engage their clients/participants in virtual meetings. These suggestions included hosted drive-thru events to maintain COVID regulations, utilized giveaways during their virtual meetings as prizes (ex: scavenger hunt, icebreakers etc.), mailed participants/clients wellness packets that included supplies, worksheets, arts/crafts etc. in preparation for their virtual meetings.

## Cultural Competence

Throughout the grant year, grantees receive information and resources via email of any upcoming Tri-City programs, services, webinars, mental health trainings that address these barriers. Grantees share this information with their communities to bring awareness of the services and programs offered at

Tri-City. During one-on-one meetings and cohort meetings, grantees also receive presentations from various Tri-City staff members who discuss their programs/services and how grantees can connect their clients/participants to Tri-City services.

All promotional materials such as flyers and social media postings are available in English and Spanish. Program staff are bilingual in English and Spanish to assist in answering any questions about the Community Wellbeing Program.

Program staff can speak and write in English and Spanish and can provide support in translating flyers, brochures, documents, social media posts etc. Program staff also assists in interpreting for webinars/trainings/presentations to accommodate those who are monolingual Spanish. Program staff are also members of the ¡Adelante! Hispanic and Latino Wellness Advisory Council. ¡Adelante! members share ideas on how to improve wellbeing for Latino and Hispanic families and communities.

## Community Partners

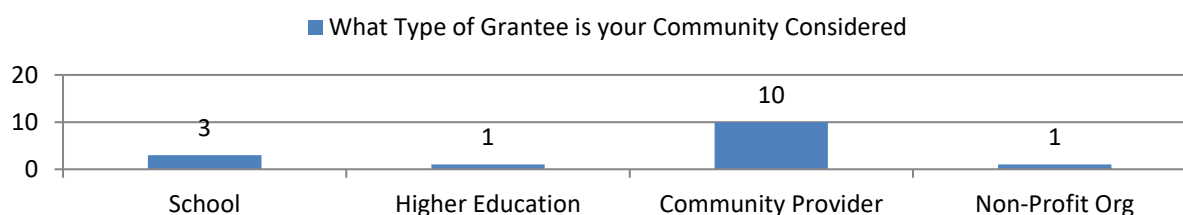
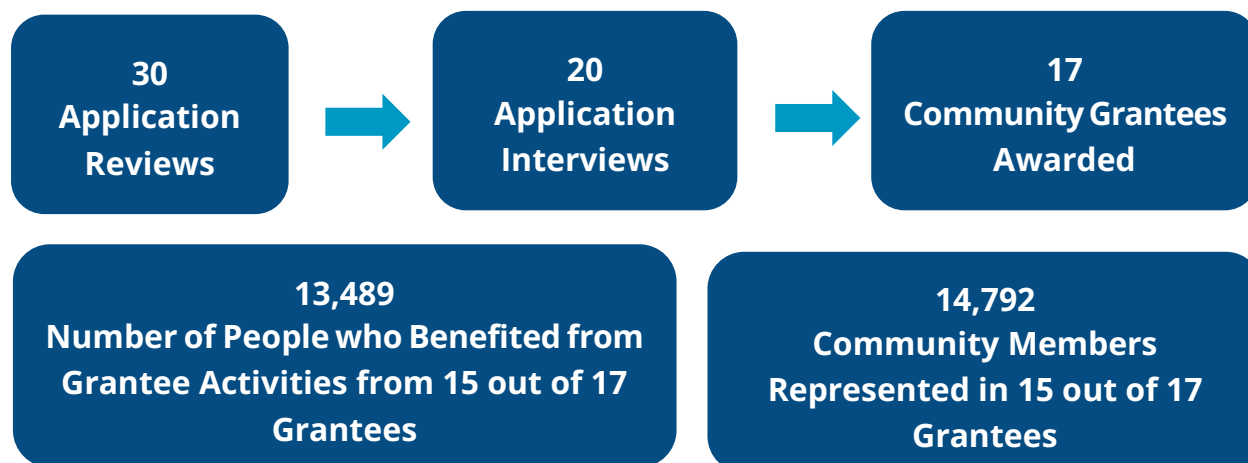
The Community Wellbeing program collaborates with the following agencies: Assistance League of Pomona Valley, Boys and Girls Club of Parkside, Bright Prospect, Casa Colina Hospital and Centers for Health, House of Ruth, City of Knowledge, Claremont USD, dA Center for the Arts, God's Pantry, Health Bridges, Just Us 4 Youth, Latino, Latina Roundtable, Oasis KGI Commons, Pomona Pride Center, PFLAG Claremont, Pomona Students Union and Pomona Hope. All of these agencies were awarded a Community Wellbeing Grant in FY 2021-2022

## Success Story

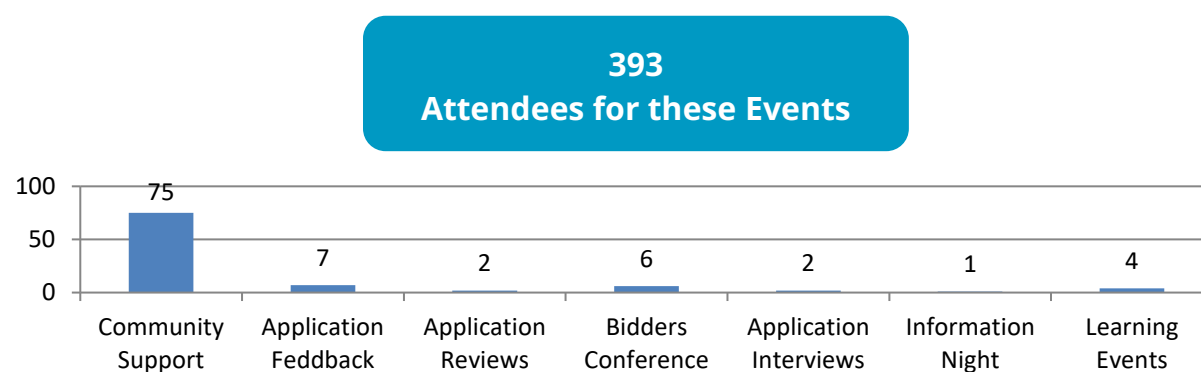
Grantee, Assistance League of Pomona Valley, focuses on children ages 13-18 years of age. Each student receives a weeks' worth of new school clothing. Their goal is to help empower students to succeed in school and increase self-esteem by providing these basic essentials. The Assistance League of Pomona Valley completed their project in the second quarter by clothing a total of 140 high school students utilizing their full grant amount. This was 30 more students than they had originally projected.

## Program Summary

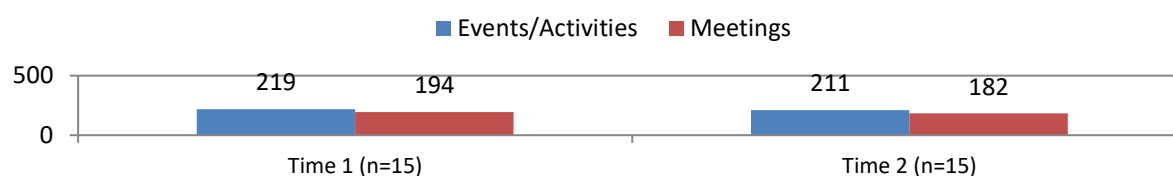
### How Much Did We Do?



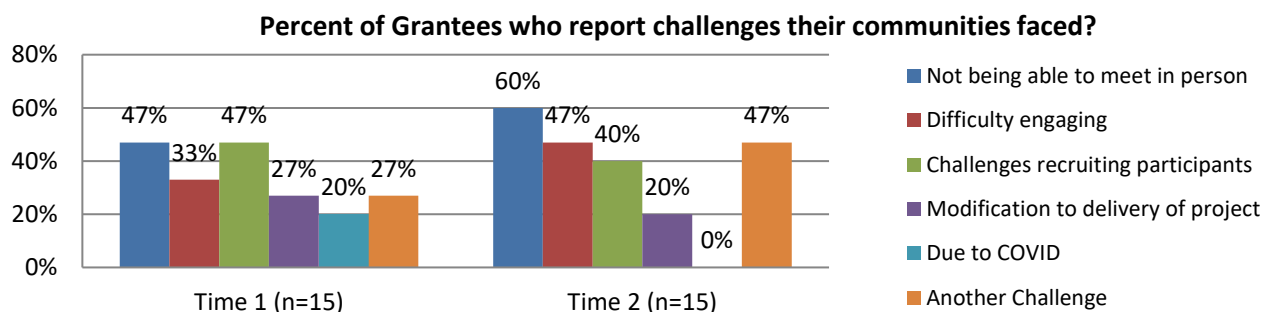
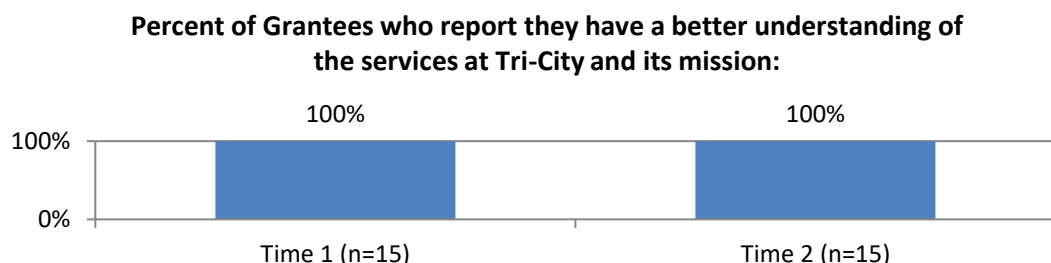
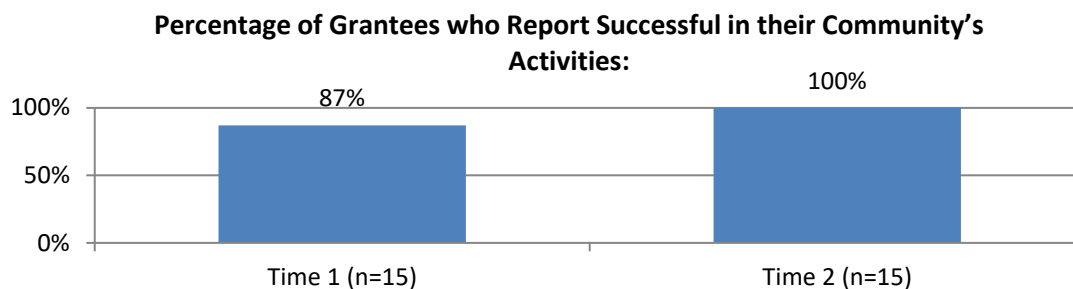
### Number of Events Held by Community Capacity Organizer



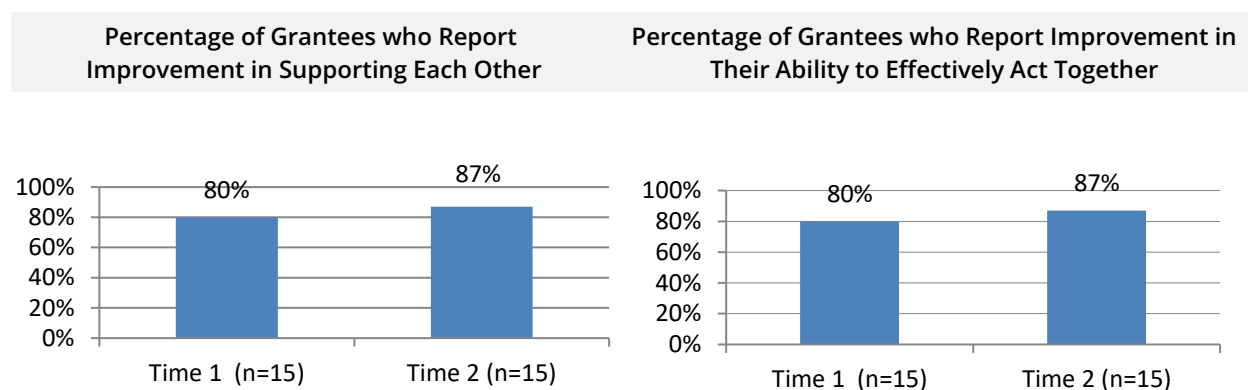
### Number of Events/Activities and Meetings Hosted by Grantees



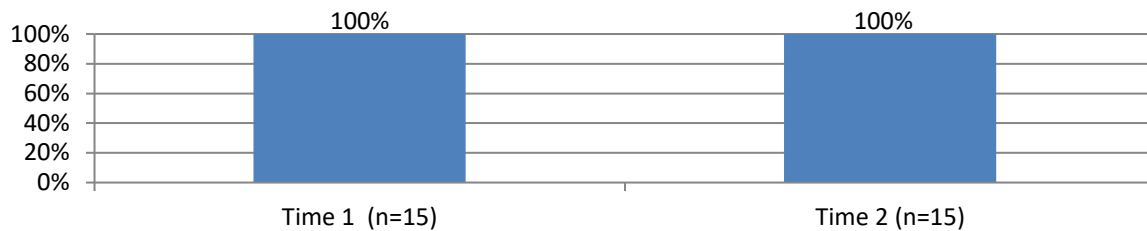
## How Well Did We Do It?



## Is Anyone Better Off?

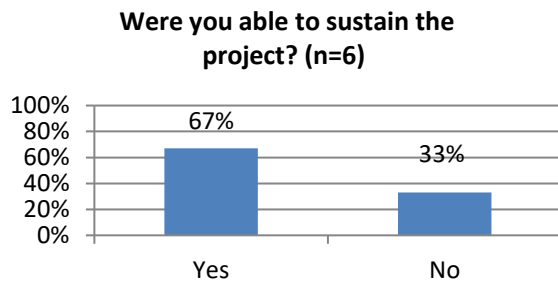


**Percentage of Grantees who Report  
They know how to access additional support for services from Tri-City when needed**

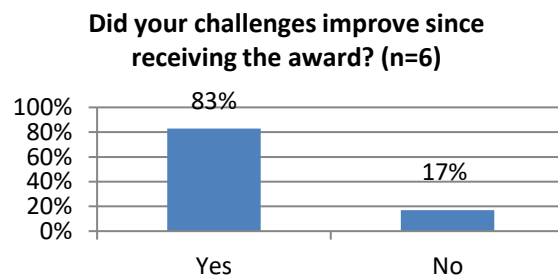


**Grantee Follow-Up Survey (From FY 2020-21)**

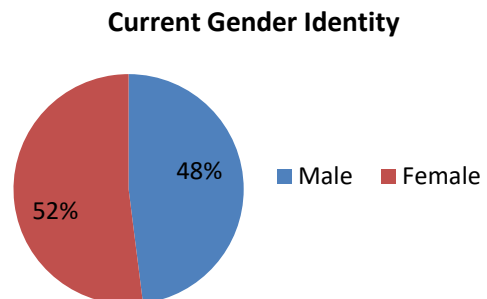
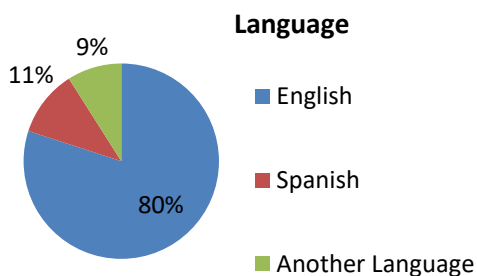
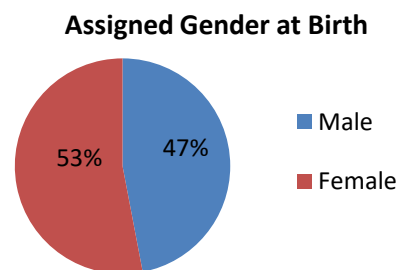
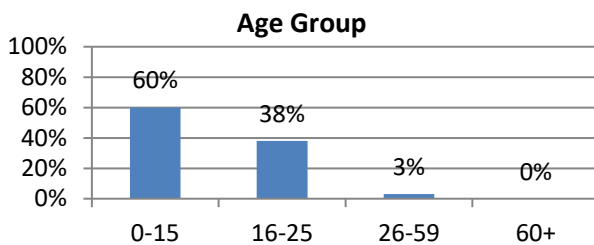
**Percentage of Grantees who Report  
Improvement in Supporting Each Other**



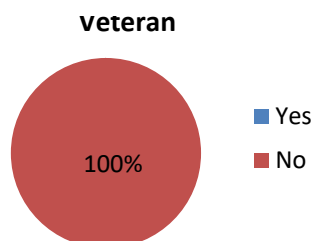
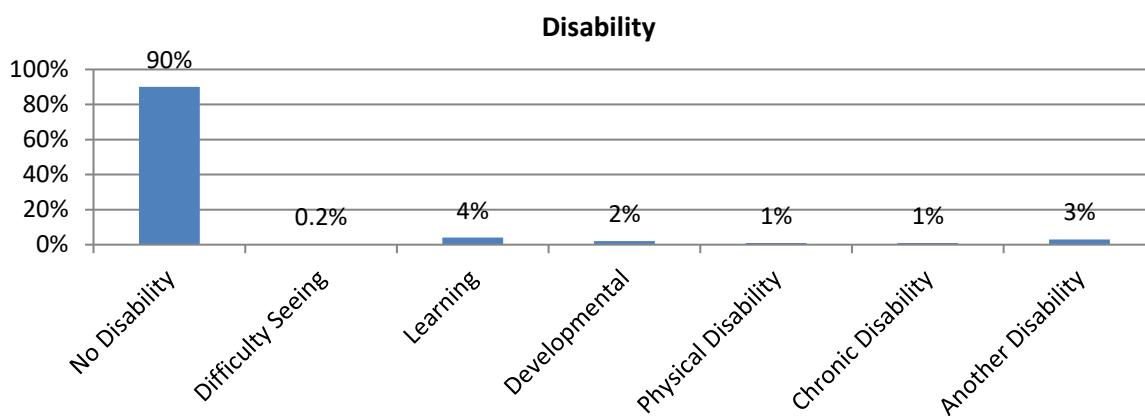
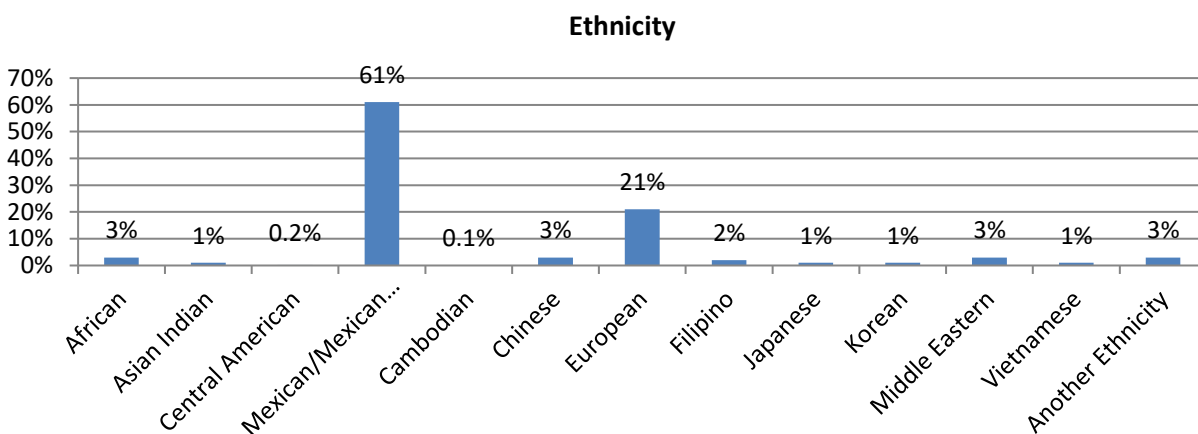
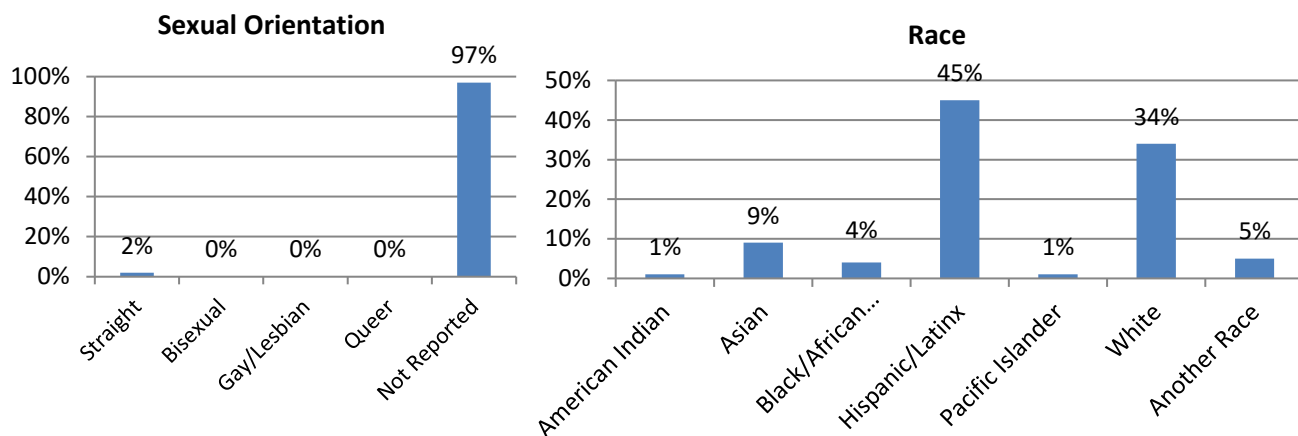
**Percentage of Grantees who Report Improvement in  
Their Ability to Effectively Act Together**



**Grantee Community PEI Demographics (15 grantees completed Time 1 survey)**







<b>Number of Potential Responders</b>	14,792
<b>Setting in Which Responders were Engaged</b>	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
<b>Type of Responders Engaged</b>	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

#### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to Community Wellbeing Program.**

# Community Capacity Building

## Community Mental Health Trainings/Trainers

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

### Program Description

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

### Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	37	36	136	14	1,117	<b>1,340</b>

### Program Update

During FY 2021-2022 the Community Mental Health Trainers (CMHT) provided 70 workshops, trainings, and presentation to over 1,300 attendees. All presentation were provided virtually. In addition to the standard training of Mental Health First Aid, Community Resiliency Model, Adverse Childhood Experiences, and Motivational Interviewing, community members and partners requested additional presentations focusing on compassion fatigue, burn out, stress management, self-care, and transition back to work or school. Future efforts include developing more mental health and wellness [self-care] webinars and creating social media content for anyone to view on Facebook and Instagram that provides tips, resources, and 30-second videos to promote mental health and wellness.

## Challenges and Solutions

Challenges during this fiscal year include adhering to COVID protocols and safety measures which were still in place and meant no in person meetings, trainings, presentations, or community outreach. All communication was via phone, email, or virtual platforms, with no in-person/face-to-face contact/communication. This was a challenge because in-person contact and communication is a significant component for the success of this program.

Another challenge was having participants attend virtual trainings for more than two hours. Attendance to virtual presentations were inconsistent and many who did attend did not seem engaged during the presentation (i.e. cameras off, on mute, no participation in the chat/Q&A virtual features). In response to this, virtual presentations and trainings were reduced to no more than two hours unless requested by an agency/organization. Virtual presentations were offered on various days and times of day to accommodate schedules (i.e. work, school, personal time). A series of presentations were scheduled in advance so participants could plan accordingly. Staff also partnered with other agency/organizations to plan trainings for their staff that fit their schedule during work hours. In addition, offering give-a-ways/raffles to those who attended/participated in trainings proved effective as did creating content that met the specific needs of the community/organization.

## Cultural Competence

Activities provided to target underserved populations were provided in Spanish and translated into other languages if needed/requested. Program staff also collaborated with agencies/organizations that provides services to the same underserved populations to offer additional trainings, presentations, and resources.

Specific barriers addressed through this program include mental health stigma; lack of knowledge and/or understanding of mental health that can impact anyone, in particular communities who have language barriers; and lack of access to services, supports and education around mental health. Trainings are mindful of how an individual's culture, language, customs and religion may influence their views/beliefs on mental illness, and stigma can limit or prevent one to speak openly about their mental health challenges or seek supportive care when needed.

When creating outreach materials, the community is always the primary focus. Content is available in both English and Spanish, and uses images that are culturally inclusive, representative of the communities we serve, and use language that is relatable and easy to understand.

## Community Partners

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

Other agencies/organizations requesting trainings included Bonita, La Verne, and Pomona School Districts, University of La Verne, Scripps College, City of Claremont, Bright Prospect, Park Tree Health Center, and San Gabriel Valley-Pomona Regional Center.

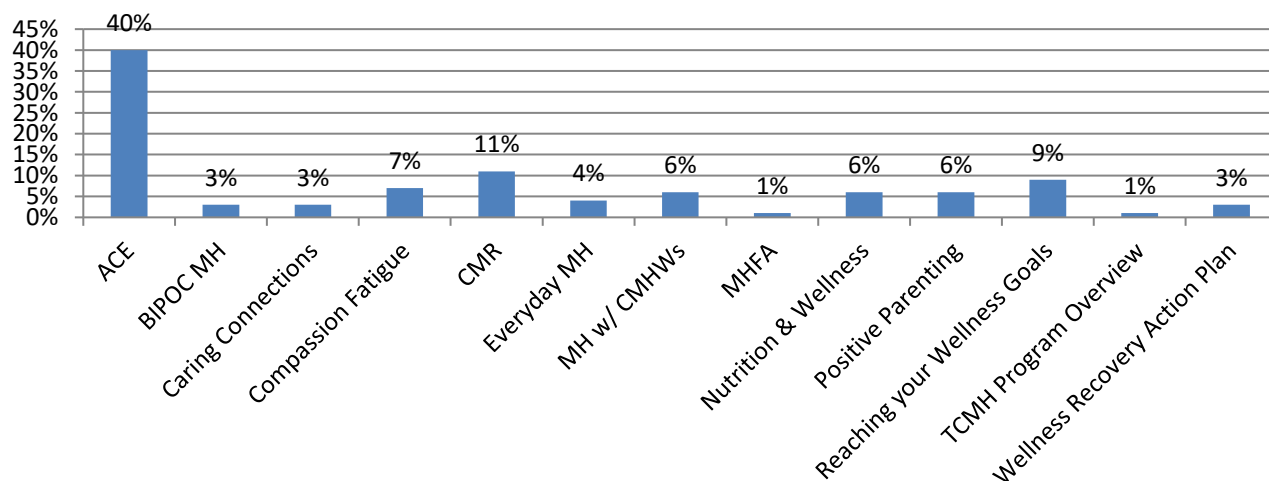
## Program Summary

### How Much Did We Do?

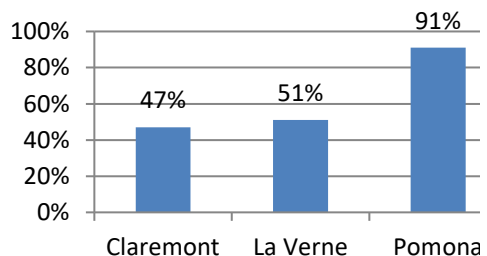
**1,340**  
Individuals attending  
Presentations

**70**  
Community Mental Health  
Presentations Conducted

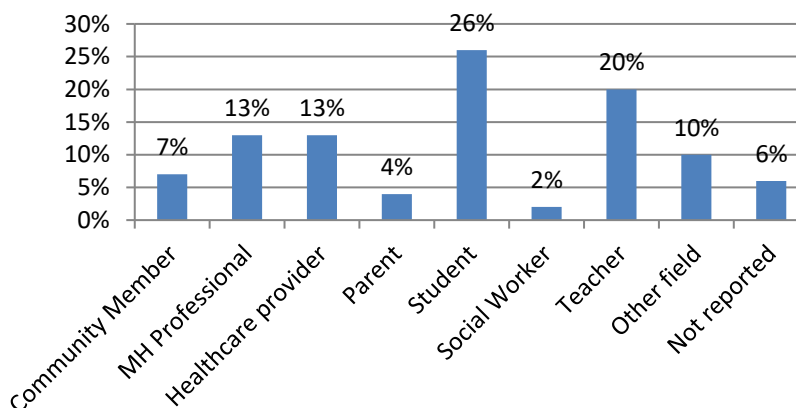
Community Mental Health Presentations



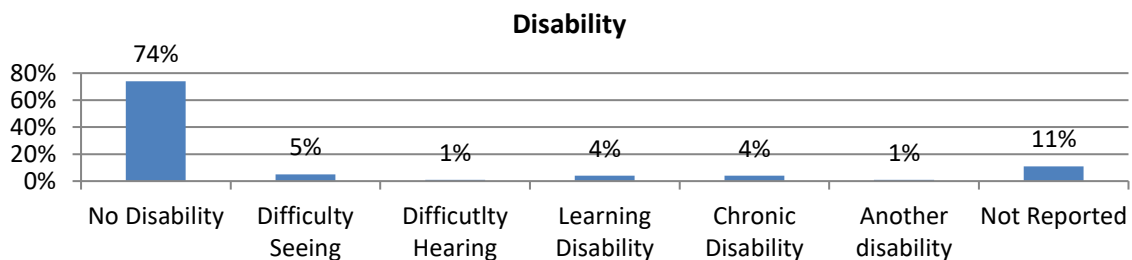
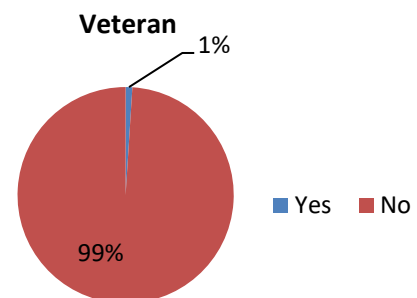
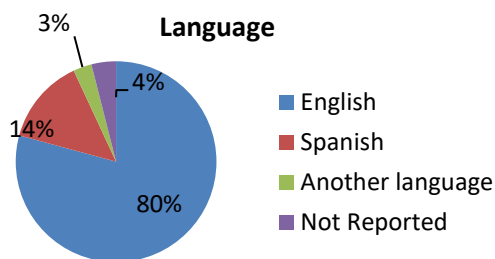
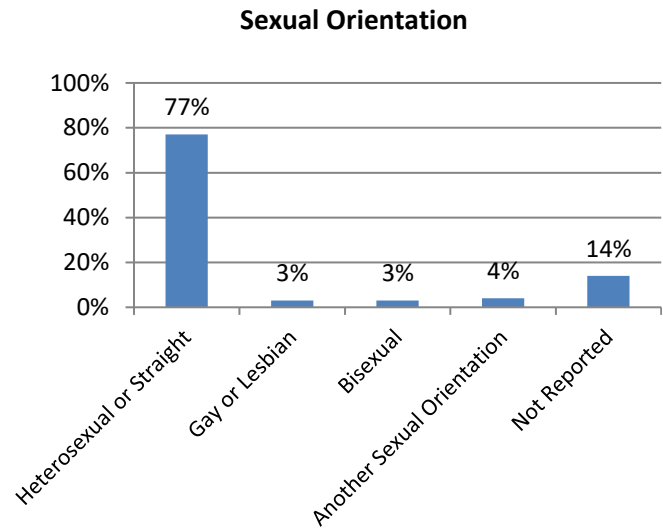
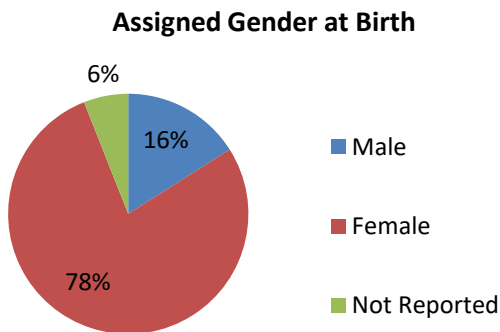
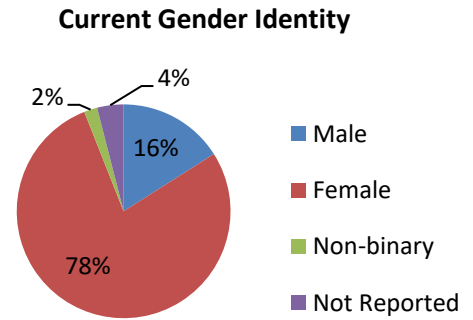
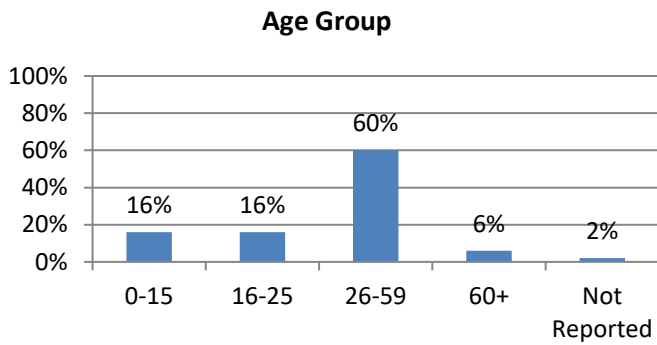
City of Attendes

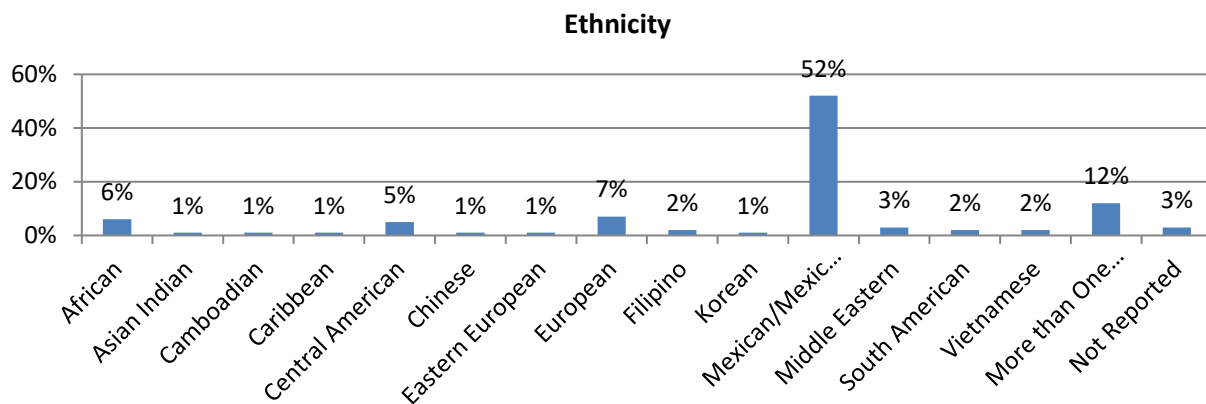
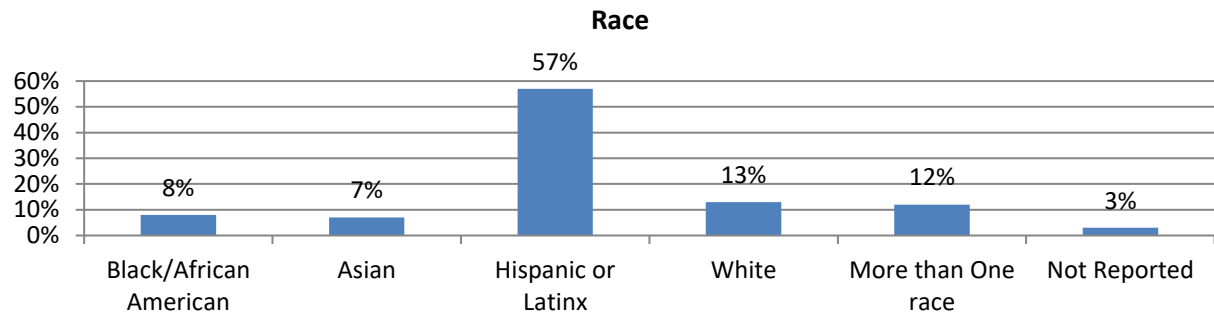


What field/profession are you in:



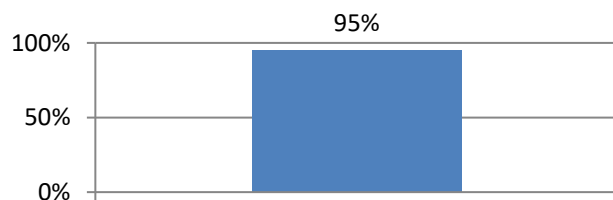
## PEI Demographics from Surveys (Survey Responses = 228)



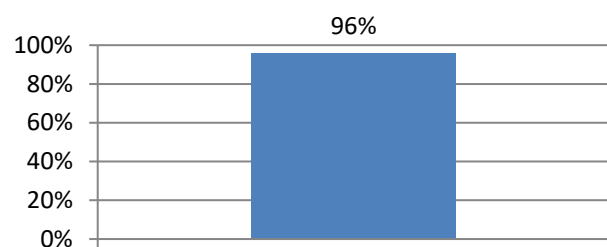


## How Well Did We Do It?

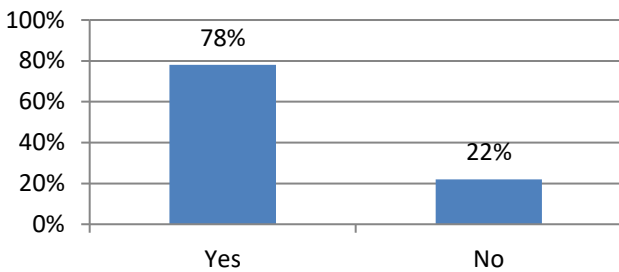
Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others:



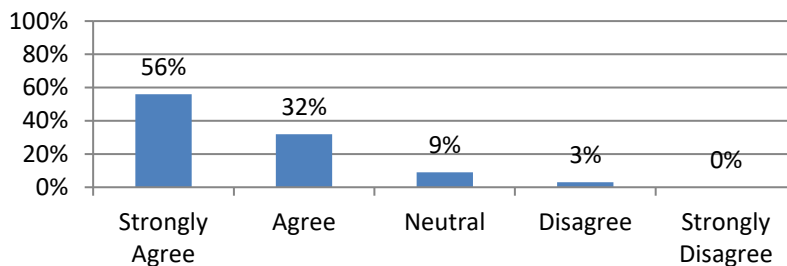
Percentage of participants who rated the presentation as good or excellent:



At any time in your life, have you experienced a traumatic event or mental health challenge?

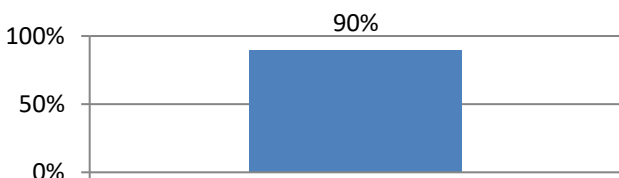


If so, has this presentation provided the support to manage your wellness or recovery?

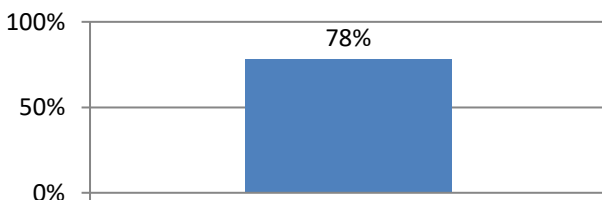


## Is Anyone Better Off?

Percentage of participants who report feeling confident in using or applying the information they learned in the presentation:

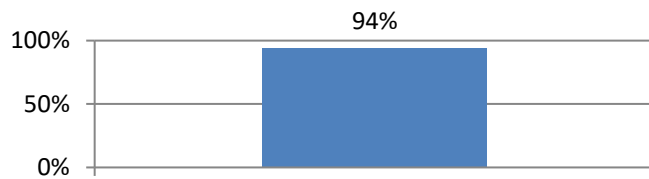


Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use challenge or crisis:





Percentage of participants who would recommend presentation to someone else:



Number of Potential Responders	1,340
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, Adults, Seniors, Landlords, Parents, Residents, Consumers, Faith Based Organizations, Community Based Organizations, Service Providers and Students.
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy

PEI Demographics Based on Referrals

**There were 0 MHSA referrals to the CMHT Program**

# Community Capacity Building

## Stigma Reduction and Suicide Prevention

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

### Program Description

Tri-City Mental Health Authority is committed to supporting the strengths of each individual participant in their journey of recovery. The TCMHA stigma reduction effort is encompassed under Room4Everyone and includes a website focused specifically on stigma reduction, along with several other components designed to empower individuals experiencing mental health challenges while generating awareness to the stigma associated with mental illness. 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.

Through a series of activities designed to support changes in attitudes, knowledge and behavior around the stigma related to mental illness, 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 or artwork. These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience have the opportunity to share their personal stories of recovery through community presentations hosted throughout the year;
2. **Creative Minds:** Art created by consumers and community members are displayed in the MHSA Administration building which includes Art Gallery events and speaker's panels hosted semi-annually;
3. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, TCMH suicide prevention efforts include offering suicide awareness trainings which provide participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	1	27	31	1	294	<b>354</b>

## Program Update

During fiscal year 2021-22, the Stigma Reduction and Suicide Prevention program continued to host a variety of activities designed to continue to efforts to reduce the impact of mental health stigma and reduce the risk of suicide in our three cities. These activities included:

**Suicide Prevention Awareness Month/Week** – During the month of September, program staff launched a social media campaign to bring suicide prevention awareness and distributed toolkits to local school sites, Tri-City, and community members. Each toolkit included a suicide prevention resource poster, pens, informational cards about Know the Signs, bracelets, and stickers.

**Green Ribbon Week (GRW)** is an annual recognition during the third week of March that aligns with the Tri-City stigma reduction campaign, Room4Everyone, and encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educates community members, clients, and participants about stigma, the impact it has on our mental health, and how to take action to fight against the stigma within our community.

**May Mental Health Awareness Month** – Program staff hosted an interactive lunch activity at high schools and colleges to help promote mental health awareness and Tri-City's mental health services. In addition, there were virtual workshops hosted in collaboration with community partners to talk about mental health. At the school sites, program staff hosted art workshops where many of the art submissions created by students were showcased at Creative Minds Art Gallery, a community art gallery where local artists of every skill level can display their art to help promote mental health and wellness.

**Black, Indigenous People of Color (BIPOC) Mental Health Awareness Month** – In the month of July, program staff launched a social media campaign to discuss BIPOC mental health by sharing the history of how BIPOC started, promoted community events, and informed the community with data and statistics on BIPOC mental health. Additionally, program staff collaborated with Tri-City Diversity, Equity and Inclusion (DEI) staff and with community organizations to host local events where community members spoke about BIPOC mental health and ways to better support their community.

## Challenges and Solutions

Due to COVID-19 restrictions, all the stigma reduction and suicide prevention programming continued to be on a virtual platform. Some of the challenges were being able to engage with the community virtually and being able to familiarize virtual tools to help stigma reduction programs sustain during the pandemic.

Program staff utilized virtual tools such as Canva to help launch a few social media campaigns that helped promoted stigma reduction and engaged with the community. Program staff also learned how to use Zoom meetings and webinars features that incorporated more interactive activities with the audience. Lastly, program staff fostered meaningful community partnerships that helped hosted collaborative events that became successful.

## Cultural Competence

The majority of stigma reduction programming is designed to target underserved populations such as the stigma reduction presentations, Creative Minds Art Gallery, Courageous Minds Speaker's Bureau, and the social media campaigns. Program staff also collaborated with Tri-City' Diversity, Equity and Inclusion (DEI) staff through collaborative workshops, events, and social media campaigns. Program staff also received informative materials from CalMHSA translated in different languages and utilizes them by providing them to community members.

Program staff plan accordingly if there is a need for translation assistance in presentations and outreach materials. In the past, there has been collaboration with other Tri-City staff who are bilingual who can attend presentations that require an interpreter. CalMHSA also provides outreach materials in Spanish that has been beneficial for Tri-City community members who are non-English speaking.

## Community Partners

Program staff collaborate regularly with outside agencies and entities, including CalMHSA and Directing Change; Just Us 4 Youth, the Pomona Youth Prevention Council, the Latino/a Roundtable, Uncommon Good, K-12, Colleges, and Graduate Colleges in the Tri-City area.

## Success Story

In May of 2022, during Mental Health Awareness Month, program staff received recognition by the Pomona Unified School District for partnering with Garey High School and their Peer Counseling Program. In their newsletter, Garey High School expressed gratitude to staff for providing an interactive lunch activity and art workshop to help spread mental health awareness with the students.

## Program Summary

### Stigma Reduction

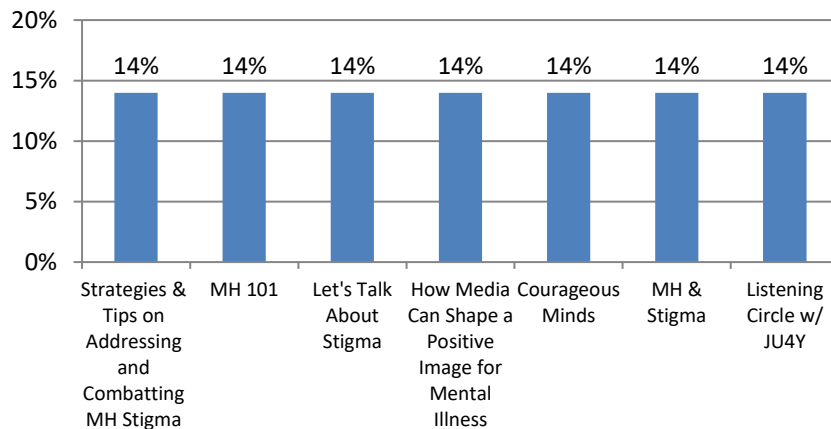
#### How Much Did We Do?

**7**  
Presentations

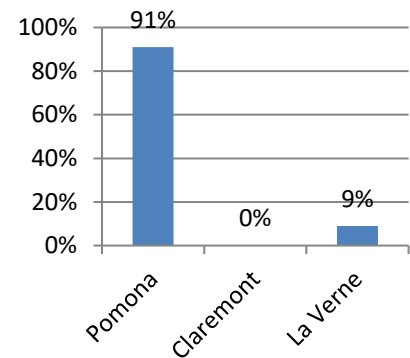
**3**  
Active Courageous  
Minds Speakers

**58**  
Attendees for Stigma  
Reduction Presentations

Type of Stigma Reduction Presentations

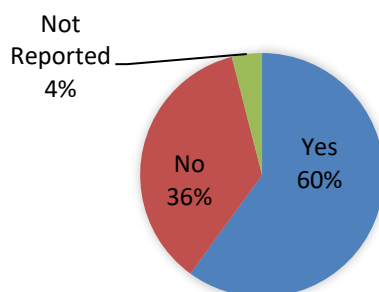


Attendees by City

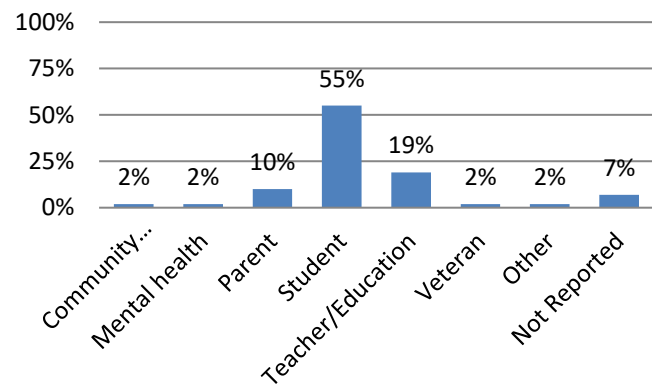


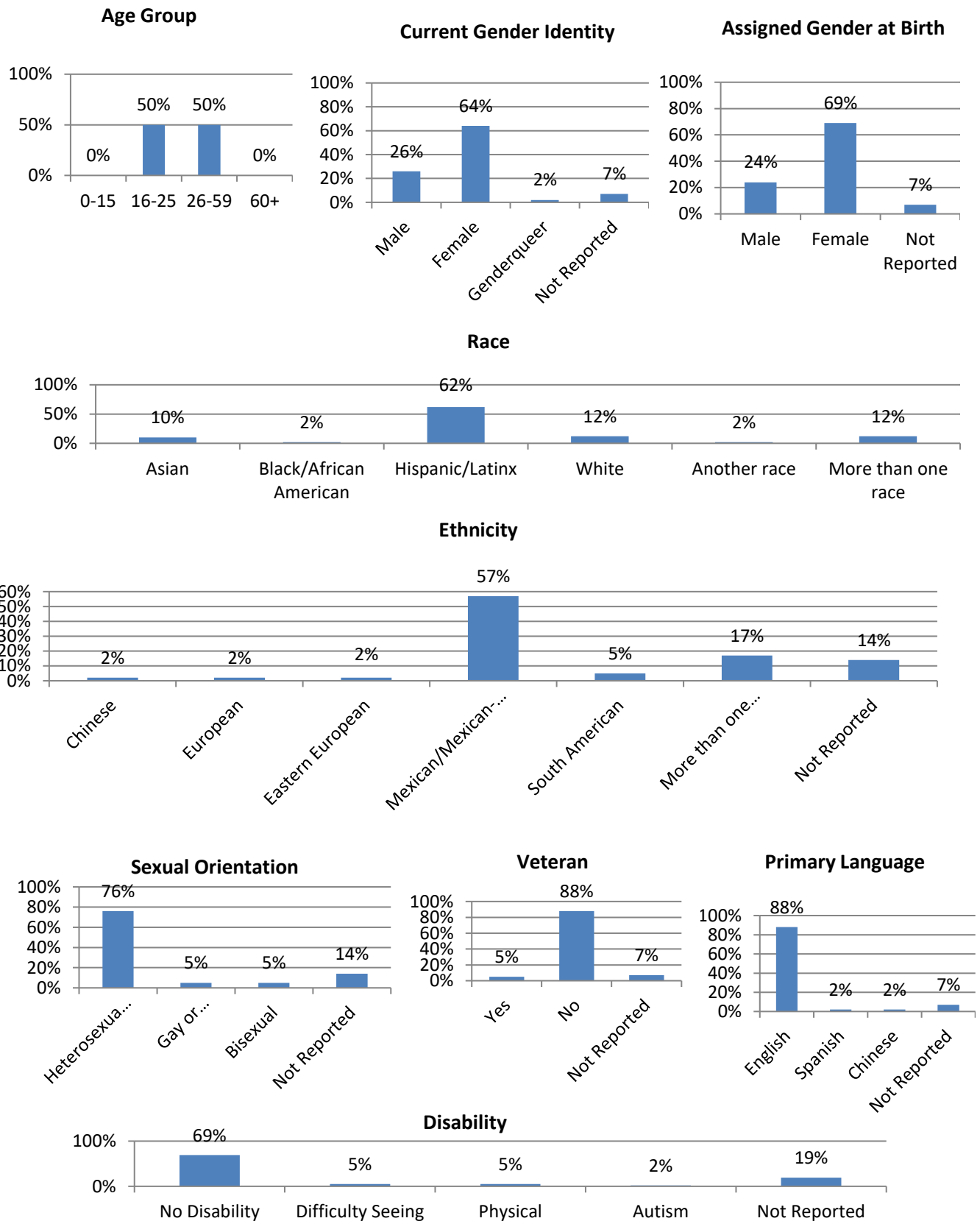
#### PEI Demographics from Stigma Reduction Surveys (Survey Responses = 42)

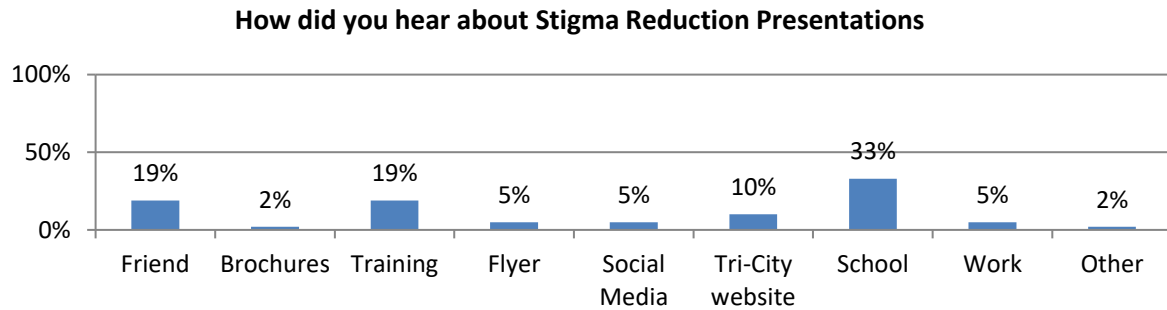
Do you Identify as an individual who struggles with mental health:



What field/profession are you in:





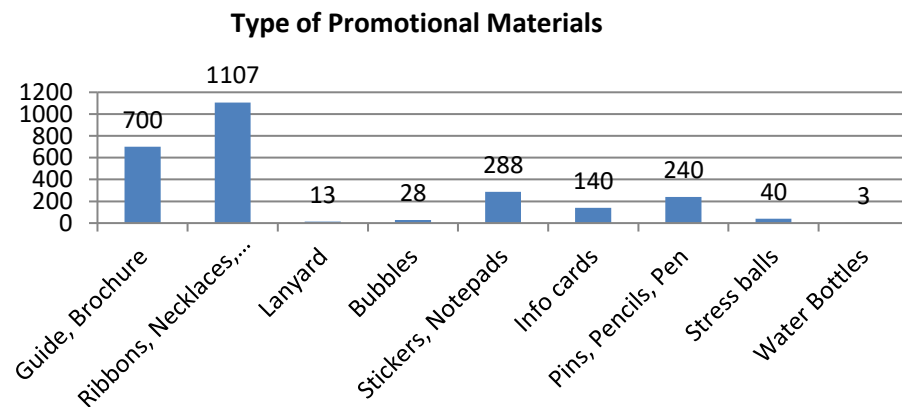


## How Well Did We Do It?

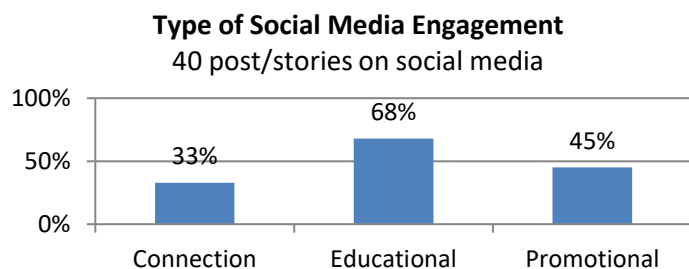
**58**  
Individuals Outreached for Stigma  
Reduction Presentations

### Promotional Materials & Social Media Engagement for Stigma Reduction

**2,559**  
Promotional  
Materials

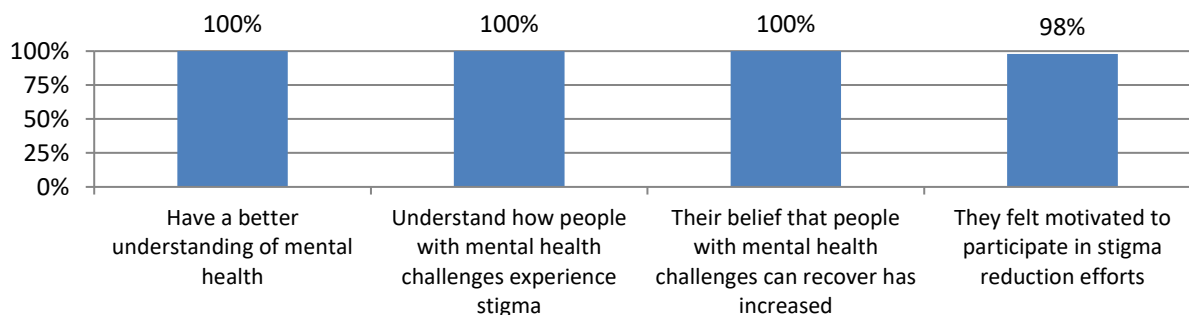


**4,231**  
Instagram accounts  
Reached for Social Media  
Engagement

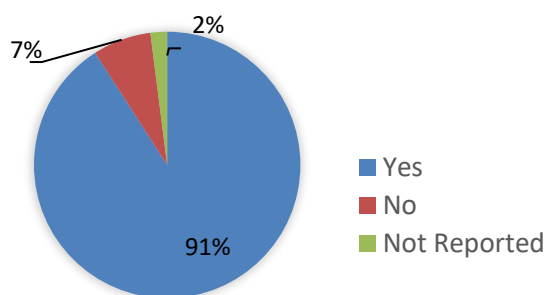


## Is Anyone Better Off?

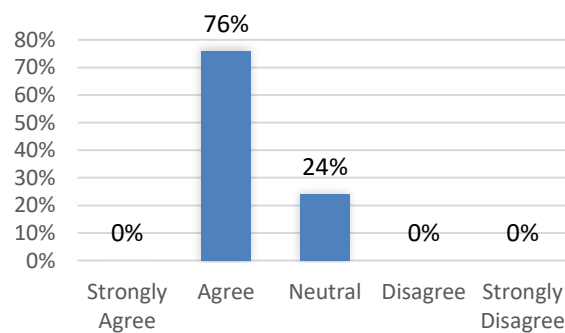
Q1 Percentage of Stigma Reduction Survey Respondents who reported, as a result of the presentations:



Q2 Percentage of Respondents who were asked if they ever experienced trauma or mental illness:  
(n=42)



Q3 Percentage of Respondents who were asked if the presentation helped them manage their symptoms:  
(n=38; Only those whose response was "Yes" to Q2)



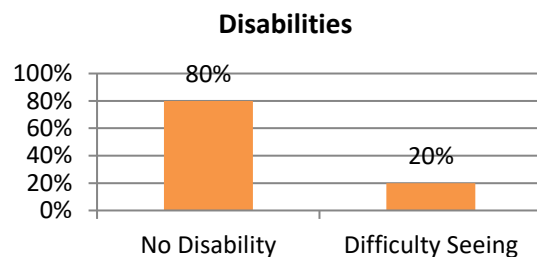
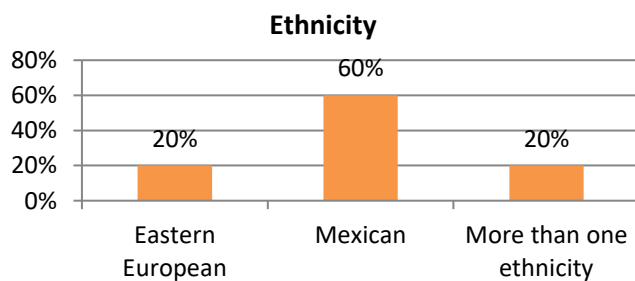
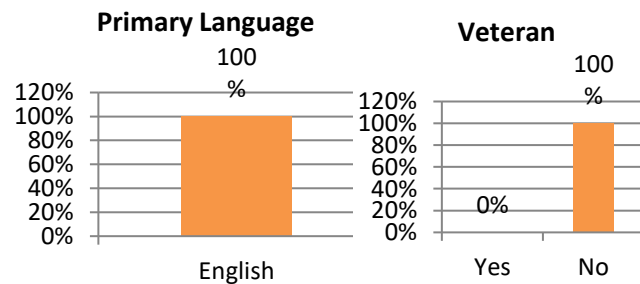
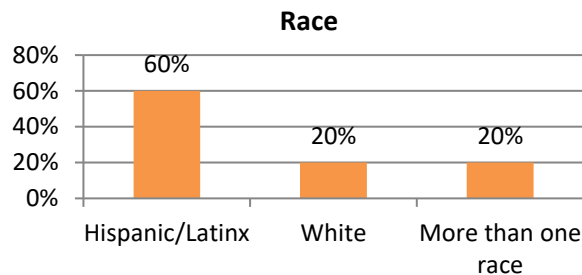
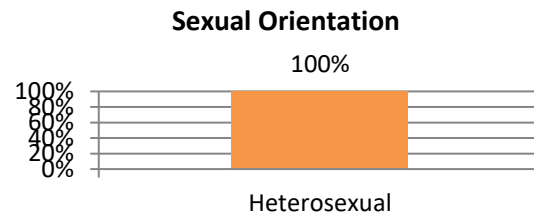
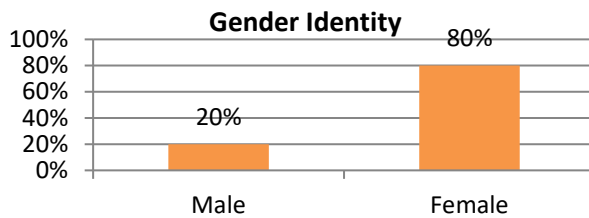
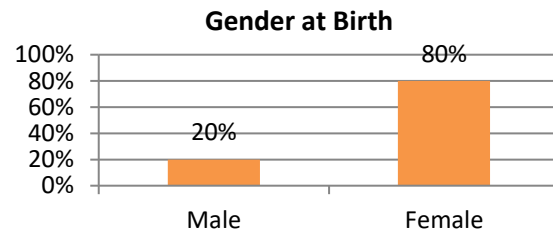
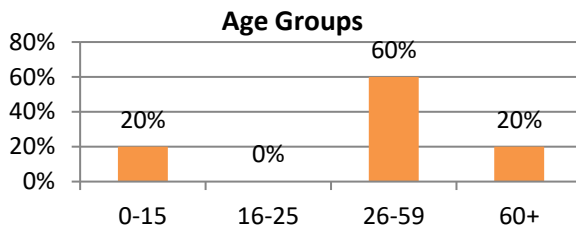
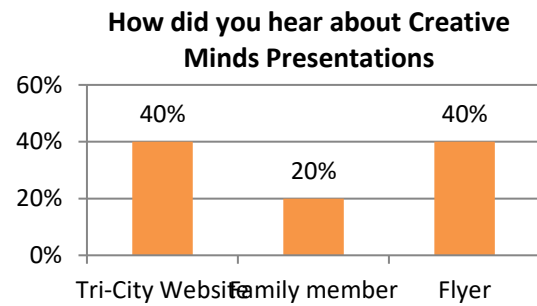
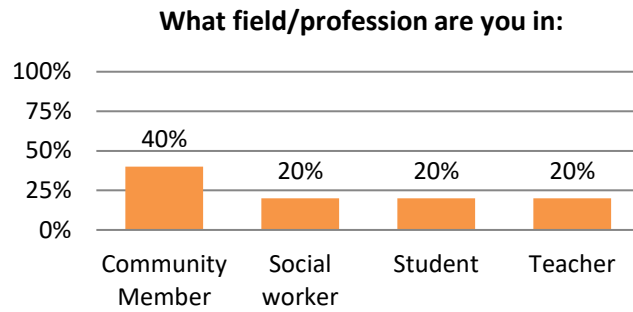
## Creative Minds Art Gallery

### How Much Did We Do?





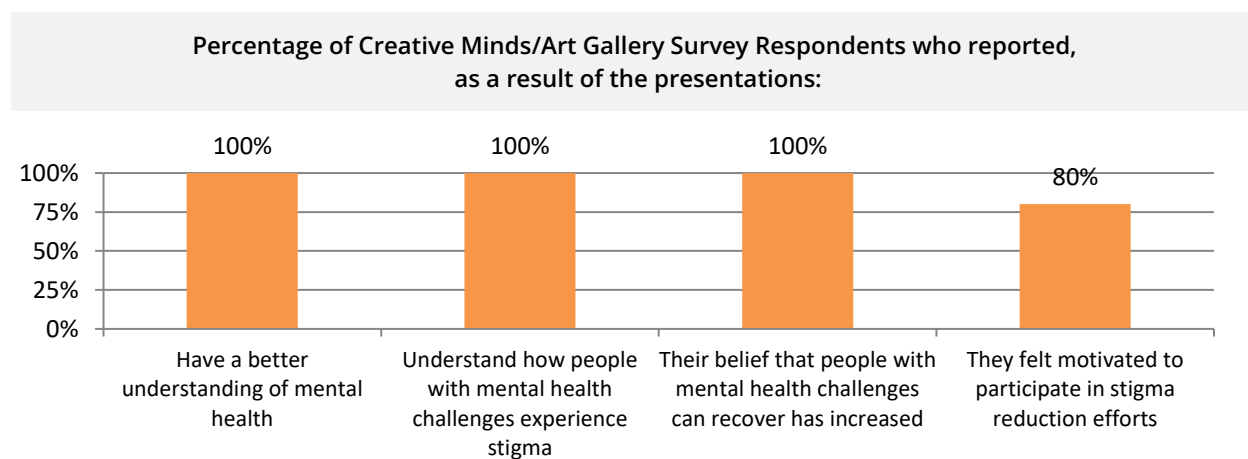
## PEI Demographics from Creative Minds Presentation (Survey Responses = 5)



## How Well Did We Do It?

**228**  
**Individuals Outreached for**  
**Art Gallery/Creative Minds**

## Is Anyone Better Off?



**80%**  
**Creative Minds Respondents report art helps**  
**them manage/cope with their symptoms**

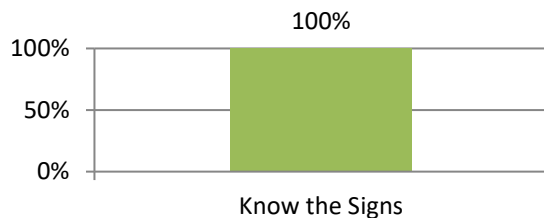
## Suicide Prevention

### How Much Did We Do?

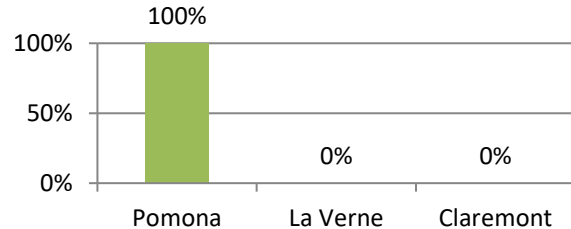
**3**  
**Presentations**

**68**  
**Attendees for Suicide  
Prevention Presentations**

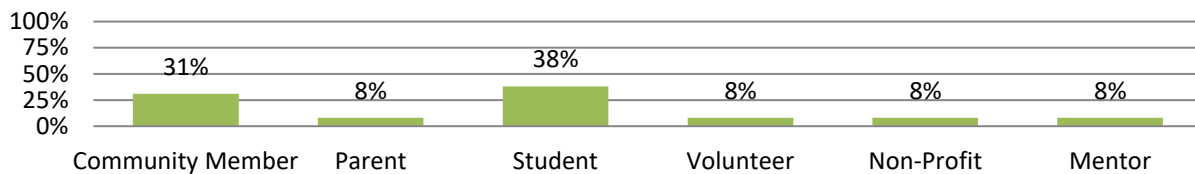
**Type of Presentation**



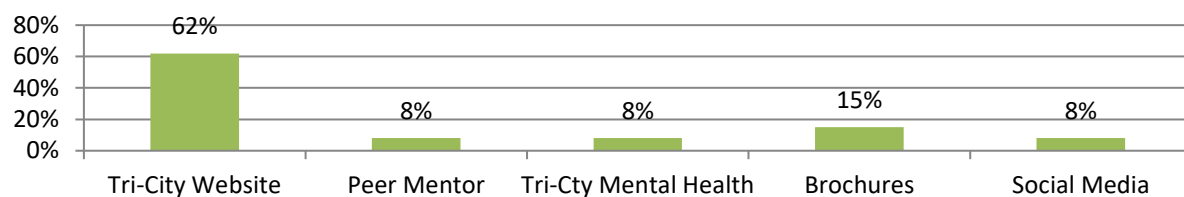
**Attendees by City**



**What field/profession are you in:**

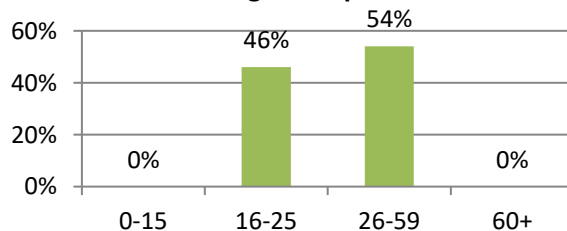


**How did you hear about Suicide Prevention Presentations**

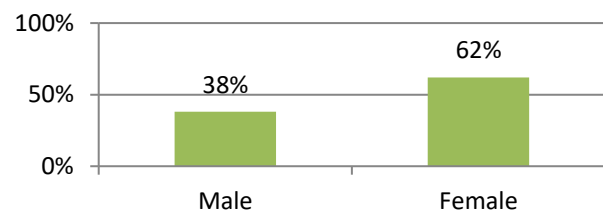


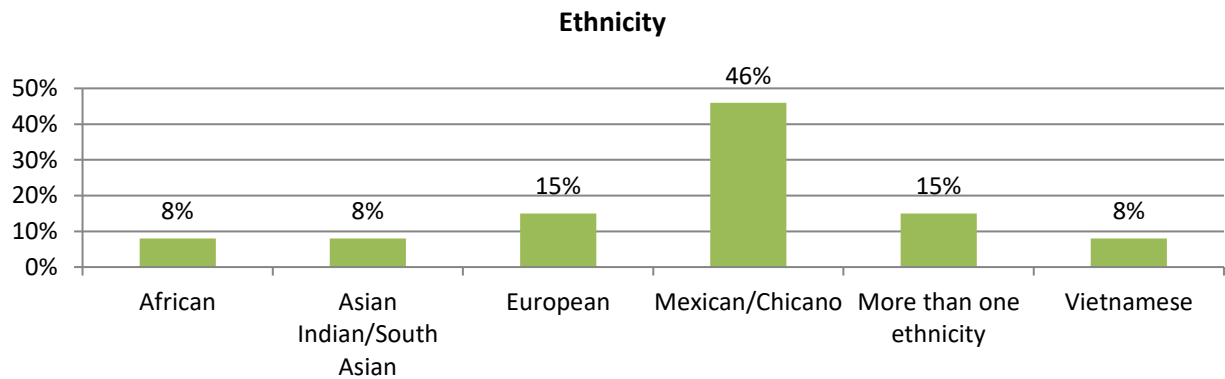
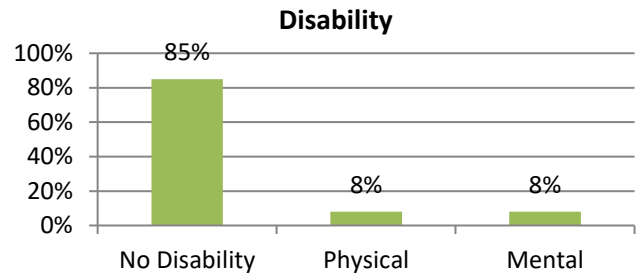
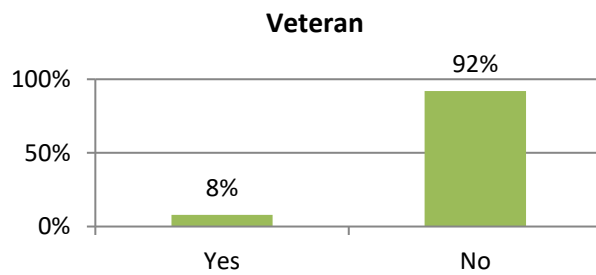
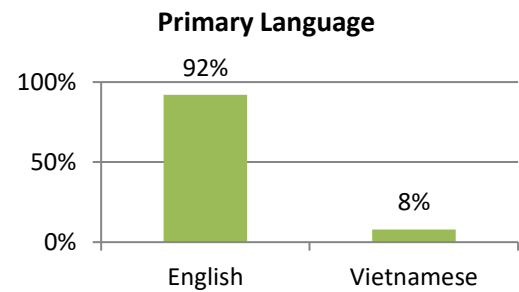
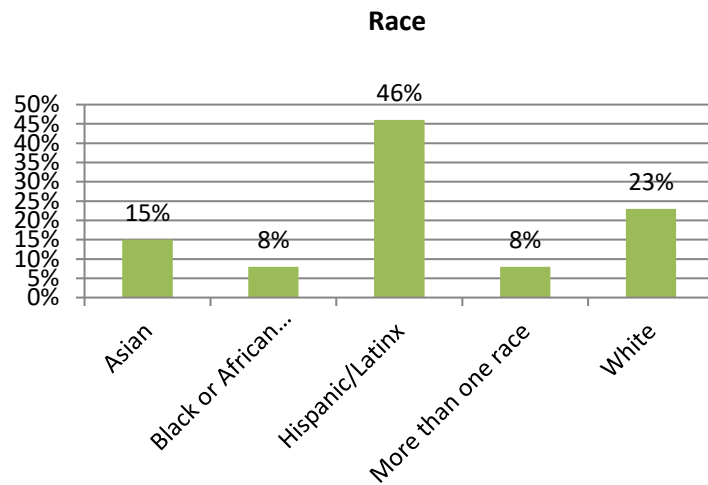
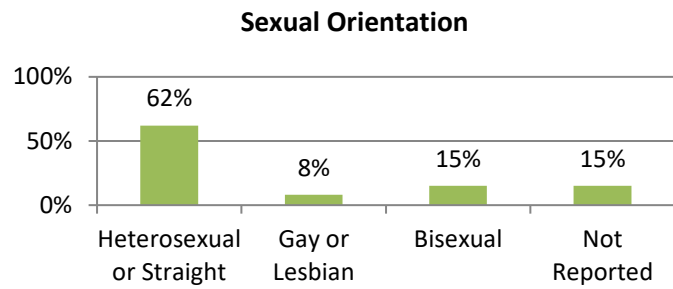
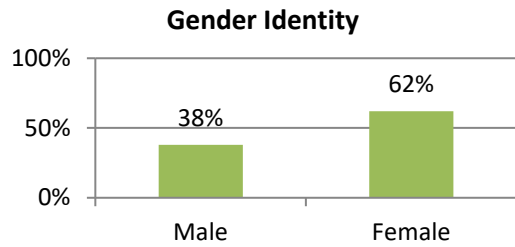
### PEI Demographics from Suicide Prevention Surveys (Survey Responses = 13)

**Age Groups**



**Gender at Birth**



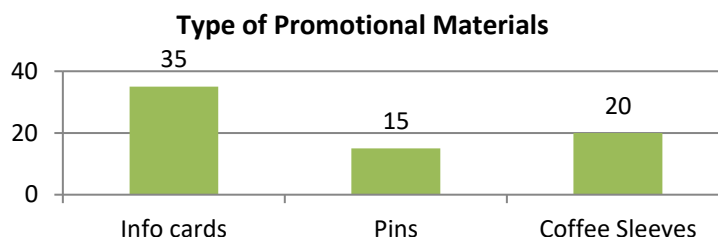


## How Well Did We Do It?

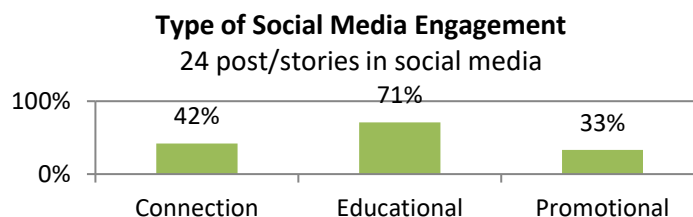
**68**  
**Individuals Outreached for Suicide Prevention Presentations**

### Promotional Materials & Social Media Engagement for Suicide Prevention

**70**  
**Promotional Materials**

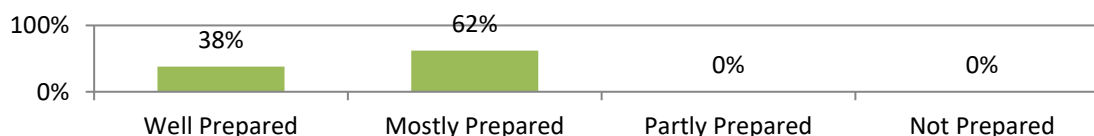


**2,580**  
**Instagram accounts Reached for Social Media Engagement**

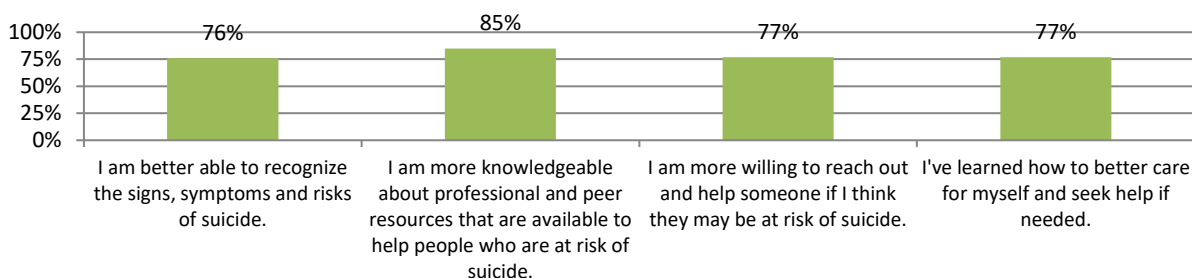


## Is Anyone Better Off?

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



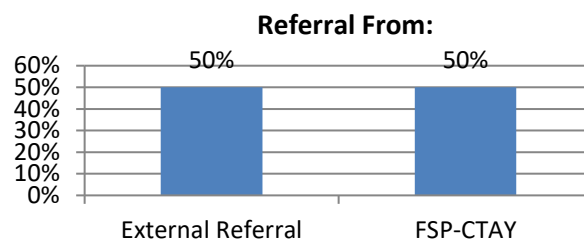
Percentage of Suicide Prevention Survey Respondents who reported, as a result of the presentations:



Number of Potential Responders	354
Setting in Which Responders were Engaged	Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged	TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

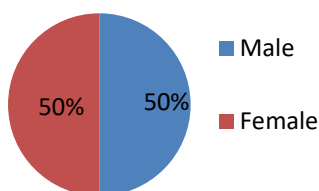
### Timely Access to Services for Underserved Populations Strategy

#### 2 MHSA Referrals to Stigma Reduction/ Suicide Prevention Programs

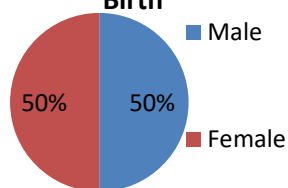


### PEI Demographics Based on Referrals

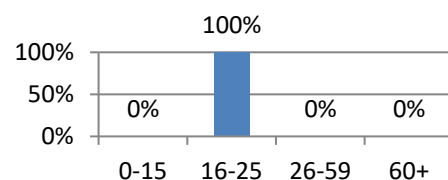
#### Gender Identity



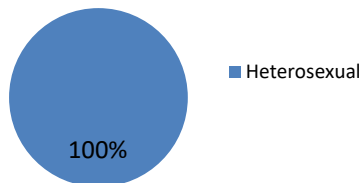
#### Assigned Gender at Birth



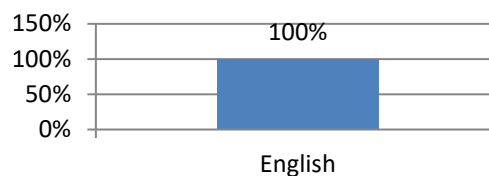
#### Age Group



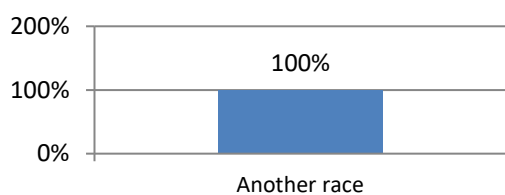
**Sexual Orientation**



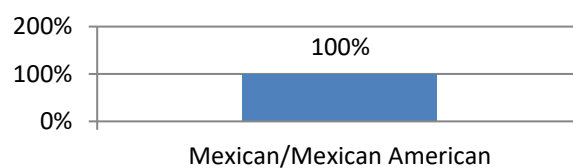
**Language**



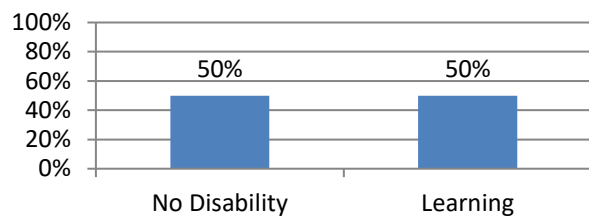
**Race**



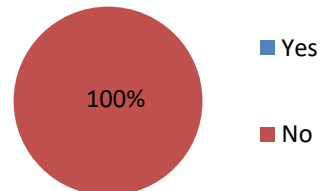
**Ethnicity**



**Disability**



**Veteran**



# Peer Mentor and Wellness Center PEI Programs

## Older Adult and Transition Age Youth Wellbeing

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

## Peer Mentor Program

☐ New Program – First date of service \_\_\_\_\_

☒ Continued from prior year plan or update

## Program Description

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

## Target Population

All community members with a focus on transition age youth (TAY ages 18-25) and older adults (ages 60 and over).

Mentors						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	0	12	12	5	0	<b>29</b>
<b>Cost Per Person</b>	N/A	\$1,339	\$3,067	\$3,067	N/A	<b>N/A</b>
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	0	18	26	14	0	<b>58</b>



## Program Update

In FY 21-22 the Peer Mentor program had 29 active mentors who provided one-on-one support to 58 Mentees. Providing this support, peer mentors completed 440 service-learning hours. During the year, peer mentors were committed to learning how to serve the mentees by attending 16 mentor meetings and trainings. In assessing how the Peer Mentor program has made a positive impact, 100% of the mentors agreed that it made a positive impact in their lives since participating in the program. With all their training and support, mentors are looking to apply these skills to professional employment.

To outreach and engage community members, the Peer Mentor program utilized Tri-City's social media accounts to recruit new mentors and remind our partners of the services the program provides to increase mentee referrals.

Over the next three years, the Peer Mentor program hopes to increase services to not only include one-on-one meetings but to also offer a range of services in the communities such as support groups, roundtables, and wellness activities.

The Peer Mentor program also hopes to both assist current mentors and recruit new mentors to the program. The program anticipates supporting existing mentors with connecting to virtual support by offering them a borrowed device and/or internet services. The program also plans to recruit additional mentors to the program, specifically from underserved populations such as TAY and older adults, Spanish-speaking individuals, and parent/caregivers.

## Challenges and Solutions

With COVID safety and protocols in place, the peer mentors were only able to attend meetings and trainings virtually as well as only connect with their mentee via phone. Although mentors wanted to go back to in-person engagement, the program remained virtual due to safety concerns.

With Tri-City's COVID vaccination policy, all peer mentors had to follow agency guidelines and provide proof of vaccination to remain an active member of the program. For various reasons, not all peer mentors were able to comply with agency policy, and those mentors had to resign from the program.

To encourage new and returning peer mentors to participate in the program, the monthly stipend mentors earn to cover gas and cell phone expenses increased from \$30 to \$50 per month. Peer mentors appreciated the increase, as it helps with the cost of inflation that impact all individuals.

## Cultural Competence

In direct work with mentors who provide services to mentees in the community, there are multiple trainings per year that teach mentors how to support people from underserved populations in the service area. A vast number of mentors themselves also identify as being part of underserved communities, having diversities within the Peer Mentor cohort helps to reduce stigma and helps participants feel more comfortable receiving services. The following statistics are indicative of diverse

cohort: Fifty seven percent of mentors are either an older adult or are TAY; Twenty three percent of mentors say they have a disability; Three percent of mentors identify as being part of LGBTQI+ community; Twenty percent of mentors speak a language other than English; Three percent of mentors are veterans. Twenty percent of mentors speak a language other than English.

In the future, the Peer Mentor program hopes to enhance practices by providing all outreach materials available in a variety of languages beyond Spanish.

## Community Partners

- **Therapeutic Community Garden (TCG)** – Through collaboration with program staff, TCG programming is used as a resource mentors can provide to their mentees. TCG participants are also referred to Peer Mentoring as mentees for additional support.
- **Navigators** – Through collaboration with program staff, the Navigator program is used as a resource for mentors to provide to their mentees for linkage and referral. The Navigator program is also used to recruit new mentees to the program.
- **Wellness Center (WC)** – Through collaboration with the Wellness Center staff, WC is used as a resource mentors can provide to mentees. Wellness Center participants are also referred to Peer Mentoring as mentees for additional support, as well as to become mentors.
- **Stigma Reduction** – Through collaboration with the Community Capacity Organizer, Peer Mentor staff attend outreach events where mentors can potentially be recruited.
- **Workforce Education and Training (WET)** – Through collaboration with WET staff, opportunities are provided to mentors to increase their skills related to preparing for employment both in and outside of Tri-City.

## Success Story

A peer mentor, who has been with the program since 2018, was able to use the skills learned in the program to gain employment with the San Gabriel Pomona Regional Center.

An unhoused mentee was referred from Tri-City's Adult Outpatient services to be connected with a mentor. After a few months in the program, the mentee was able to move to a lower level of care while being supported by their mentor. The mentee currently reports that they are in a stable status.

## Program Summary

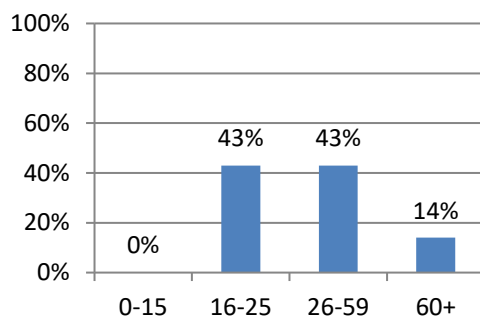
### How Much Did We Do?

#### Peer Mentors

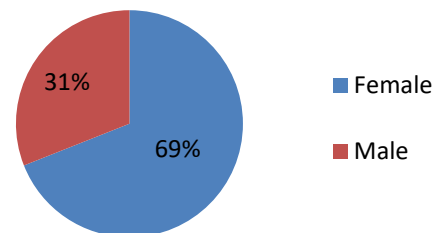
**29**  
**Active Peer Mentors**

**16**  
**Peer Mentor**  
**Meetings/Trainings**

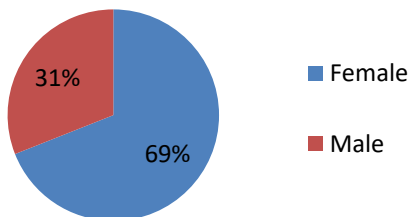
**Age**



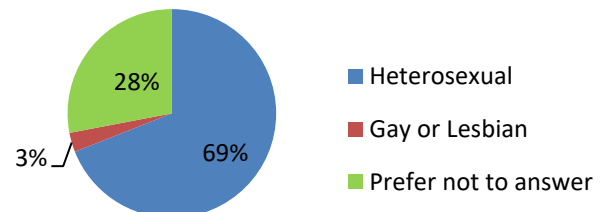
**Gender At Birth**



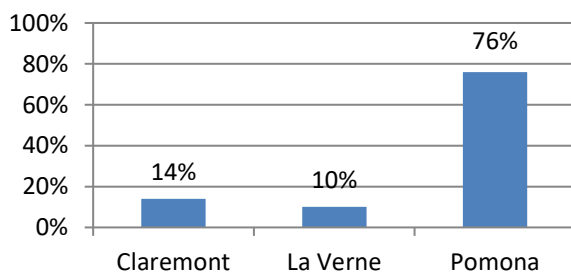
**Gender Identity**



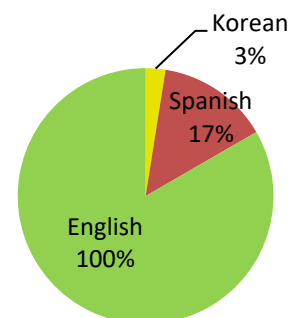
**Sexual Orientation**

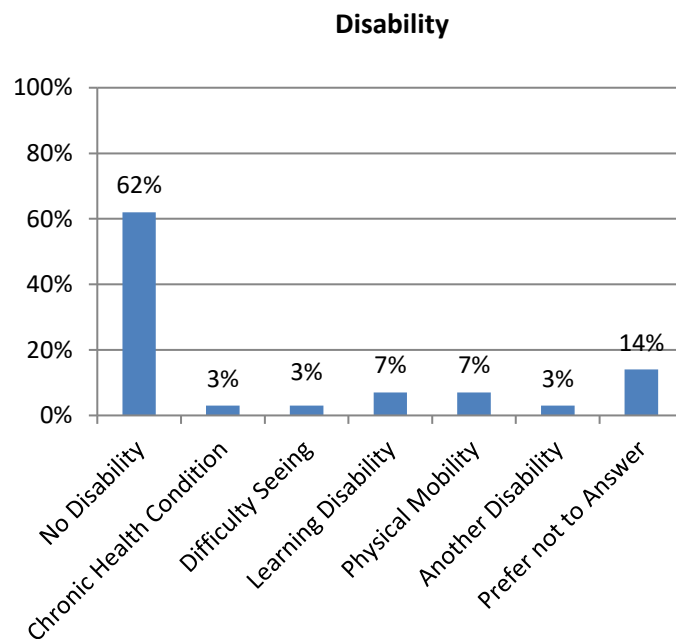
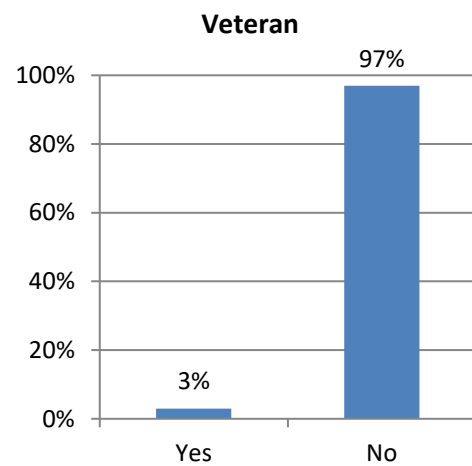
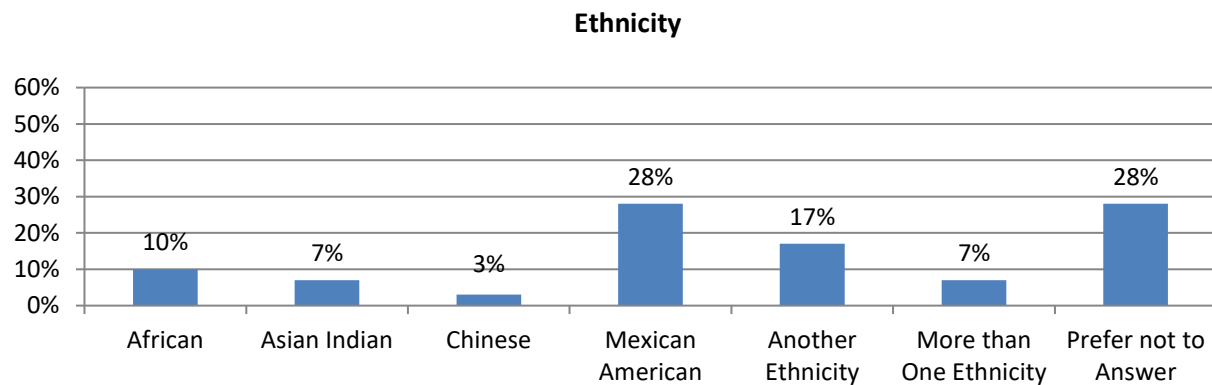
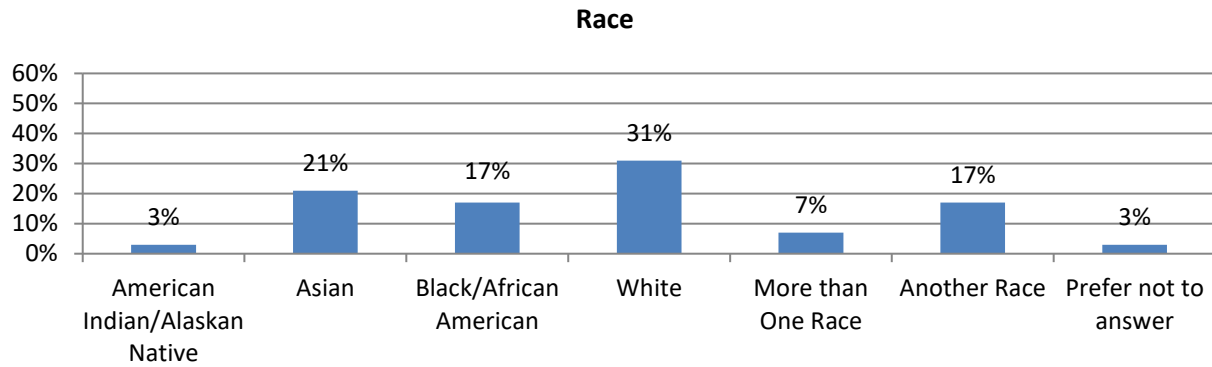


**City**



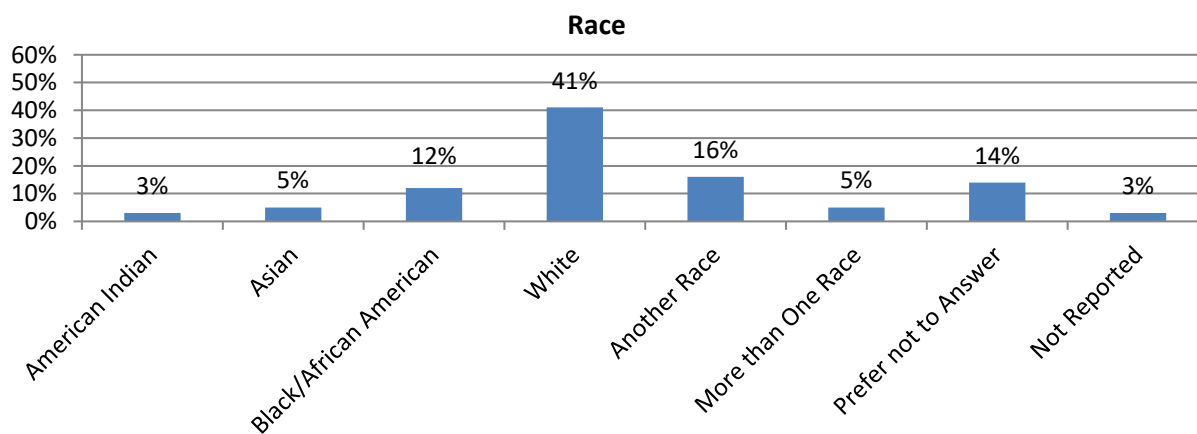
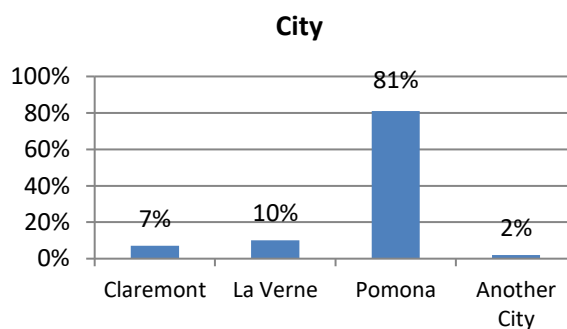
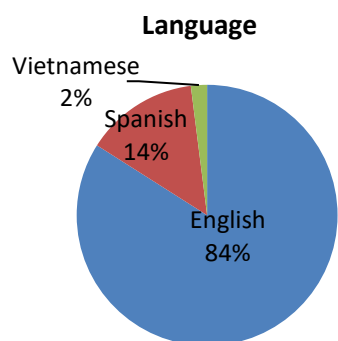
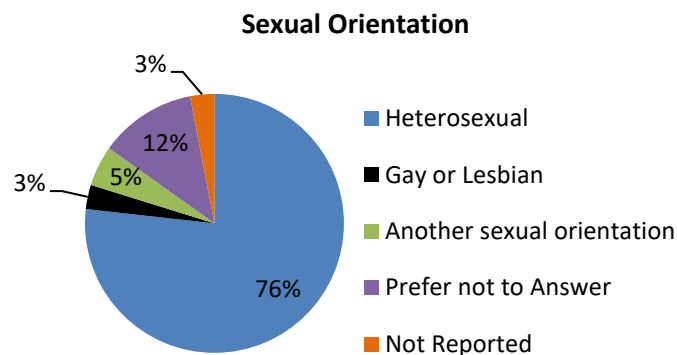
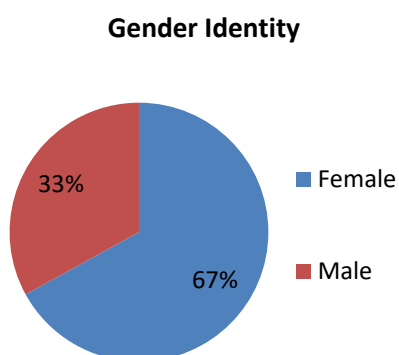
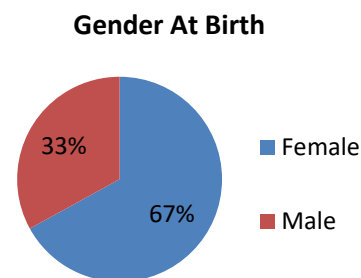
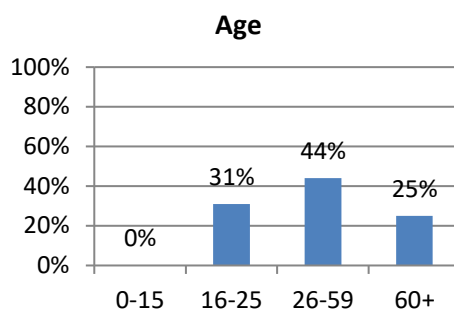
**Language Spoken by Mentors**

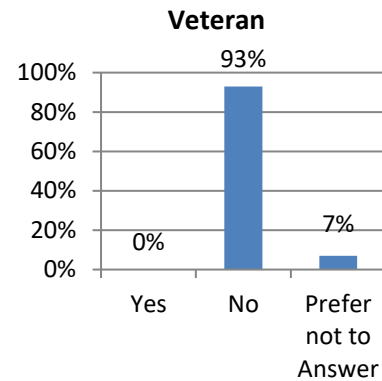
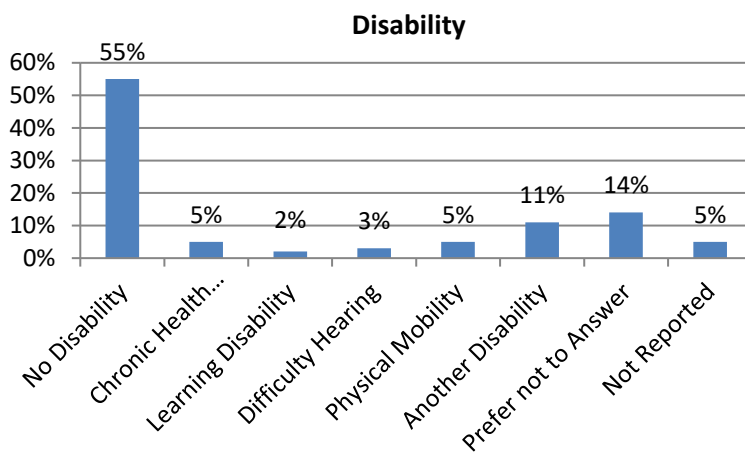
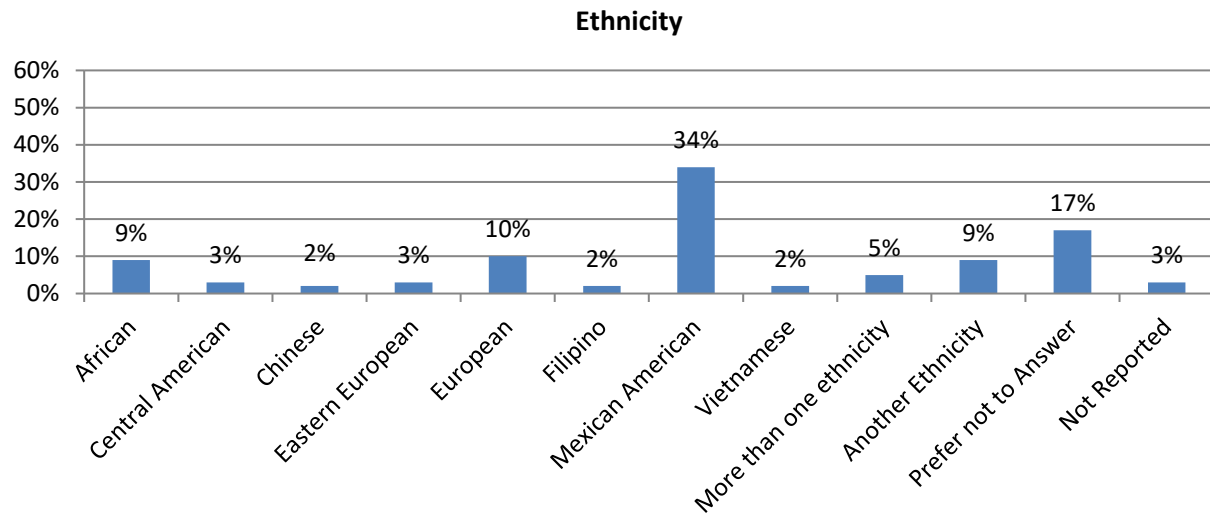




## Peer Mentees

**58  
Mentees  
Served**

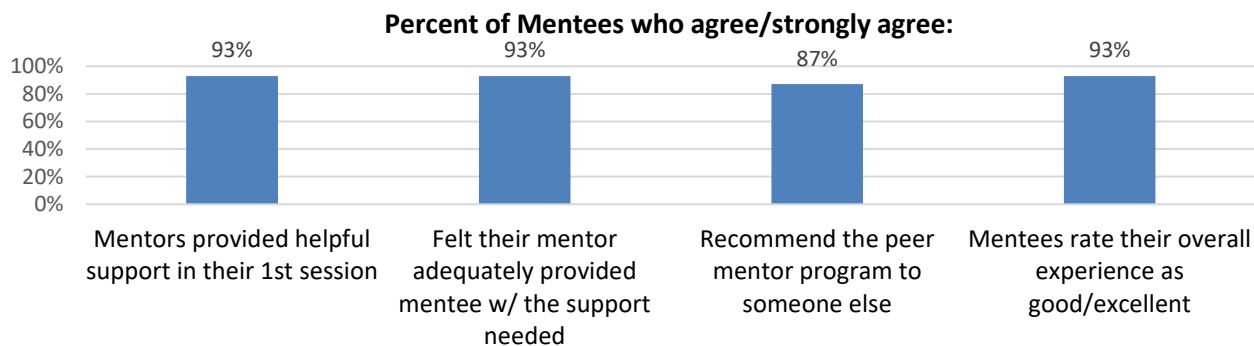
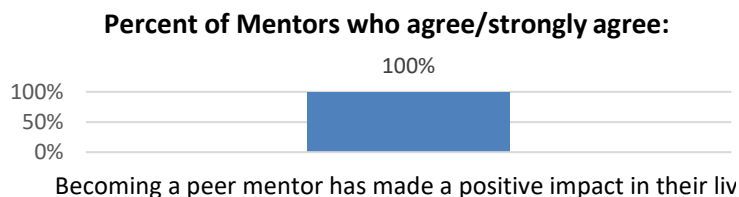




## How Well Did We Do It?

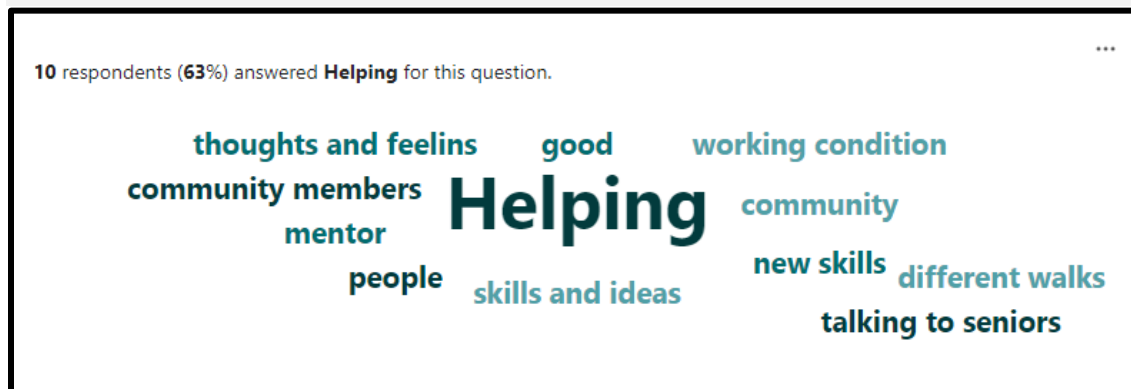


## Is Anyone Better Off?

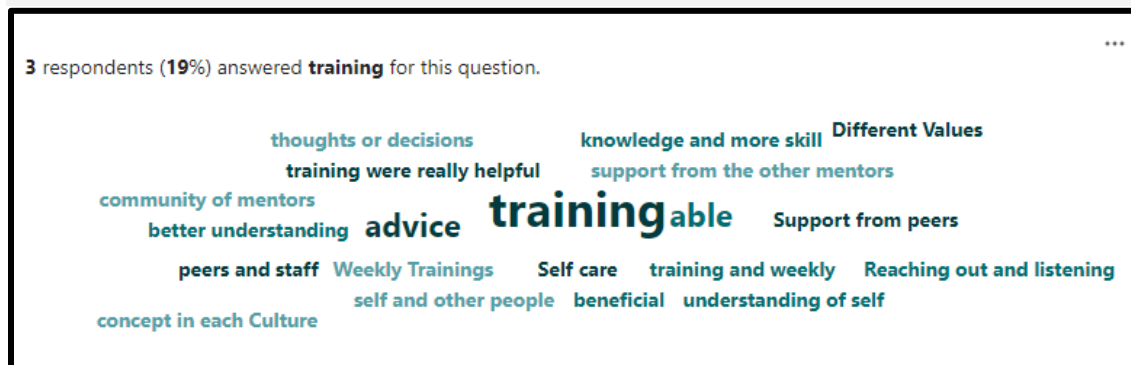


## Peer Mentor Open-Ended Questions

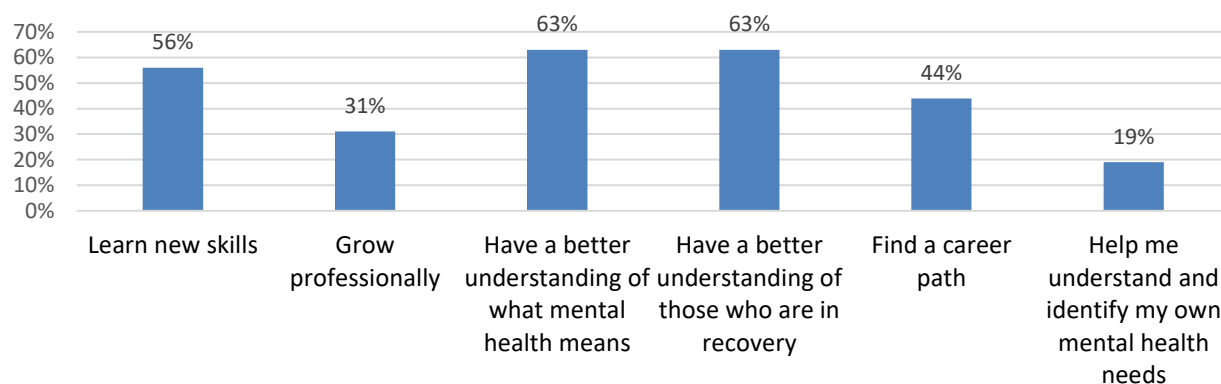
What was your favorite part of being a mentor? (15 total respondents)



List one thing from the peer mentor program you feel was most beneficial (15 total respondents)



### How has the program helped you personally as Mentor: (Check all that apply)



### Mentee Open-Ended Questions

List one thing from the mentee program you feel was most beneficial (15 total respondents)

1 respondents (17%) answered **vent then get feedback** for this question.

**objective listener** **listener in my life**  
**students** **vent then get feedback** **new perspective**  
**friend** **coping skills** **knowledgeable grandmother**



Number of Potential Responders	87
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community,
Type of Responders Engaged	TAYs, Adults, Seniors, and those with lived experience
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

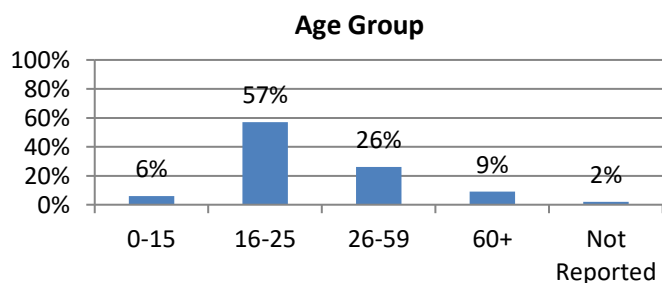
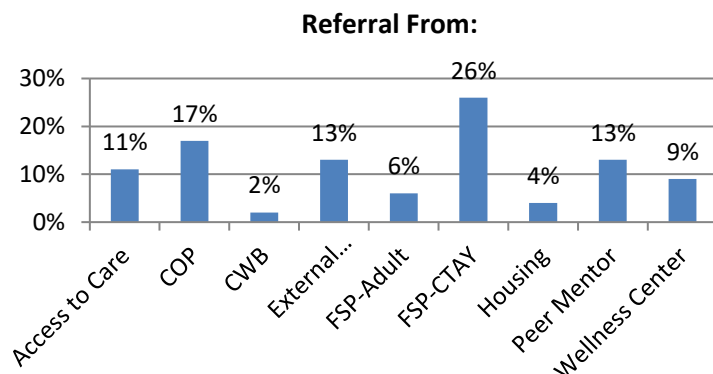
### Timely Access to Services for Underserved Populations Strategy

#### PEI Demographics Based on Referrals

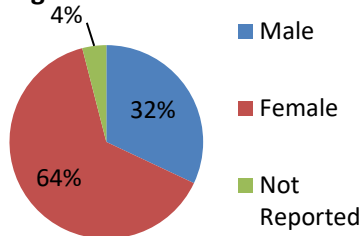
**48**  
**MHSA Referrals received by**  
**Peer Mentor program**

**18 out of the 48**  
**Referrals became mentees**

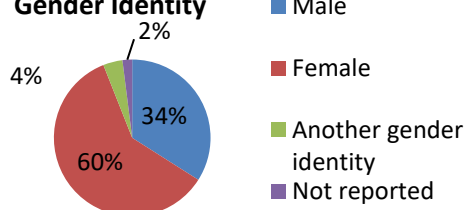
**2 Days**  
**Average Time between**  
**Referral and becoming a**  
**mentee**



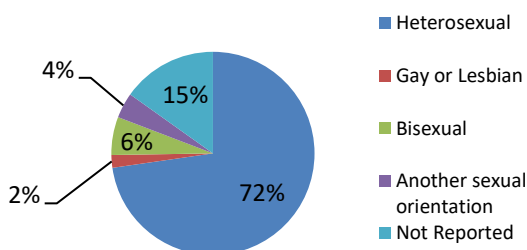
**Assigned Gender at Birth**



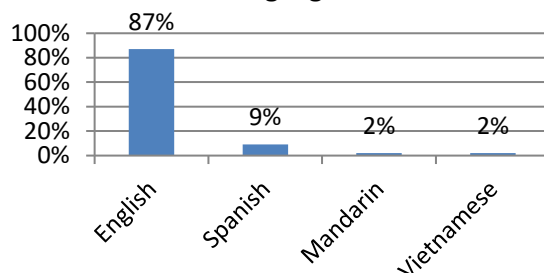
**Gender Identity**



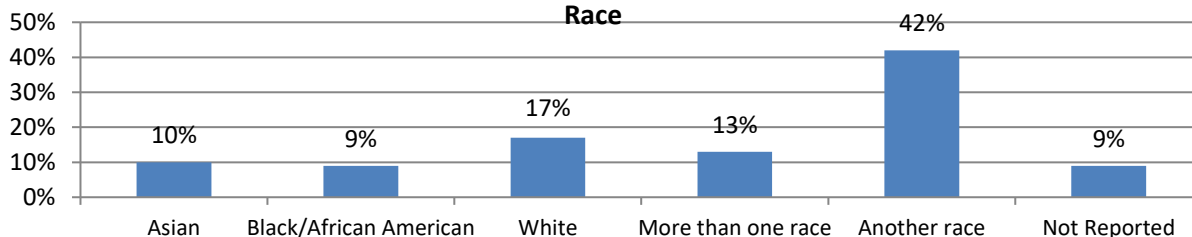
**Sexual Orientation**



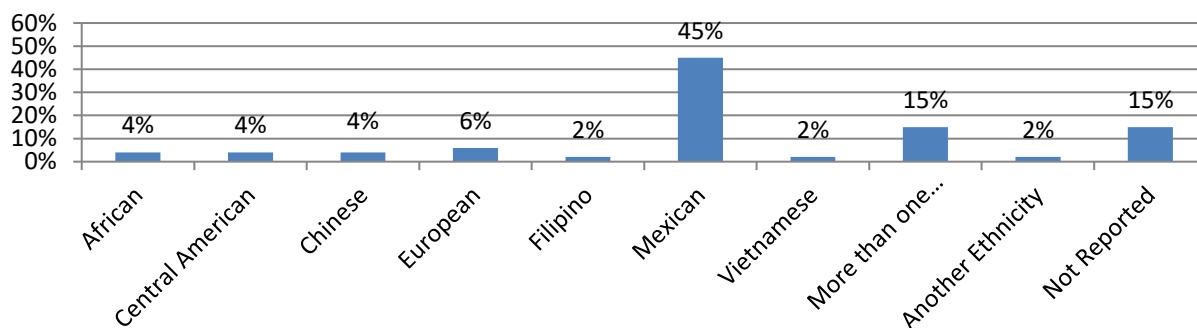
**Language**



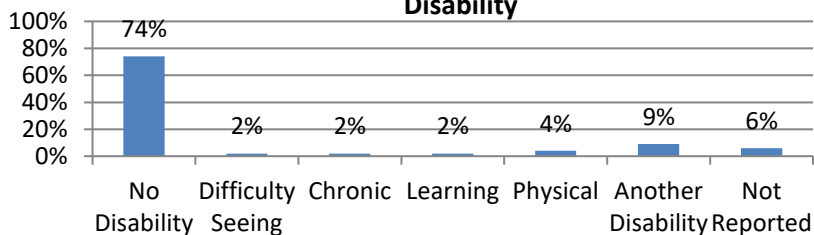
**Race**



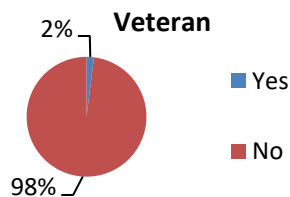
**Ethnicity**



**Disability**



**Veteran**



# Wellness Center PEI Programs

## Transition Age Youth and Older Adults

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

### Program Description

Individuals attending the Transition age youth (TAY) and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

### Target Population

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

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	2	1,484	39	9	4	<b>1,538</b>
<b>Cost Per Person</b>	\$587**	\$587**	\$587**	\$587**	\$587**	<b>\$587**</b>

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

### Program Update

All Center TAY groups were transitioned to a hybrid format, consisting of both in person and virtual. Hours of operation continued to mirror the rest of the agency.

The Transition Age Youth (TAY) team held multiple “welcome back to in person” events throughout the year based on guidelines and regulations. Workshops were offered in collaboration with: America’s Job Center; David & Margaret’s Compass Center; Claremont’s Youth Activity Center; as well as internal events such as the holiday classic, *Warm Wishes*, in December. Similarly, the Older Adult programming started facilitating in-person events for our seniors to address isolation caused by the

pandemic lockdowns. Following all protocol and guidelines, seniors were invited to in-person events such as the senior retreats, harvest festivals, as well as monthly support groups like, *Sip & Paint*.

All Center TAY groups were transitioned to a hybrid format, consisting of both in-person and virtual. Hours of operation continued to mirror the rest of the agency.

The Center and community long await the return to in person services in the next fiscal year. Based on the hybrid model, all groups will return in-person. Over the next three years, the Center plans to return to its original extended hours of operation to increase the accessibility to the community.

## Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. Participants frequently ask when the Center will re-open for in-person services.

The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the year, the Center was able to offer a limited amount of in person events while adhering to the Cal OSHA max room occupancy guidelines. A handful of groups has been taking place in-person since then.

## Cultural Competence

As the need arises, the Center quickly responds to implementing specific groups to target LGBTQ, Spanish monolingual and TAY and senior communities. The Center offers linguistic services to meet the various language needs of our stakeholders and offer support for all age groups. Efforts also include recruiting staff from minority populations that are representative of the community.

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. We create spaces where individuals experience safety, feel heard and intrinsically valued.

Tri-City attempts to engage with hard-to-reach populations through our peer approach. A high percentage of Wellness Center staff have lived experience which helps to make more effective and authentic connections with participants.

Materials are printed and disseminated in the local threshold languages.

## Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; local community-based organizations (CBOs) for specific age-related services such David & Margaret for TAYs and senior centers in the three cities' parks & recreation centers.

## Success Story

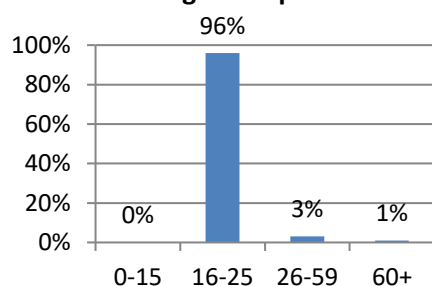
One of the TAY participants would only participate in events with their sister present due to anxiety. Since attending the TAY activities at the Wellness Center, the TAY participant is now able to engage in events and/or groups without their sister and is now able to attend school and complete activities independently.

## Program Summary

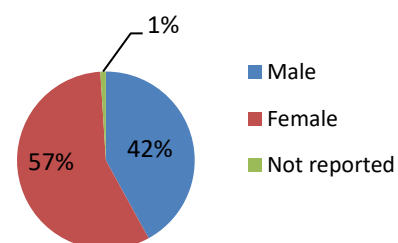
### How Much Did We Do?

**1,538**  
Individuals  
attending  
Wellness Center  
TAY/Senior

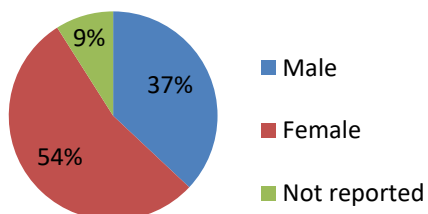
**Age Group**



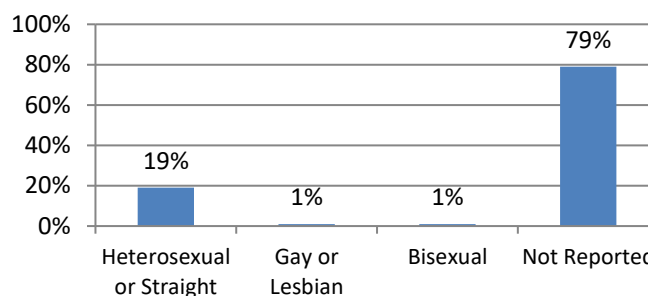
**Current Gender Identity**



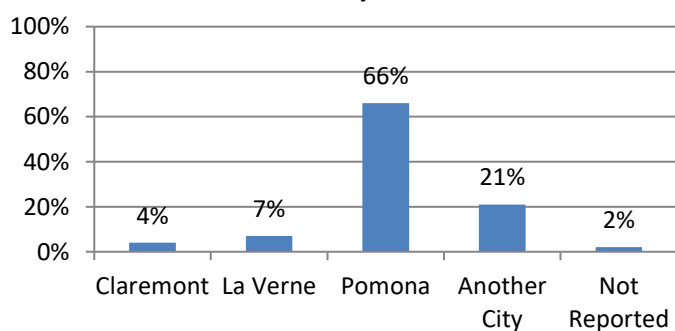
**Assigned Gender at Birth**



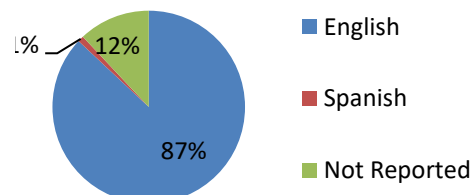
**Sexual Orientation**

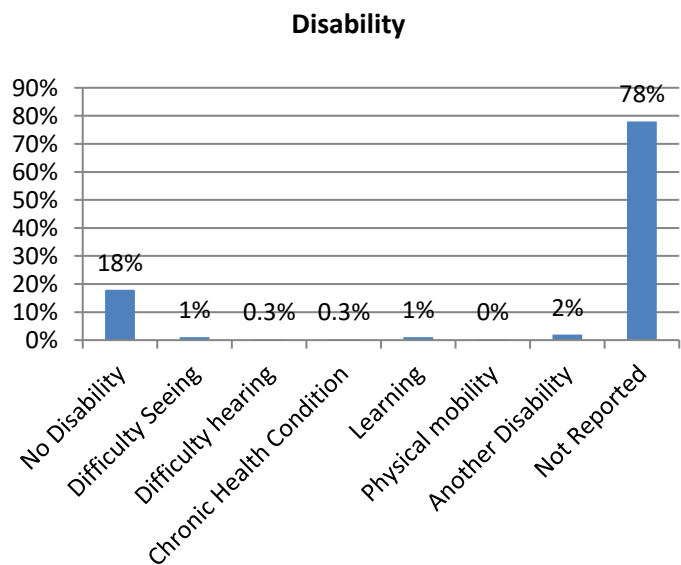
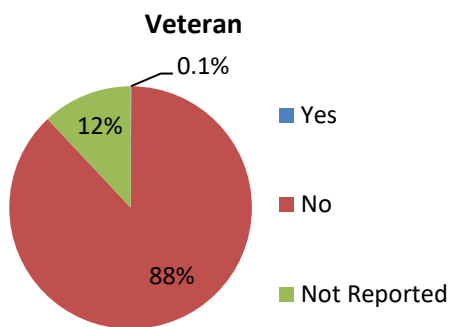
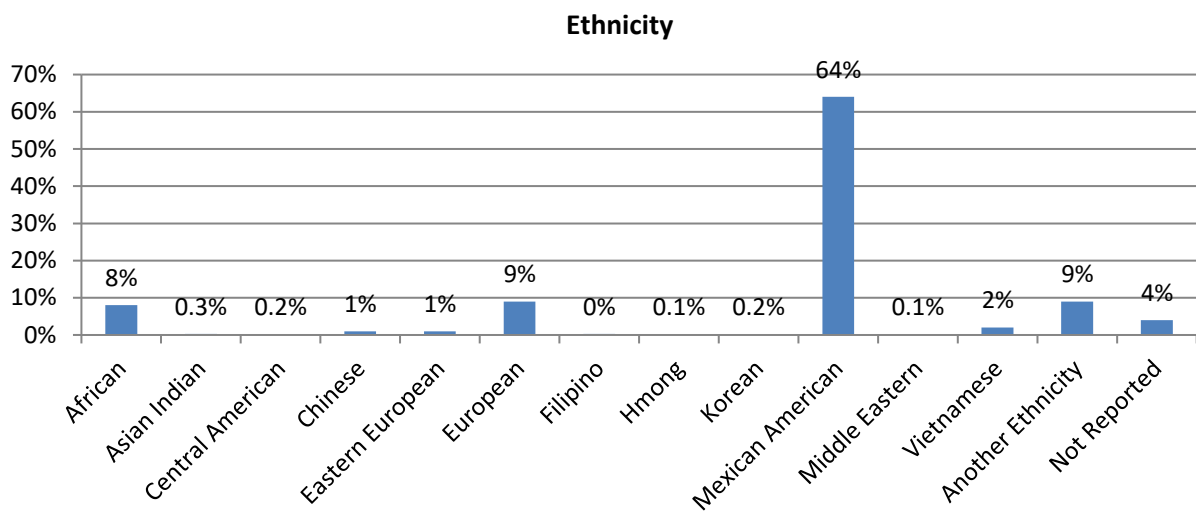
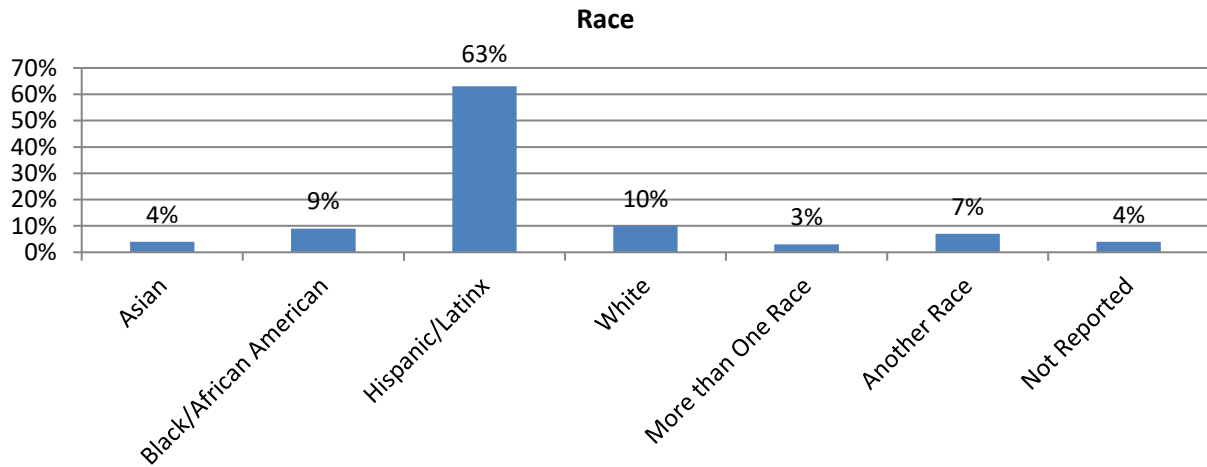


**City**



**Primary Language**



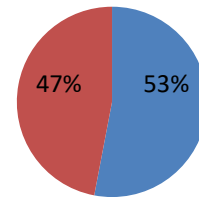


## How Well Did We Do It?

**4,912**  
**Number of Wellness Center PEI:**  
**TAY/Senior Events**  
**(Duplicated Individuals)**

### Number of Times People Visited

■ One Visit  
 ■ Two or More Visits

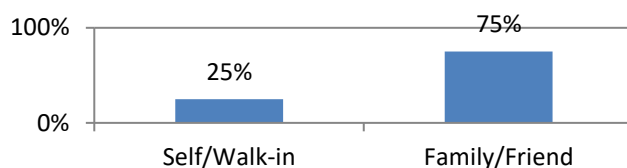


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos	45	2
Senior Calm	46	3
Senior Socialization	47	2
Senior Bingo	20	2
Senior Virtual Vacation	10	3
TAY – Friendly Feud	33	2
TAY – Breakfast Club	9	2
TAY – PPL	19	1
TAY – Stress Me Not	4	1
TAY – Together We Stand/Fun with Friends	20	2
TAY – Teleconfusion	2	1
TAY – Peace of Mind	32	1
TAY – Real Talk	19	1

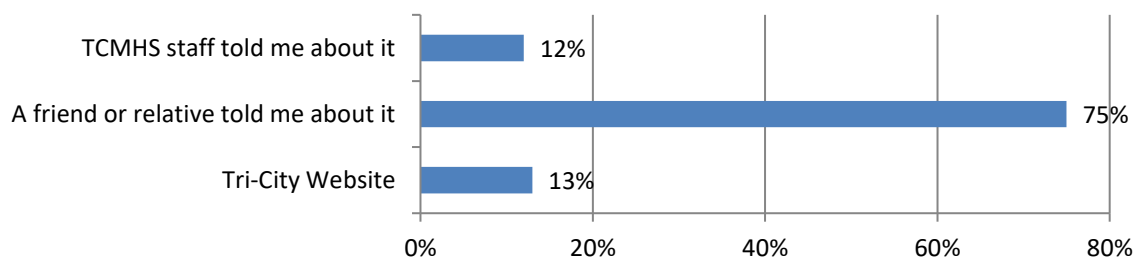
Contacts by Type	Number of Times Contact was Made
TAY – Attendance Letter	4
TAY Events	4
TAY – Phone Call - Wellness Calls	4,296

**100%**  
Satisfied with the “help I get at  
Wellness Center”

**Who referred you to the Wellness Center**

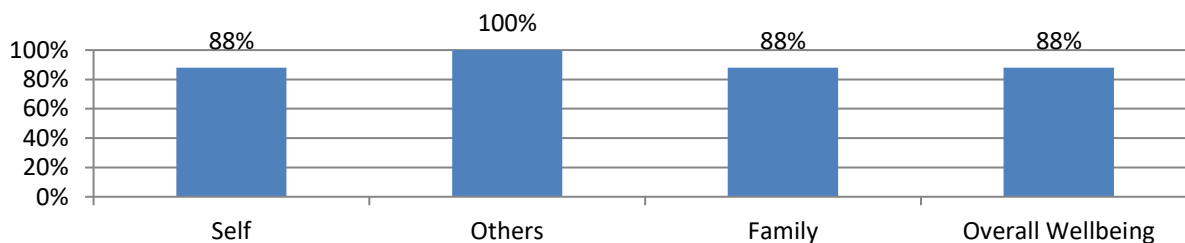


**How Did You Learn About the Wellness Center Programs?**



## Is Anyone Better Off?

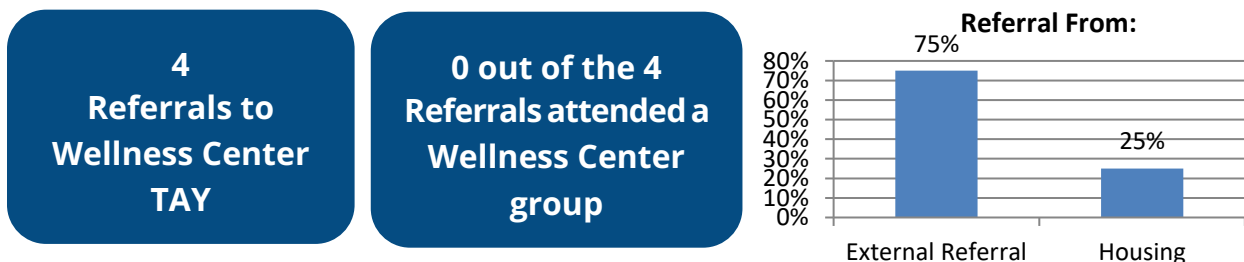
**Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs**



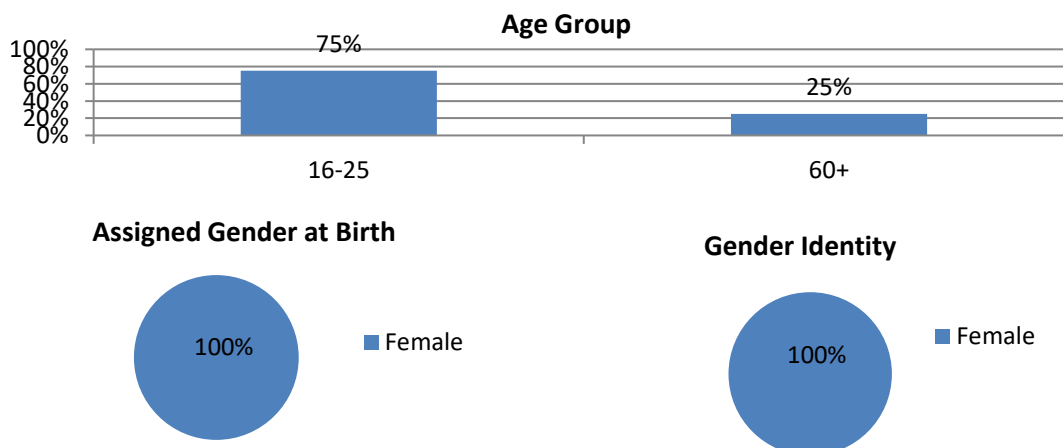


Number of Potential Responders	1,538
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

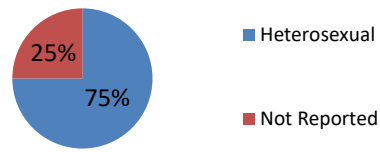
### Timely Access to Services for Underserved Populations Strategy



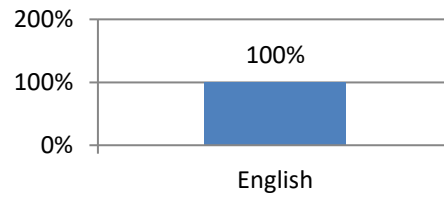
### PEI Demographics Based on Referrals



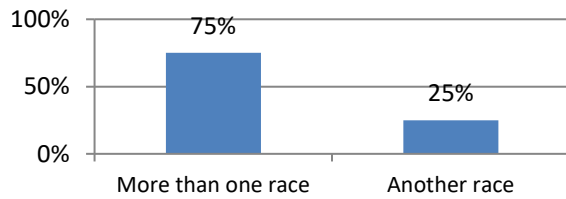
**Sexual Orientation**



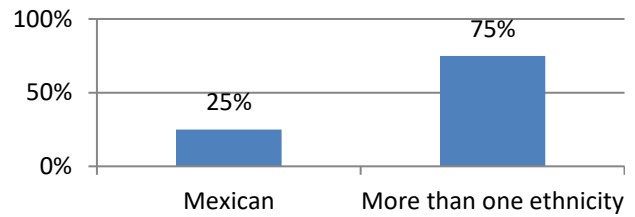
**Language**



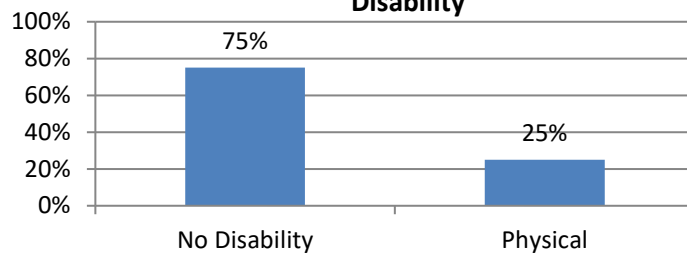
**Race**



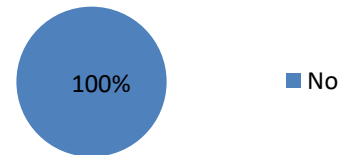
**Ethnicity**



**Disability**



**Veteran**



# Family Wellbeing Program

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	84	65	231	26	12	<b>418</b>
<b>Cost Per Person</b>	\$206**	\$206**	\$206**	\$206**	\$206**	<b>\$206**</b>

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

## Program Update

The Family Wellbeing Program (FWB) continued to provide consistency for kids and families in the community. During FY 2021-22, the program hosted many of the events that have made it a hallmark of the Center. There were events held in collaboration with community-based organizations (CBOs), and educational partners. Many families were recipients of giveaways both during Thanksgiving and Christmas. The annual tree lighting event culminated the entire year. The FWB program also continued its collaboration with the Southern CA Consortium of Social Work Schools to offer 6 internship slots to first and second-year students.

The Center staff and community long await the return to in person services in the next FY. One fourth of all Center groups were transitioned to a hybrid format and later to in person. Over the next three

years, the center plans to return to its original extended hours of operation to increase the accessibility to the community.

## Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the 2021-22 year, the Center was able to host in-person events adhering to the Cal OSHA max room occupancy guidelines.

## Cultural Competence

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. The Center attempts to engage with hard-to-reach populations through our peer approach. Those that have lived experience to each one reach one.

We look forward to the day when all restrictions and limitations are lifted so that staff can effectively meet the needs of the community.

## Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; MSW consortium for workforce development; local community-based organizations (CBOs) for specific age-related services.

## Success Story

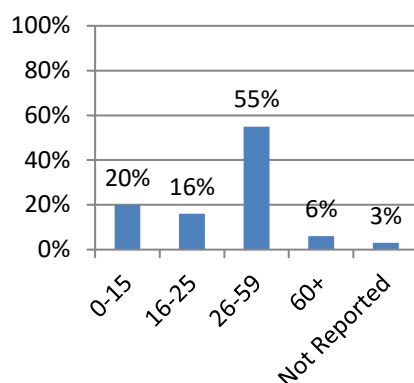
A pair of Summer Camp participants who are related and reside together during the summer months heard about this service through a friend. From the very beginning each child was extremely grateful to be in the camp and each week thanked staff for the bags and supplies provided. Staff were able to connect with the mother to offer various resources in the community for food banks and assistance with bills. Both participants got along extremely well with the other campers and participated in all the activities each week. In addition, they both decided to join the Kids Zone group every week and were actively engaged in that group.

## Program Summary

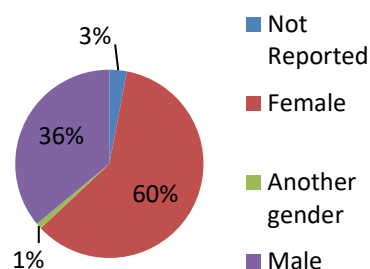
### How Much Did We Do?

**418**  
Individuals  
attending Family  
Wellbeing

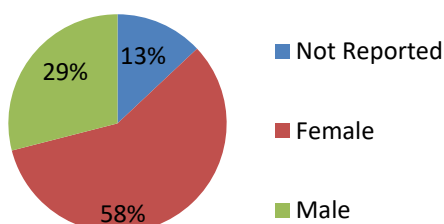
**Age Group**



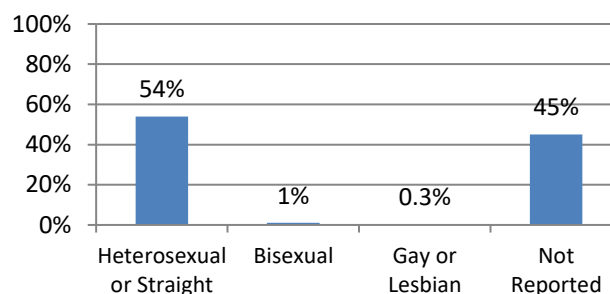
**Current Gender Identity**



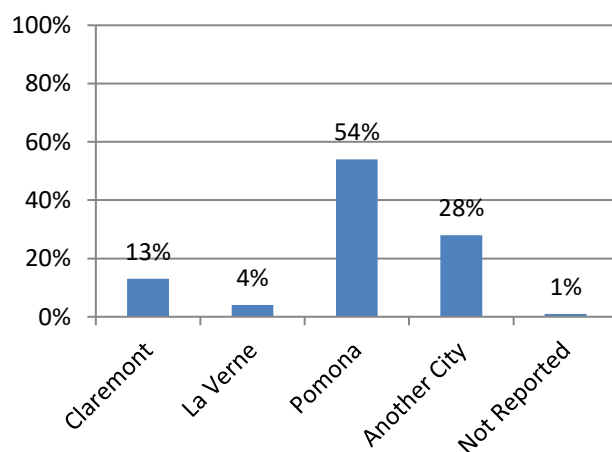
**Assigned Gender at Birth**



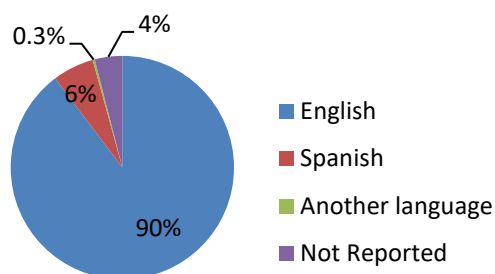
**Sexual Orientation**

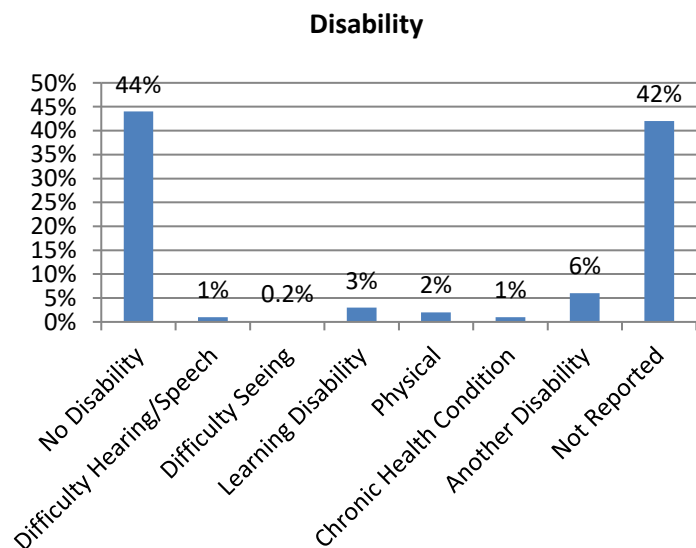
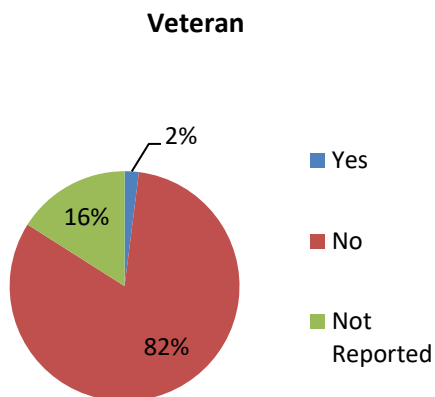
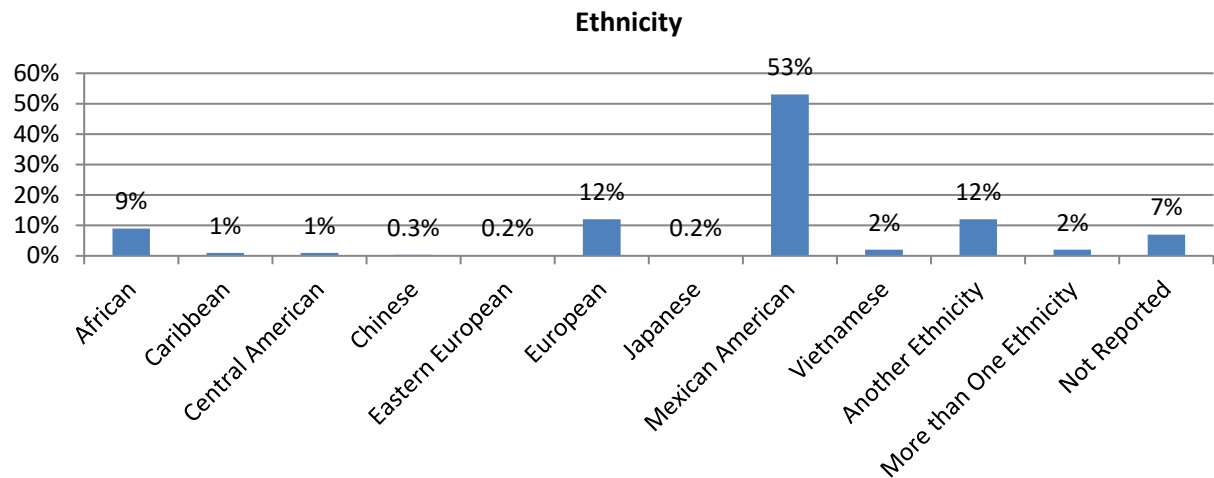
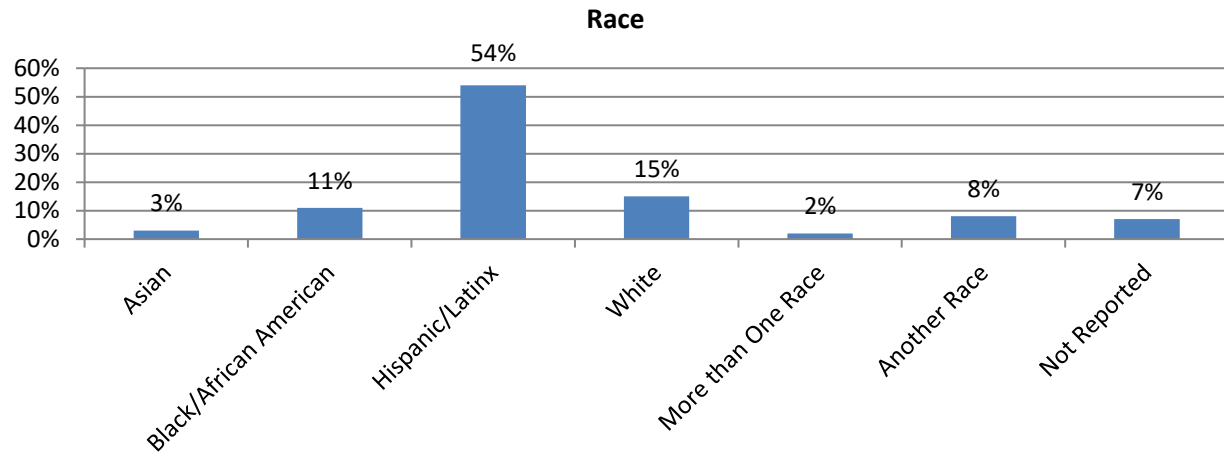


**City**



**Language**

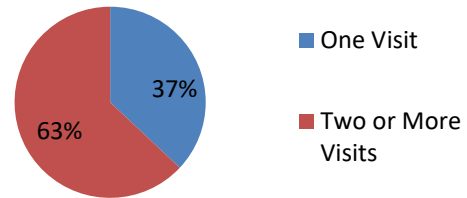




## How Well Did We Do It?

**5,037**  
Number of Family Wellbeing Events  
(Duplicated Individuals)

Number of Times People Visited

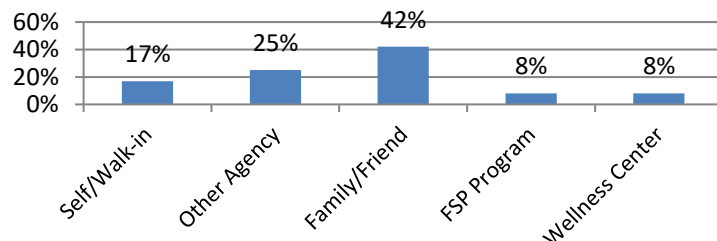


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts and Crafts	49	3
Grief & Loss	42	2
Kid's Hour	49	2
Limited to Limitless	2	3
Spirituality	53	4
Summer Camp	3	5
Teen Hour	31	3
United Family	109	5

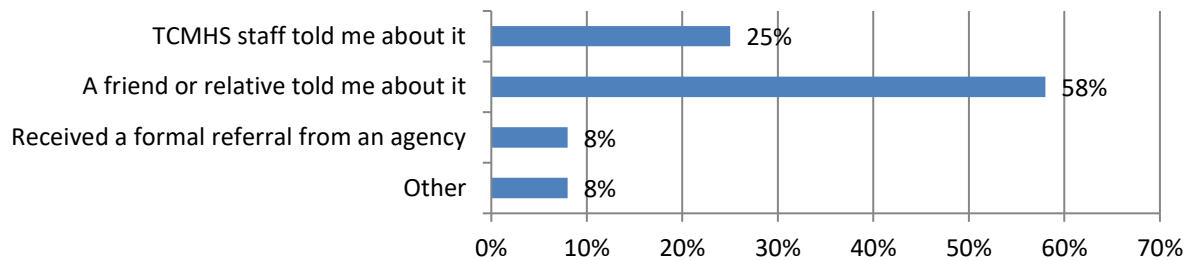
Contacts by Type	Number of Times Contact was Made
Attendance Letter	139
One-on-One	9
Other	114
Phone Call/Email	3,445
FWB Event	35

**100%**  
Satisfied with the "help I  
get at Family Wellbeing  
Program"

Who referred you to the Wellness Center

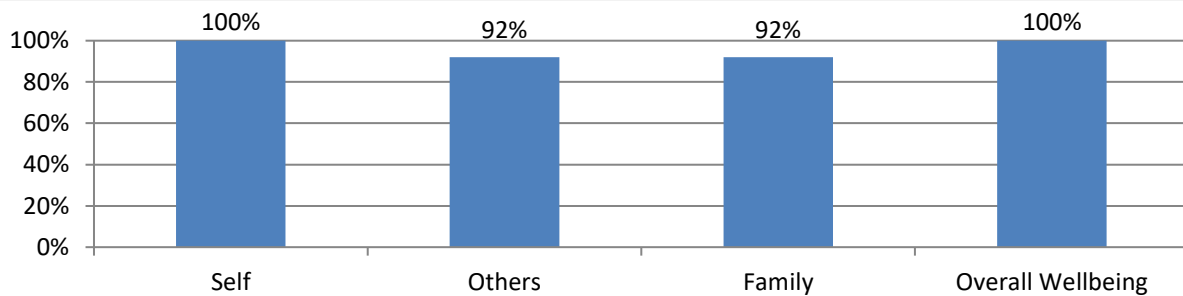


### How Did You Learn About the Family Wellbeing Program? (Choose All that Apply)



### Is Anyone Better Off?

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

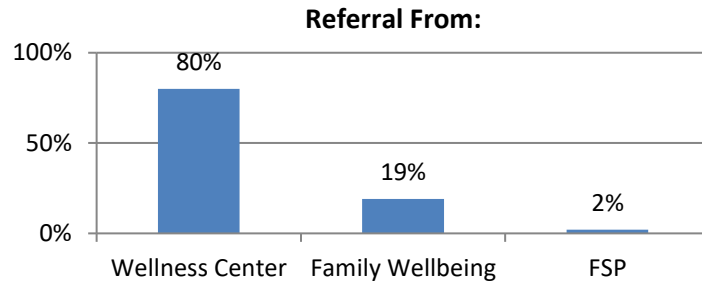


Number of Potential Responders	418
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	Parents and children
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.



## Timely Access to Services for Underserved Populations Strategy

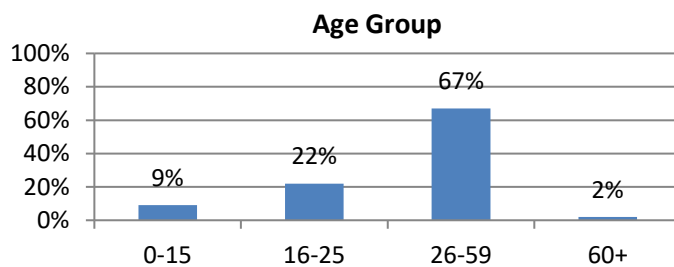
**54**  
MHPSA Referrals coming  
into Family Wellbeing



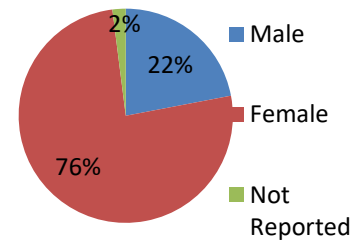
**53 out of 54 Referrals**  
Participated in Family  
Wellbeing Program

**13 Days**  
Average Time between Referral  
and Participation in Family  
Wellbeing Program

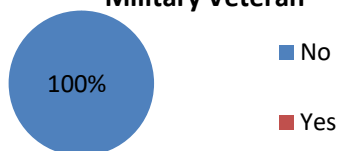
### PEI Demographics Based on Referrals



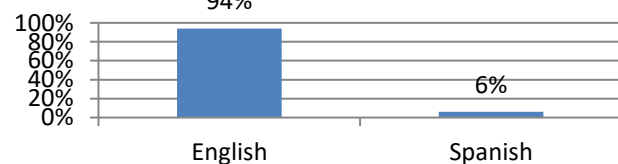
### Assigned Gender at Birth



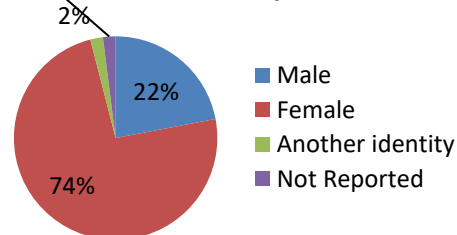
### Military Veteran



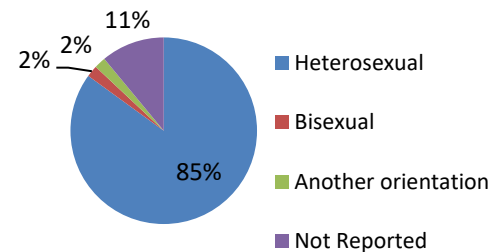
### Language

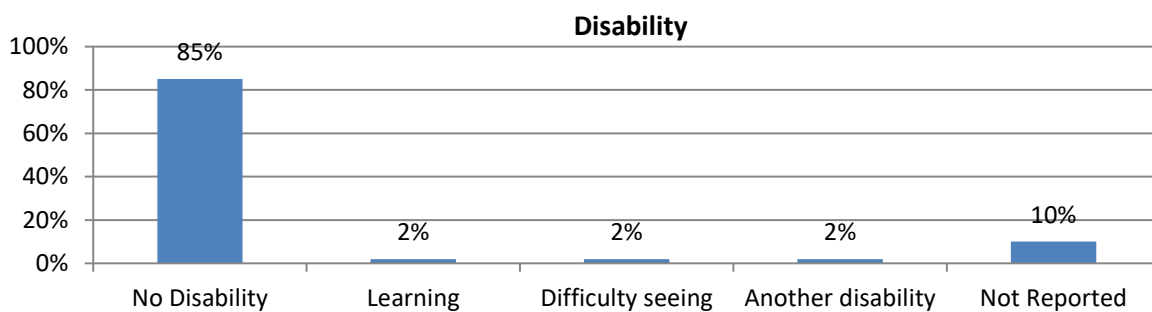
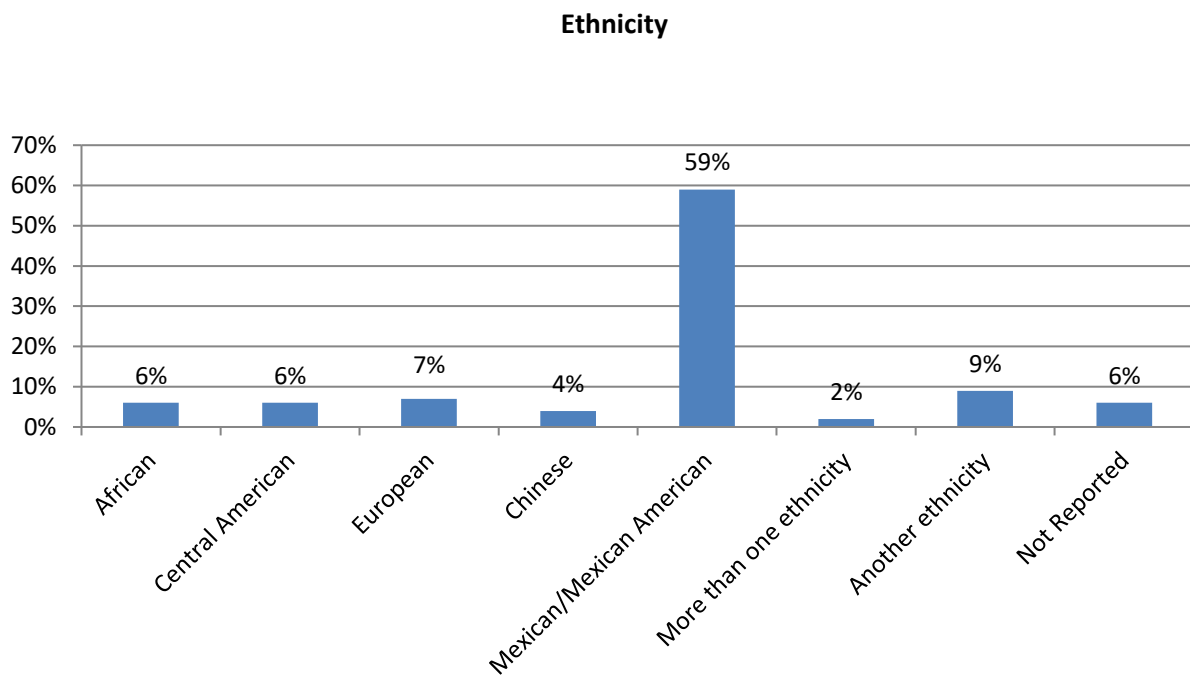
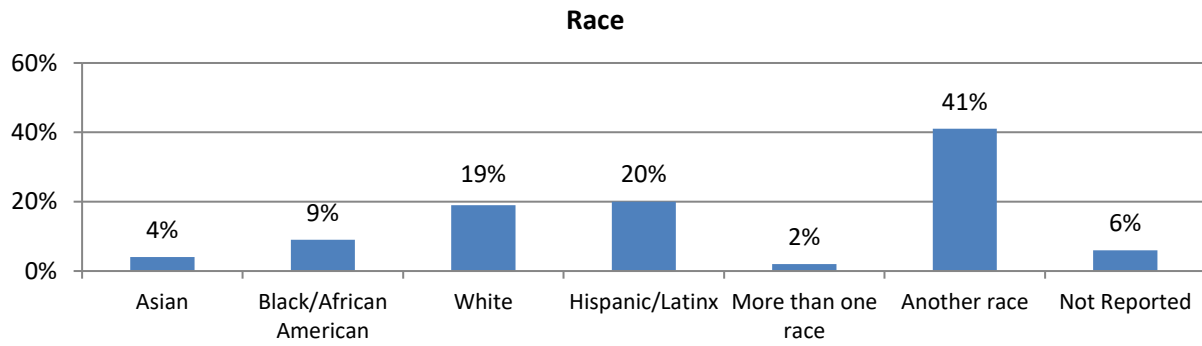


### Gender Identity



### Sexual Orientation





# Community Capacity Building

## NAMI Ending the Silence and NAMI 101

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

### Program Description

The Ending the Silence and NAMI 101 programs provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

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

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is; how to maintain wellness; how to identify symptom triggers; how to identify a support system; mental health warning signs; empathy; boundary setting; and self-care.

### Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	2	Total Number Served FY 2021-22	23
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### Program Update

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to more specifically, meet the mental health awareness needs of both the community and school staff and students.

### Challenges and Solutions

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and

students. However, the continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings, NAMI has continued to struggle to expend their allotted funds resulting in \$55,000 in unused dollars.

The following chart reflects the changes in expenditures over time.

Fiscal Year	Percentage of Allocation Expended	Notes
<b>FY 2018-19</b>	67%	
<b>FY 2019-20</b>	71%	
<b>FY 2020-21</b>	0%	COVID-19
<b>FY 2021-22</b>	15%	COVID-19

Therefore, NAMI Greater Los Angeles County (GLAC) and Tri-City have agreed to amend this program's funding structure to expand the time to expend the \$35,500 from annual to over a three-year period. The goal for this adjustment is to allow NAMI to have a longer period of time to expend the funds while providing Tri-City the option to reallocate funds to other PEI programs.

In addition, capacity is a challenge, as they have seen more presenters moving on to other ventures. In addition, there is the continued challenge of having to rebuild relationships from scratch, as roles at organizations have been revamped, eliminated or previous contacts have moved on.

Solutions to these challenges include outreaching and adding more volunteers to the list of presenters to enable NAMI to accommodate more presentations. Another focus is on recruitment of Spanish speaking volunteers to accommodate more parent presentations.

## Cultural Competence

The lead and peer presenters are from diverse backgrounds that reflect the community. This is a valuable trait and supports relatability, especially when presenting to communities of color. This also allows for conversation about those differences in response to mental health to be discussed. In addition, some peer presenters are a part of the TAY population, so they can directly relate to TAY audience members.

Spanish translations of slides and outreach materials are available for community members who are non-English speaking.

## Success Story

Through these presentations, NAMI staff have been able to connect students (and subsequently their families) to therapeutic resources which help to improve their ability to connect with each other. As a result of these presentations, parents have shared the changes they've made and ways they've found to connect better with their teens while still finding ways to find quiet time for own rejuvenation.

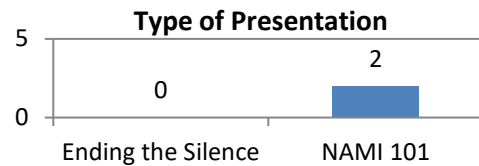
## Program Summary

### How Much Did We Do?

**2**  
**Presentations**

**23**  
**Attendees**

**13**  
**Surveys**  
**Completed**



### How Well Did We Do It?

**92%**  
Agreed or strongly agreed that  
the presentation increased their  
understanding of symptoms  
associated with mental health  
challenges.

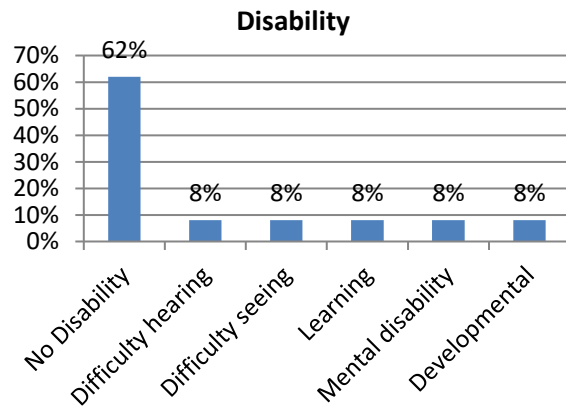
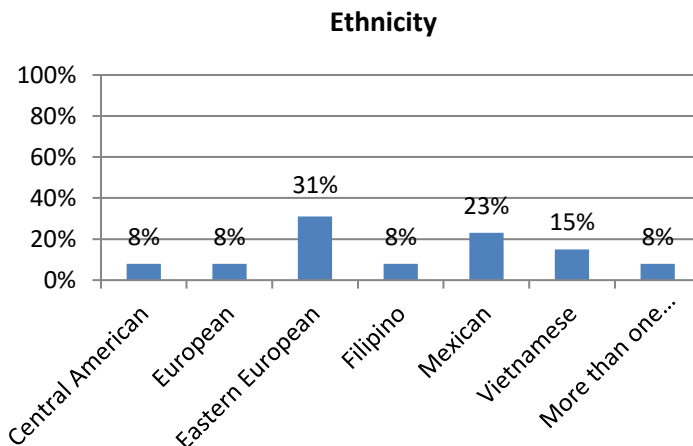
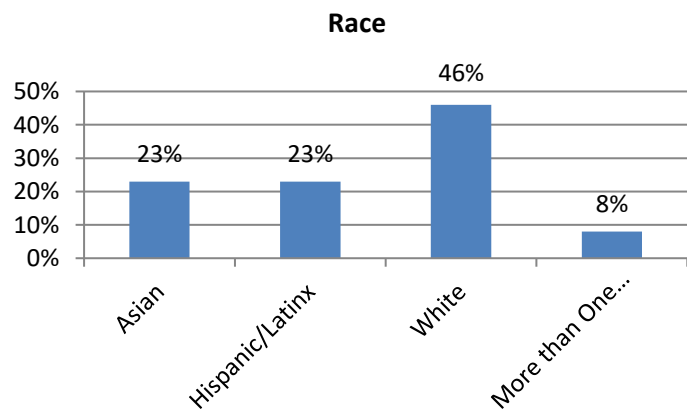
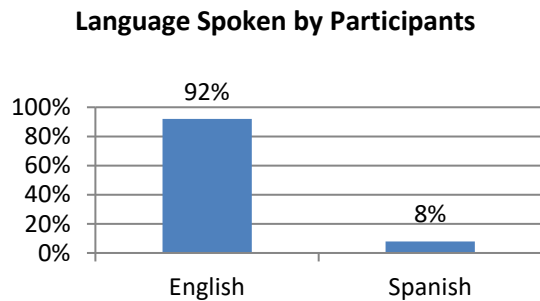
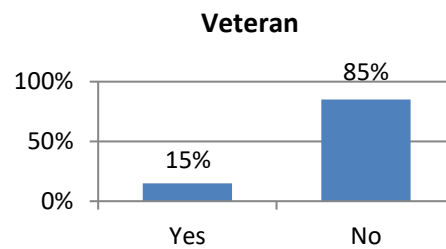
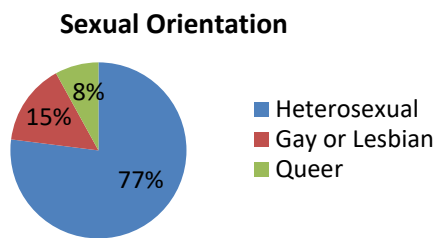
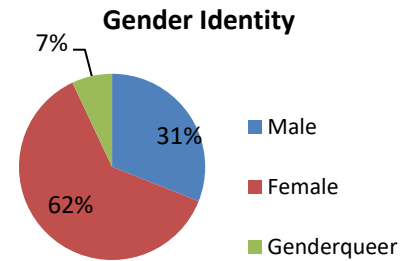
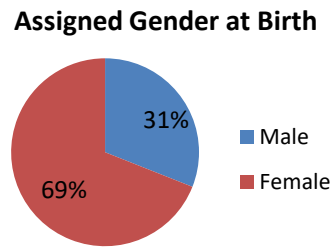
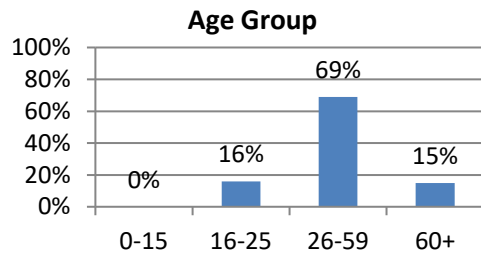
**84%**  
Agreed or strongly agreed that  
the presentation will help me  
recognize early warning signs of  
mental health challenges.

### Is Anyone Better Off?

**84%**  
Agreed or strongly agreed that  
the presentation provided me  
with new and useful resources.

**84%**  
Agreed or strongly agreed that  
the presentation helped me  
understand the impact of  
untreated mental health  
challenges.

## Demographics from Surveys Completed by Participants



Number of Potential Responders	23
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

#### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to NAMI.**

# Housing Stability Program

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	0	1	11	6	5	<b>23</b>

## Program Update

FY 2021-22 was a year of learning and understanding housing from another perspective. The housing team connected with landlords who priced their units below fair market rates. Staff inquired with these landlords to identify why they had such affordable units when the market is prime for higher prices. The echoed response from them was that they learned that tenants stay longer and take better care of the units when their rental prices are reasonable. The tenants had been in those units for years and had not given them anything to be concerned about until the pandemic. They recognized these tenants were truly in a bind and did not want them to be penalized for circumstances that were out of their control. This information was a different perspective than that of other landlords who feel they need to raise their rents to price out people who could potentially be difficult tenants.

Other updates included:



- **Introduction to National Good Neighbor Day** – An acknowledgment day where staff highlighted the importance of getting to know your neighbor to strengthen communities.
- **Reintroduction of Landlord events/outreach** – Staff hope to have landlords share about the benefits of keeping rents affordable, such as longer-term tenants who take care of their units. Staff would like to have them share their experiences with other landlords in the hopes of making this way of thinking more prevalent for the collective benefit of our communities.
- **TAY-focused event for first-time renters** – Staff plan to edit the Good Tenant Curriculum and tailor the information to the TAY population. This would include condensing the curriculum to a 1-day course and offer it to schools and community centers where TAY seem to gather and will be easier to engage.

## Challenges and Solutions

There have been a lot of changes with landlords and housing providers, which has made it more difficult for staff to maintain constant contact and engagement. Staff are also struggling with landlords and providers who may have stigma towards with Section 8 Housing Choice Vouchers. Some landlords will intentionally increase their rents to price out applicants with vouchers.

Hopefully, by returning to in-person events with lunch provided, the Landlord Hour monthly group will be reinstated where staff can increase attendance to inform landlords of changes in the law, reduce housing stigma and provide mental health and housing education to local providers, all while building vital relationships and resources to support Tri-City clients.

## Cultural Competence

All flyers and brochures are available in both English and Spanish. In addition, staff have access to a language line if a participant speaks a language staff are not fluent in. In-person assistance for older adults is available while recognizing when technology can be a barrier.

Future efforts include assistance from the agency in helping monolingual staff learn additional consumer languages to improve community outreach.

## Community Partners

- The Wellness Center allows housing staff to use their rooms for groups like Good Tenant Curriculum.
- Staff receive support from other MHSA programs to present resources in the landlord meetings.
- Worked closely with Community Mental Health trainers who developed the Everyday Mental Health training for landlords and housing providers.

- Outside contact: landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, Sober livings, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services, House of Ruth.
- Housing provider meetings continue to be held virtually. Staff share about their programs and reach out to other partners when they identify a resource they can share with the community.

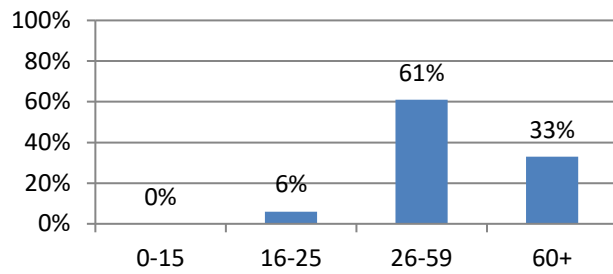
## Program Summary

### How Much Did We Do?

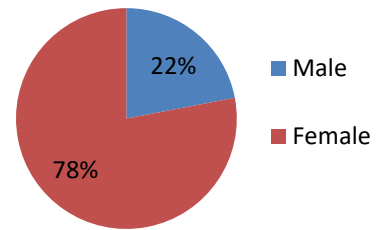


## PEI Demographics Including Housing Participants

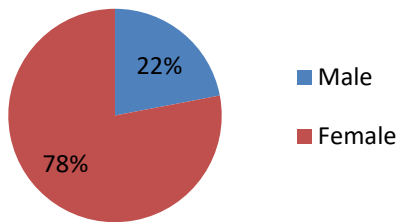
**Age Group**



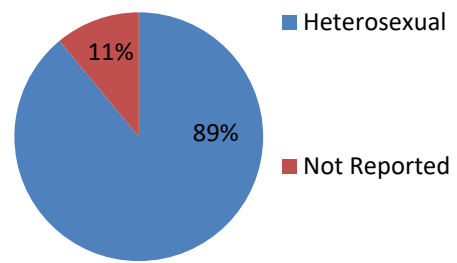
**Assigned Gender at Birth**



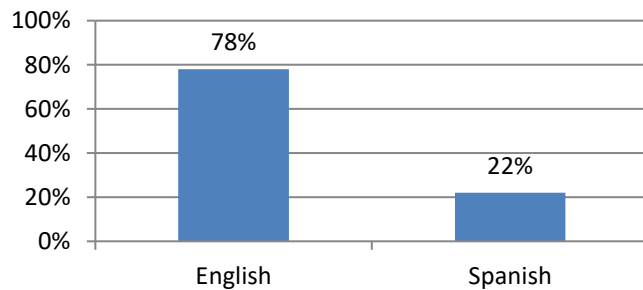
**Gender Identity**



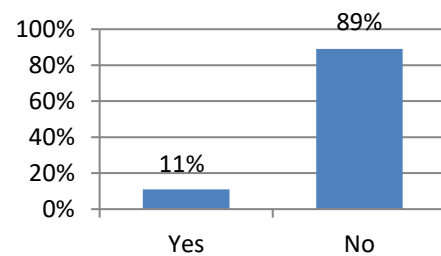
**Sexual Orientation**

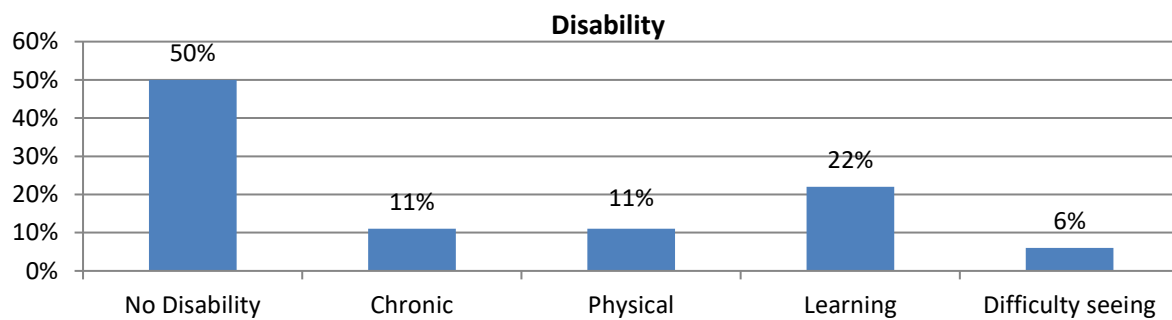
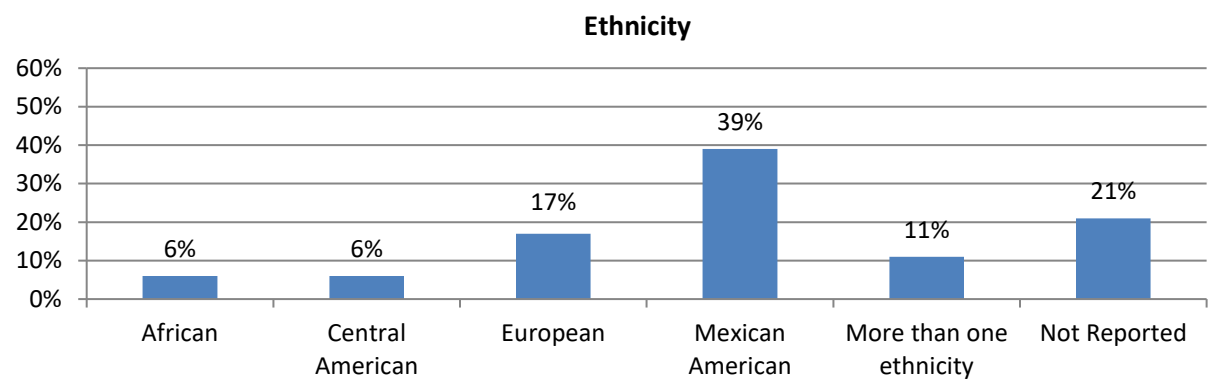
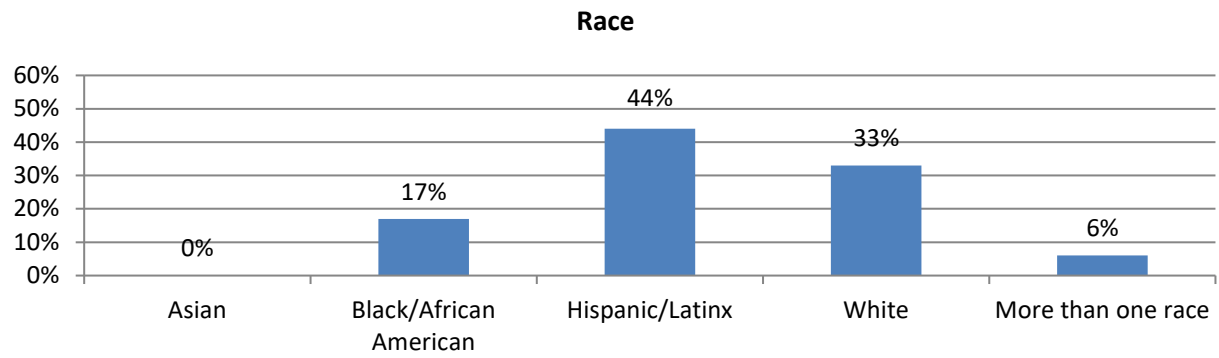


**Primary Language**



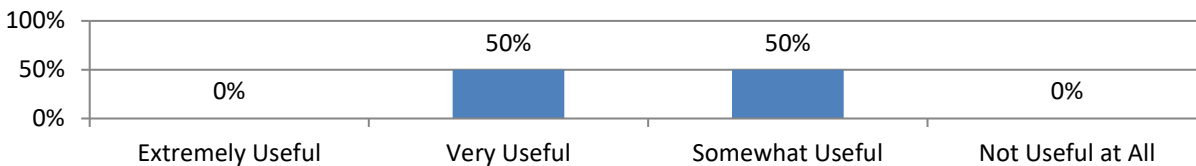
**Veteran**



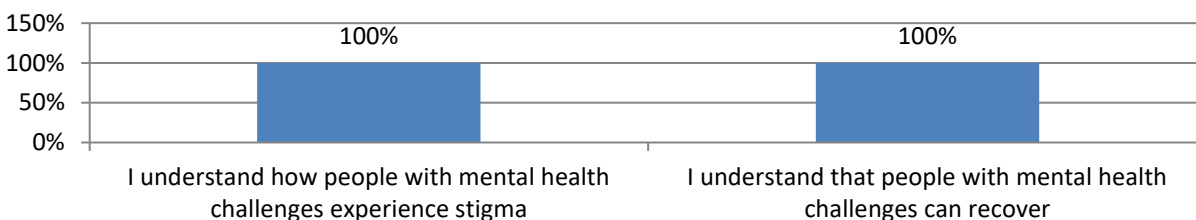


## How Well Did We Do It?

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



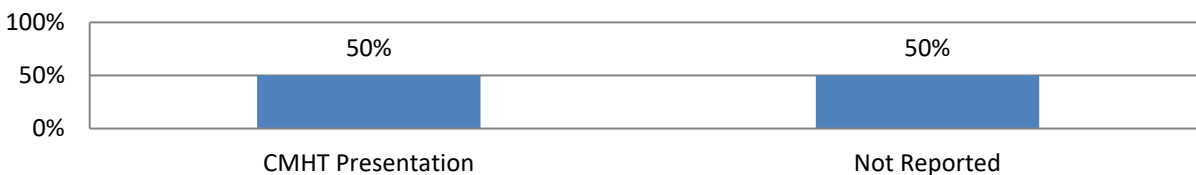
Percent of Landlords that agree or strongly agree with the following:



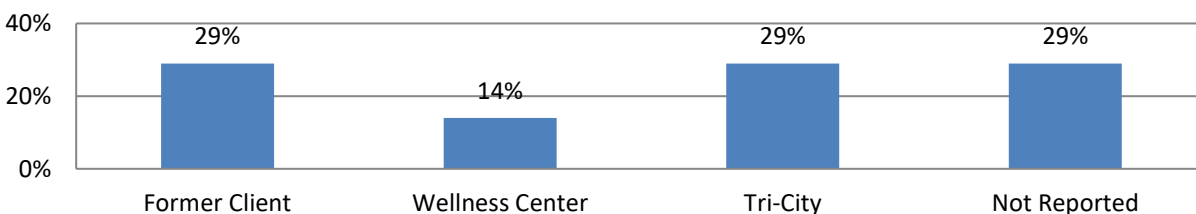
**100%**  
Housing Curriculum participants  
would recommend this curriculum  
to others

**100%**  
Housing Curriculum participants  
reported the presenter was engaging  
and approachable

Landlord - How did you hear about us:

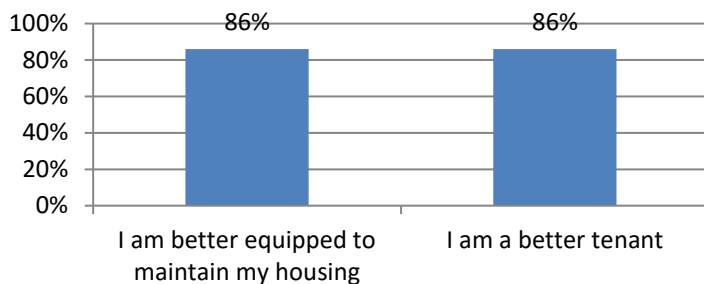


Housing Curriculum - How did you hear about us:



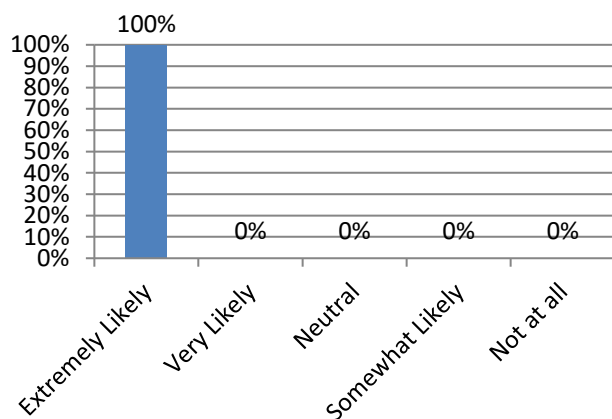
## Is Anyone Better Off?

Percent of participants, as a result of this training:

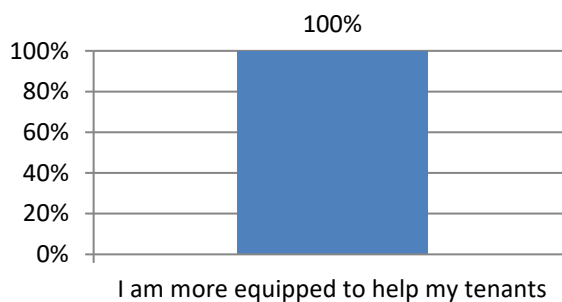


**100%**  
Housing Curriculum participants reported that staff helped them obtain the information needed so that they could accomplish their housing goals.

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



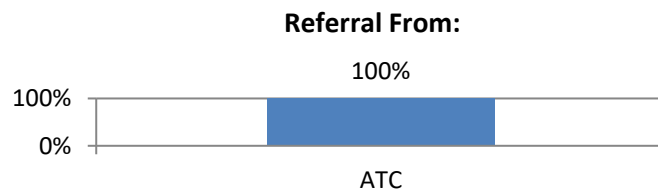
Percent of participants, as a result of this training:



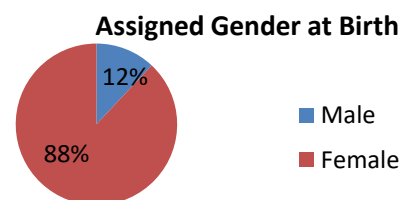
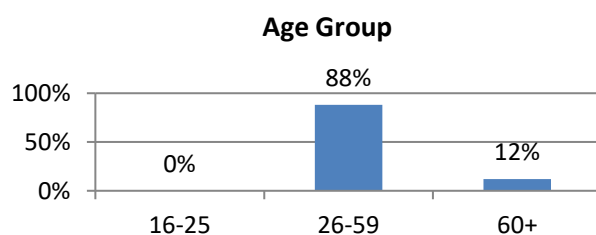
Number of Potential Responders	21
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

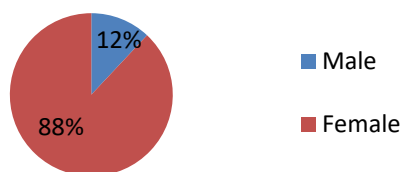
**8**  
**MHSA referrals to Housing Stability**



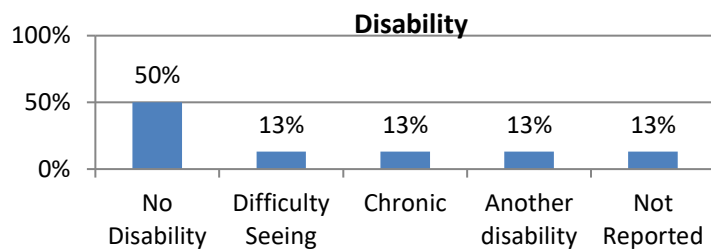
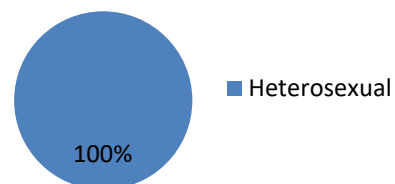
### PEI Demographics Based on MHSA Referrals



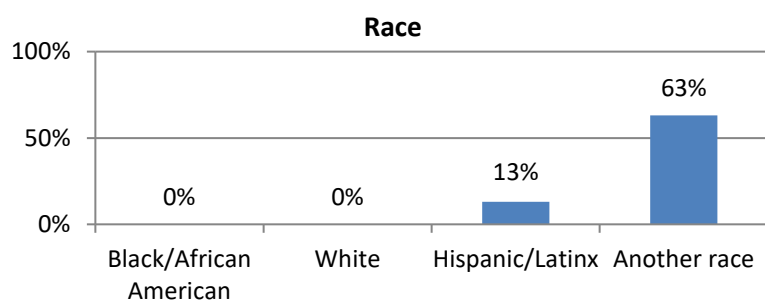
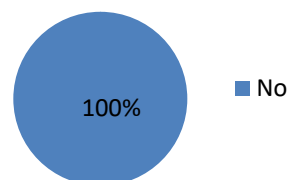
**Gender Identity**



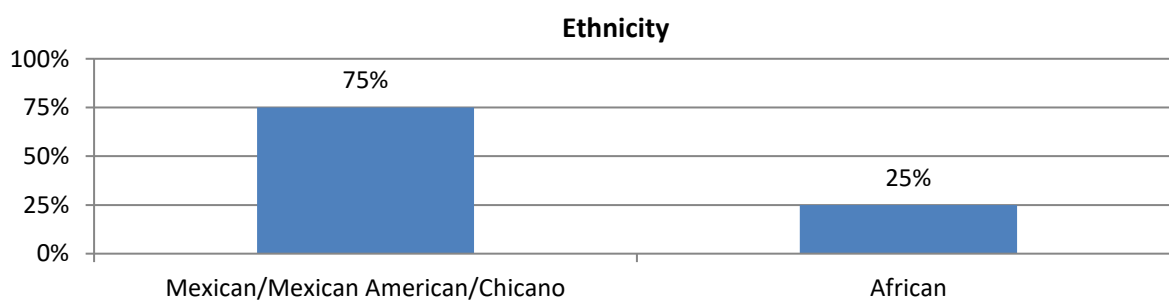
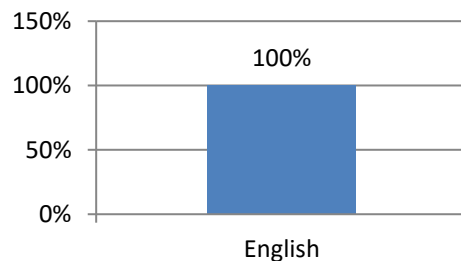
**Sexual Orientation**



**Veteran**



**Primary Language**





# Therapeutic Community Gardening

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	6	28	48	19	162	<b>263</b>
<b>Cost Per Person</b>	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**	<b>\$1,096**</b>

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

## Program Update

The majority of groups for the Therapeutic Community Garden (TCG) program in FY 2021-22 were held virtually. A new position (Clinical Therapist) was added to TCG, and this program continued to be fully staffed with one Clinical Program Manager, two Clinical Therapists, one Mental Health Specialist and one Community Garden Farmer.

The TCG beautification project that is currently in the works will assist with improving ADA accessibility for individuals who may have mobility issues or not be fully ambulatory. The beautification project will

allow for easy access to the garden gate, classroom, the garden beds, and mobility throughout the entire garden.

Additional activities for this program included providing food security to Al-Anon participants by providing the harvest grown in the garden, providing workshops for medical students, and allowing medical resident students the ability to shadow TCG groups to learn about therapeutic horticulture.

The TCG collaborated with outside agencies and held virtual and in-person workshops (i.e., Joslyn Center, Mt San Antonio, Sustainable Claremont, etc.). The TCG continued to offer groups to various demographics (i.e., ages 0-25, TAY population, Veterans, underserved populations).

The TCG provided donations to Inland Valley Hope Partners food bank as well as providing harvests of fruit and vegetables to participants and community members all year long. Staff continued the food insecurity program (provided harvest to those in need) and donated harvests for the pop-up health clinic held at Tri-City's Adult Outpatient services building.

## Challenges and Solutions

Staffing shortage due staff on leave and another staff member taking on a new position in a different department. Due to being short-staffed, the majority of groups from February 2022 to May 2022 were put on hold. Due to surges with COVID-19 pandemic in-person groups needed to be put on hold.

Other issues included the transition age youth being a difficult population to outreach, enroll and maintain in our groups. There was low attendance in the Spanish adult group. Extreme inclement weather (heat or cold) continues to be a barrier for holding groups in the garden and for providing harvests for community and participants. Finally, the garden experienced periodical break-in after hours or on the weekends

After groups were put on hiatus during February 2022 to May 2022 (with the exception of the ReConnect Garden group), TCG has slowly brought back the majority of TCG groups virtually.

During COVID surges, TCG staff continued to host groups and workshops virtually. Despite harsh weather, the TCG was still able to provide fresh and bountiful harvests to participants.

## Cultural Competence

The TCG collaborates with community colleges to serve low-income students by providing educational workshops of therapeutic horticulture with the addition of mindfulness techniques. The TCG often incorporates curriculum focused on diversity and inclusion and translates TCG material based on language needs of participants (i.e., Spanish Group). TCG staff is part of the RAINBOW Advisory Council while other staff participate in events that bring awareness to diversity, equity and inclusion.

The TCG also modifies activities for individuals with learning impairments (as needed) and group curriculum includes discussions around diversity, culture and relates this back to the therapeutic horticulture modalities. The TCG has a full-time Spanish-speaking Mental Health Specialist, bilingual groups (English and Spanish), as well as materials available in Spanish (i.e. waivers, enrollment sheet,

referral, questionnaires, flyers, how to garden handouts, recipes, curriculum PowerPoints). Materials are translated into other languages as needed and the use of interpretation services are available.

## Community Partners

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

## Success Story

This success story highlights TCG's *Mindfulness Through Virtual Garden (MTVG)* group. Within the last nine months, MTVG has seen an increase in attendees and dialogue during every session. During the check-in part of the group, participants highlighted connections between the garden and their lives. For example, one participant reported caring for their gardens/plants has given her a different understanding of growth, patience, and hope for the future. Additionally, another individual shared being able to manage the holiday blues by tapping into her senses and using her rosemary plant to practice mindfulness. She reports the skills gained from the Therapeutic Community Garden groups have assisted in better managing hard times in her life. These and other examples continue to demonstrate that the modality of Therapeutic Horticulture can parallel participant's lives in many ways. The team was delighted to hear that participants continue to gain opportunities for wellness by attending TCG groups every week.

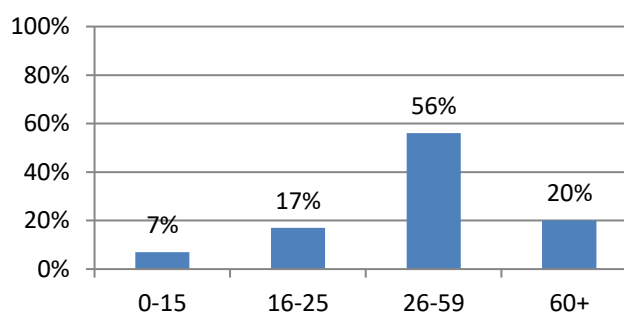
## Program Summary

### How Much Did We Do?

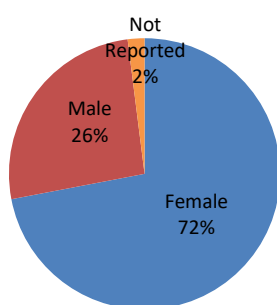
**86**  
Participants Served

**12 Months**  
Average Length of Time  
Participants Enrolled in TCG

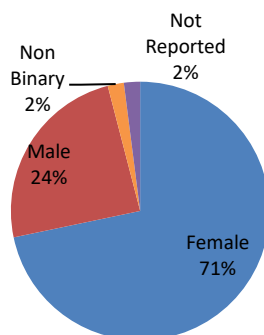
**Age Group**



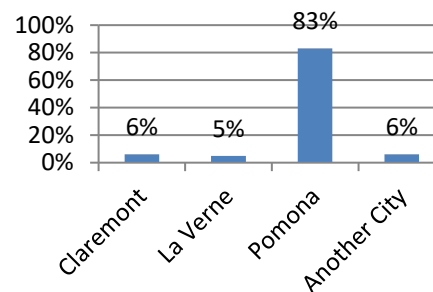
**Assigned Gender at Birth**



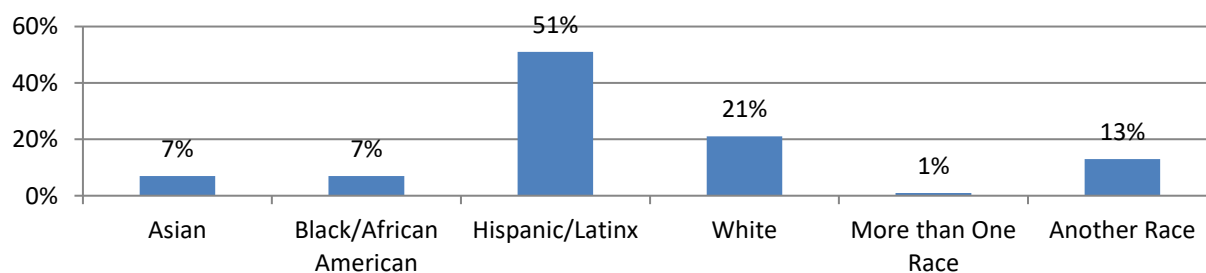
**Current Gender Identity**

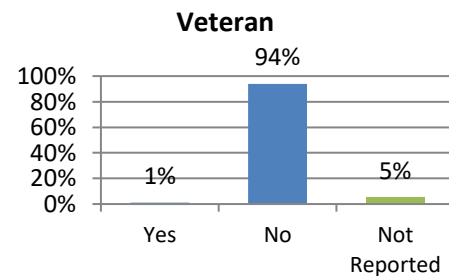
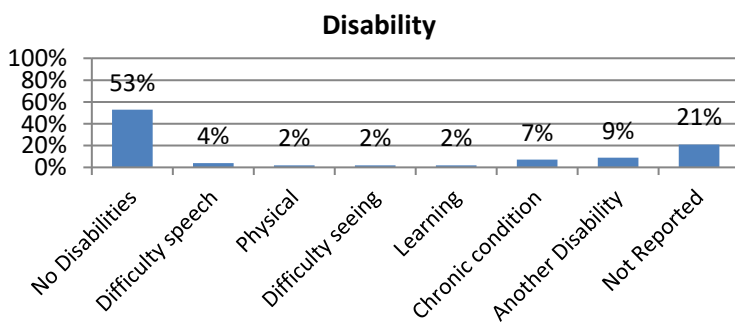
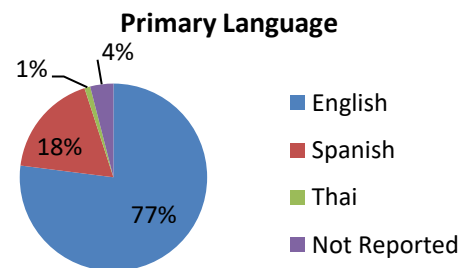
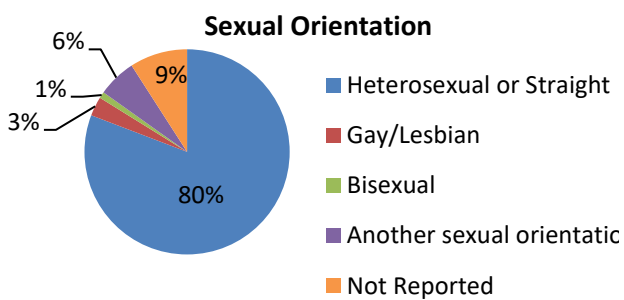
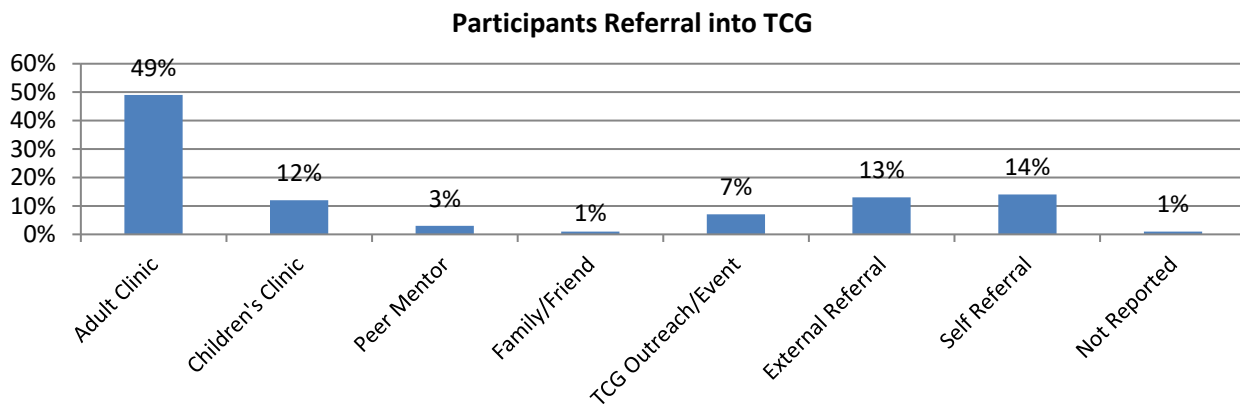
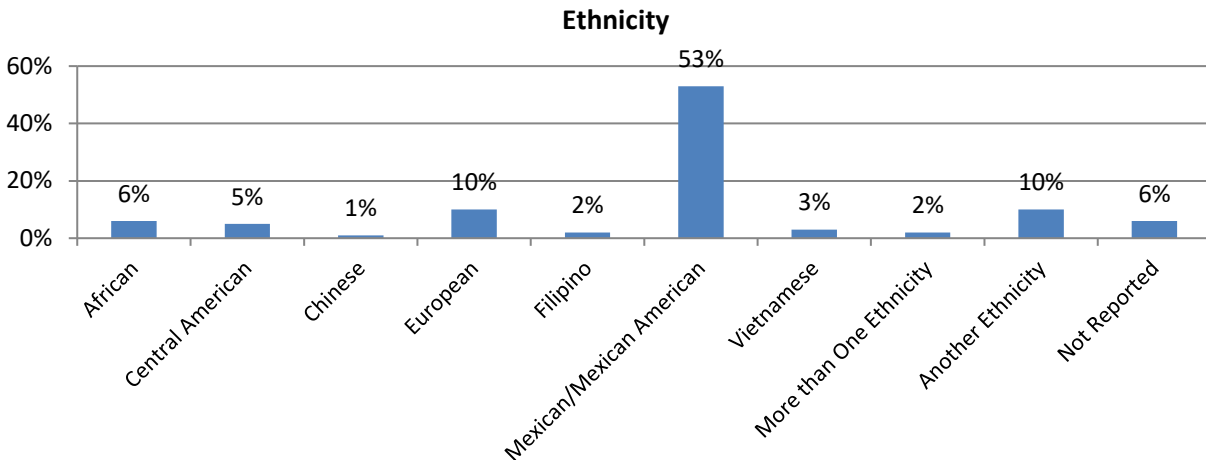


**City**



**Race**



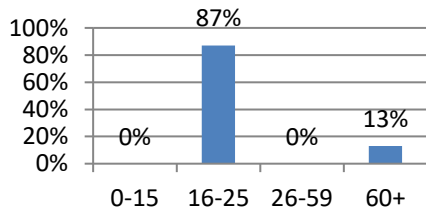


TCG Workshop/Events (Survey Demographics n=15)

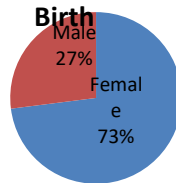
**13**  
**Workshop/Events**

**177**  
**Attendees**

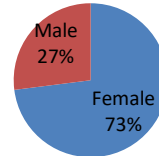
**Age Group**



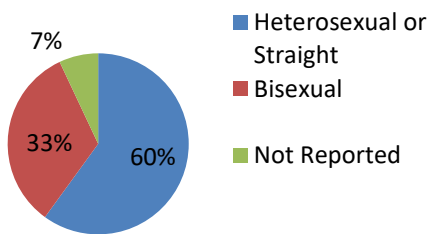
**Assigned Gender at Birth**



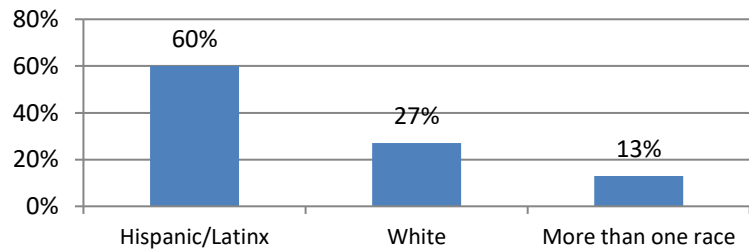
**Current Gender Identity**



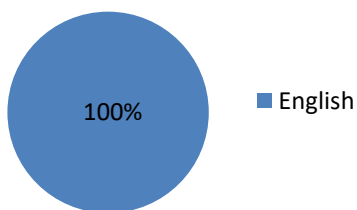
**Sexual Orientation**



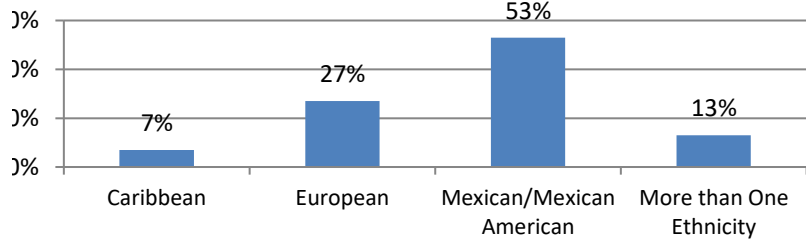
**Race**



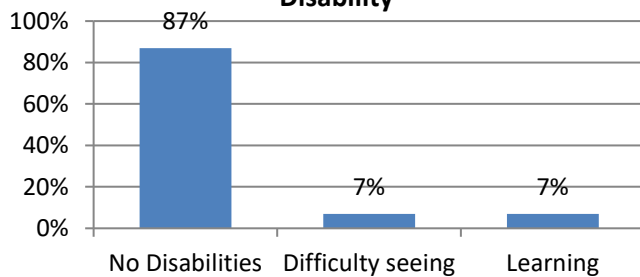
**Primary Language**



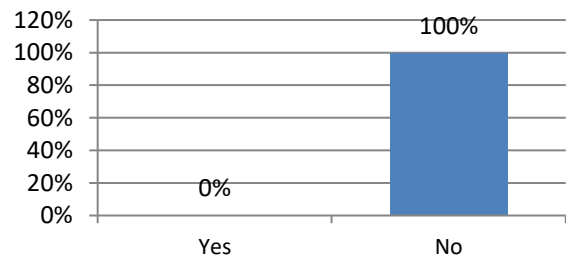
**Ethnicity**



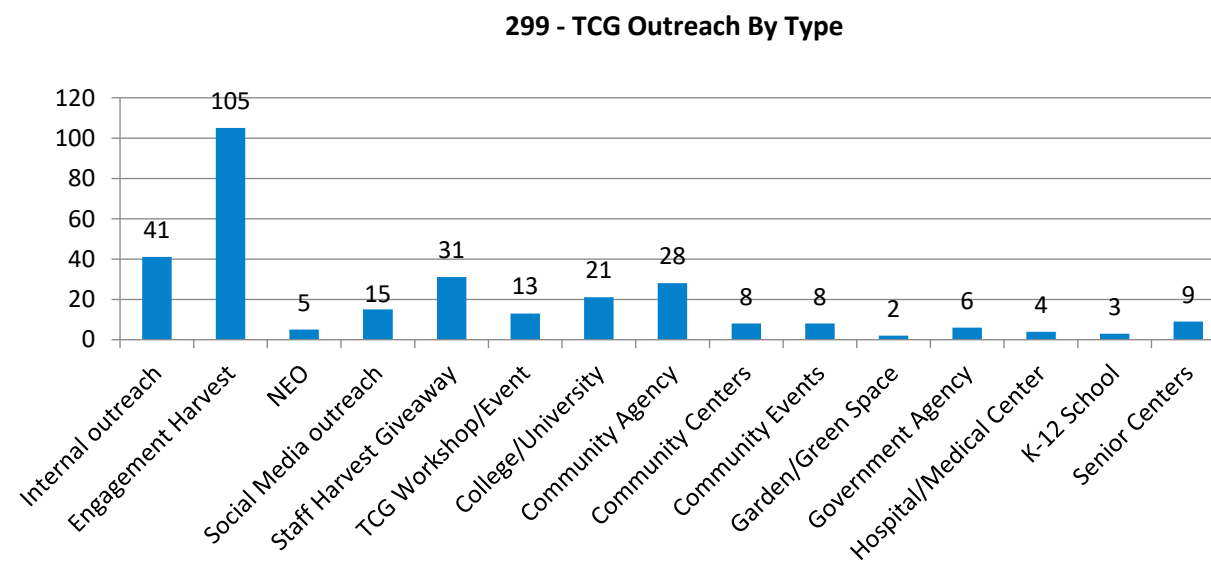
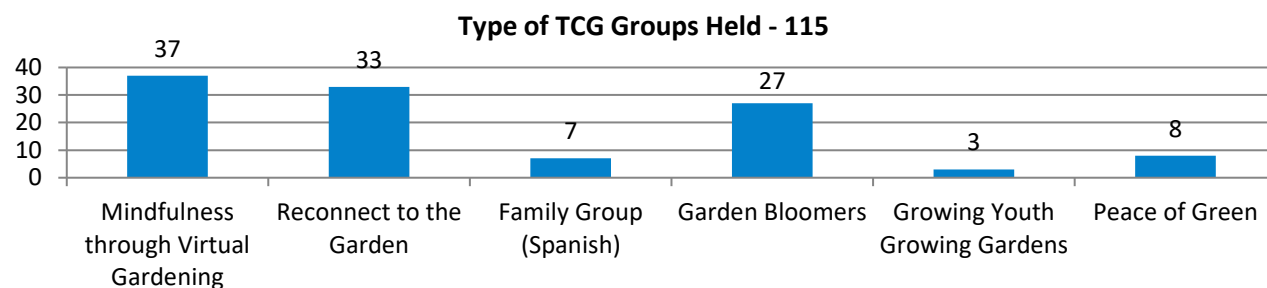
**Disability**



**Veteran**

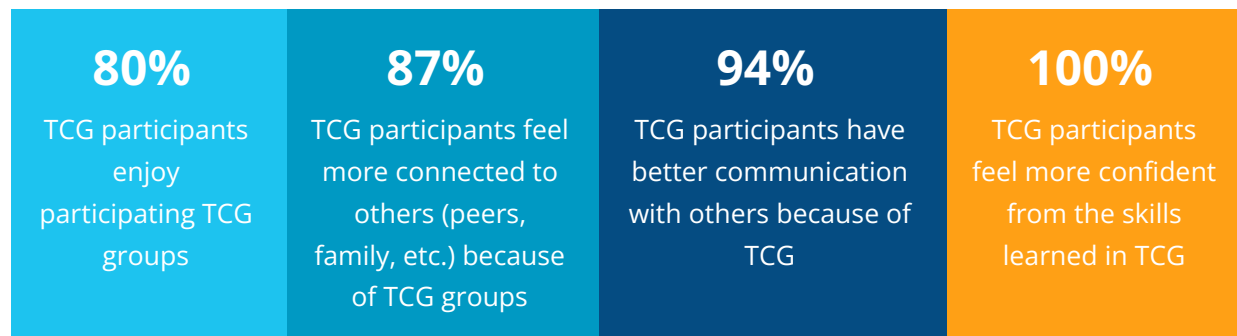


## How Well Did We Do It?



## Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=15)



TCG Workshop Survey Responses Based on Completed Surveys (n=15)



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

Learned new skills such as communication.	Benefitted from groups and my knowledge about other people.
The gardening skills have been very helpful.	TCG has helped me improve my confidence and connecting to other people
I feel more motivated learning and doing activities with others. I love being outside surrounded by nature.	I connect more with my mom about what we discuss in the groups.
It gets me out, get me talking to others, and I enjoy it all the time!	Building confidence, talking to others.
I realized that something I took for granted is actually one of the most fascinating subjects.	Managing pain, breathing, relaxing, and gained self-confidence.
I learned to keep calm and let things go.	I learned a lot about myself.



**TCG Participant – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:**

I enjoy the meeting and the knowledge that I gain, especially learning about Progressive Muscle Relaxation.

I would prefer to have these in-person.

I feel being involved with the garden I am able to express myself and share the feelings I have and people are able to do the same, in this way we all become more united.

The women that run the garden group are always encouraging and motivate me to continue doing my best.

TCG is a comfortable and casual place where you're not feeling judged or judgmental. A one hour to engage and appreciate good healing conversation. Thank You.

I really like the sound presentation. Have more garden groups like these. I think they are great and I wish we could get more people in.

it's very helpful.

I love this group.

Just continue with concepts that help with anxiety, so you're not feeling beat down, same as above.

**Number of Potential Responders**

86

**Setting in Which Responders were Engaged**

Community, schools, health Centers, workplace, and outdoors.

**Type of Responders Engaged**

TAYs, teachers, LGBTQ, families, religious leaders, and those with lived experience.

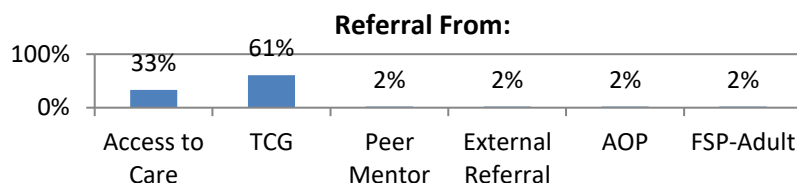
**Access and Linkage to Treatment Strategy**

There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

**Timely Access to Services for Underserved Populations Strategy**

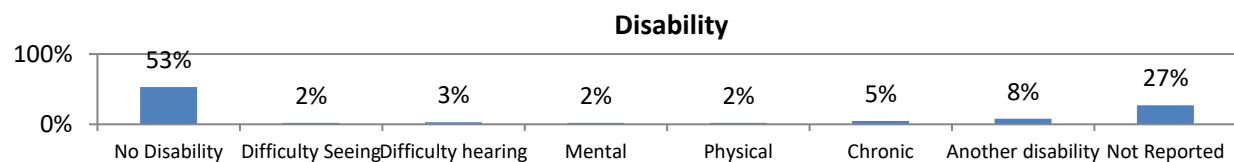
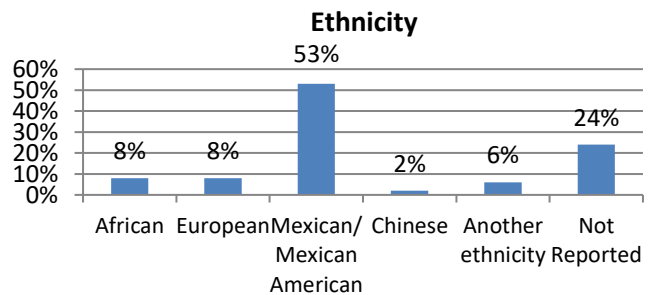
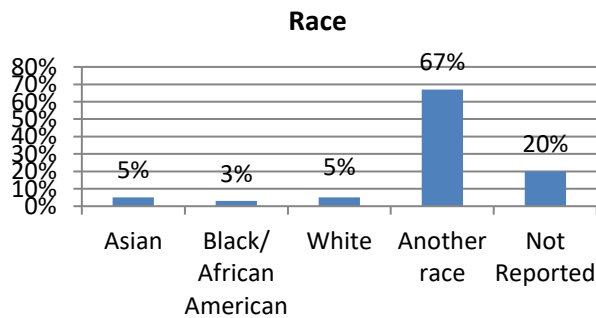
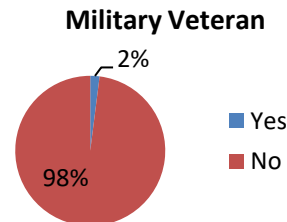
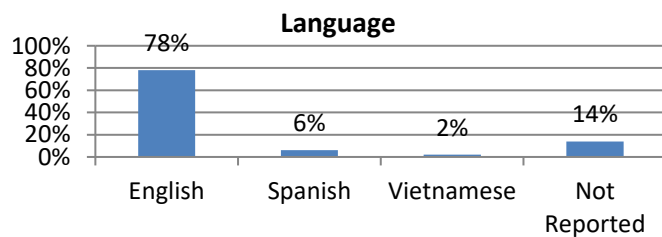
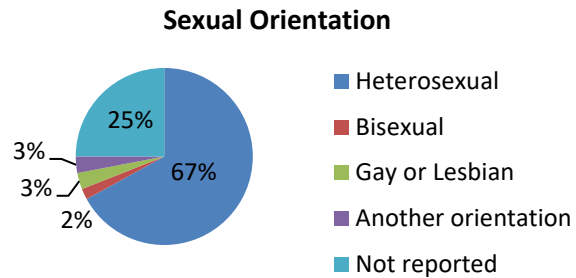
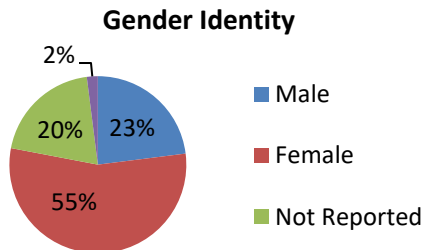
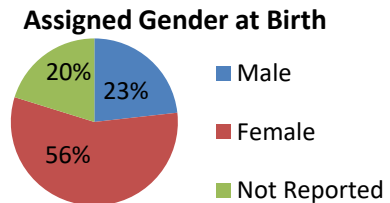
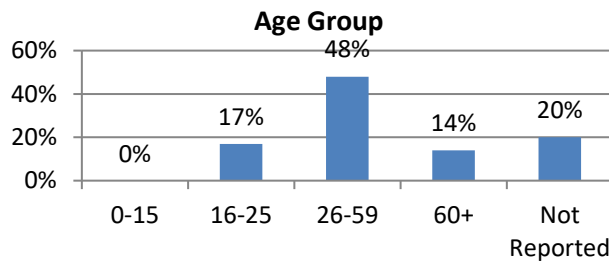
**64  
MHSA Referrals to  
TCG Program**



**32**  
**MHSA Referrals Participated in**  
**TCG Program**

**5 Average Days**  
**Between Referral and TCG**  
**Participation**

PEI Demographics Based on MHSA Referrals



# Early Psychosis Program

\_\_\_ New Program – First date of service \_\_\_\_\_

X Continued from prior year plan or update

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	0	6	24	0	13	<b>43</b>
<b>Cost Per Person</b>	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**	<b>\$3,607**</b>

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

## Program Update

The focus for the Early Psychosis included increasing referrals and enhancing the main component of this program, the Multi-Family Group (MFG). The MFG was able to launch with 4 to 5 families in regular attendance. In addition, a Spanish speaking MFG was created to support our monolingual speaking participants.

The program saw an increase in referrals in FY 2021-22 as internal staff grew more familiar with identifying candidates who fit the criteria. This increase also extended to local school partners who had also become more familiar with the program.

Due to changes in staff, the EP team became smaller and more defined which helped to improve collaboration and treatment. Having one centralized smaller group help with engaging families, encouraged staff to gain ownership of program, and increased clients understanding of the program and overall connection with the treatment team.

Future efforts include creating virtual webinars and utilizing social media to publicize information and bring awareness. In addition, adding more diversified groups and increasing staff access to psychiatry and nurses.

## Challenges and Solutions

Creating groups during the pandemic and virtually was a challenge. The PIER model, which this program is based on, was initially created for in-person groups and treatments, thus there needed to be several adaptations to telehealth. Connection and support are primary components of the group, and this was challenging to develop virtually. Families were hesitant to participate in group via telehealth and staff had a difficult time with engaging families in treatment. In addition, the turnover and change in staffing created issues with consistency.

The referral sources were confused about criteria for program (this program is for individuals with early onset or warning signs of psychosis not already experiencing or receiving treatment for psychosis). As a result, some referrals were not appropriate or the referral did not meet criteria for the program.

Finally, coordinating an internal documentation process for the documentation of all the services provided in the Early Psychosis program has been challenging while trying to navigate the electronic health record, medical and Prevention and Early Intervention (PEI) guidelines.

Possible solutions include scheduling the MFG groups in afternoon/evenings and hosting groups for specific populations to address need and concerns that are age-appropriate for participants.

The team hosted several virtual workshops to engage families and help them become at ease with joining group. In addition, adaptations were made throughout to adjust to the engagement needs of clients, in person appointments, one on one pre-coaching to help clients/families feel at ease with joining group.

## Cultural Competence

There is a Spanish MFG group to address Spanish Speaking (Refugee/immigrant families and TAYs). The EP staff ensures that clients are addressed by preferred pronouns and names to affirm client's gender identity. Staff are bilingual and bicultural staff with literature/material regarding the clinic in threshold languages (Spanish, Vietnamese, English)

The material on webinars and handouts includes pictures of diverse families. All MFG material has been translated to Spanish to accommodate the need for the Spanish speaking group. Webinars have been provided in Spanish as well as services.

## Community Partners

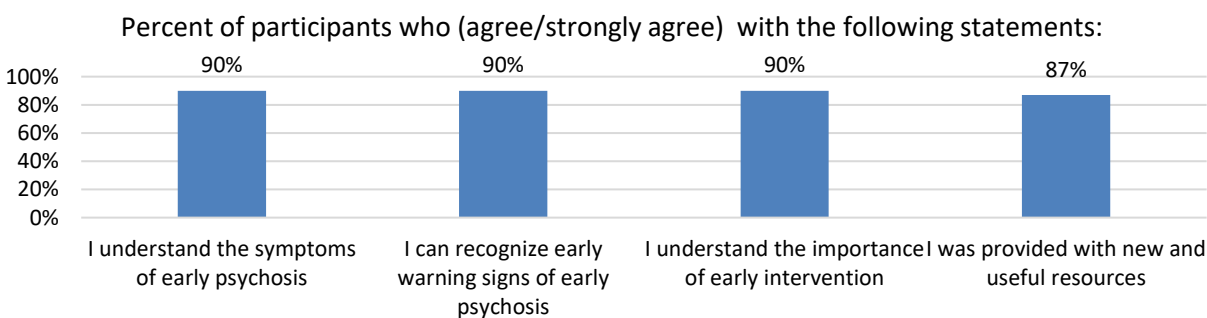
Local schools are the primary community partners for this program. In FY 2020-21, the EP team provided a virtual presentation to the Pomona Unified School District during one of their staff development days. Twenty-five teachers attended and received training on the early warning signs of psychosis.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

## Program Summary

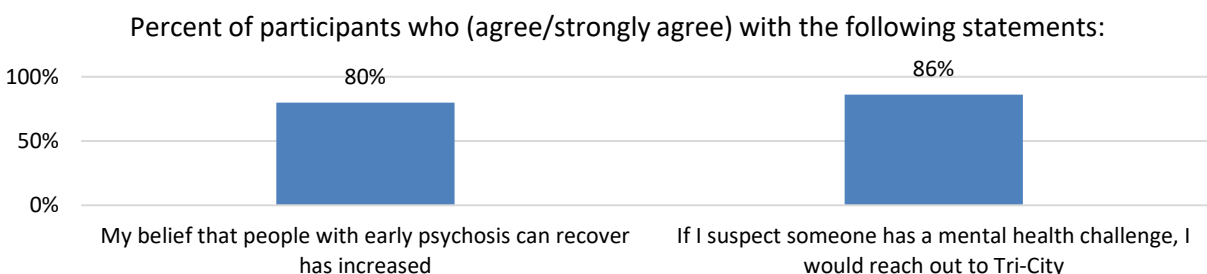
### How Much Did We Do?



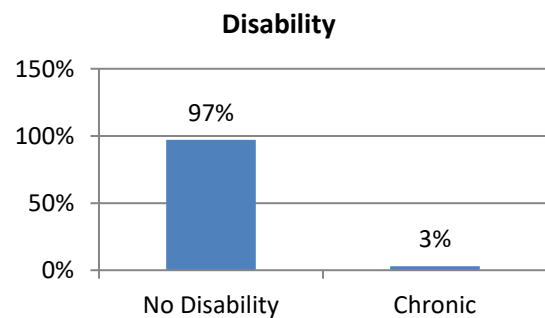
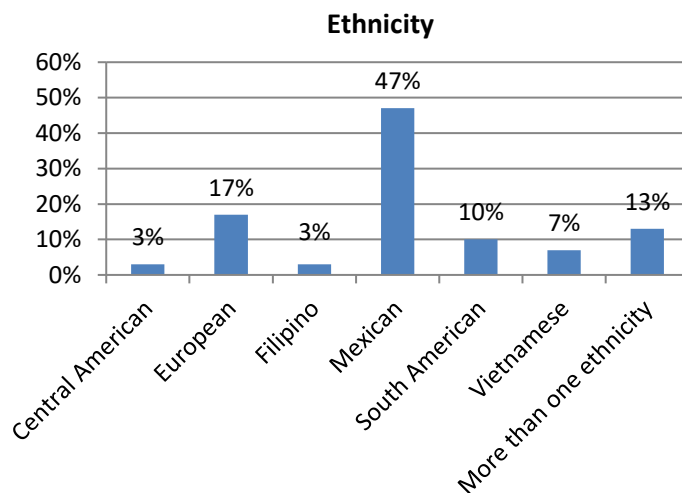
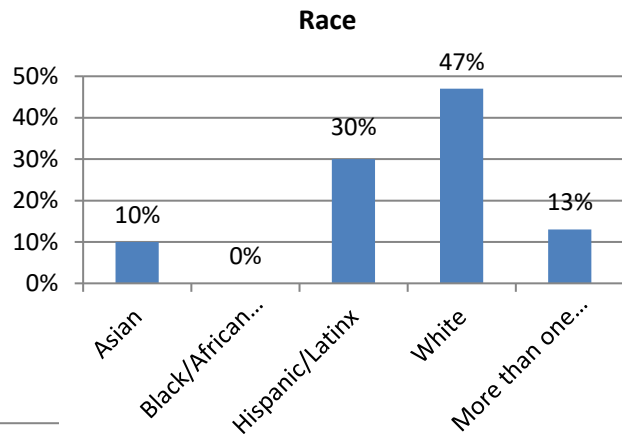
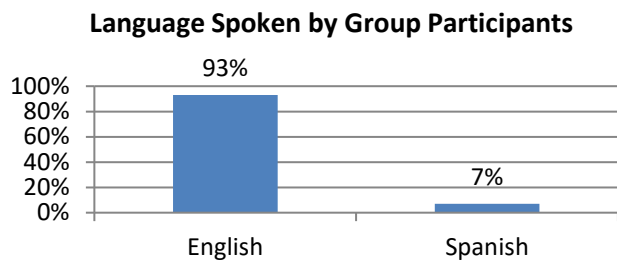
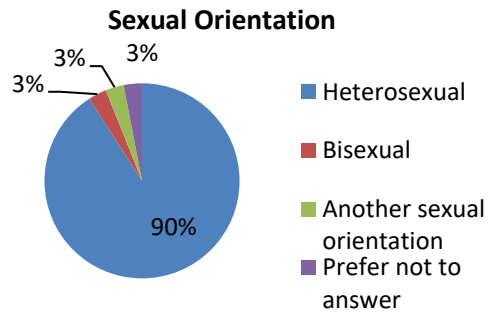
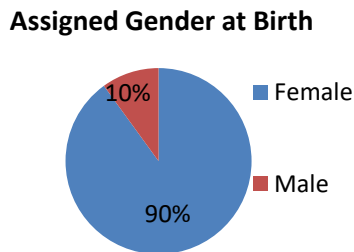
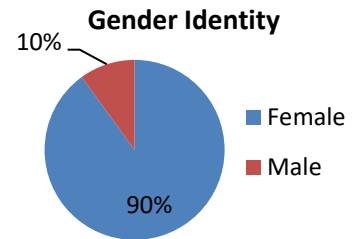
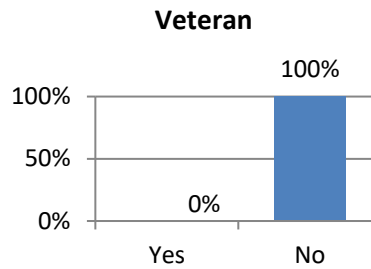
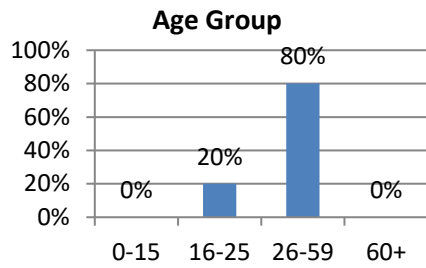
### How Well Did We Do It?



### Is Anyone Better Off?



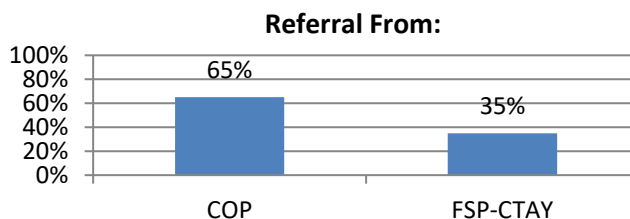
## PEI Demographics



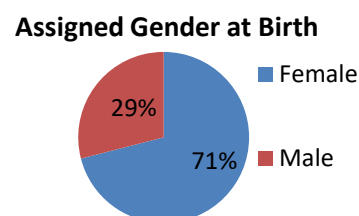
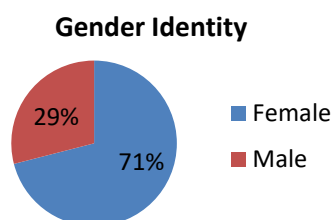
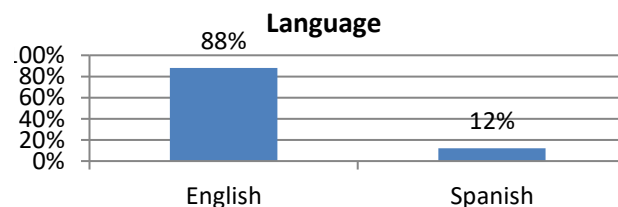
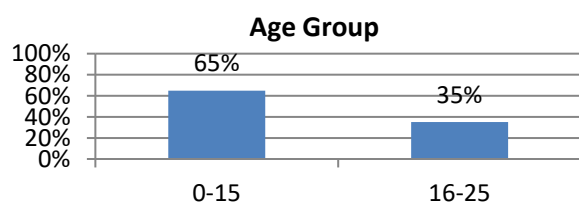
Number of Potential Responders	43
Setting in Which Responders were Engaged	Community, schools, health centers and workplace
Type of Responders Engaged	Community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

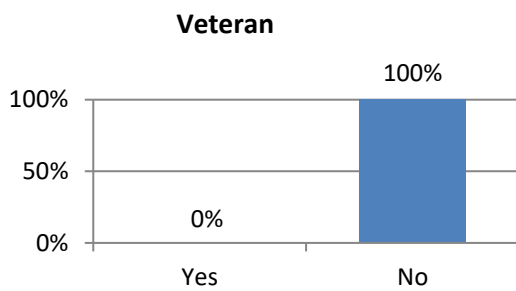
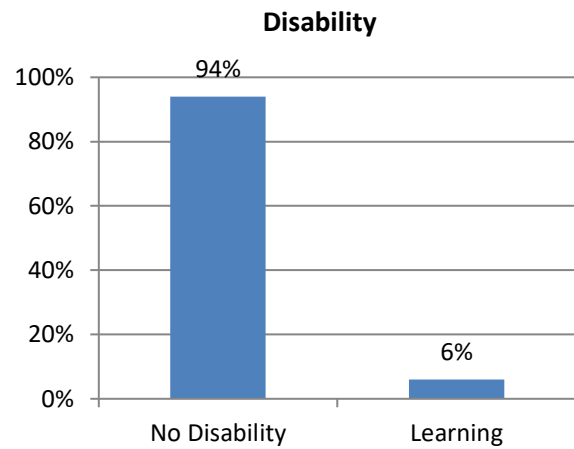
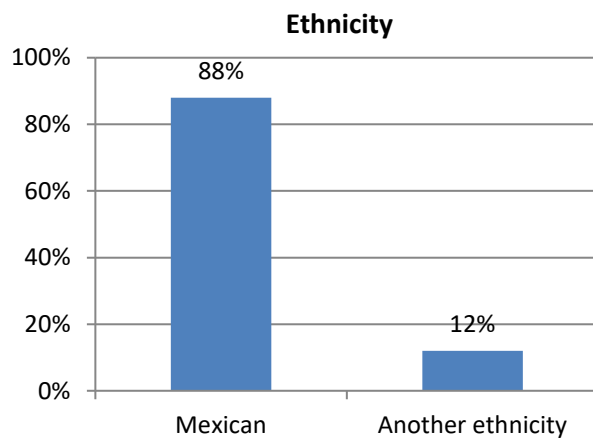
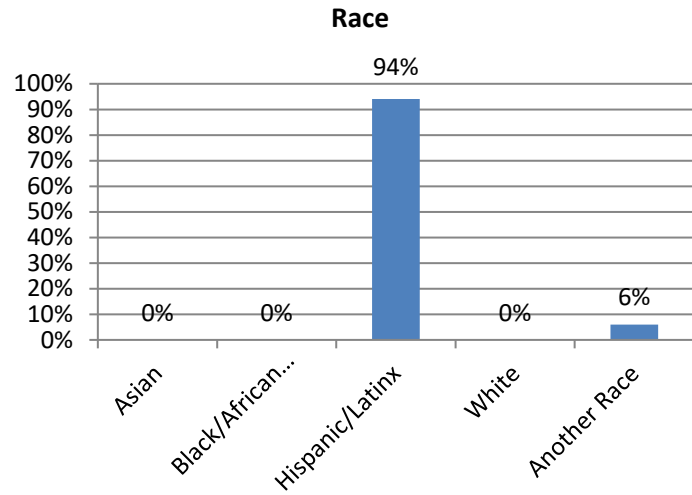
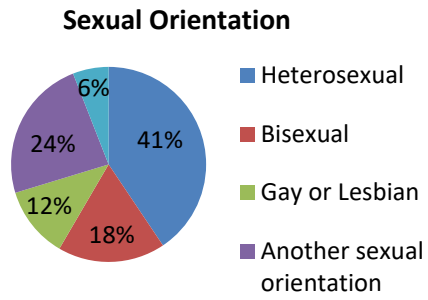
### Timely Access to Services for Underserved Populations Strategy

**17**  
**MHSA Referrals to Early Psychosis Program**



### PEI Demographics Based on MSHA Referrals







**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	<b>Fiscal Year 2023/24</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Family Wellbeing	94,178	94,178				
2. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
3. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	448,367	448,367				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	216,468	216,468				
7. School Based Services Program	570,478	570,478				
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
12. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
13. Therapeutic Community Gardening	326,676	326,676				
14. Early Psychosis	192,926	192,926				
15. School Based Services Program	570,478	570,478				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Programs - Other</b>						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
<b>PEI Administration</b>	523,328	523,328				
<b>PEI Assigned Funds</b>	94,000	94,000				
<b>Total PEI Program Estimated Expenditures</b>	3,336,066	3,336,066	0	0	0	0

# Prevention and Early Intervention Programs

## FY 2024-25

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Community Wellbeing  
Community Mental Health Training  
Stigma Reduction and Suicide Prevention  
Older Adult Wellbeing/Peer Mentor  
Transition-Age Youth Wellbeing/ Peer Mentor  
Family Wellbeing  
NAMI Community Capacity Building Program (Ending the Silence)  
Housing Stability Program  
Therapeutic Community Gardening  
Early Psychosis  
School Based

---

# Community Capacity Building Programs

Community Capacity Building is comprised of three programs: Community Wellbeing Program, Community Mental Health Trainings/Trainers and Stigma Reduction/Suicide Prevention Program

## Community Capacity Building Community Wellbeing Program

### Program Description

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

### Target Population

The Community Wellbeing (CWB) program has dedicated its efforts to improving the wellbeing of children and transition-age youth ages 0 to 25. The CWB program serves communities and groups located in the cities of Claremont, La Verne and Pomona who are either comprised of youth or fund projects that directly benefit them.

Community Grants Awarded		Community Members Represented				
13		10,809				

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2022-23	2,176	4,311	1,131	531	N/A	8,149

## Program Update

In FY 2022-23, a total of 13 Community Wellbeing Grants were awarded. These communities represented 10,809 members who will have the opportunity to participate in these community-designed and led wellbeing projects. Notably, the communities being served by these projects provide services to underserved and unserved youth. In addition, many expressed gratitude regarding being a part of the CWB grant program and were eager to learn more about other Tri-City programs and services.

During this fiscal year, the CWB program staff utilized social media platforms such as Instagram and Facebook for Grantee Spotlights. The purpose of these Grantee Spotlights is to bring awareness to who the grantees are and increase their visibility in our community. Grantees reported an increase in community members inquiring about their programming as a result of increased visibility via social media.

Each quarter grantees provide financial reports to Tri-City which reflect their spending and verify that remaining funds are in line with their project's needs.

## Challenges and Solutions

Grantees were provided both joint meetings with all cohort representatives as well as one-on-one meetings to discuss individual needs, challenges and updates experienced. Grantees exhibited low attendance as many participants reported burn out from virtual meetings. Conversely, some grantees shared that their participants reported feeling fearful about meeting in-person and prefer to only meet virtually. A solution presented was offering the grantees hybrid options for meeting, this met the needs of all participants. Grantees also collaborated with other grantees in the cohort to plan events and build connections with their participants.

Outreach for the program was a challenge. It was difficult to spread the word about the Community Wellbeing Grant, with only virtual options at the time. The CWB staff increased their use of technology and social media to meet this challenge. Program staff utilized email, social media, and the Tri-City website to promote the grant. Program staff also utilized current grantees to help with spreading the word about the Community Wellbeing Grant program. Community members shared that they heard about the important meetings and deadlines for the grant via social media. Program staff also reached out to Tri-City Community Navigators to help promote the Community Wellbeing Grant.

## Diversity, Equity and Inclusion

CWB staff consists of a bilingual staff member and all materials and presentations are available in English and Spanish. The program works with community entities that provide services to underserved and unserved communities, focusing on ages 0-25. Grantees also network and collaborate with each other to serve marginalized populations. Trainings resources related to cultural competence are disseminated to grantees, and the grantees distribute them to their participants. The CWB program also works closely with the RAINBOW Wellness Collaborative and the Pomona Pride Center which support the LGBTQIA+ population.

## Community Partners

In addition to collaborating with several internal programs, CWB works in partnership with several agencies such as: Assistance League of Pomona Valley, Bithiah's Family Services, Bright Prospect, dA Center for the Arts, God's Pantry, Health Bridges, Just Us 4 Youth, La Verne Youth & Family Action Committee, Pomona Hope, Pomona Pride Center, Pomona Students Union, Pomona Youth Prevention Program/NCADD-ESGPV and Purpose Church. These organizations represent an array of services and supports for our community and the 0-25 population.

Program staff also connected various grantees to Tri-City's Community Mental Health Trainer to continue to promote mental health and wellbeing. Grantees also shared resources and events in their communities, and program staff shared these resources with the cohort as well as Tri-City staff. Some grantees also shared that they participated and collaborated with other grantees in the cohort. One example was Bithiah's Family Services and Just Us 4 Youth, who collaborated on a project and will apply for a grant next year.

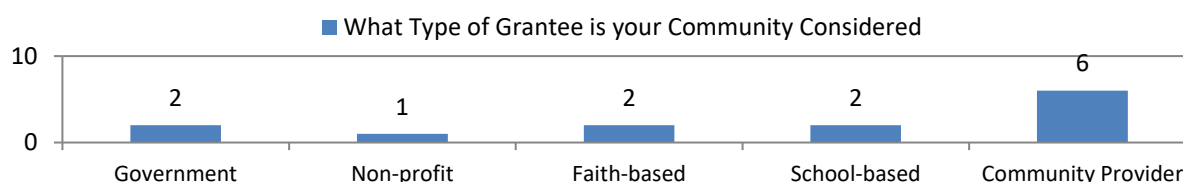
## Success Story

Grantee, Bright Prospect's Community Wellbeing Academy, is a series of workshops focused on mental health awareness and wellbeing for students ages 14-25 and their parents. Together, students and their parents or guardians had the opportunity to hear from mental health professionals and learn how to reinforce positive mental health habits at home. Through this project, students learned to support their own mental health while building community with each other to support their peers.

This is Bright Prospect's last year of receiving a Community Wellbeing Grant for their project Community Wellbeing Academy. Their project leader has been instrumental in making sure their project is successful and meeting all their project goals. CWB reached out to their project leader and invited her to be part of our selection committee for the next fiscal year. The selection committee is responsible for reading applications and interviewing potential grantees for the new fiscal year. Bright Prospect's project leader joined our selection committee and brought valuable insight, feedback, and knowledge to the selection committee from a grantee perspective.

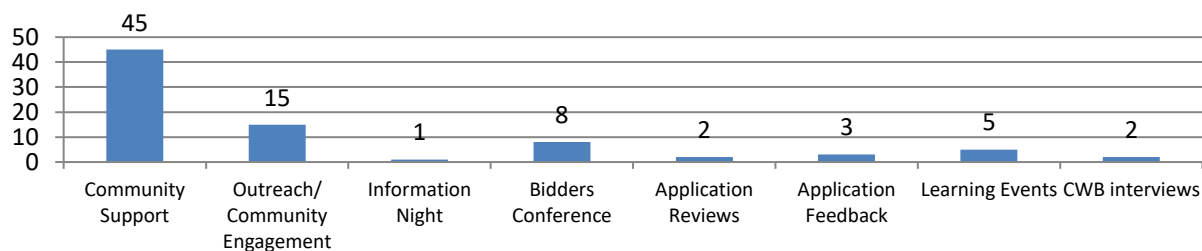
## Program Summary

### How Much Did We Do?



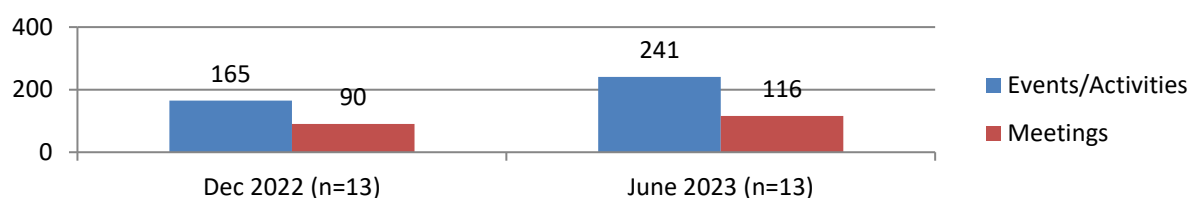
295 Attendees for Events listed below

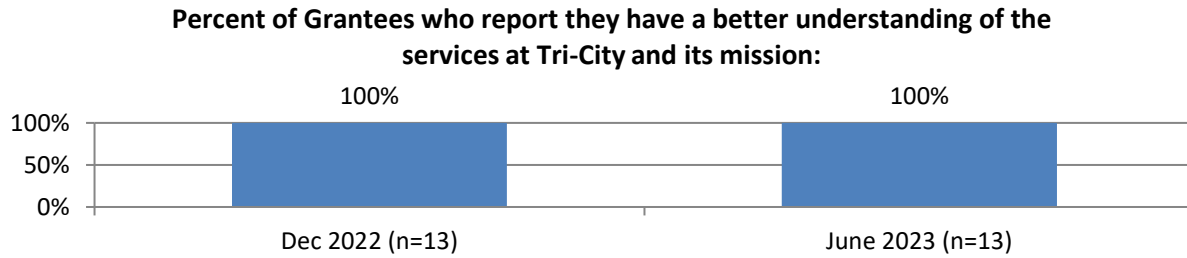
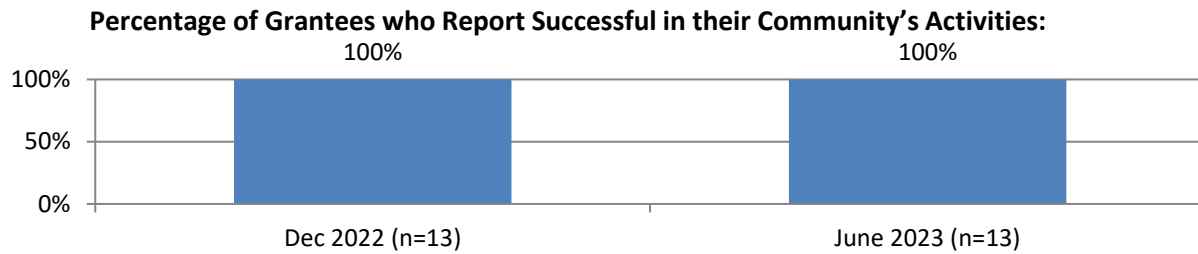
#### Number of Events Held by Community Capacity Organizer



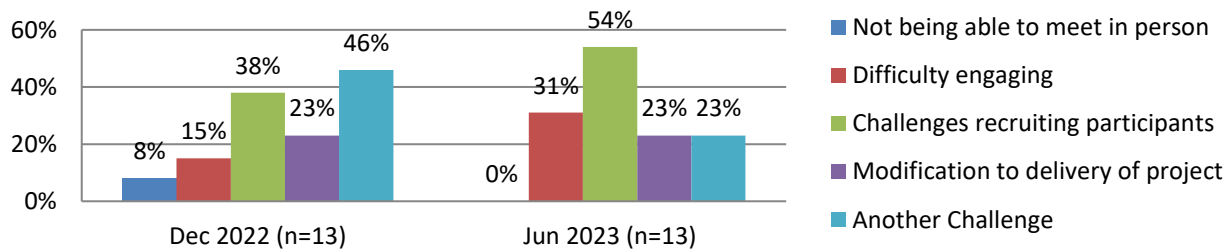
12,874 Attendees for Events listed below:

#### Number of Events/Activities and Meetings Hosted by Grantees

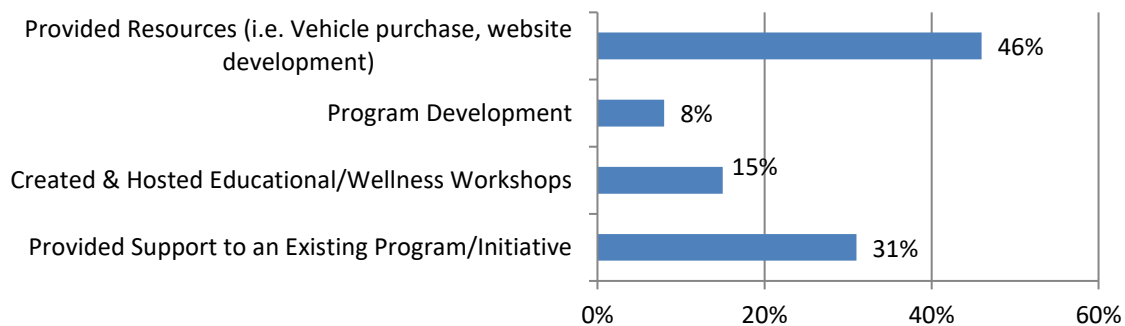




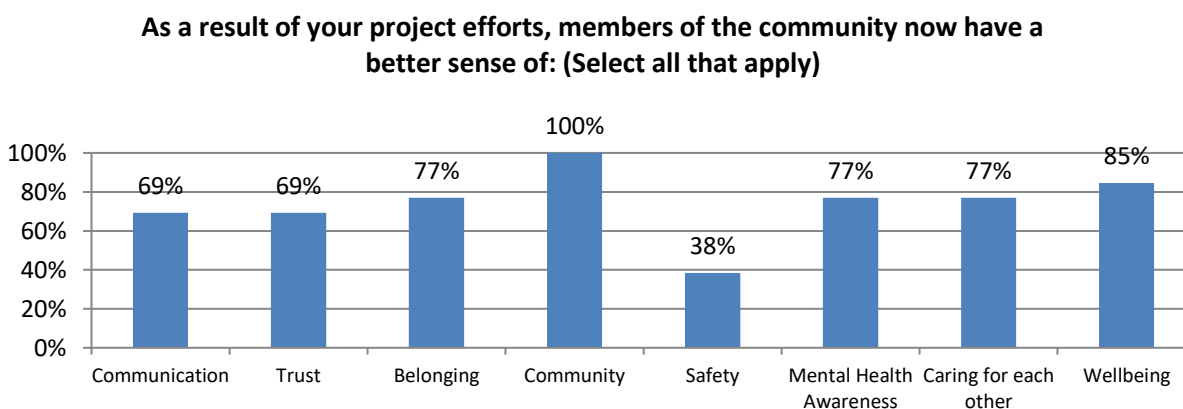
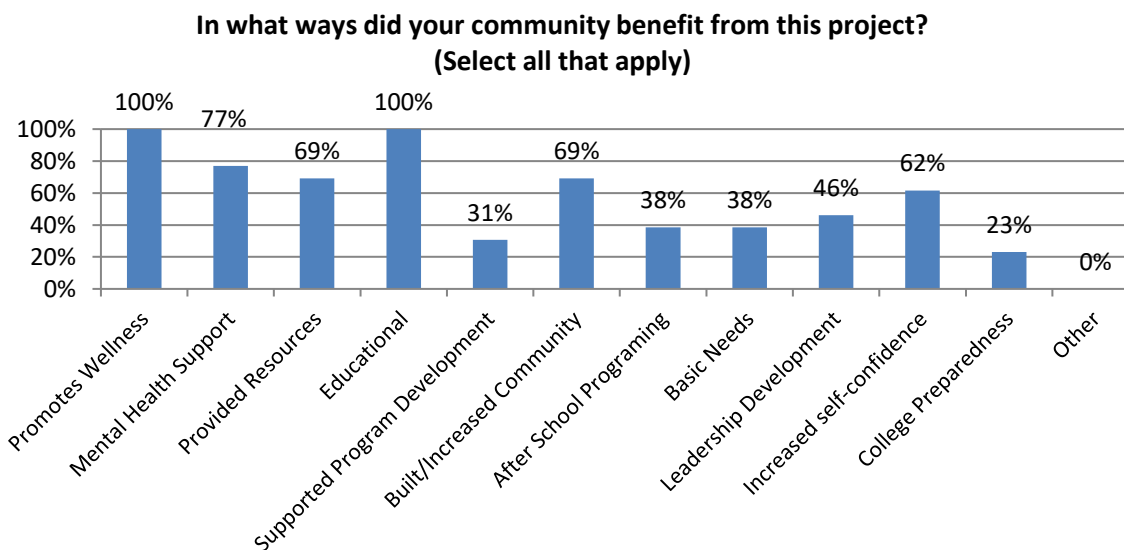
## How Well Did We Do It?



## How Grantees Utilized Funds - by Project Categories



## Is Anyone Better Off?

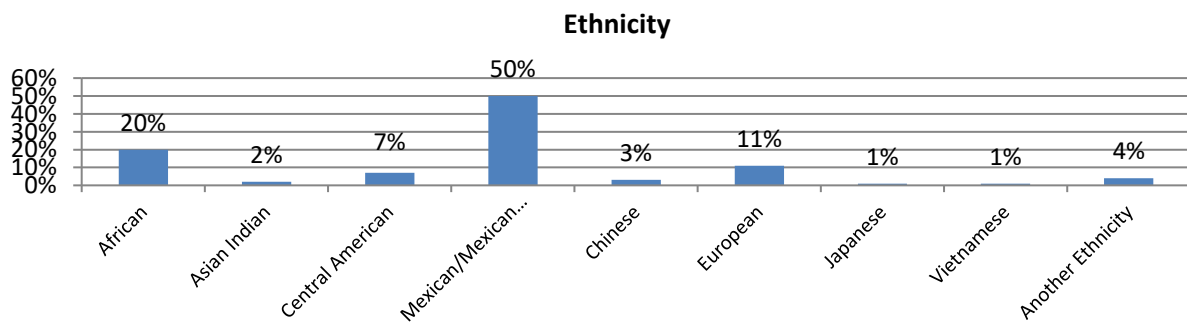
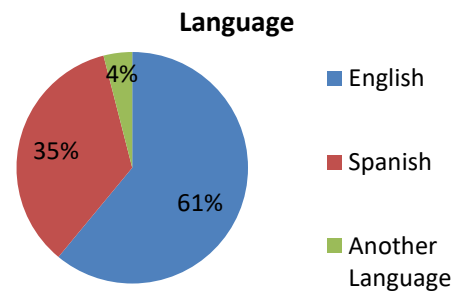
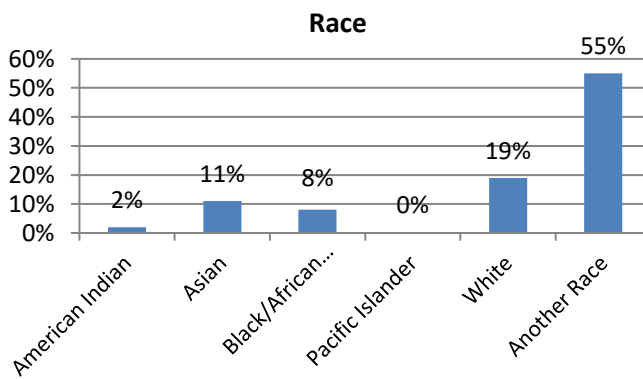
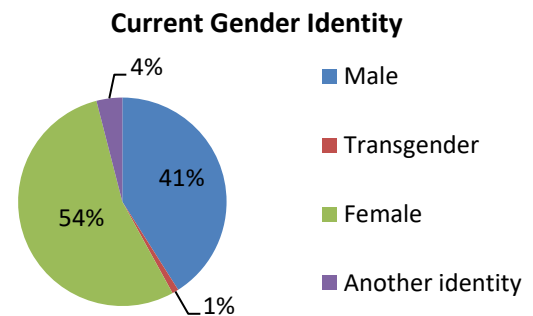
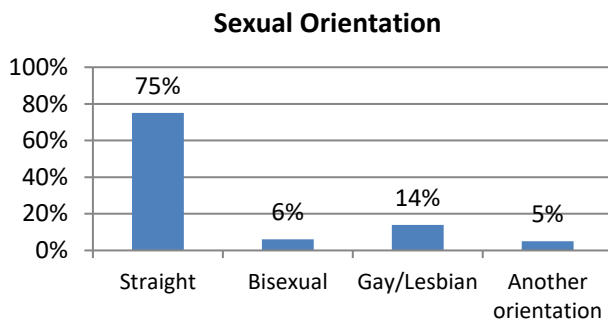
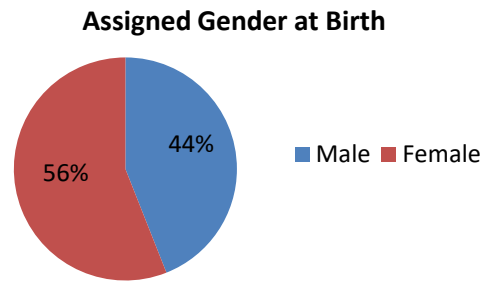
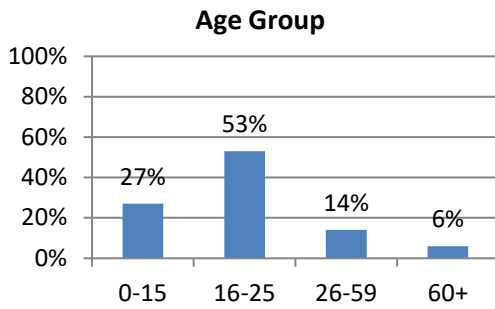


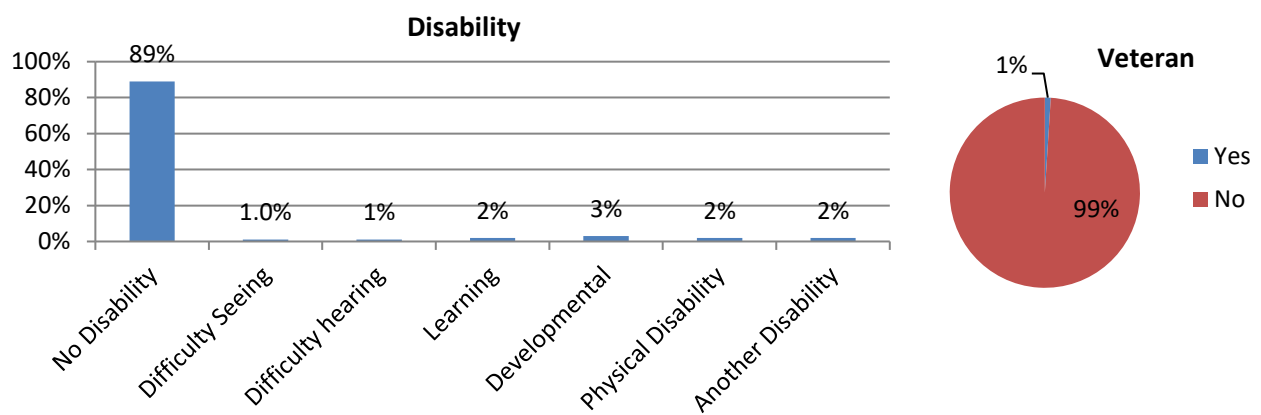
### What was the most successful outcome of this project:

- Built a sense of community.
- Empower participants about MH stigma in their communities.
- Providing resources to the summer lunch program.
- Participants have a sense of community and belonging.
- Providing resources to students and educating them about mental health and wellness.
- Seeing children and their families who were strangers at the start become friends.
- Students are showing improved self-esteem and self-care.
- That we exceeded the number of teens helped than originally projected.
- Improving youth wellness and mental health.
- building community through discussions around mental health through workshops.
- Educating students on the importance of confidence and responsibility.
- Implementing the mentorship program.
- Providing basic needs to women.



## Grantee Community PEI Demographics (13 grantees completed December 2022 survey)





Number of Potential Responders	12,874
Setting in Which Responders were Engaged	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
Type of Responders Engaged	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to Community Wellbeing Program**

# Community Capacity Building

## Community Mental Health Trainings

### Program Description

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

### Target Population

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

Community Mental Health Trainings				Number of Individuals Trained		
42				489		
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	0	29	37	5	418	<b>489</b>

### Program Update

The Community Mental Health Training (CMHT) program began to see an increase in individuals requesting in-person trainings as opposed to the virtual option used last fiscal year, due to COVID-19. In addition to the five primary trainings offered, CMHT also provided trainings related to nutrition and wellness, everyday mental health (covers basic information pertaining to general mental health and wellness), self-esteem, stress management, Black, Indigenous, People of Color (BIPOC) mental health, and the Wellness Recovery Action Plan (WRAP). The program also had new opportunities to present to the cities of La Verne and Claremont, via presentations to the La Verne City Services and Police Department as well as Claremont High School students interested in learning about Tri-City and opportunities in the field of behavioral health.

Significant ratings from participants include: 84% of participants reported feeling confident in using or applying the skills learned in the training. Additionally, 97% of participants reported that they would recommend the training to others.

## Challenges and Solutions

Challenges included transitioning from virtual to in-person platforms, while keeping hybrid options available. Solutions included reviewing Tri-City and CMHT documents/forms and consulting with MHSA PEI Program Supervisor about policy and procedures. This assisted CMHT to be better equipped when planning and setting up trainings for community and staff.

Challenges also included identifying potential attendee activators/triggers during in-person presentations and addressing how to keep a training environment safe and supportive for individuals who may be experiencing discomfort or stress during attendance. Solutions included having additional staff to support, provide disclaimers about activating content, and allow attendees to step away as often or needed before returning to the remainder of the training.

## Diversity, Equity and Inclusion

The Community Mental Health Training team consists of bilingual staff who are available to offer trainings in both English and Spanish. In addition, most materials and brochures are available in both English and Spanish. Continuing to offer trainings virtually also supports efforts in eliminating barriers related to lack of transportation or physical mobility. Additionally, trainers complete cultural competence trainings and these concepts are incorporated in the trainings provided to the community.

## Community Partners

Community engagement is key to the success of the CMHT. Partners include local colleges, school districts, law enforcement, community-based organizations, and faith-based organizations. Some examples of community partners include: David and Margaret Youth and Family Services, Youth Build Charter, Bright Prospect, Volunteers of America, Bonita Unified School District, Cal Poly Pomona Veterans Resource Center, and Community Wellbeing Grant recipients.

## Success Story

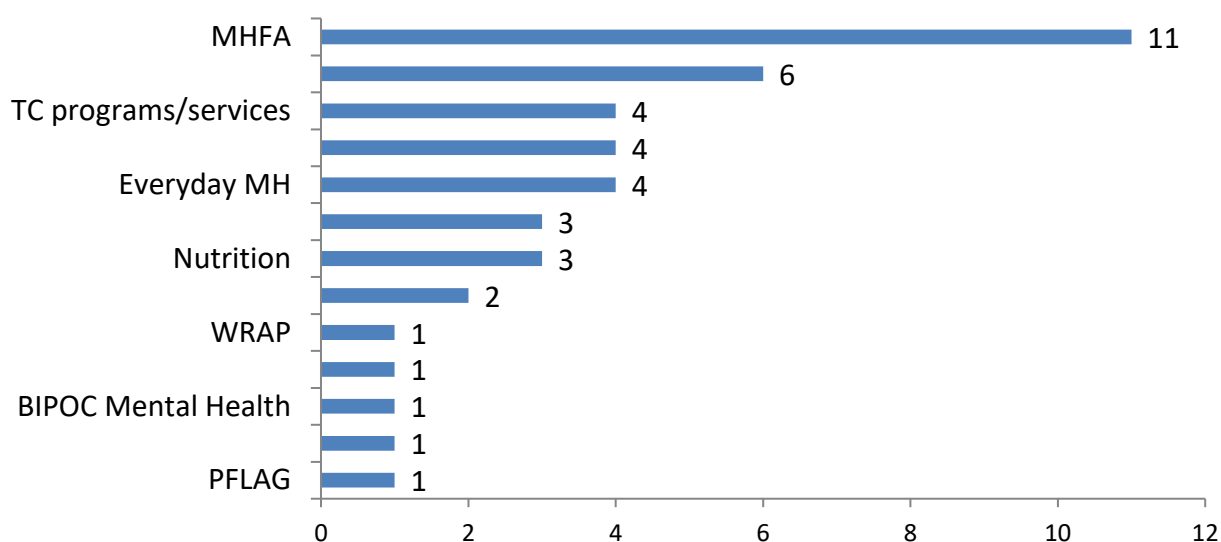
A community partner, Western University, provided a list of accomplishments to the CMHT program during FY 2022-23. The University included a list of accomplishments in their staff council newsletter and shared that through the assistance of the CMHT program, they were able to certify nineteen staff members in Mental Health First Aid.

## Program Summary

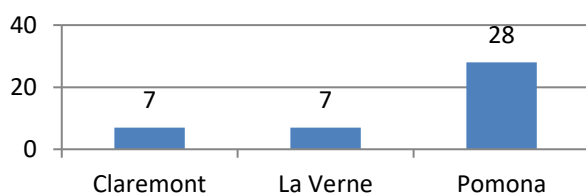
### How Much Did We Do?



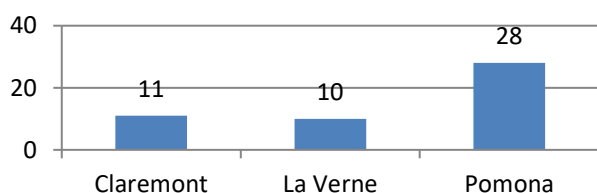
Community Mental Health Presentations



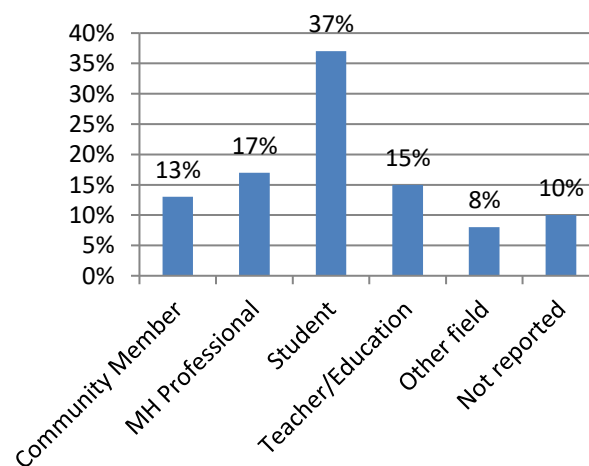
City Requesting Presentation



Attendees Service Area/Affiliation

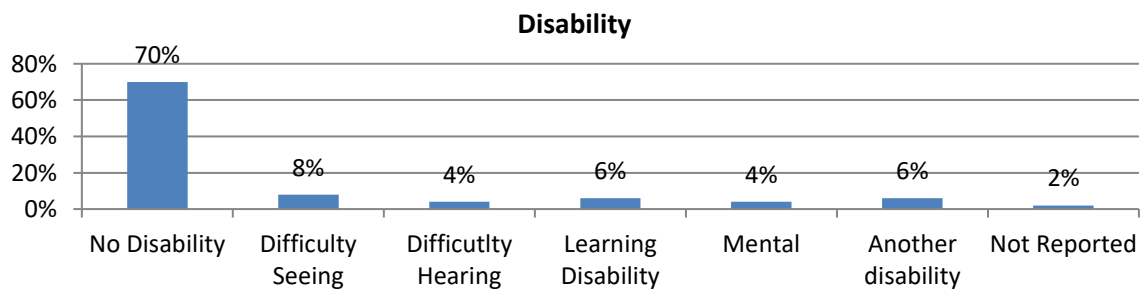
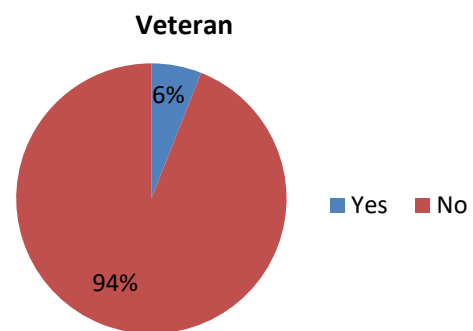
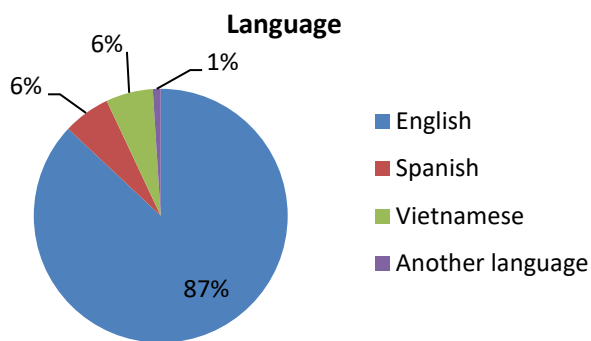
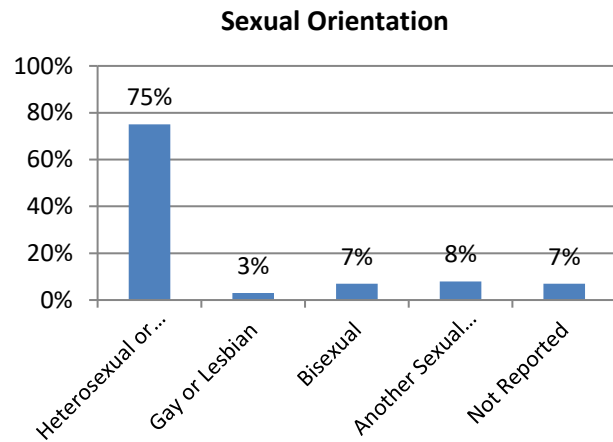
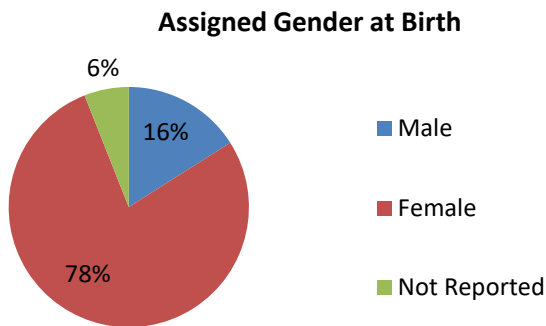
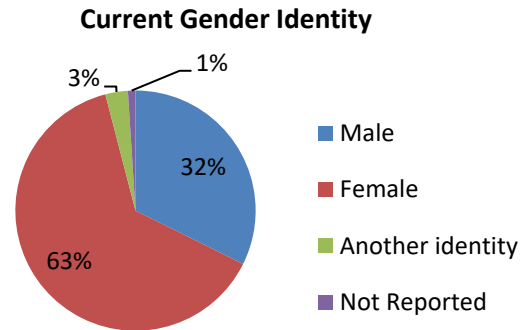
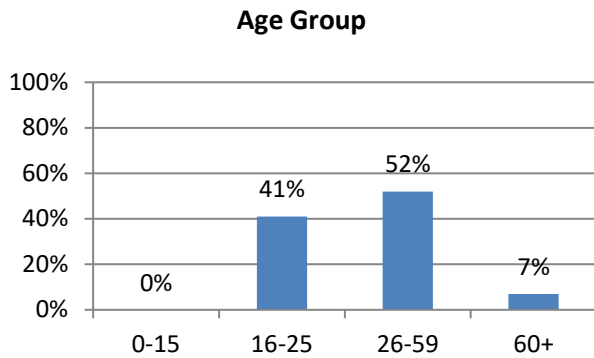


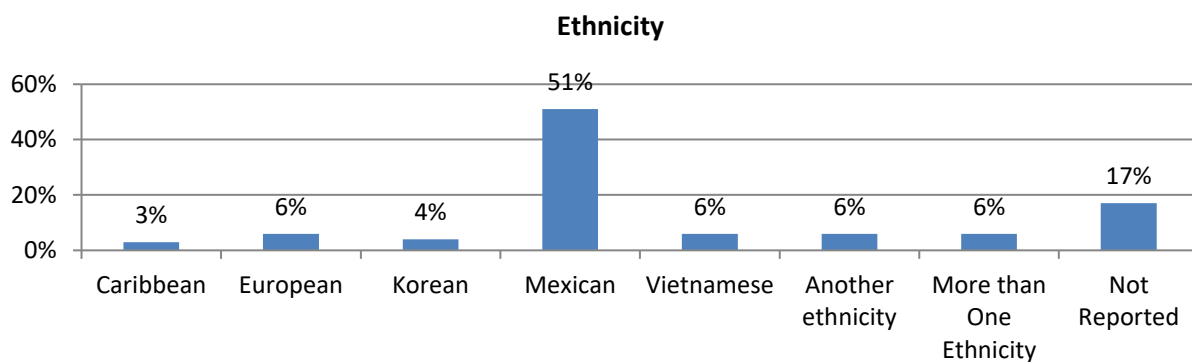
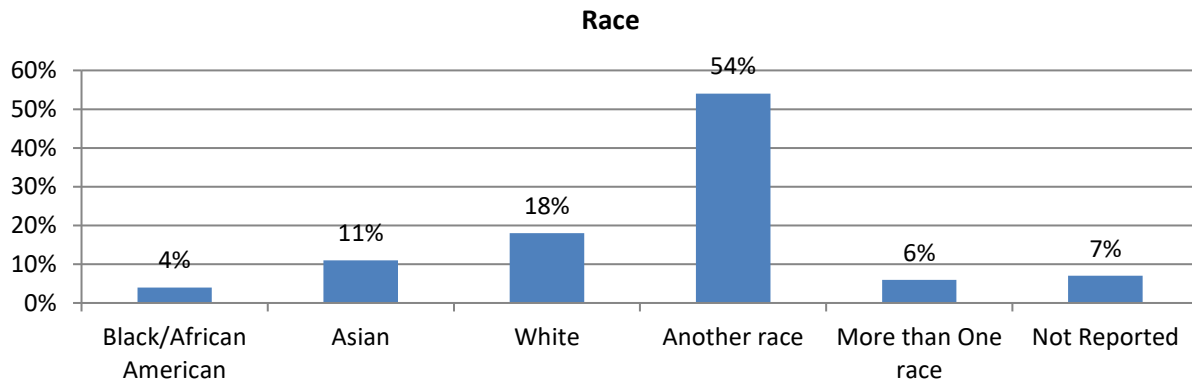
What field/profession are you in:



## PEI Demographics from Surveys (Survey Responses = 72)

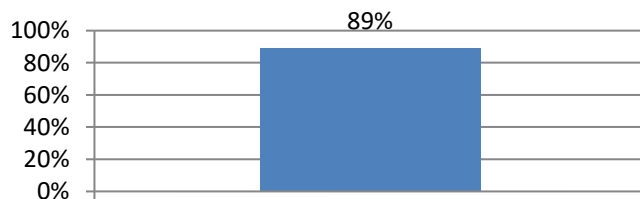
PEI Demographics only completed by Adults 18+



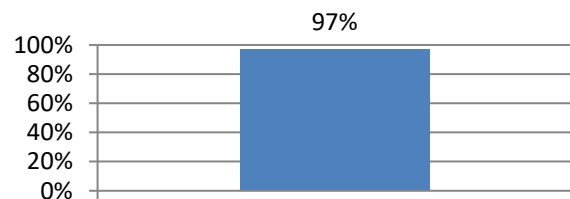


## How Well Did We Do It?

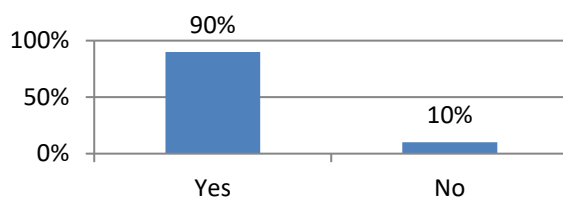
**Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others**



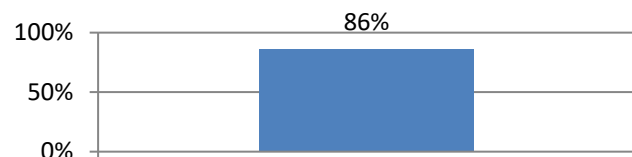
**Percentage of participants who rated the presentation as good or excellent:**



**At any time in your life, have you experienced a traumatic event or mental health challenge?**

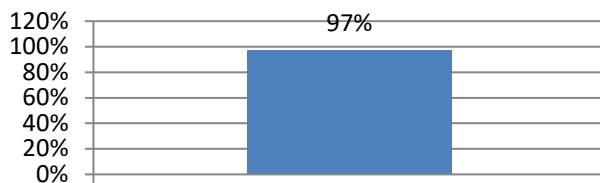


**If so, has this presentation provided the support to manage your wellness or recovery?**

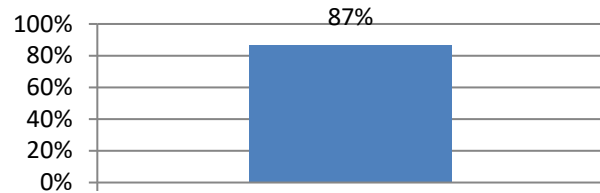


## Mental Health First Aid (MHFA)

**Percentage of participants who report increased knowledge about recognizing the signs and symptoms of mental health or substance use challenges**



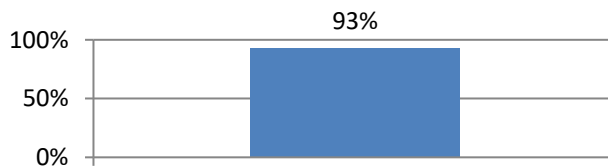
**Percentage of participants who can express concerns to any person about mental health signs and symptoms to help that person to seek timely support**



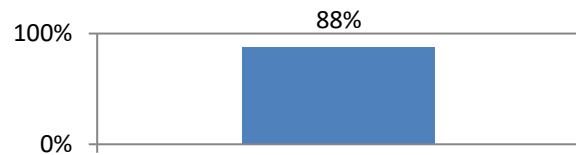
## Is Anyone Better Off?

### Mental Health First Aid (MHFA)

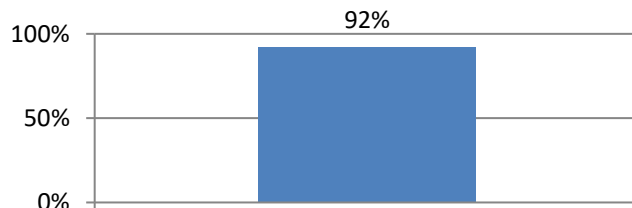
**Percentage of participants who report feeling confident in using or applying the information they learned in the presentation**



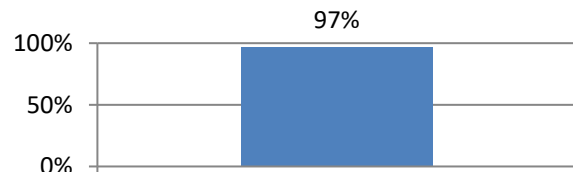
**Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use...**



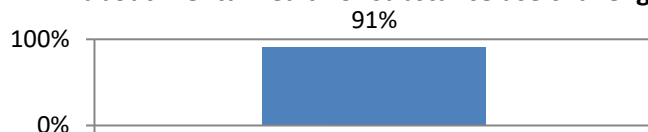
**Percentage of participants who would recommend presentation to someone else**



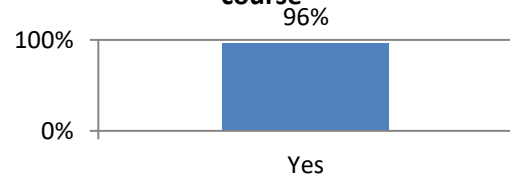
**Use ALGEE action plan to connect an adult experiencing signs and symptom(s) of a mental health or substance use challenge or crisis to...**



**Have a supportive conversation with anyone about mental health or substance use challenges.**



**Would you take another MHFA course**



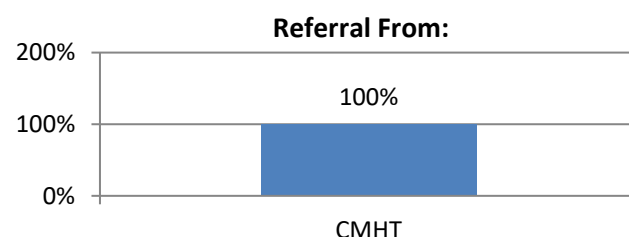


Number of Potential Responders	489
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, Adults, Seniors, Landlords, Parents, Residents, Consumers, Faith Based Organizations, Community Based Organizations, Service Providers and Students
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

\*Individuals preferred not to answer for all 12 referral demographic responses

**There were 12 MHSA referrals to the CMHT Program**



# Community Capacity Building

## Stigma Reduction and Suicide Prevention

### Program Description

Tri-City is committed to supporting the strengths of each individual participant in their journey of recovery. Tri-City stigma reduction efforts on our website, via workshops and various community events are designed to empower individuals experiencing mental health challenges while generating awareness to the stigma associated with mental illness. Some efforts of the program include 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.

Through a series of activities designed to support changes in attitudes, knowledge and behavior around the stigma related to mental illness, 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.

These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience have the opportunity to share their personal stories of recovery through community presentations hosted throughout the year;
2. **Creative Minds:** Provides a unique opportunity for consumers and community members, both with and without a mental health condition, to create artwork that connects with their wellness, recovery and mental wellbeing. Art workshops and events are hosted virtually and in the community;
3. **Directing Change Program and Film Contest:** A statewide program with the mission to educate young people about suicide prevention, mental health and social justice through short films and art projects. Tri-City has a dedicated landing page where community members can view youth short film submissions from students in Pomona, Claremont and La Verne. Past award winners are listed here as well;
4. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, Tri-City suicide prevention efforts include offering suicide awareness trainings which provide

participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	0	18	44	14	475	<b>551</b>

## Program Update

During fiscal year 2022-23, the Stigma Reduction and Suicide Prevention program continued to host a variety of activities designed to continue to efforts to reduce the impact of mental health stigma and reduce the risk of suicide in our three cities. These activities included:

September is designated as Suicide Prevention Awareness Month and Suicide Prevention Week was held nationwide from September 5-11, 2022. Throughout the month and during this awareness week, program staff launched a social media campaign for suicide prevention awareness and distributed toolkits to local school sites, Tri-City, and community members.

Green Ribbon Week (GRW) is an annual recognition that aligns with Tri-City's stigma reduction efforts that encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educate community members, clients, and participants about stigma, the impact it has on our individual and collective mental health, and how to take action to fight against stigma in our community. The Courageous Minds Speakers Bureau was also featured during Green Ribbon Week where a community member shared their mental health journey and recovery.

During Mental Health Awareness Month, the Creative Minds Art Gallery was showcased at the dA Center for the Arts at Pomona's 2<sup>nd</sup> Saturday Art Walk. This year's art theme was "How do you take action for mental health for young people?" Thirty-six submissions of artwork were presented highlighting the valuable impact of this artistic channel for supporting an individual's wellbeing.

A partnership with the School of Art and Enterprise led to program staff facilitating thirty-two stigma reduction presentations during class periods. Program staff also re-launched Courageous Minds Speakers Bureau program and gained two new speakers. Lastly, the Directing Change landing page was launched online, where community members can view youth short film submissions, from the Tri-City service area and statewide, about suicide prevention and notable award winners.

## Challenges and Solutions

Program staff received a tremendous number of requests to attend events and facilitate activities related to stigma reduction. Due to staff capacity, several of these invitations were not possible to accept. A solution was for the Stigma Reduction and Suicide Prevention program to refer to other departments that could attend and support the community requests.

Another challenge was low attendance when hosting in-person Tri-City events. A solution to this concern was collaborating with community partners and hosting events in their space where community members feel more comfortable and inclined to attend.

## Diversity, Equity and Inclusion

The stigma reduction programing is designed to target underserved populations in the community. Program staff also collaborates with Tri-City's Diversity, Equity, and Inclusion program via workshops, events, and social media campaigns. The program strives to help reduce stigma in the community across all cultures, backgrounds, and identities. By increasing mental health literacy among the Tri-City community members, they are more likely to reach out for help when needed. Lastly, staff utilize translation support for presentations and documents when requested and regularly participate in cultural competence trainings.

## Community Partners

The Stigma Reduction and Suicide Prevention Program partners with several internal and external entities. Local school districts, colleges and universities are valuable partners in spreading the word regarding stigma awareness and reduction. Some schools the program partners with are Cal Poly Pomona, Claremont High School, Mt. View Elementary, University of La Verne, Pomona Unified School District, and School of Arts and Enterprise.

Other outside agencies include CalMHSA, Directing Change, Tracks Activity Center (TAC), Youth Activity Center (YAC), La Verne Community Center, Hope through Housing, Pomona Public Library, Claremont Public Library, La Verne Public Library and several small businesses in the service area.

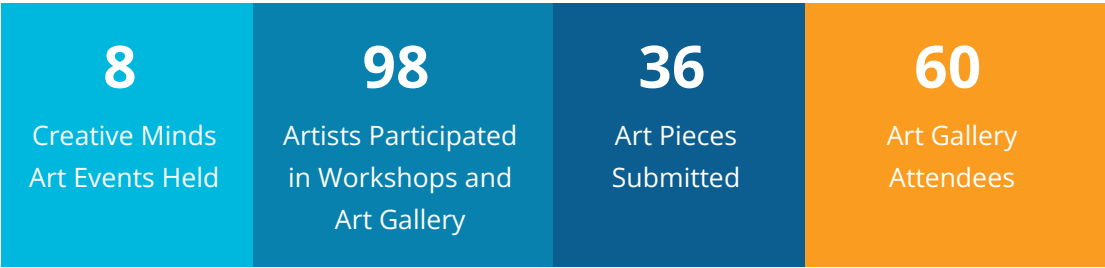
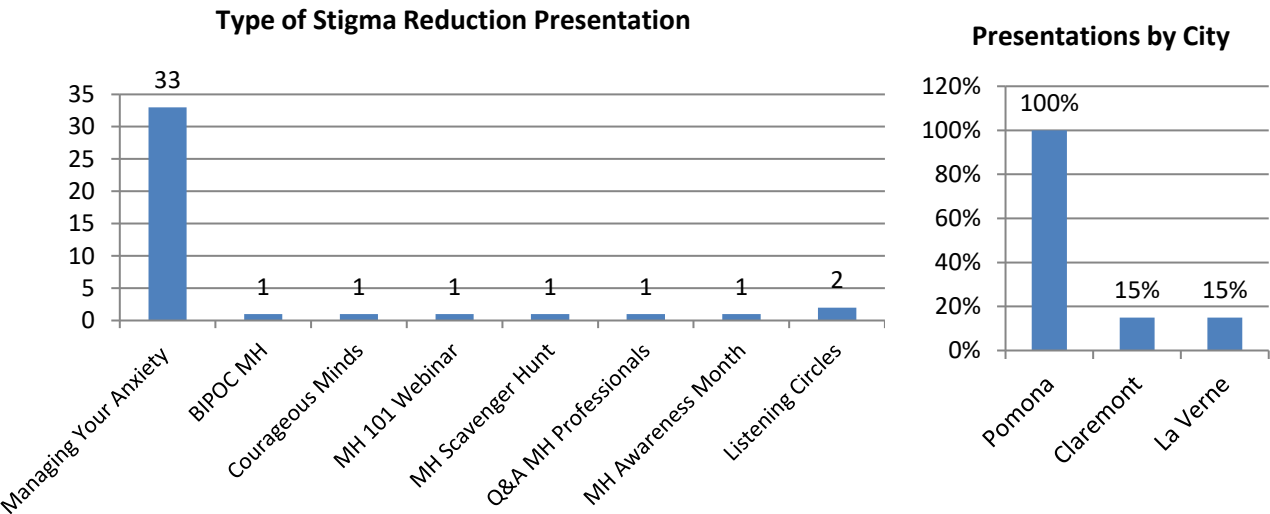
## Success Story

Program staff reached out to several school sites throughout September 2022 for Suicide Prevention Awareness Month in an effort to raise awareness and take action for suicide prevention. For the first time, Western University showed interest in working together to conduct a suicide prevention event for their graduate students. Following the event, the university reported to Stigma Reduction and Suicide Prevention staff that they would like to continue supporting efforts to reduce stigma and turn this into an annual event due to its success.

# Program Summary

## How Much Did We Do?

### Stigma Reduction (Courageous Minds/Creative Minds)



## PEI Demographics from Post-Test Stigma Reduction Surveys (Responses = 33)



## How Well Did We Do It?

**399**  
Individuals Outreached for  
Stigma Reduction Presentations

**158**  
Individuals Outreached for  
Art Gallery/Creative Minds

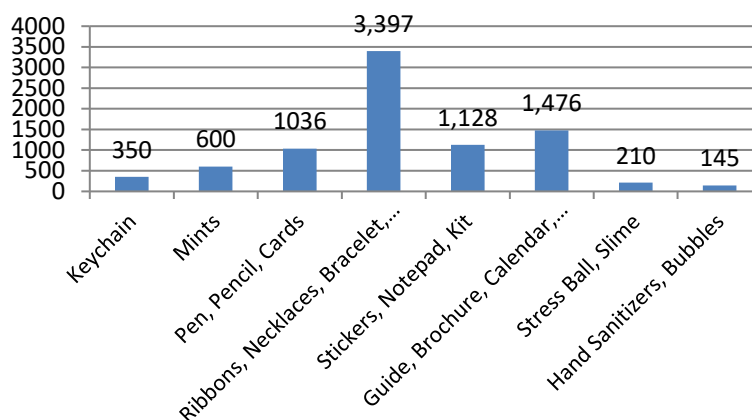
## Promotional Materials & Social Media Engagement for Stigma Reduction

**8,342**  
Promotional Materials

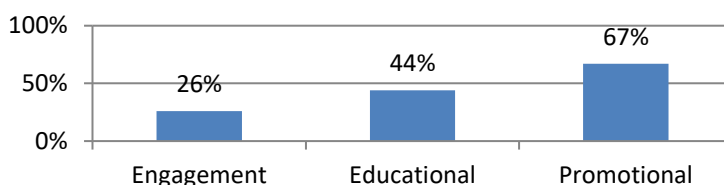
**1,404**  
People Engaged from  
Outreach

**9,766**  
Instagram accounts  
Reached for Social  
Media Engagement

Type of Promotional Materials

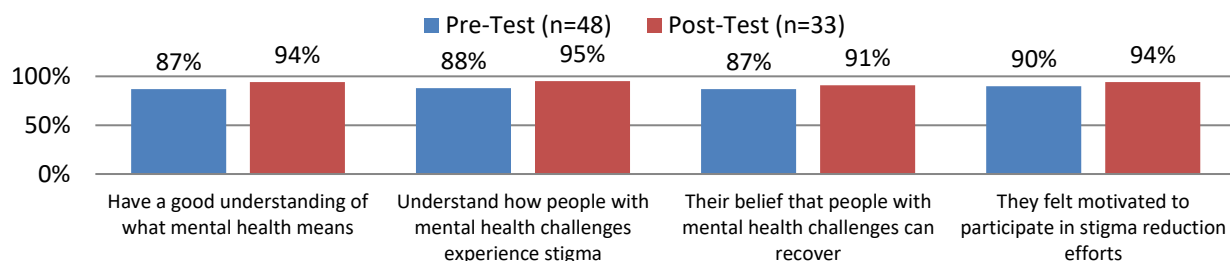


Type of Social Media Engagement



## Is Anyone Better Off?

Percentage of Stigma Reduction Survey Respondents who reported, as a result of the presentations:



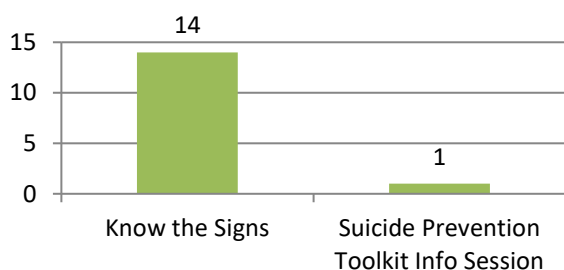
## Suicide Prevention

### How Much Did We Do?

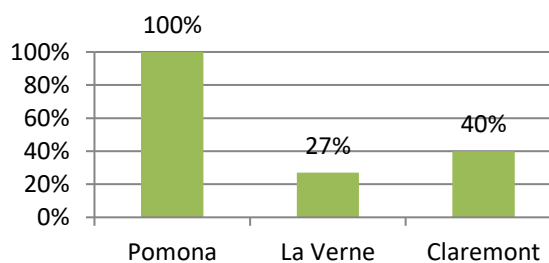
**15**  
Presentations

**152**  
Attendees for Suicide  
Prevention Presentations

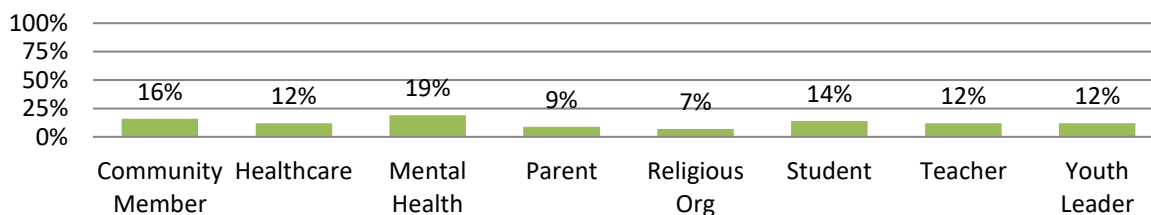
**Type of Presentation**



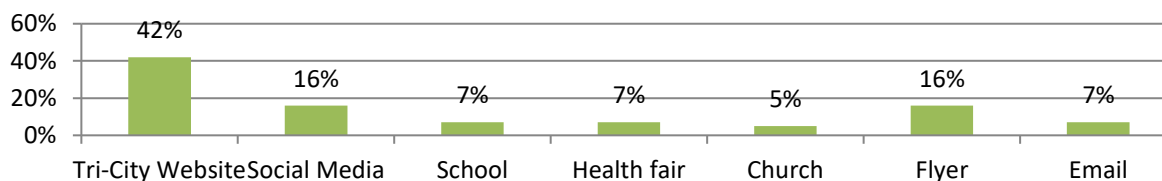
**Presentations by City**



**What field/profession are you in:**

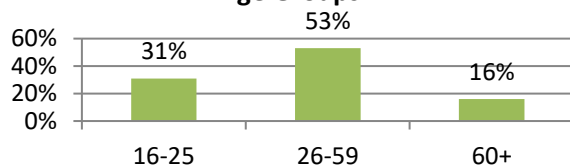


**How did you hear about Suicide Prevention Presentations**

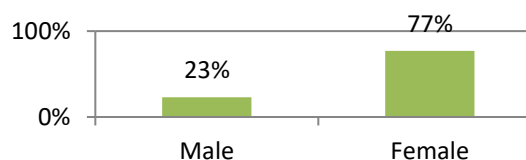


### PEI Demographics from Post-Test Suicide Prevention Surveys (Responses = 43)

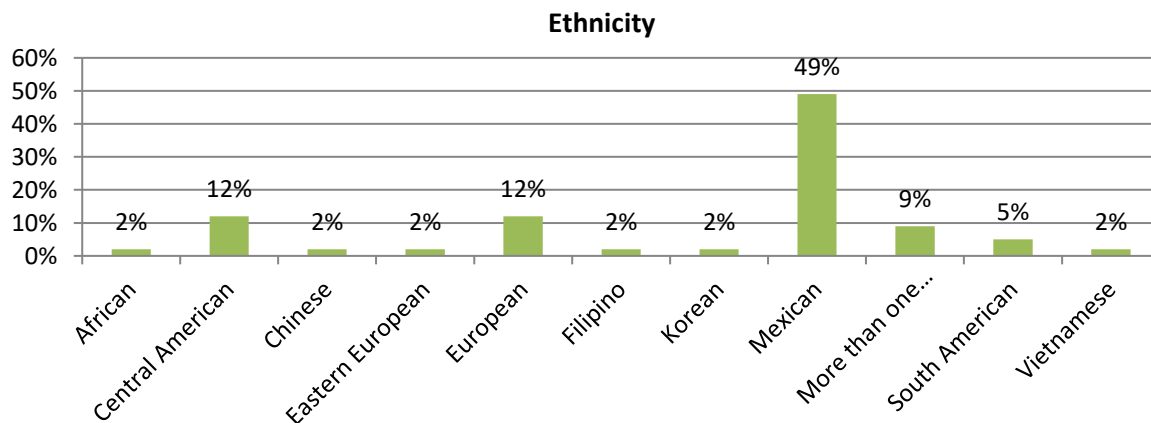
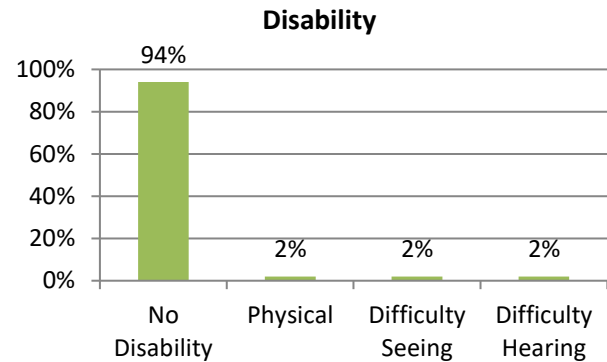
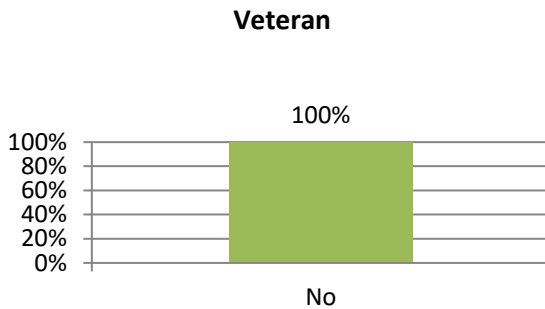
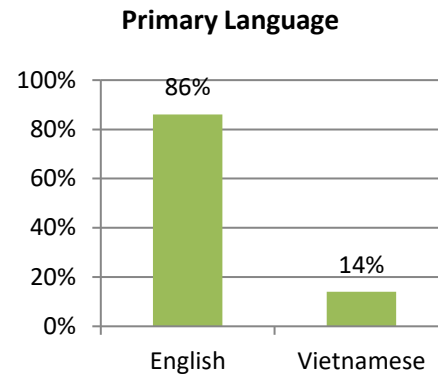
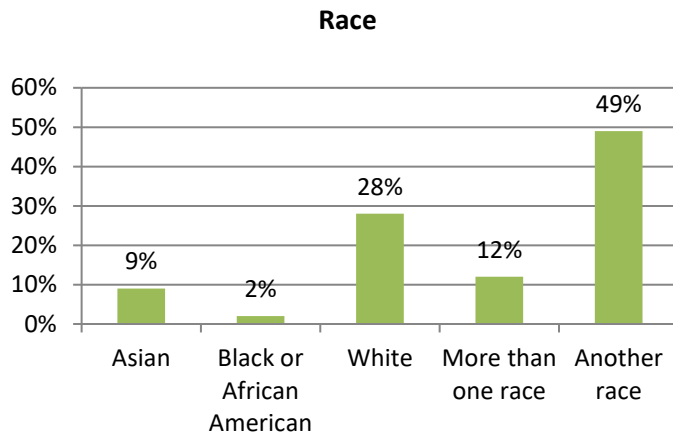
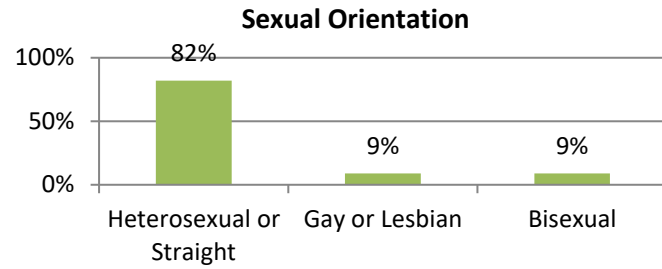
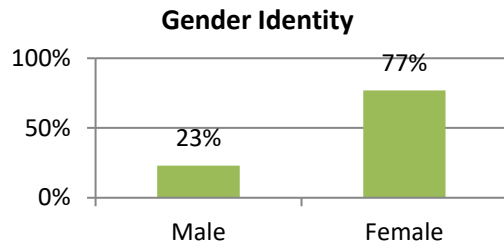
**Age Groups**



**Gender at Birth**





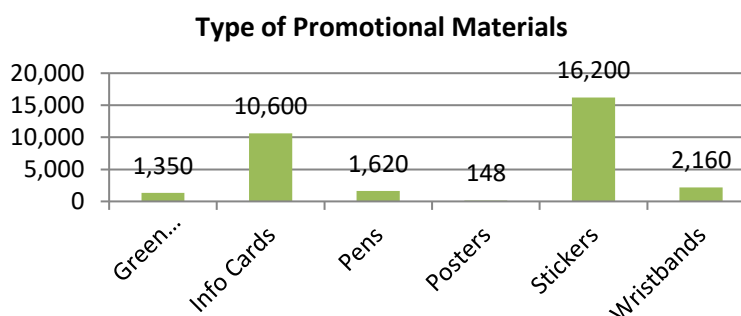


## How Well Did We Do It?

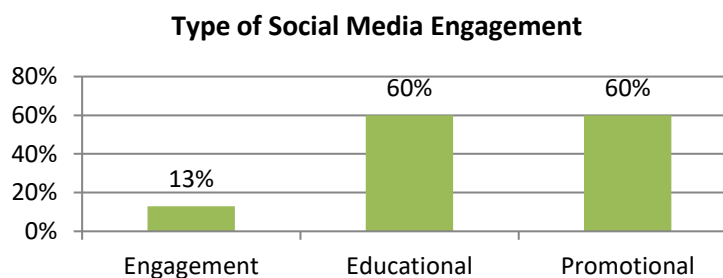
**152**  
**Individuals Outreached for**  
**Suicide Prevention**

## Promotional Materials & Social Media Engagement for Suicide Prevention

**32,078**  
**Promotional**  
**Materials**



**1,161**  
**People Engaged from**  
**Outreach**

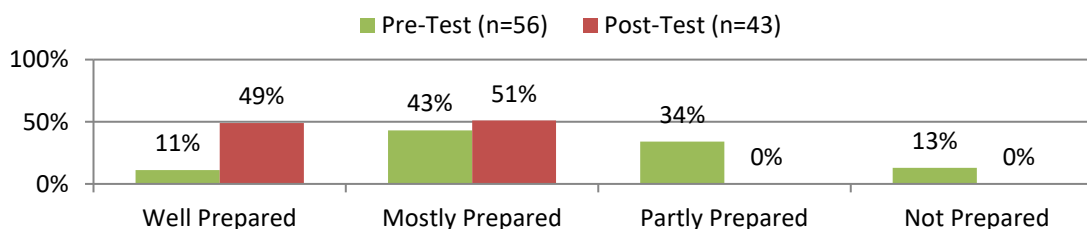


**1,662**  
**Instagram accounts**  
**Reached for Social**  
**Media Engagement**

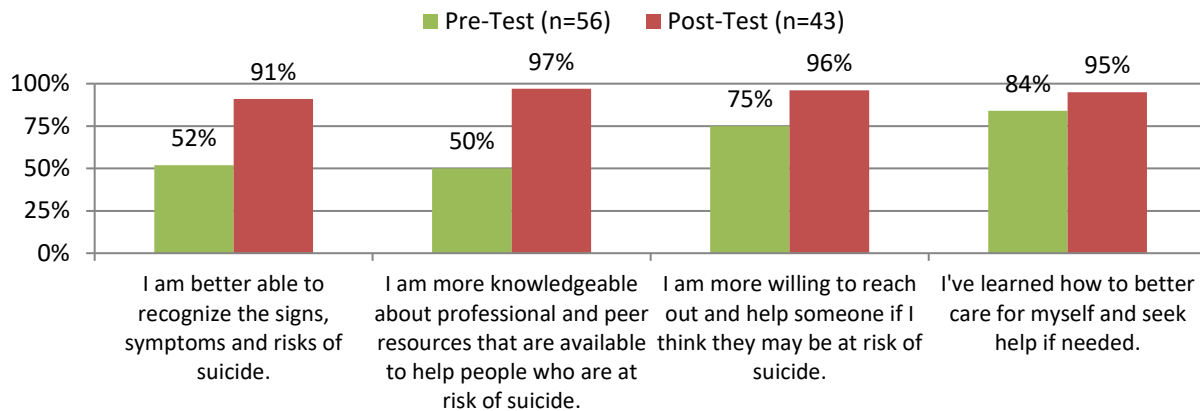
**15 post/stories**  
**in social media**

## Is Anyone Better Off?

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



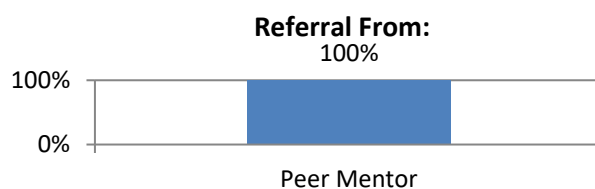
Percentage of Suicide Prevention Survey Respondents who reported, as a result of the presentations:



Number of Potential Responders	709
Setting in Which Responders were Engaged	Community, colleges, schools, health centers, workplace, shelters, online, and outdoors
Type of Responders Engaged	TAY, adults, older adults, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

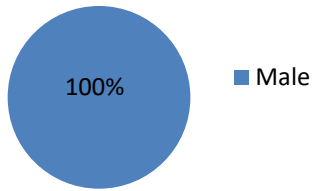
Timely Access to Services for Underserved Populations Strategy

**1 MHSA Referral to Stigma Reduction/ Suicide Prevention Programs**

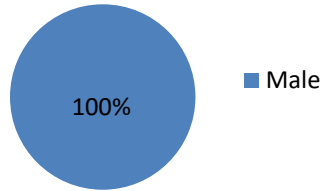


## PEI Demographics Based on MHSA Referrals

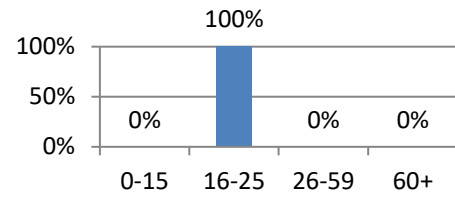
**Gender Identity**



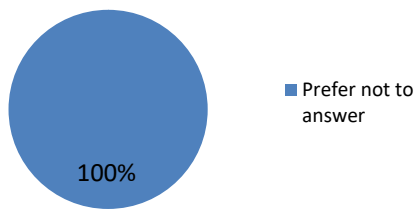
**Assigned Gender at Birth**



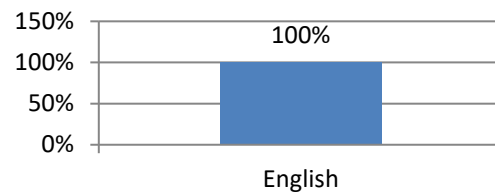
**Age Group**



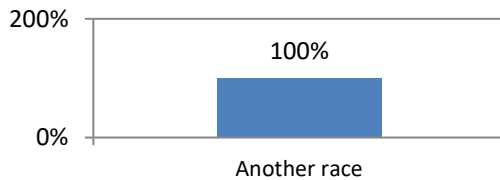
**Sexual Orientation**



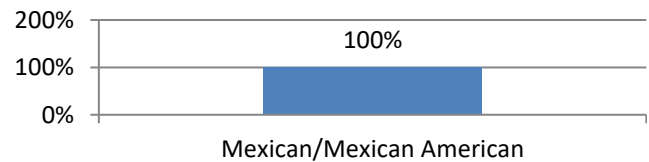
**Language**



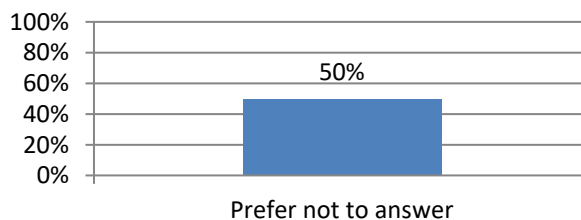
**Race**



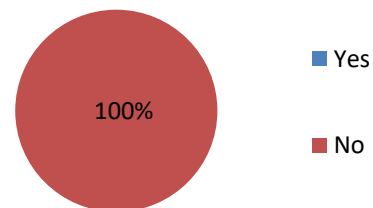
**Ethnicity**



**Disability**



**Veteran**



# Peer Mentor and Wellness Center PEI Programs

## Older Adult and Transition Age Youth Wellbeing

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

## Peer Mentor Program

### Program Description

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are in emotional distress. Through their own lived experiences, peer mentors are uniquely qualified to offer encouragement, guidance, and hope to their peers. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally relevant for each mentee.

### Target Population

All community members with a focus on the specialized populations of transition age youth (TAY ages 18-25) and older adults (ages 60 and over).

Mentors	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2022-23	0	6	5	3	0	14
Cost Per Person	\$2,853	\$2,853	\$2,853	\$2,853	N/A	\$2,853
Mentees	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2022-23	0	17	16	7	0	40

### Program Update

During FY 2022-23, the Peer Mentor Program had 14 active mentors who provided one-on-one services to 40 mentees. Peer Mentors completed a total of 811 hours which included direct service with mentees, training, meetings, supervision, and community engagement events. These numbers

are an increase of almost double the service learner hours from the previous fiscal year and reflect the increased community engagement activities during FY 2022-23.

One hundred percent of mentors say that becoming a mentor has had a positive impact in their lives when surveyed. One hundred percent of mentees rate their overall experience with their Peer Mentors as good or excellent and felt their mentors adequately provided the support needed.

To outreach and engage community members, the Peer Mentor program utilized Tri-City's social media accounts to recruit new mentors and highlight existing mentors. The program also anticipates providing wellness activities and roundtables to the community to further increase the breadth of support.

## Challenges and Solutions

Due to various reasons such as finding employment, beginning graduate studies, and other life obligations the Peer Mentor program lost 15 mentors during FY 2022-23. To meet this challenge, outreach efforts to recruit more mentors were increased, including working closely with the Workforce Education and Training (WET) interim supervisor and the WET supervisor respectively. Program staff also attended community engagement events and used social media to promote the program. Ultimately, the program was able to gain 12 new mentors.

## Diversity, Equity and Inclusion

The Peer Mentor program strives to recruit members from underserved populations to be more accessible to mentees who come from similar backgrounds. Additionally, mentors attend multiple training courses each year that teach them how to support these individuals. Diversity within the mentor cohort helps to reduce stigma and helps participants feel more comfortable receiving services. Furthermore, 64% of mentors are either an older adult or are TAY; 28% of mentors say they have a disability.

Throughout the program year, peer mentors participate in over seventeen training courses that aim to reduce stigma surrounding mental health and increase knowledge and understanding of barriers to accessing mental health services. The program also provides training that assist mentors in learning how to support those who identify as LGBTQ+.

Program staff is bilingual in English and Spanish. Additionally, 36% of mentors speak Spanish and 7% of mentors speak Korean. The Peer Mentor program also actively recruits mentors who identify as an older adult or veteran as a crucial component to reducing stigma. In FY 2022-23, 18% of mentors identified as older adults.

## Community Partners

The Peer Mentor program has several interdepartmental collaborations to support the community, recruit mentors and enroll mentees. Some of the collaborations include Stigma Reduction, Workforce

Education and Training, clinical departments, Community Mental Health Trainers, Therapeutic Community Garden, Navigators, and the Wellness Center.

Through various events and activities, these collaborations provide opportunities for mentor recruitment, mentee referrals, trainings, and community resources. Mentors also gain knowledge about Tri-City services to refer, or provide resources to their mentees when necessary.

## Success Story

During FY 2022-23, a peer mentor who had been with the program for several years was able to achieve many personal and professional milestones in their life. The mentor was able to earn a college degree while they served as a mentor. Additionally, the mentor referenced their experience in the program to apply for post graduate programs. They were excited to share an acceptance letter to a graduate school and credited the Peer Mentor program in assisting them in identifying their career path.

## Program Summary

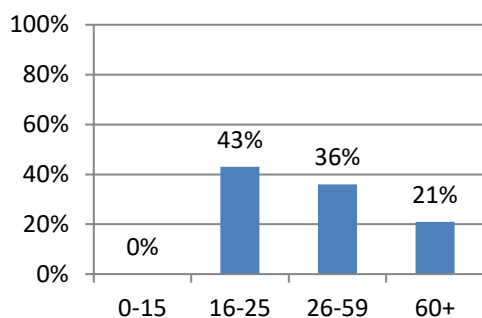
### How Much Did We Do?

#### Peer Mentors

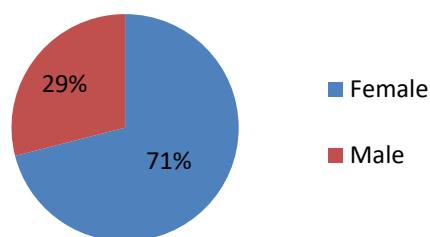
**14**  
**Active Peer Mentors**

**17**  
**Peer Mentor Meetings Trainings offered to Peer Mentors**

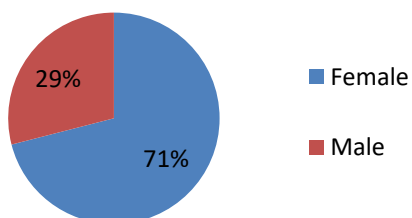
**Age**



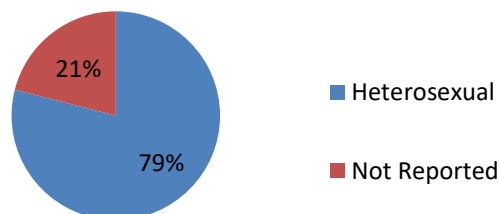
**Gender At Birth**



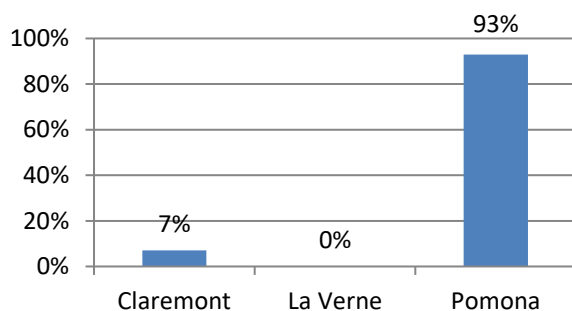
**Gender Identity**



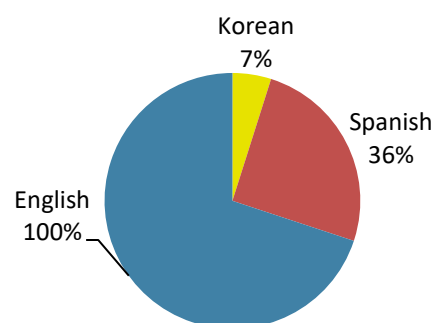
**Sexual Orientation**



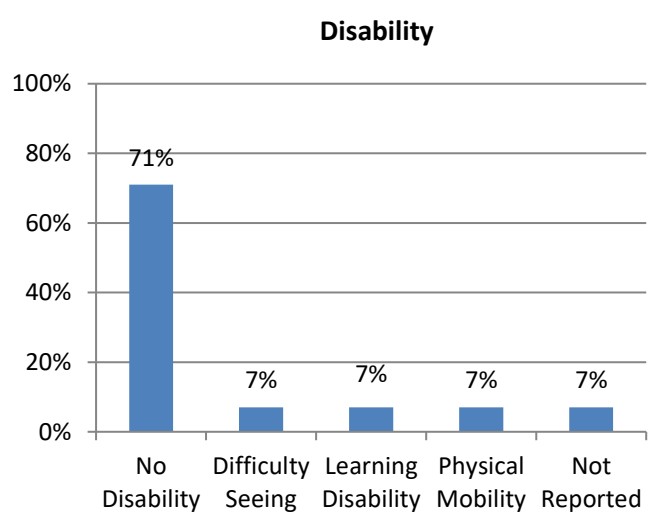
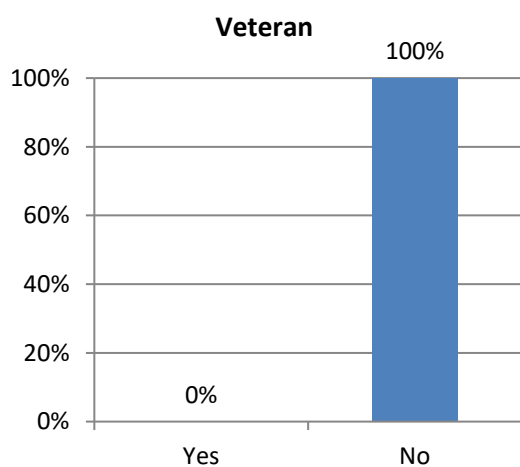
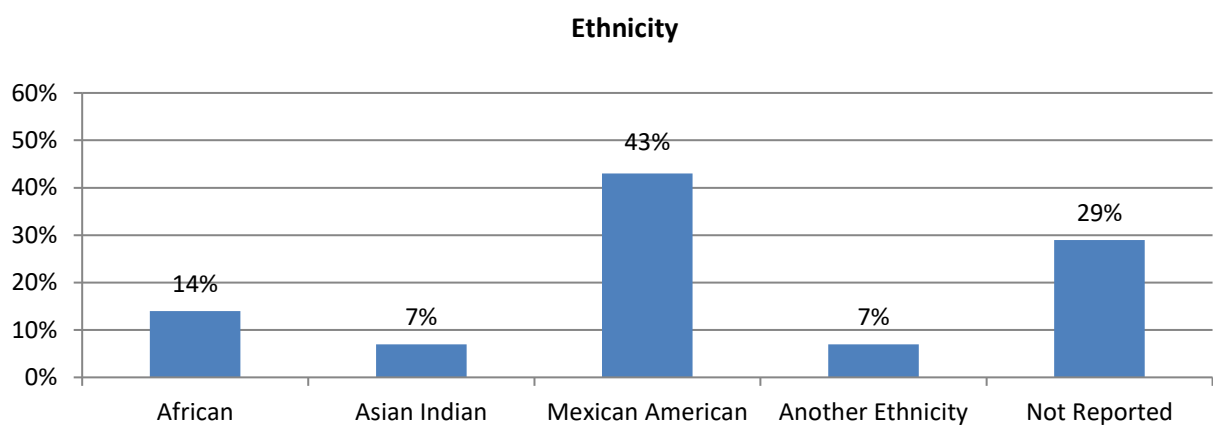
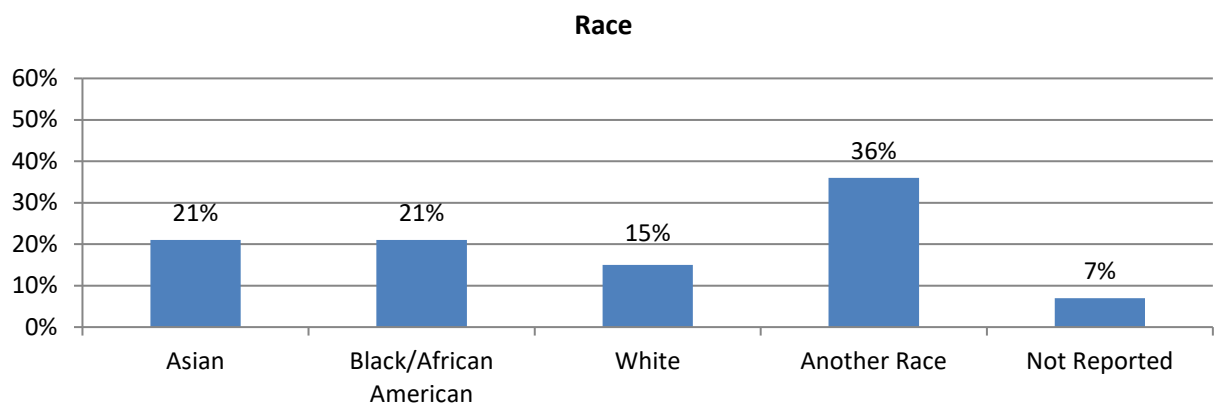
**City**



**Language**

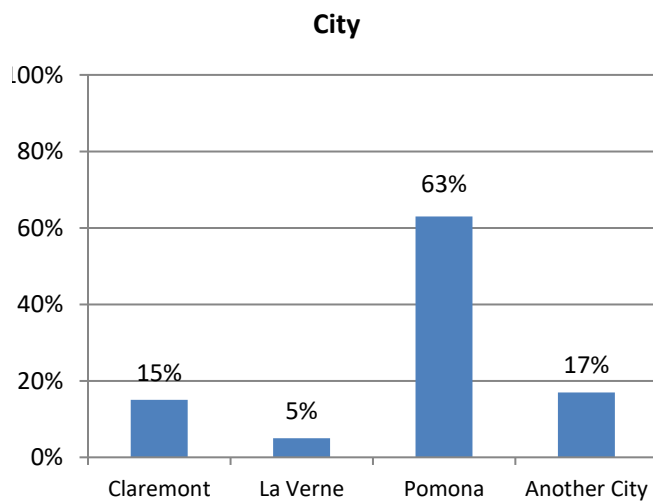
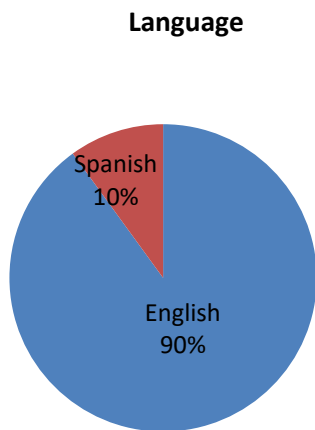
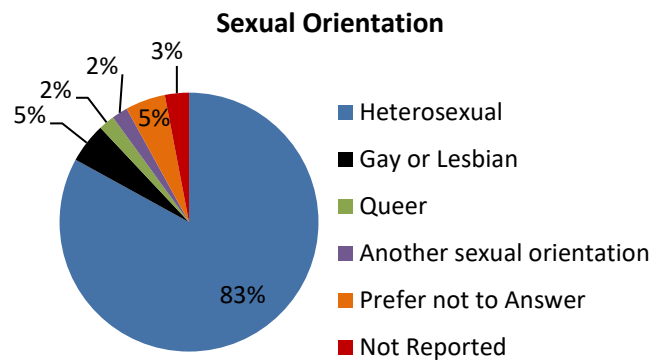
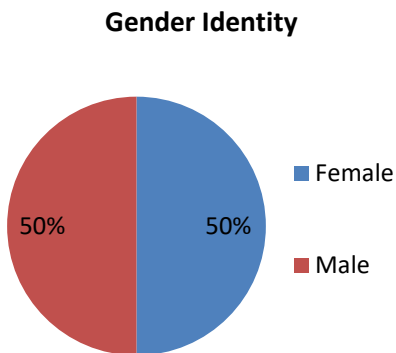
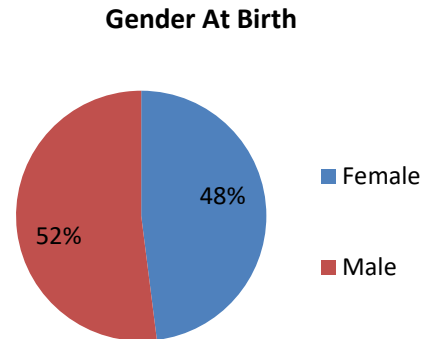
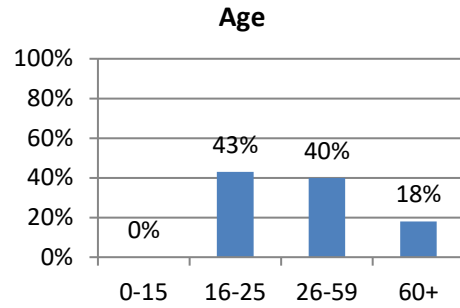


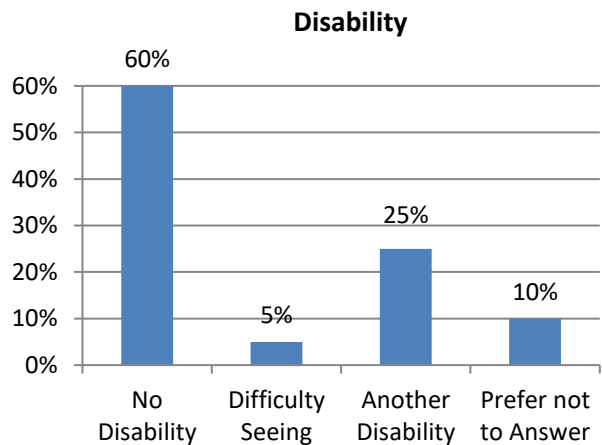
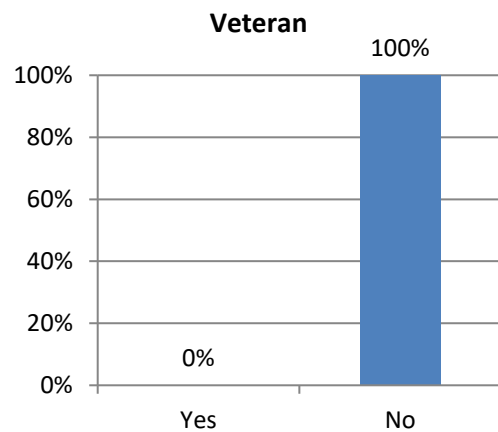
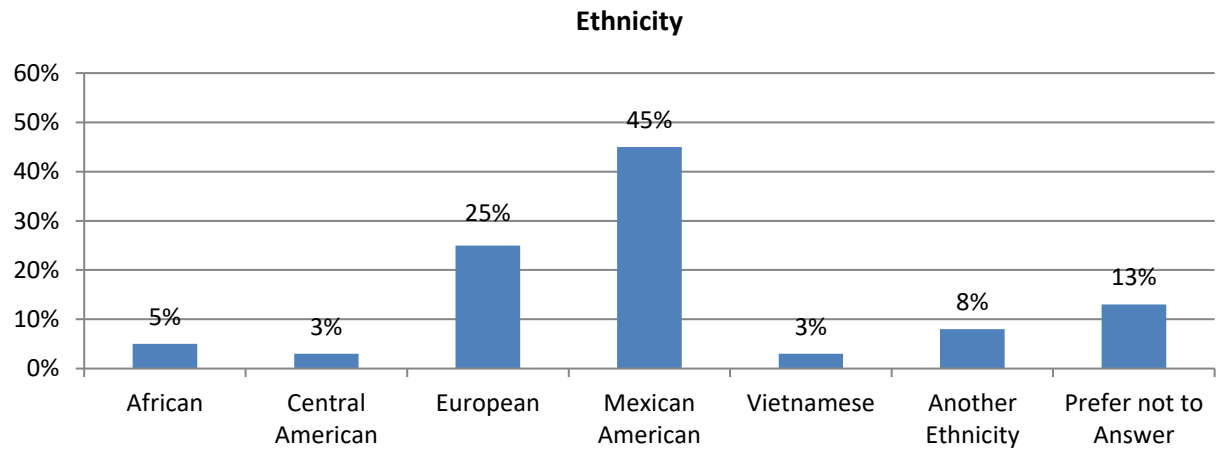
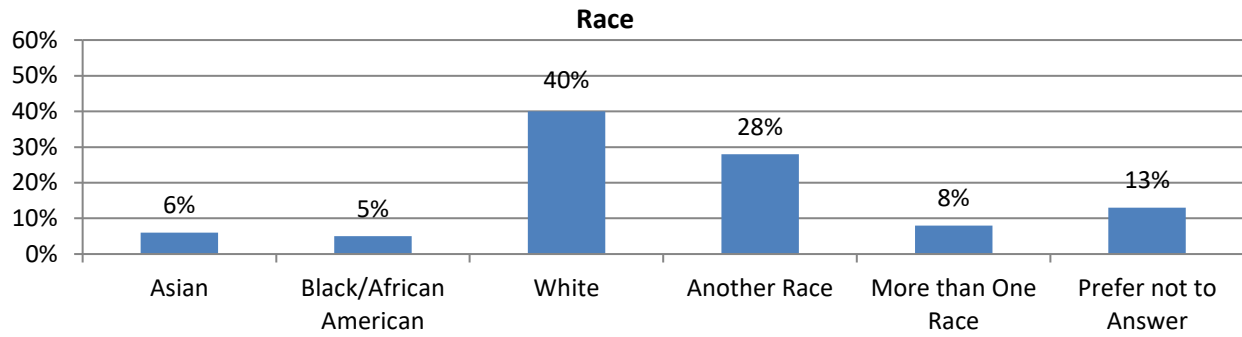




## Peer Mentees

**40  
Mentees  
Served**

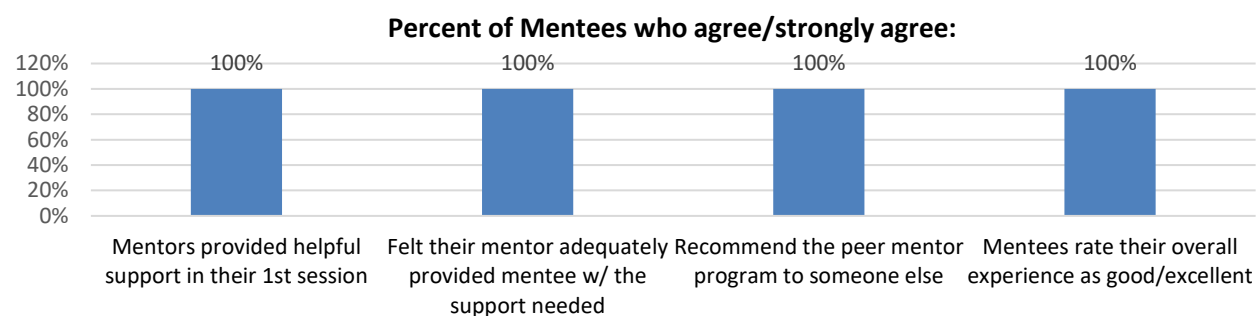
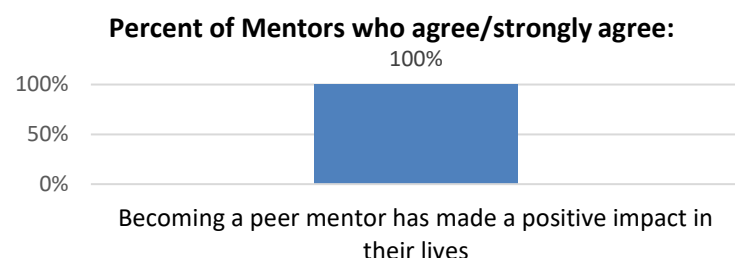




## How Well Did We Do It?



## Is Anyone Better Off?



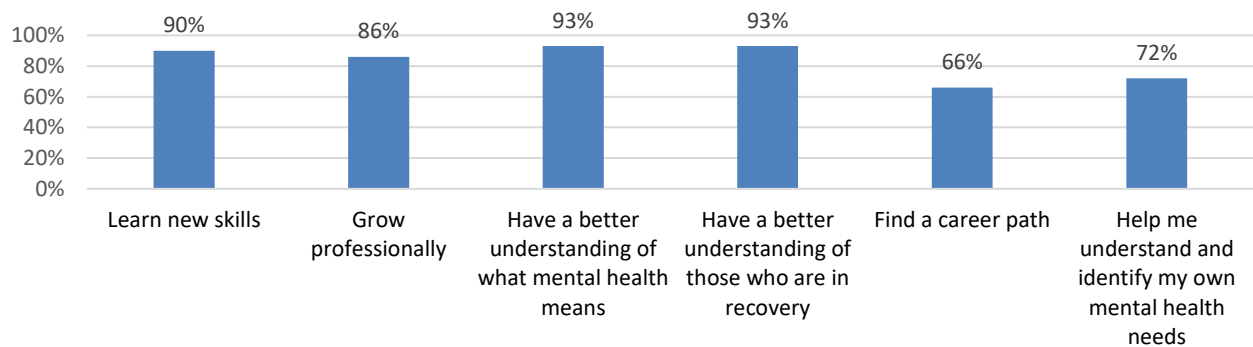
## Peer Mentor Open-Ended Questions



List one thing from the peer mentor program you feel was most beneficial (21 total respondents)



How has the program helped you personally as Mentor: (Check all that apply)



### Mentee Open-Ended Questions

List one thing from the mentee program you feel was most beneficial (8 total respondents)



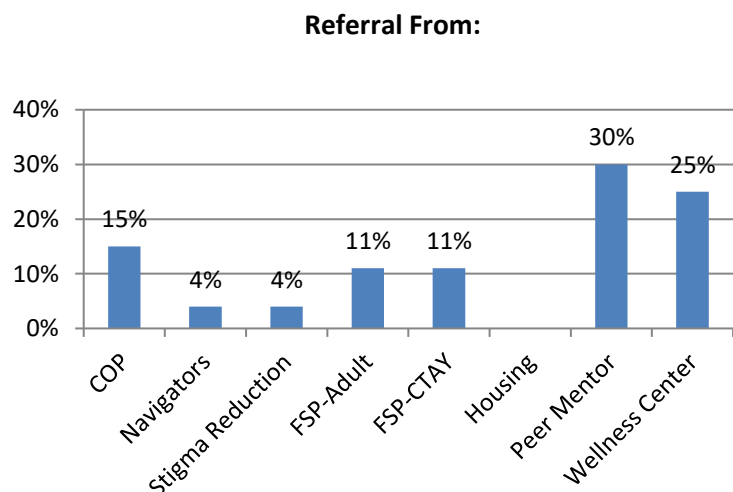
Number of Potential Responders	54
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community,
Type of Responders Engaged	TAY, adults, seniors, and those with lived experience
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

### Timely Access to Services for Underserved Populations Strategy

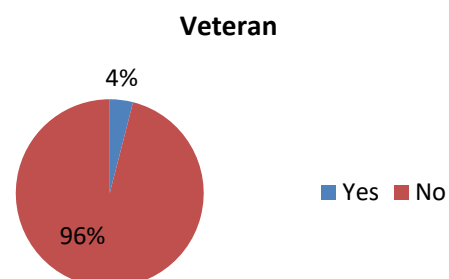
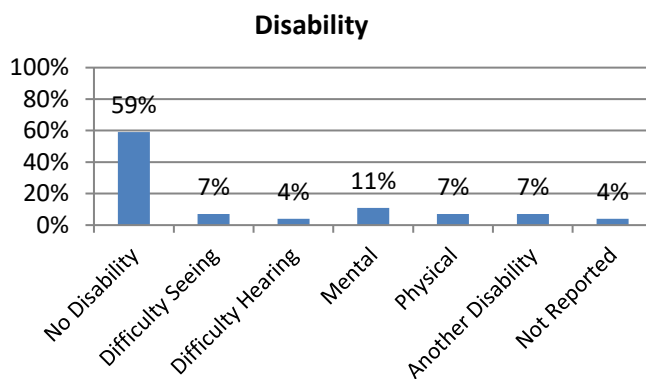
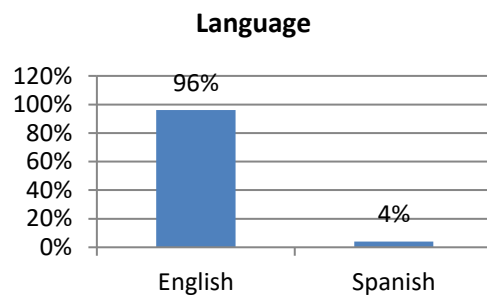
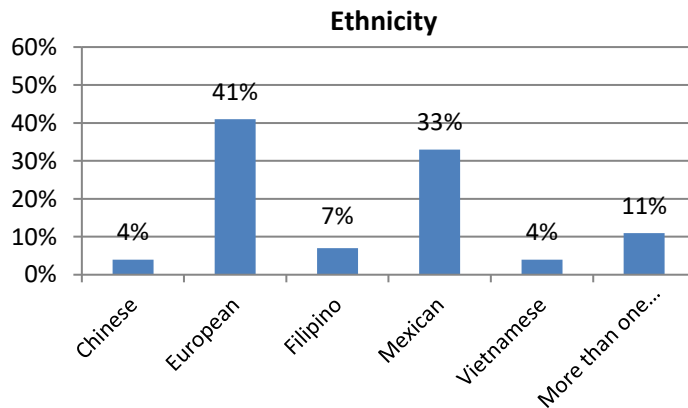
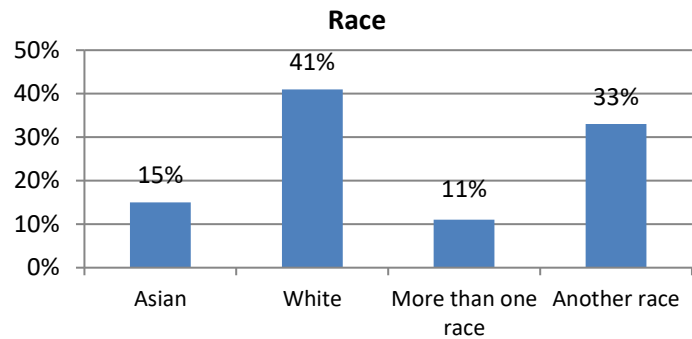
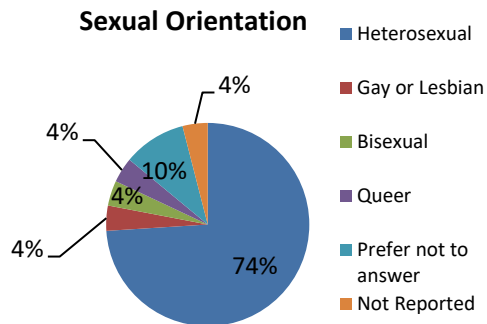
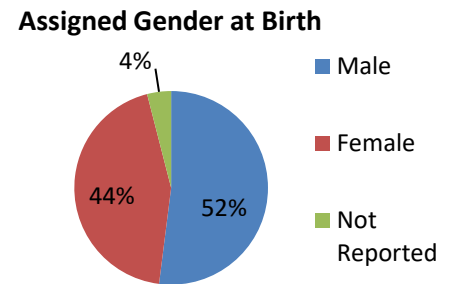
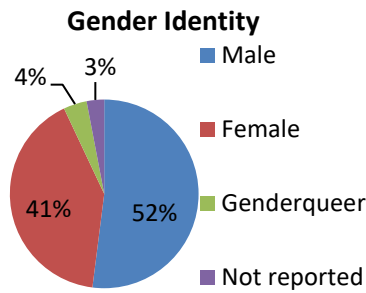
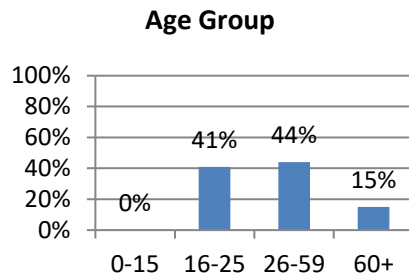
**26**  
MHSA Referrals received by  
Peer Mentor program

**19 out of the 26**  
Referrals became mentee

**2.5 Days**  
Average Time between  
Referral and becoming a  
mentee



## PEI Demographics Based on Referrals



## Wellness Center PEI Programs

### Transition Age Youth and Older Adults

#### Program Description

Individuals attending the transition age youth (TAY) and older adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

#### Target Population

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

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	4	1,376	20	39	0	<b>1,439</b>
<b>Cost Per Person</b>	\$584	\$584	\$584	\$584	N/A	<b>\$584</b>

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

#### Program Update

The transition age youth (TAY) and older adult programming at the Wellness Center transitioned from virtual groups to in person support groups. Additionally, there were several events held at the Wellness Center and in the community.

Tri-City, in partnership with Pomona Youth Prevention Council (PYPC) and local community partners such as the Western University of Health Sciences, Project Sister, Prototypes, and the National Council on Alcoholism and Drug Dependence (NCADD) of East San Gabriel and Pomona Valleys, hosted A Happy Me, A Happy We: Learn to Thrive on April 29, 2023. Hosted at the Western University of Health Sciences, this free half-day symposium provided a safe and supportive space to empower youth and young adults ages 12 to 18 in Pomona, Claremont and La Verne to develop and identify sustainable wellness practices and knowledge to thrive in their respective life paths. This youth symposium



connected the TAY Wellbeing program, as well as other Tri-City PEI programs, to educators, students, parents, and communities with a focus on mental health and wellness.

Another large event held for the community was the annual TAY talent show. Members of the community were able to share their talents at the Wellness Center through music, art, and poetry. The Wellness Center also hosted the Senior Season of Giving event in December 2022. This was the first in person winter holiday event since COVID 2020. The participants were able to reconnect with old friends and socialize with each other. The participants reported feeling happier now that the Wellness Center was open to facilitate in person events.

The TAY programs at the Wellness Center plan to have more groups and events tailored to assist and engage the TAY population. These include future in person groups at Cal Poly University Village (student housing) and a Veterans support group at the University of La Verne. Additionally, the older adult programming plans to have more groups and events tailored to assist and engage the older adults, such as a cooking class and a possible craft/ fashion group. In person meditation and mindfulness groups are also in the planning phase to be held at local senior centers in our service area.

## Challenges and Solutions

The Wellness Center TAY program has noticed the TAY population struggle to return to in-person programming. Youth are reporting that they would like to join groups, however struggle with balancing time for work and school. Thus, identifying difficulties with prioritizing mental health needs. A solution to this problem is hosting in-person groups out in the community. During FY 2022-23, collaboration began with Cal Poly Pomona to host an in-person group at one of their sites in the future. Additionally, increased outreach in the community and fostering more connections with the local colleges and other organizations will support TAY in addressing mental health and wellness.

The older adults in the program share that they enjoy the groups, however barriers related to transportation impact their ability to attend. Participants also express excitement about our programs and events prior to the day of the activity, yet on the day of the activity individuals will miss due to reported illness or medical issue. A solution that can have an impact on older adult attendance in the future is designating a driver at the Wellness Center to provide transportation.

## Diversity, Equity and Inclusion

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

The TAY and older adult programming offered at the Wellness Center is open to everyone. The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees. Staff are also regularly trained on specialized populations, diversity/inclusion, cultural competence, and culture-centered approaches to recovery.

## Community Partners

The older adult and TAY programing at the Wellness Center have many internal and external community partnerships that are vital to the sustainability of the program. The Wellness Center collaborates with several entities and senior centers in the service area that support older adults. Outside organizations will also host events or hold meetings at the Center. This has resulted in new participants, as members of the outside groups will then express interest in services and attend internal events.

WC staff regularly collaborate with youth centers to increase outreach to TAY and provide resources. During collaborations with local youth centers, topics of interest are discussed, and programing is developed to present to TAY attendees throughout the three cities. Some focuses of presentations during FY 2022-23 were: the importance of boundaries, forming and maintaining friendships, and relationship issues. New programing will be developed as well related to feedback received from the youth and students. Some areas TAY would like to focus on in the future are challenges managing anxiety and stress, as well as the uncertainty of the pandemic and the economy.

## Success Story

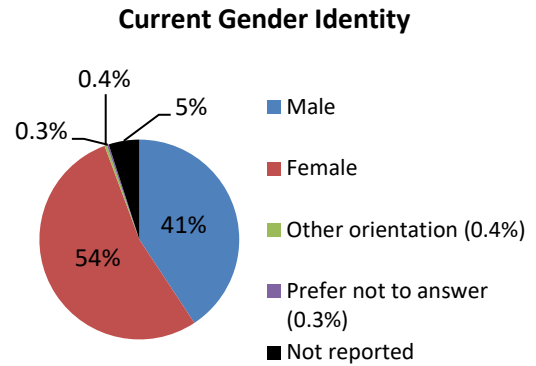
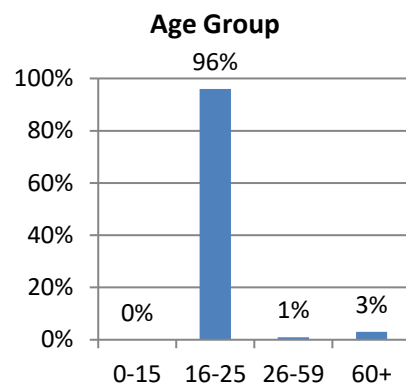
A consistent attendee of the older adult groups has historically brought positivity and encouragement to other participants at the Wellness Center. With some encouragement and support from Wellness Advocates and Mental Health Specialists, the individual began to lead their own support groups through an external partner.

A TAY participant who was initially more reserved in groups and would not actively participate, became more open. Gradually their participation and verbal exchanges increased. The individual shared that they applied to a position in the mental health field.

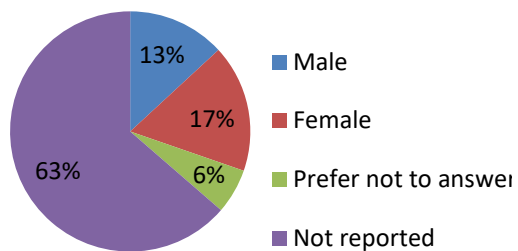
## Program Summary

### How Much Did We Do?

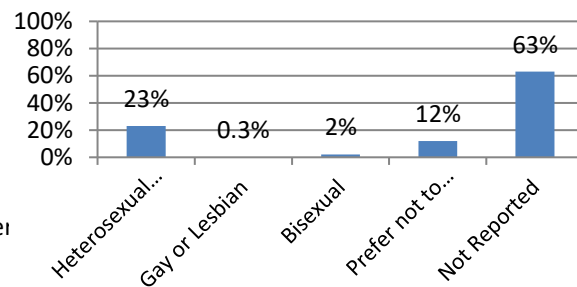
**1,439**  
Individuals  
attending  
Wellness  
Center  
TAY/Senior



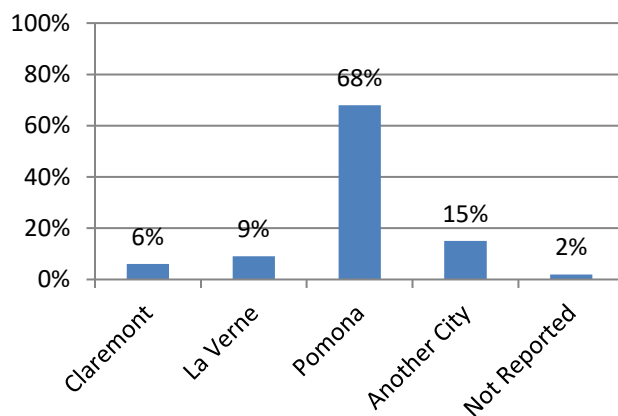
**Assigned Gender at Birth**



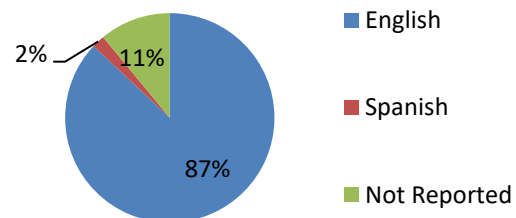
**Sexual Orientation**

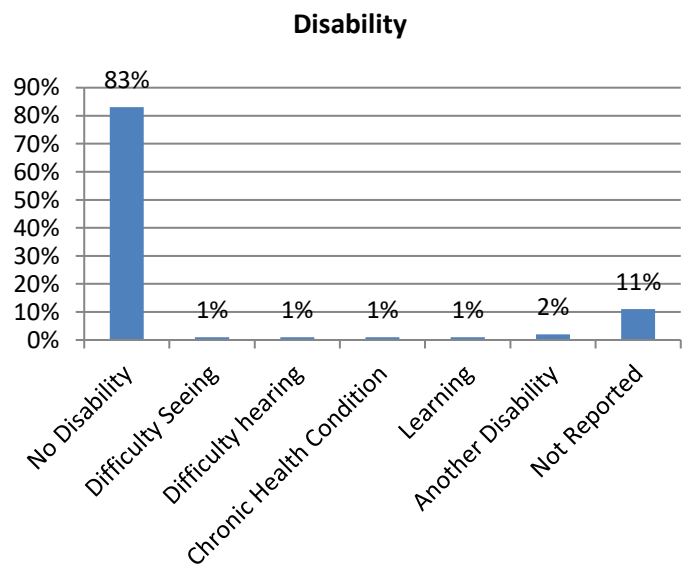
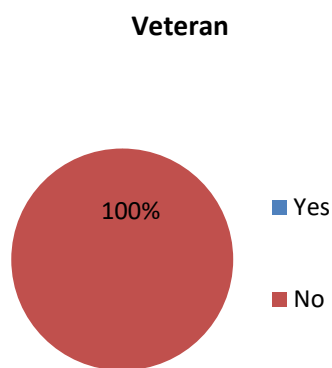
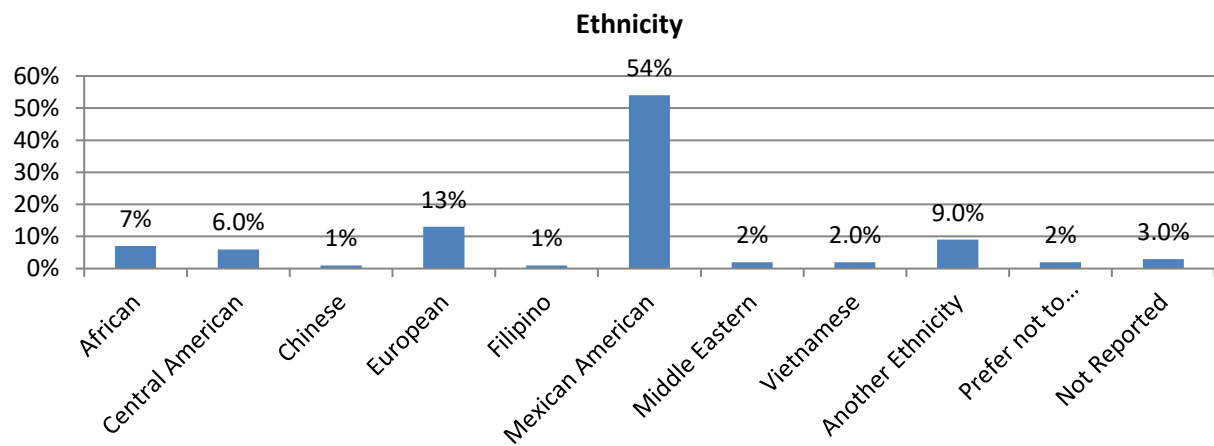
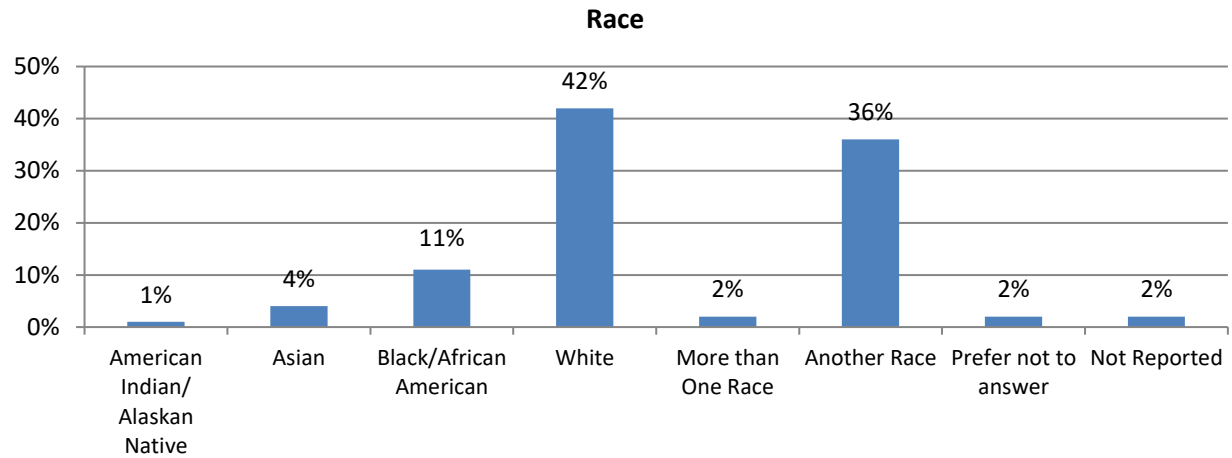


**City**



**Primary Language**



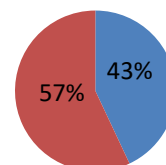


## How Well Did We Do It?

**4,435**  
Number of Wellness Center PEI:  
TAY/Senior Events  
(Duplicated Individuals)

### Number of Times People Visited

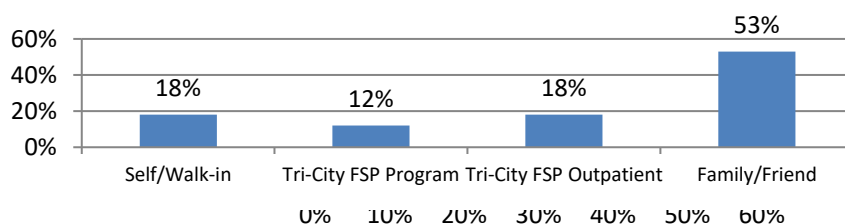
- One Visit
- Two or More Visits



Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos	39	2
Senior Calm	48	3
Senior Socialization	55	3
Senior Bingo	7	2
Senior Virtual Vacation	8	2
TAY – Friendly Feud	40	2
TAY – Breakfast Club	13	1
TAY – Peace of Mind	27	2
TAY – Pizza, Peers and Leadership	31	2
TAY – Real Talk	8	1
TAY – Together We Stand/Fun with Friends	8	1

Contacts by Type	Number of Times Contact was Made
TAY Events	4
TAY – Phone Call - Wellness Calls	3,798

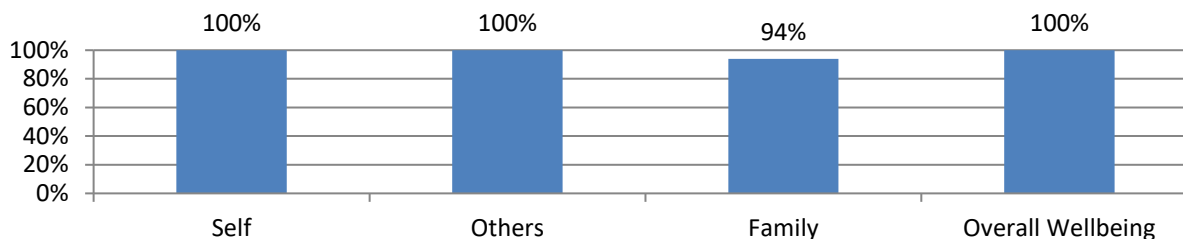
### Who referred you to the Wellness Center



**100%**  
Satisfied with  
the help I get at  
Wellness Center

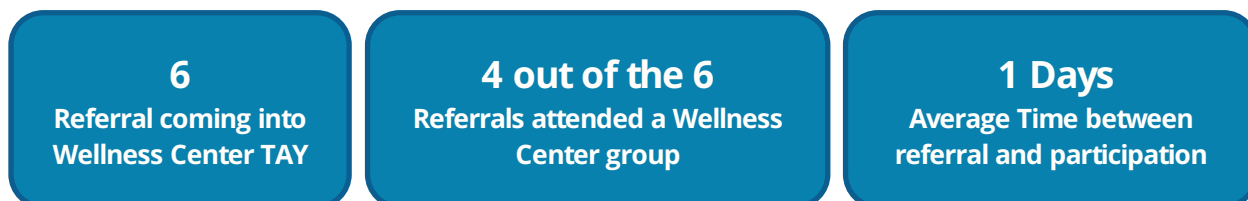
## Is Anyone Better Off?

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

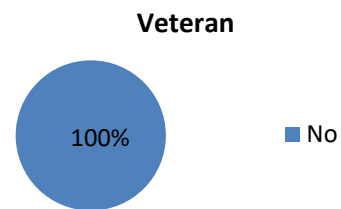
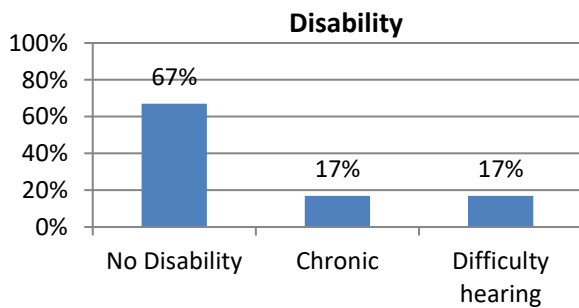
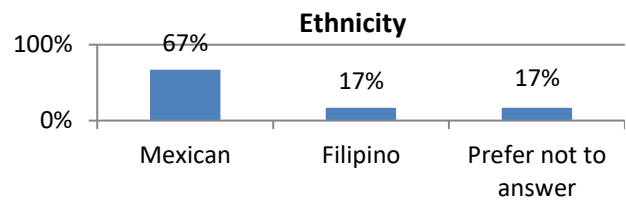
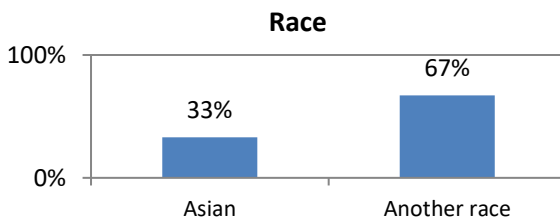
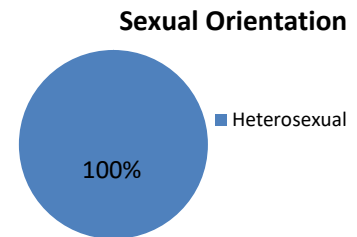
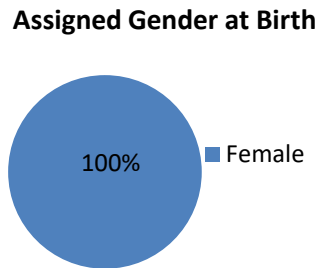
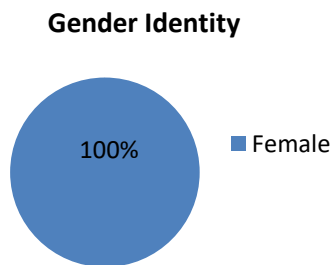
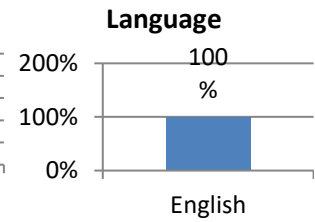
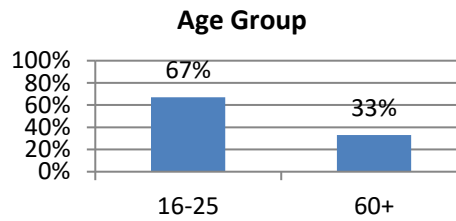
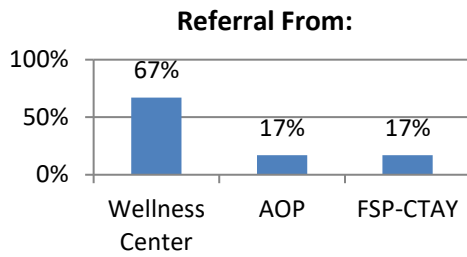


Number of Potential Responders	1,439
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on Referrals



# Family Wellbeing Program

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	123	96	255	48	0	<b>522</b>
<b>Cost Per Person</b>	\$230	\$230	\$230	\$230	N/A	<b>\$230</b>

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

## Program Update

As the Wellness Center began to return to in-person services, the FWB program was able to host in person events and activities. To name a few, the 13th Annual Summer Camp for ages 7-12 returned, which included 4 weeks of programming for children. FWB was also able to commence family movie nights on select Fridays, which included free snacks and beverages. Support during the holidays was also a focus, providing events for the whole family and turkey basket giveaways.

During FY 2022-23, the Family Wellbeing program began to plan for future groups to enhance community support. These include a Mommy and Me class, cooking class, caregivers support group, and karaoke.



## Challenges and Solutions

One of the challenges experienced during FY 2022-23 was group attendance. Participants expressed that transportation was a barrier, especially with increased gas prices and lack of funds. Additionally, parents from support groups shared that they were not able to attend groups during the day due to work schedules. Lastly, Kids Zone attendance was low, and feedback included that several of the children were involved with after school activities, impacting group attendance.

A solution to assist with low attendance was moving the group times to accommodate participant's schedules. Which did have a positive impact on attendance. Additionally, Kids Zone created the option for children and families to attend in person or virtually. Providing this option to families led to an increase in attendance.

## Diversity, Equity and Inclusion

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

Staff attend various community events to meet with children and families to reduce barriers when accessing mental health services. By engaging families using personal stories of success and asking participants to share their experience in groups, staff attempt to reduce the stigma surrounding mental health services. Staff are also well versed in internal and external community resources, in order to refer appropriately when individuals are seeking support directly related to culture, gender identity, military status or otherwise.

Programing is available in both English and Spanish and Family Wellbeing information brochures are available in both English and Spanish.

## Community Partners

Family Wellbeing program collaborates with several internal and external partners within the service area. The Tri-City Children's Outpatient department provided an opportunity for their clients to attend Summer Camp and hold groups at the Wellness Center. LA Care (health plan) has been crucial regarding referrals for families; particularly to United Family group. FWB works closely with the Stigma Reduction and Suicide Prevention programing as well, collaborating on vital prevention and early intervention efforts. Collaborations with Tracks Activity Center (TAC) at El Roble Middle School led to monthly mental health workshops for teens.

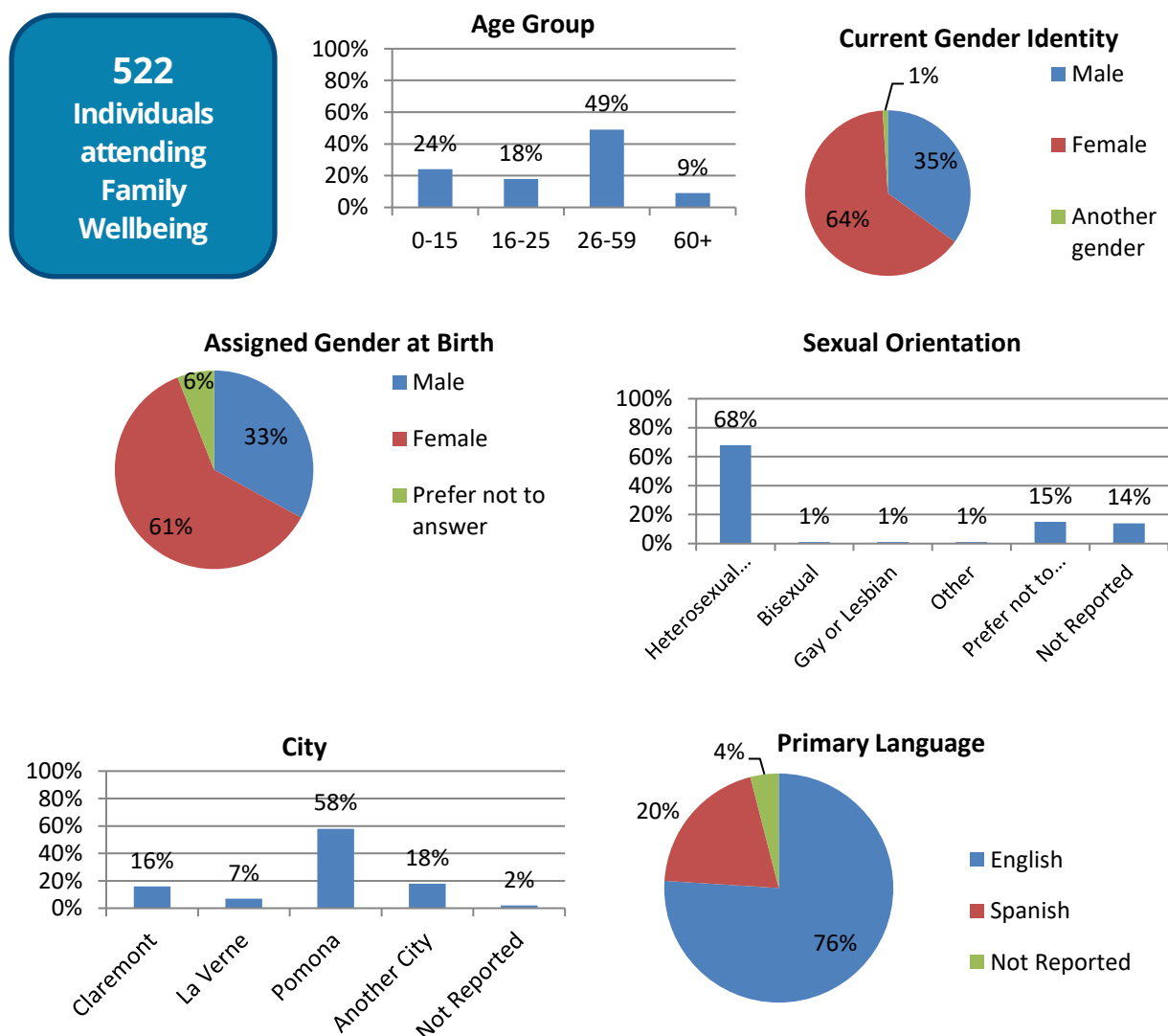
These collaborations, among others, support with improving existing groups, creating supportive programs, and planning specialty events for the community.

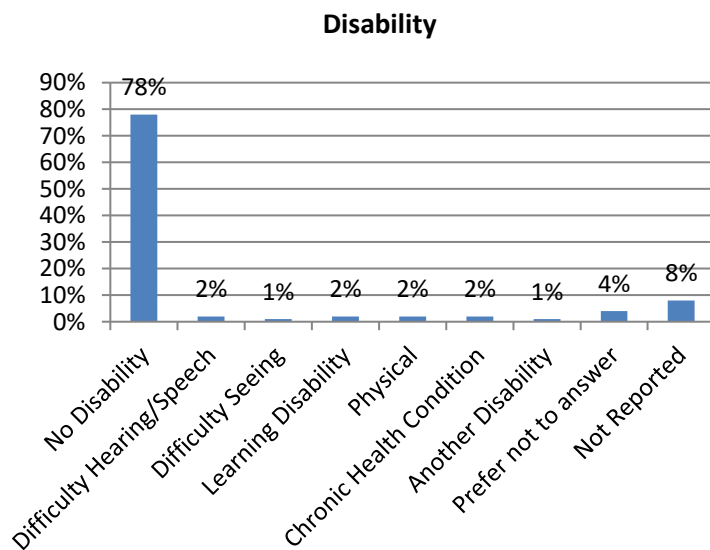
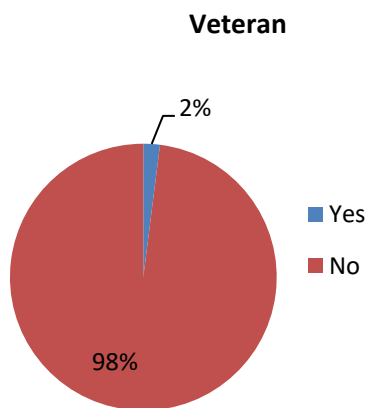
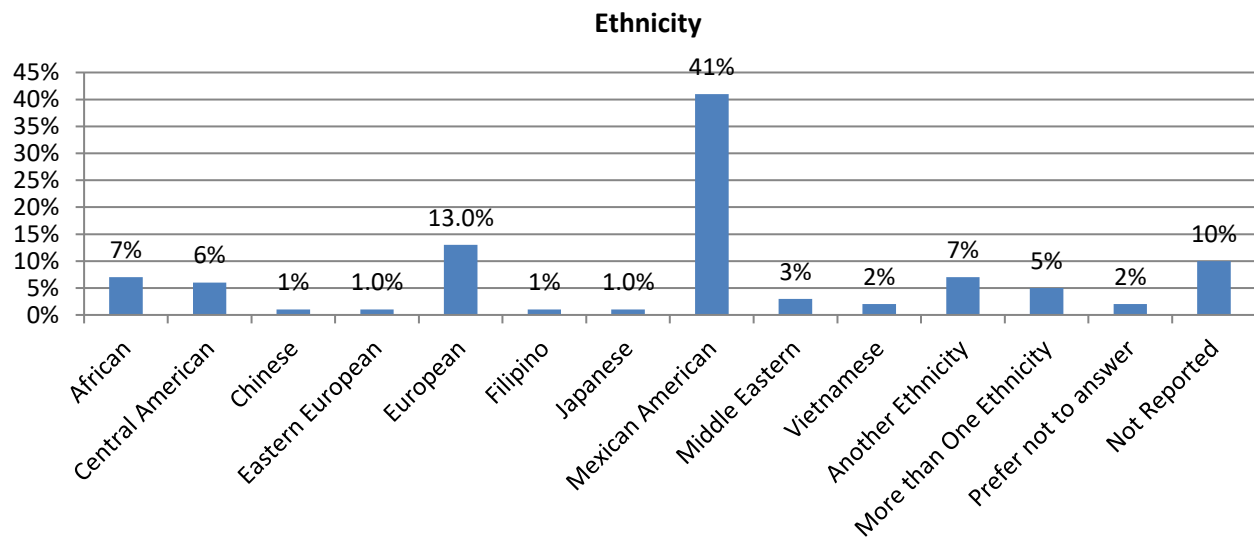
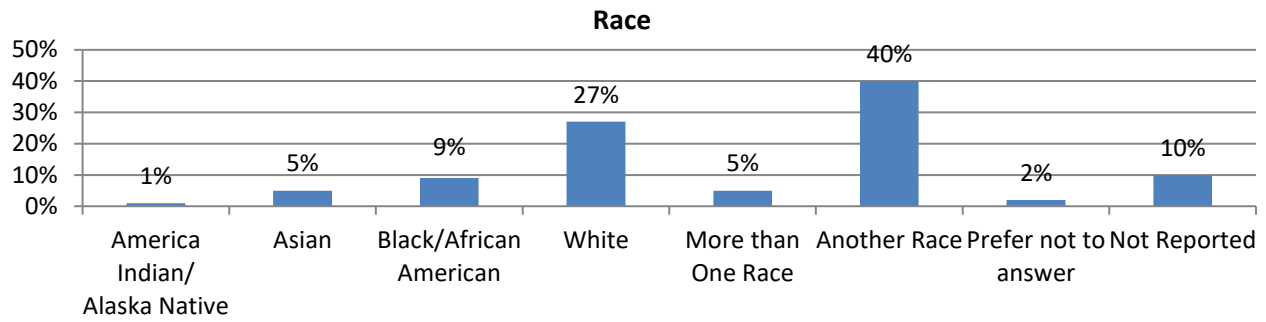
## Success Story

A single parent was required to attend parenting classes in order to gain full custody of their child. This young parent experienced feeling overwhelmed and hopeless. They began to attend the group, sharing frustrations related to the case and looking forward to the closure. The individual shared about difficulties related to being a single parent and the amount of responsibility that comes with that role. After a long process, and much commitment and follow through by the individual, they were granted full custody of their child.

## Program Summary

### How Much Did We Do?

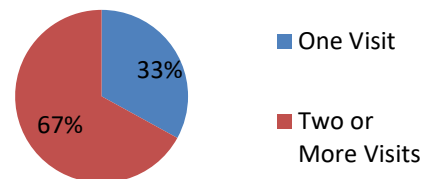




## How Well Did We Do It?

**6,998**  
**Number of Family Wellbeing Events**  
 (Duplicated Individuals)

**Number of Times People Visited**

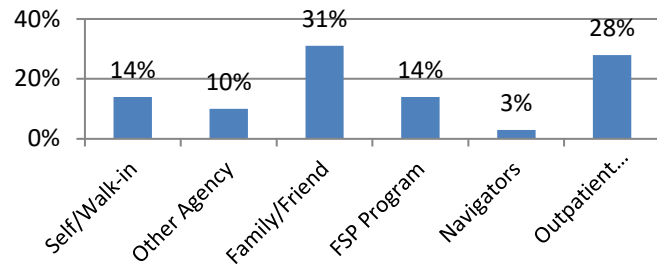


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts and Crafts	64	3
Grief & Loss	62	6
Kid's Hour	56	2
Limited to Limitless	65	3
Spirituality	56	4
Summer Camp	9	4
Teen Hour	55	3
United Family	177	5
Walking Adventures	4	3

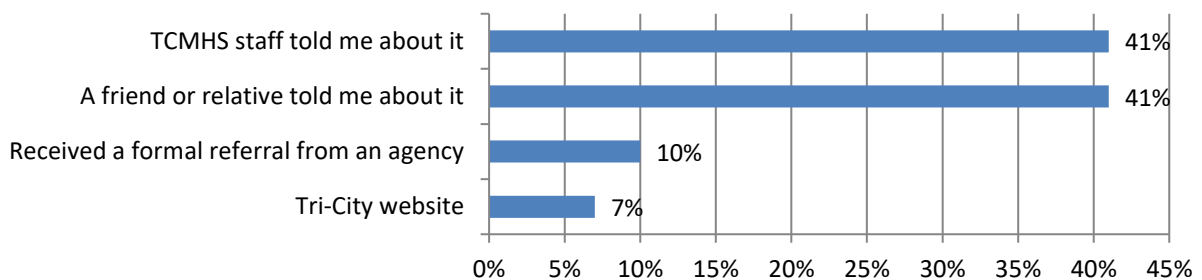
Contacts by Type	Number of Times Contact was Made
Attendance Letter	241
One-on-One	22
MHSA PEI Referrals	148
Other	335
Phone Call/Email	3,819
FWB Event	81

**100%**  
Satisfied with the help I  
get at Family Wellbeing  
Program

**Who referred you to the Wellness Center**

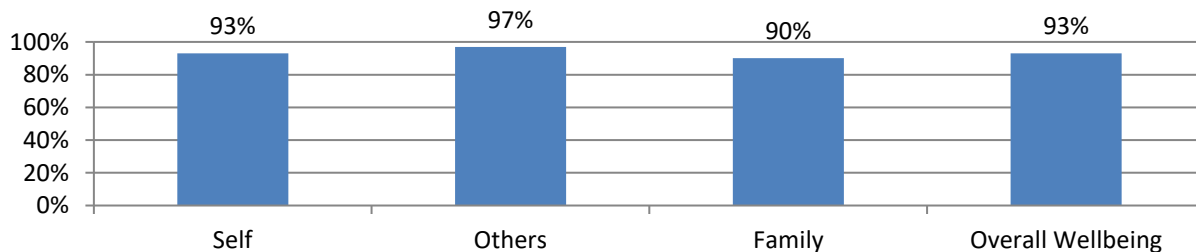


**How Did You Learn About the Family Wellbeing Program?  
(Choose All that Apply)**



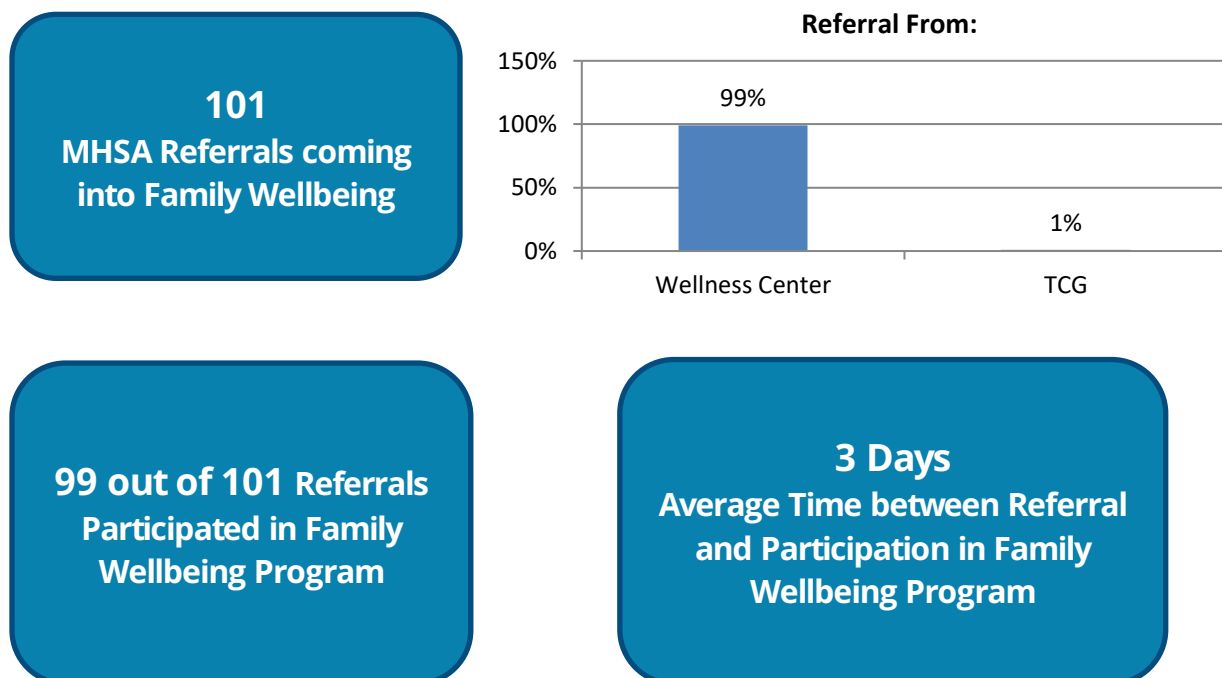
## Is Anyone Better Off?

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

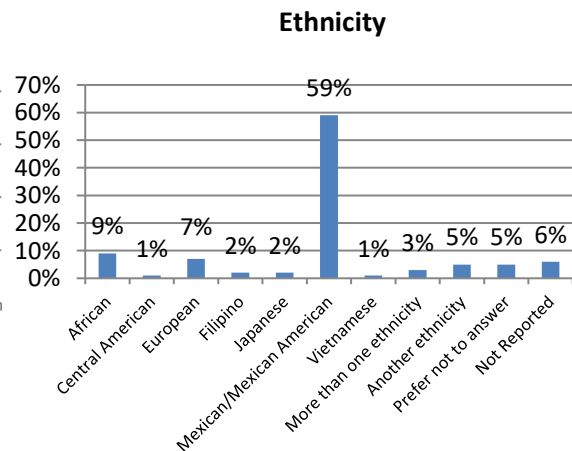
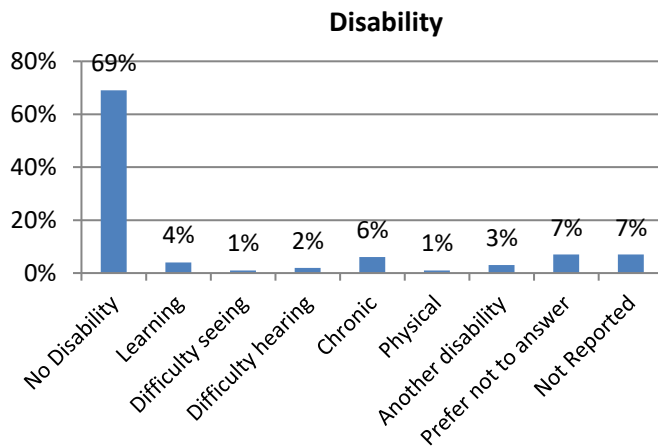
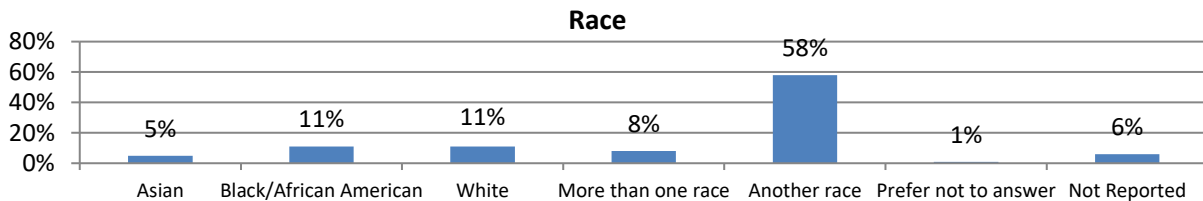
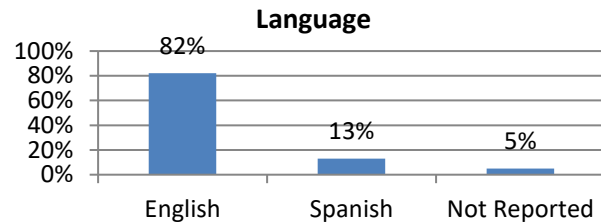
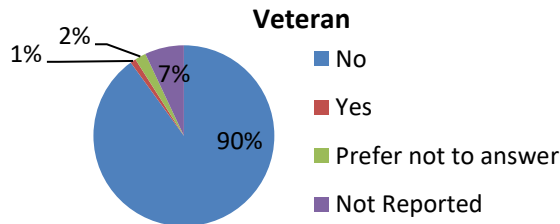
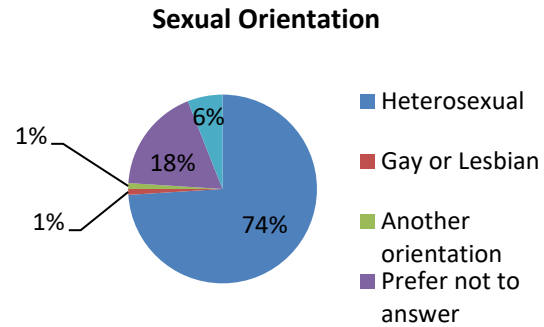
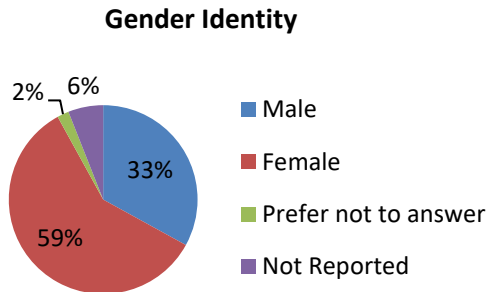
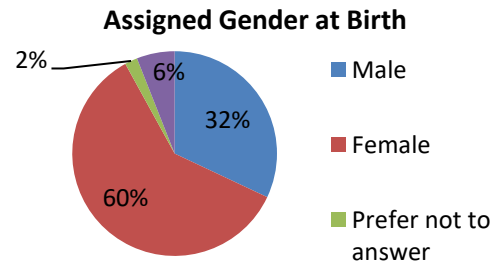
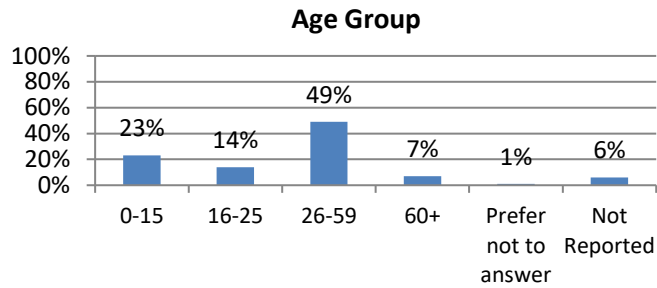


Number of Potential Responders	522
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	Parents and children
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on Referrals



# Community Capacity Building

## NAMI Ending the Silence and NAMI 101

### Program Description

Ending the Silence and NAMI 101 are community presentations offered by the National Alliance on Mental Illness (NAMI) and provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

Ending the Silence is a 50-minute program designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is; how to maintain wellness; how to identify symptom triggers; how to identify a support system; mental health warning signs; empathy; boundary setting; and self-care.

### Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	3	Total Number Served FY 2022-23	359
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### Program Update

Throughout FY 2022-23 NAMI was able to strengthen their support group facilitation team and continued to strengthen relationships with other local entities and schools to bring more presentations to our students and community members.

NAMI also focused on continuing to support our Spanish language programing. A Spanish version of the Family-to-Family group has not been held in recent years, so plans to bring this back to the community is a current goal.

Progress has been made in bringing on three new facilitators and additional peers have also joined the team. These individuals have valuable stories, lived experience and knowledge that can enhance the learning experience and activities during the presentations.



## Challenges and Solutions

A challenge for NAMI currently is capacity. Working with a small team has many advantages, conversely, it also makes it difficult to accommodate everything that is set out to be accomplished. For example, NAMI is experiencing difficulties actively and sustainably expanding their programing to reach more underserved populations.

A solution that has supported the program in meeting this challenge is connecting with and training individuals who represent underserved populations. They have also increased outreach and actively building relationships with organizations who directly support individuals in underserved populations. There has also been an increase in outreach specifically for recruiting volunteers.

## Diversity, Equity and Inclusion

NAMI 101 and the Ending the Silence program are available in both English and Spanish and are facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health conditions and/or signs and symptoms not being addressed or acknowledged. Training materials are also available in Spanish. Additionally, some trainers identify as having lived experience. NAMI partners with several external entities that support older adults and veterans and is equipped to provide referrals and resources to these entities when needed.

## Success Story

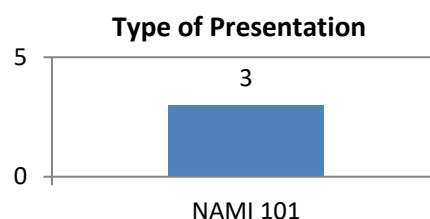
NAMI and its participants were able to engage with equine learning and animal therapy with Paws 4 Success. The focuses of these trainings are effective communication and boundaries. This collaboration brings an exciting and effective opportunity for families as they engage in a truly unique modality.

## Program Summary

### How Much Did We Do?

**3**  
**Presentations**

**359**  
**Attendees**



### How Well Did We Do It?

#### 264 Surveys Completed

**96%**  
Agreed or strongly agreed that the presentation increased their understanding of symptoms associated with mental health challenges.

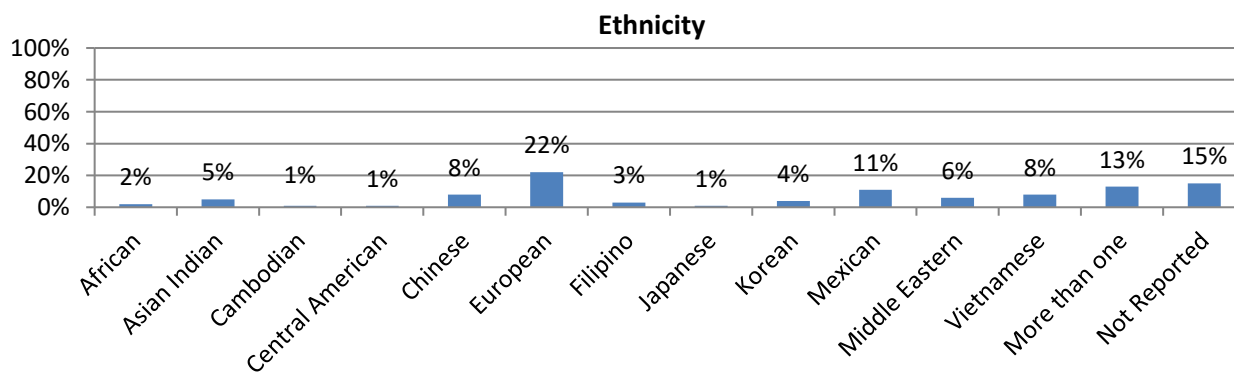
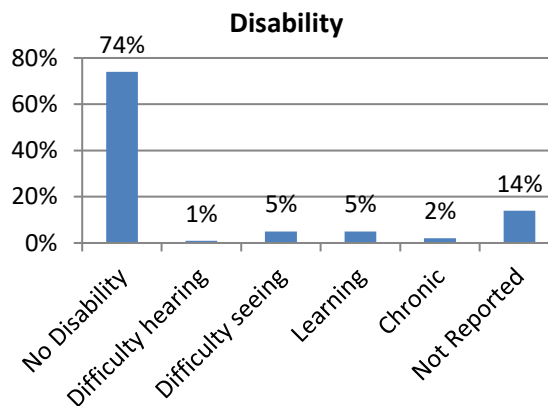
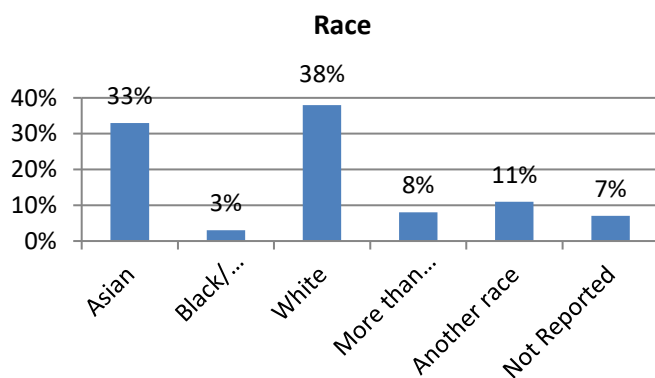
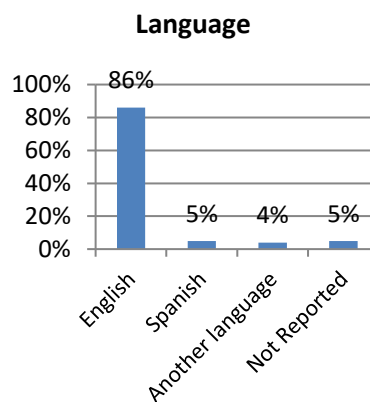
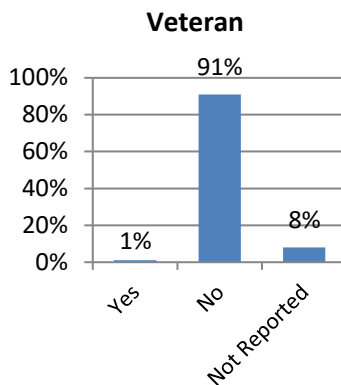
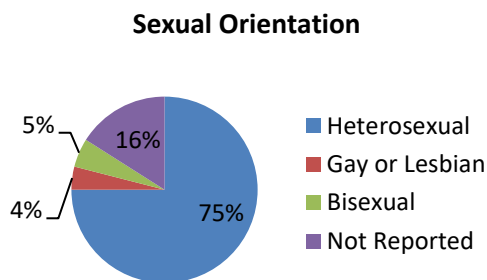
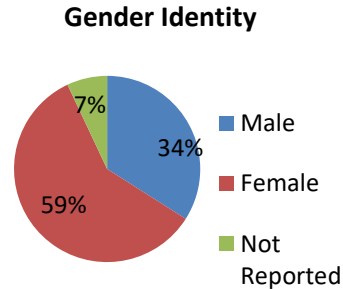
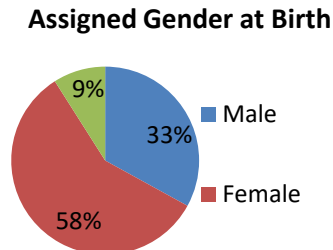
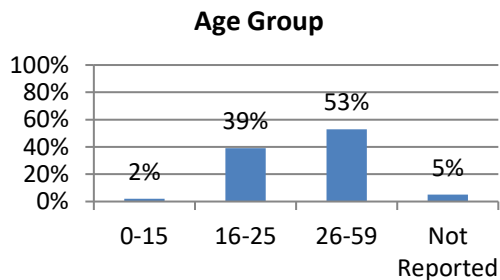
**94%**  
Agreed or strongly agreed that the presentation will help me recognize early warning signs of mental health challenges.

### Is Anyone Better Off?

**91%**  
Agreed or strongly agreed that the presentation provided me with new and useful resources.

**96%**  
Agreed or strongly agreed that the presentation helped me understand the impact of untreated mental health challenges.

## Demographics from Surveys Completed by Participants



Number of Potential Responders	359
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to NAMI**

# Housing Stability Program

## Program Description

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

## Target Population

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

New Landlords Engaged	Landlord Hour Meetings Held	Attendees (Unique)	Repeat Attendees (Duplicates)
13	3	4	4

## Program Update

The HSP participated in the planning sessions and resource fair for *A Happy Me, A Happy We: Learn to Thrive*, Youth Wellness Symposium, in partnership with other PEI programs and local community partners. A series of informational flyers were created geared towards the transition age youth. The housing team engaged the young people by inquiring about post grade school plans. The HSP shared the reality of housing cost and level of responsibility that comes with independent living to help them create realistic goals and consider benefits of increasing their income via higher learning or career programs. They were also reminded of roommate options and spent some time considering what makes an appropriate roommate. Following the symposium, new handouts were created to highlight the information presented to the TAY and use in the future.

The Housing Division will be taking the Roommate 101 training developed for the Permanent Supportive Housing (PSH) sites and expand it to group format for the community. Edits will be made to tailor it to the TAY population and identify additional locations to present the information. Staff plan on tailoring the 9-week Good Tenant Curriculum to be more appealing and interesting to the TAY population.

## Challenges and Solutions

The Housing Division staff position that oversees the Housing Stability programs was vacant at the beginning of FY 2022-23. Tri-City were able to hire new staff in August 2022, however the position was vacant again 8 months later. With reduced staff in this area, the Landlord Hour and Good Tenant Curriculum groups at the Wellness Center and at Cedar Springs were paused. Groups are intended to commence once new staff are hired again. Some solutions that aided in addressing the challenges was support from Residential Service Coordinators (RSCs). The RSC at the TAY housing location was able to continue presenting information on the Good Tenant Curriculum at their site. Also, recruitment for the vacant position began immediately so that the groups could be brought back as quickly as possible.

## Diversity, Equity and Inclusion

The Housing Stability Program offers fair housing to all clients and their families regardless of status. In addition, the Housing Division staff are trained in cultural competency, stigma reduction, and aware of fair housing law. Staff are bilingual in English and Spanish. The language line is available as well if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages throughout the sites.

Staff are aware of resources pertaining to specialized populations, referral processes and accommodations. Older adults who may not feel comfortable with technology are able to have their services in-home.

Monthly meetings, Mental Health First Aid training and stigma reduction training are offered to landlords, owners, and property managers to help them better understand and support individuals with mental illness.

## Community Partners

In addition to referrals made within Tri-City's own departments, the Housing Division staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, sober livings, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services, House of Ruth, Pomona Youth Prevention Council and Just Us 4 Youth. These entities, among others, work in collaboration with HSP in order to provide/receive referrals, educate/empower tenants, support landlords and property managers in appropriately recognizing and responding to individuals with symptoms of mental illness and provide additional resources inside and outside of Tri-City.

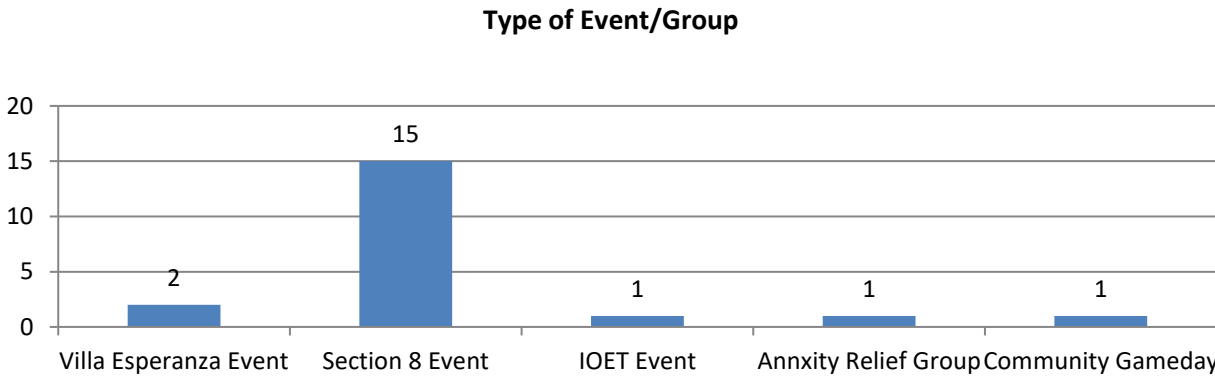
## Success Story

A Happy Me, A Happy We: Learn to Thrive, Youth Wellness Symposium was a great success for the community, external partners, and the HSP. Students were able to view life after high school through a more thoughtful lens. With this new perspective, students took into consideration all that is needed

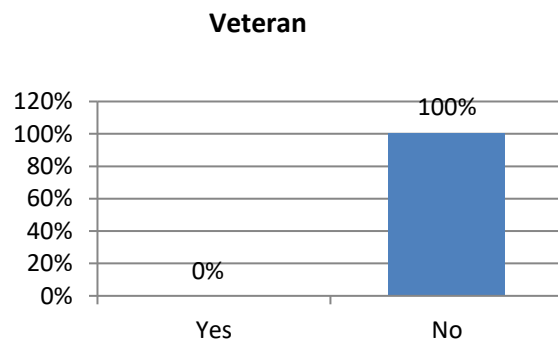
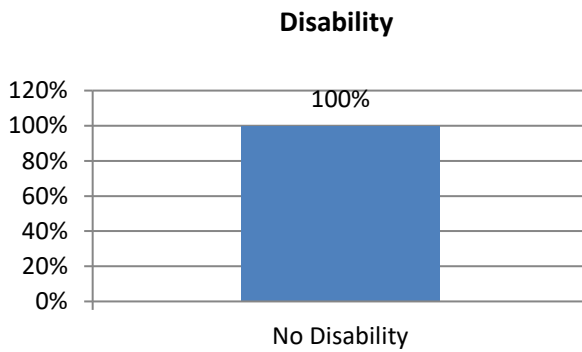
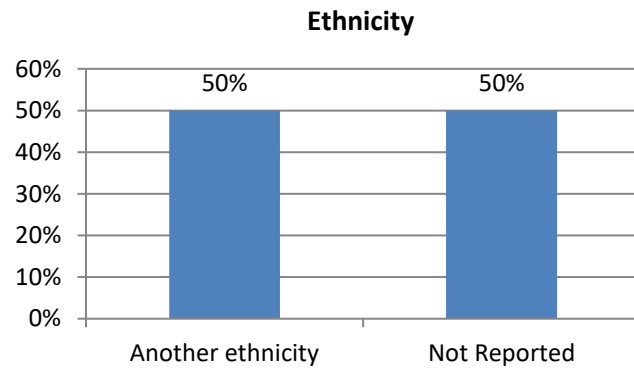
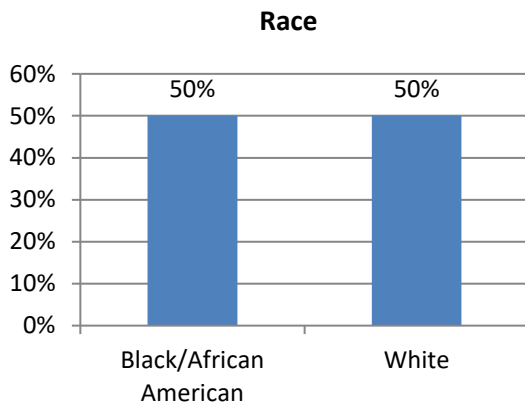
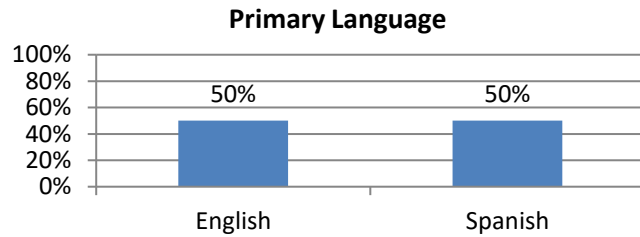
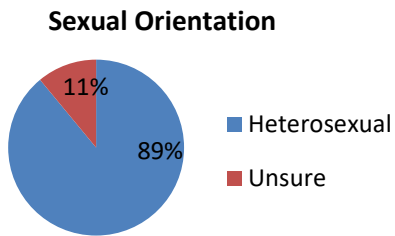
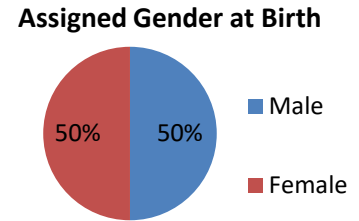
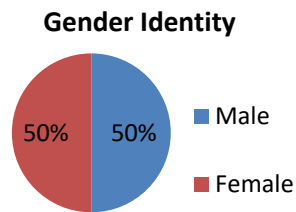
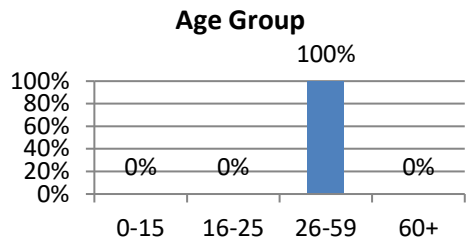
to live independently. Discussions about career advancement, college degrees, increasing income and considering living with family or roommates were highlighted. The event itself was a success, furthermore, new documents were created specifically for TAY who are approaching stages where more independence is being sought, with a realistic take on what it means to obtain and sustain that independence when it comes to housing.

## Program Summary

### How Much Did We Do?



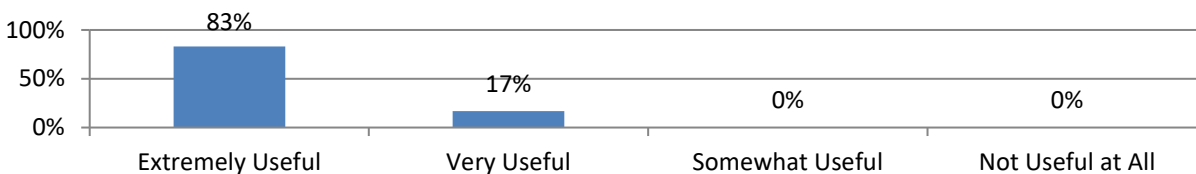
## PEI Demographics



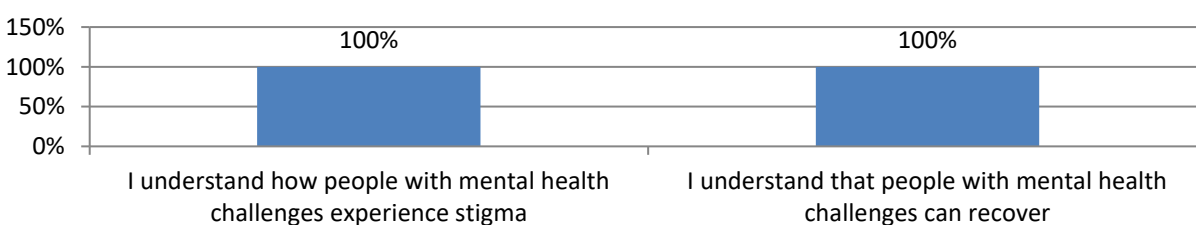


## How Well Did We Do It?

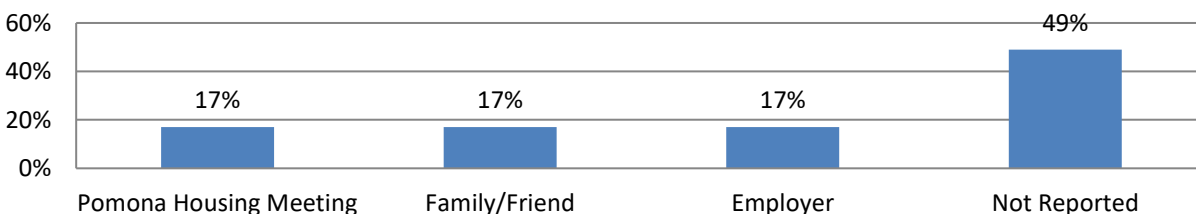
Landlord Hour attendees ratings of how useful the information was from the event.



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

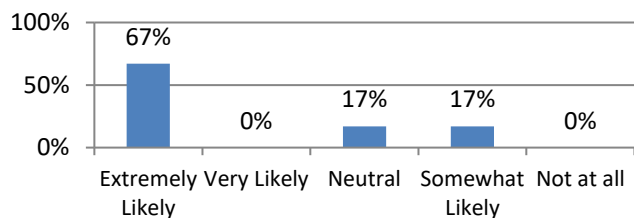


Landlord - How did you hear about us:

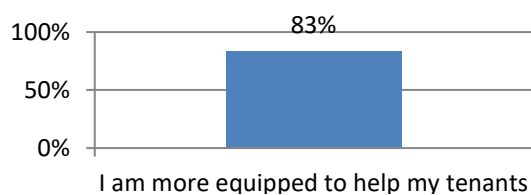


## Is Anyone Better Off?

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

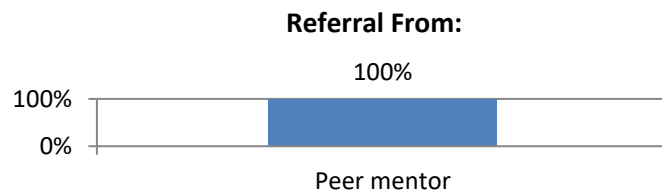
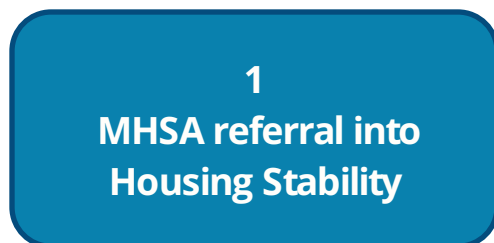


Percent of participants, as a result of this training:

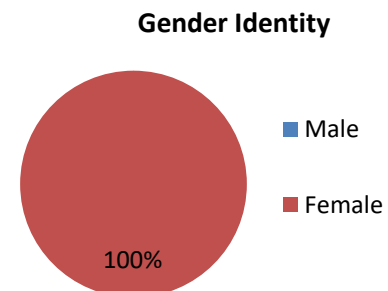
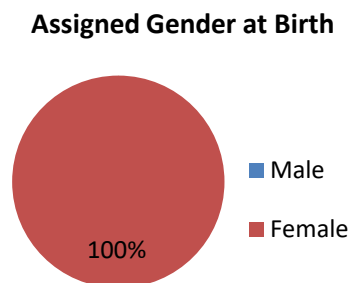
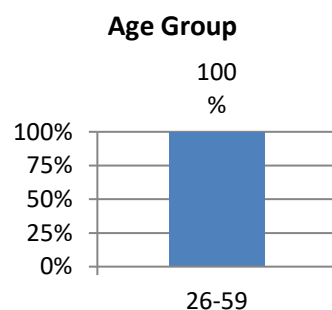


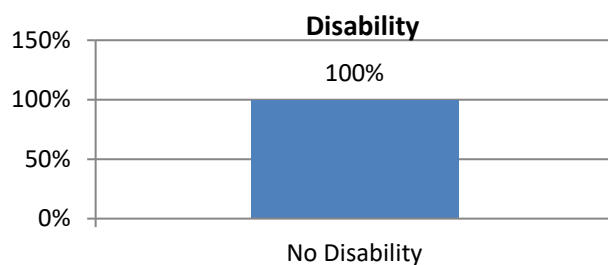
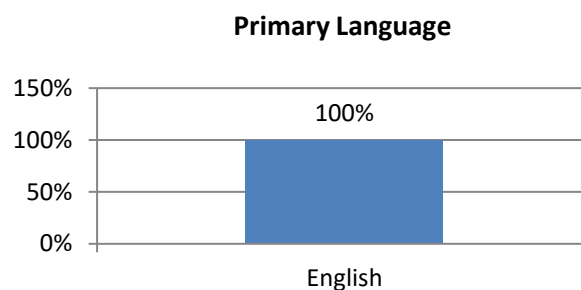
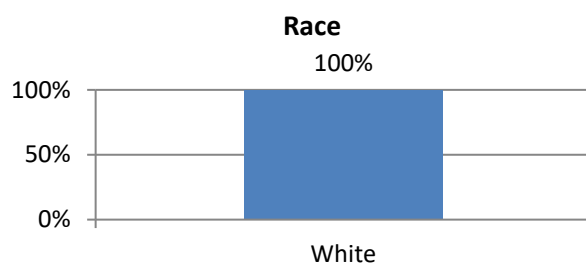
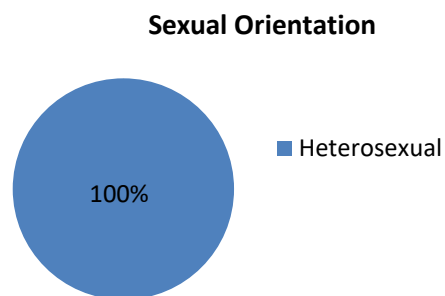
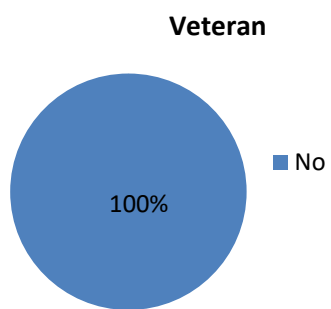
Number of Potential Responders	100
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on MHSA Referrals





# Therapeutic Community Gardening

## Program Description

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

## Target Population

Community members including unserved and underserved populations, adults, transition age youth, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	4	31	93	33	56	<b>217</b>
<b>Cost Per Person</b>	\$2,163	\$2,163	\$2,163	\$2,163	\$2,163	<b>\$2,163</b>

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

## Program Update

The majority of TCG reoccurring groups were held virtually. As such, harvest pick-ups and drop offs were provided to participants to maintain engagement with plant materials for self-soothing or mindfulness techniques. While the groups were virtual, several in person workshops and events were offered at Tri-City and throughout the service area at community partner's sites. Outreach in FY 2022-23, increased by a total of 1,250 more people than the program was able to outreach in the previous fiscal year.

The team collaborated with TCG participants and the landscape architect to solidify plant and tree selection for the garden rejuvenation project. The project broke ground in May 2023 and the community looks forward to an opening of a new garden for therapeutic horticulture activities.

The TCG partnered with Tri-City psychiatrists to allow medical resident rotations the ability to shadow TCG groups to learn about the application of therapeutic horticulture.

After the completion of the garden beautification project, the goal will be to increase in person groups, create new interactive groups that incorporate movement (i.e., dance, walking) and the garden, and create a group specifically geared to the LGBTQIA+ community.

## Challenges and Solutions

Construction began in the garden which limited availability of harvests to provide to participants. Another challenge was the lack of participation in certain groups (TAY and Family groups) as this demographic has been difficult to outreach, enroll, and maintain. Lastly, participants struggled at times accessing virtual groups and navigating the platform.

One solution to the challenges presented is the reopening of the garden. With an in-person option in a natural setting, attendance is predicted to improve in both family and TAY groups. Historically, attendance has been better with these demographics when the sessions take place in the garden. Additionally, the team engaged in outreach and events geared towards child and TAY populations with the goal of enrolling participants. To trouble shoot the technology barriers, TCG worked one-on-one with individuals to ensure access to virtual groups.

## Diversity, Equity and Inclusion

The TCG specifically collaborates with agencies that target groups such as TAY, children, families, Veterans, older adults and the LGBTQIA+ community. When harvest is available, a food security program exists that provides excess produce to community members and agencies in need. Staff regularly attend cultural competence trainings and its staff are bilingual in both English and Spanish. A staff member is also the chair of the RAINBOW Advisory Council, bringing inclusion and diversity to the department and approaches to imbed into weekly curriculum provided to the community.

## Community Partners

The Therapeutic Community Garden staff network and collaborate with a multitude of community partners and organizations. Examples include 1) local food banks where garden produce is shared in support of their food insecurity programs, 2) annual events with Cal Poly Pomona Veterans Resource Center targets veterans and their families, offering wellness support through free TCG groups, 3) outreach with Pomona Unified School District targeting Children and TAY youth as well as their families, 4) partnered with Tri-City psychiatrists to arrange for medical residents on a psychiatry rotation an opportunity to shadow and learn about the application of therapeutic horticulture.

Other examples of organizations in which TCG engages in strong community partnerships are: Sustainable Claremont, Casa Colina Hospital and Centers for Healthcare, Lopez Urban Farm, Bridge the Gap, Traumatic Brain injury- Outreach, DA Center for The Arts, California Horticultural Therapy Network, Pomona Pride Center and animal therapy agencies. Interactions proposed for these events

include workshops, outreach, group referrals, seedling donation and produce donations to community agencies.

## Success Story

One individual from a Spanish speaking group disclosed positive outcomes from attending TCG groups and events. This individual reported feeling a sense of community and enhanced socialization. They also disclosed that the therapeutic horticulture groups provide an enjoyable experience that they are able to look forward to on a weekly basis. As this person's social and emotional wellness has been impacted, per participant report, their overall mental health has improved. Additionally, the participants expressed that they have made progress in overall symptom management since joining the group. Overall, they feel more connected to themselves, others, and the natural environment.

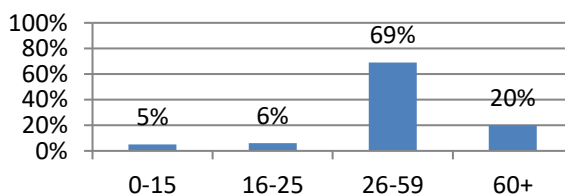
## Program Summary

### How Much Did We Do?

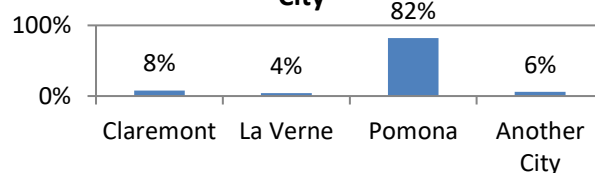
**85**  
Participants Enrolled in TCG  
Program

**8 Months**  
Average Length of Time  
Participants Enrolled in TCG

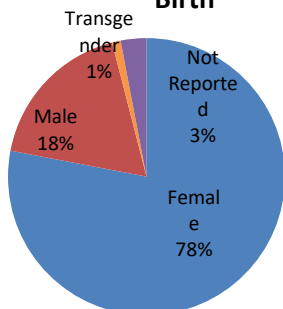
**Age Group**



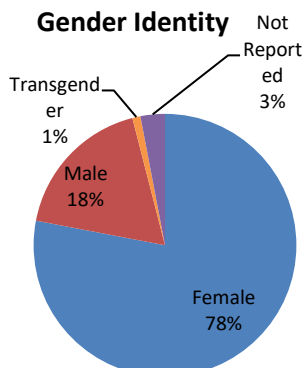
**City**



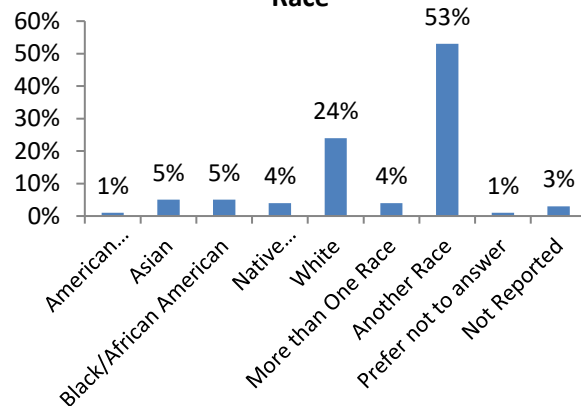
**Assigned Gender at Birth**

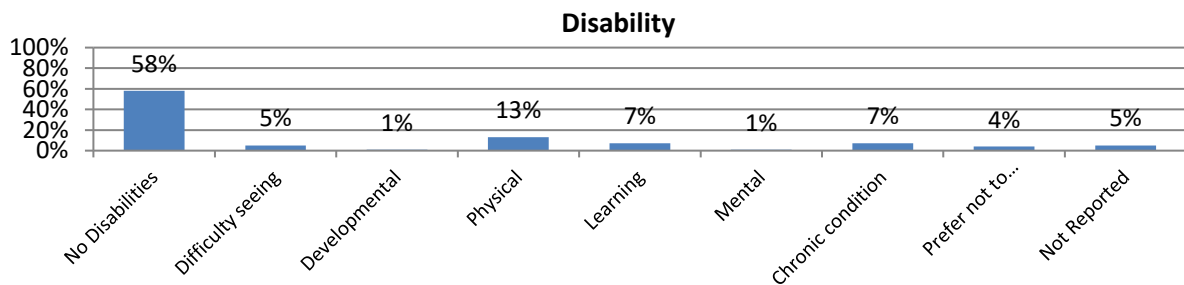
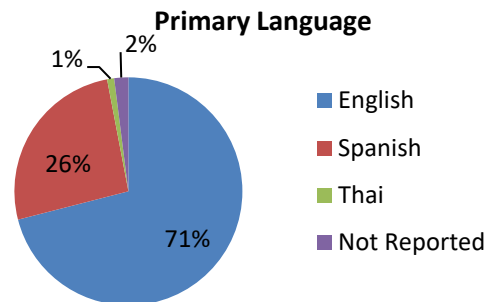
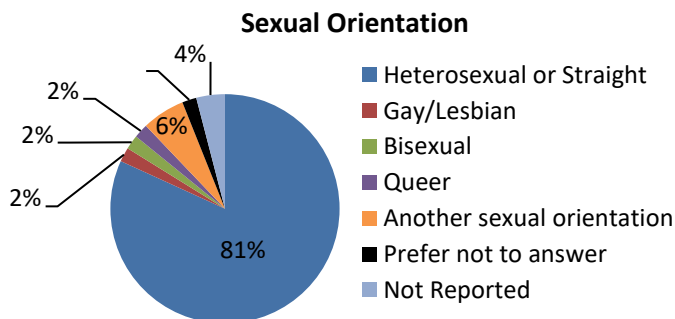
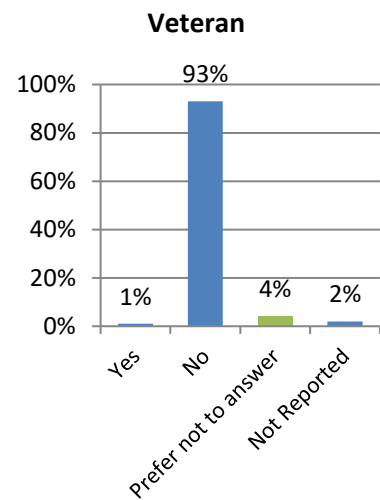
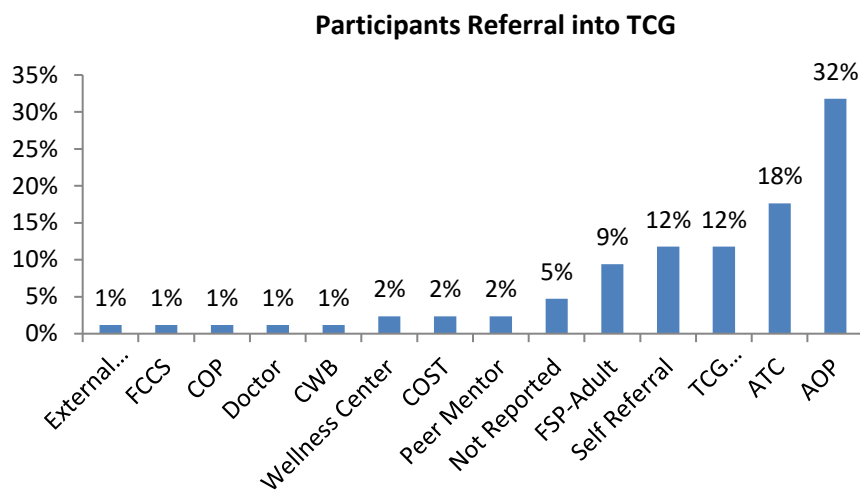
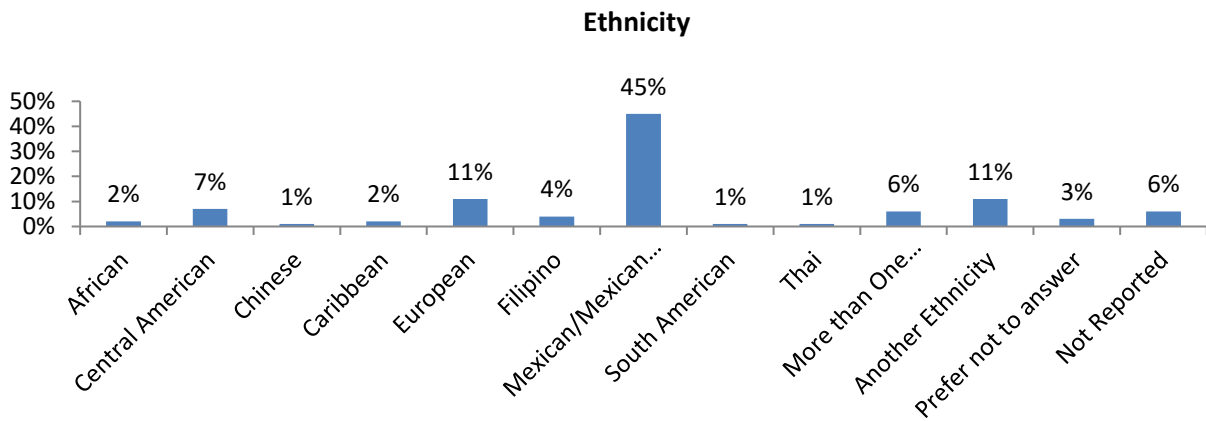


**Gender Identity**



**Race**

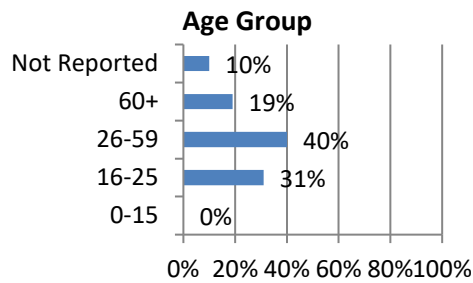




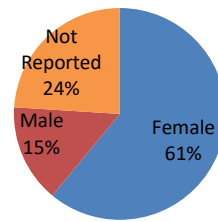
## TCG Workshop/Events (Survey Demographics n=85)

**16**  
**Workshop/Events**

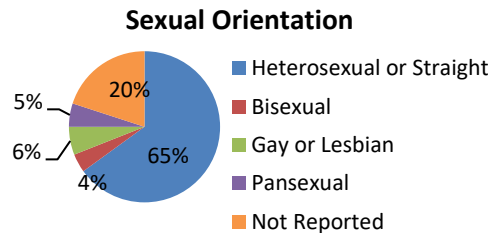
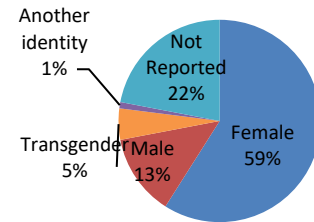
**132**  
**Attendees**



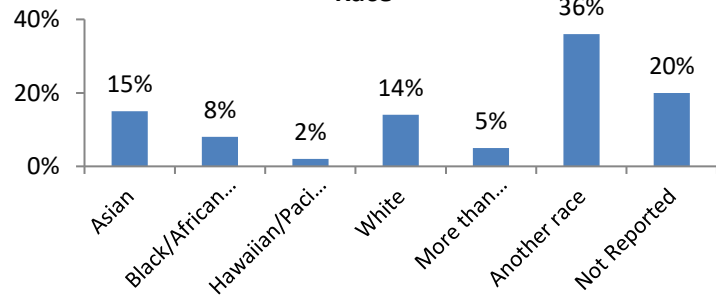
**Assigned Gender at Birth**



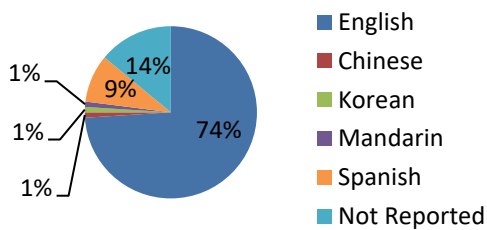
**Current Gender Identity**



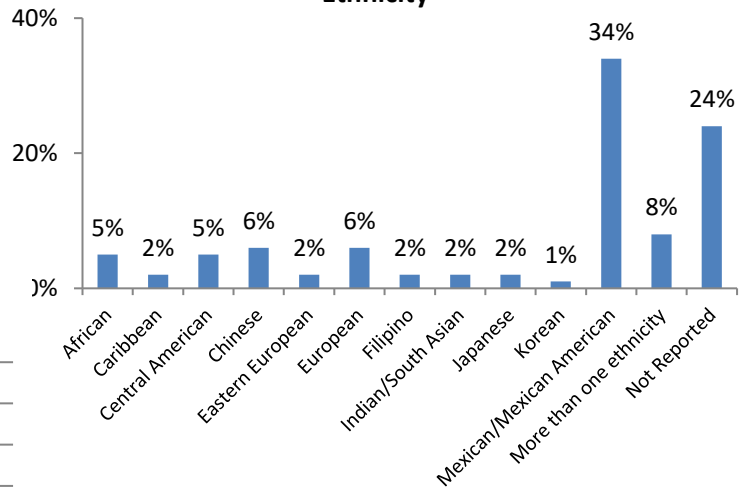
**Race**



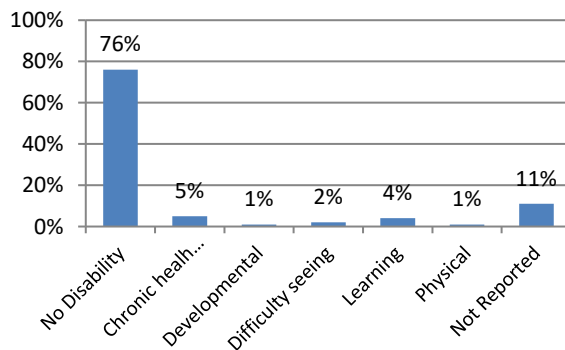
**Primary Language**



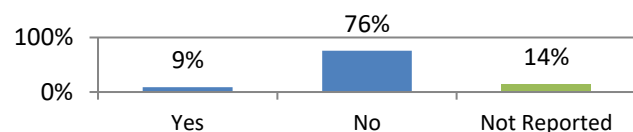
**Ethnicity**



**Disability**



**Veteran**

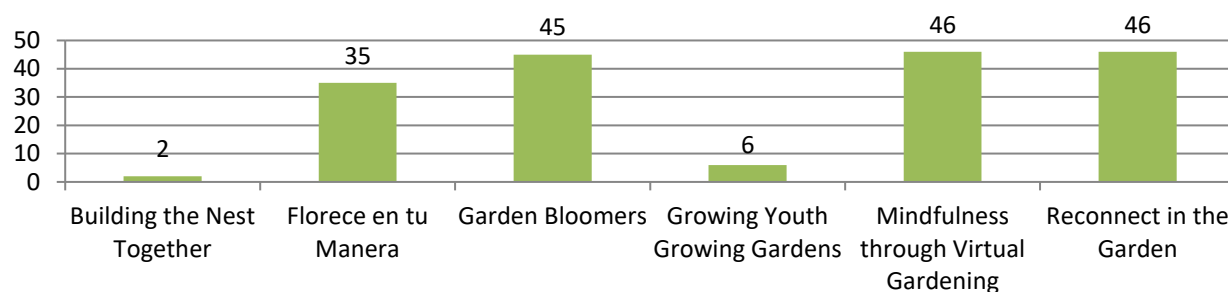




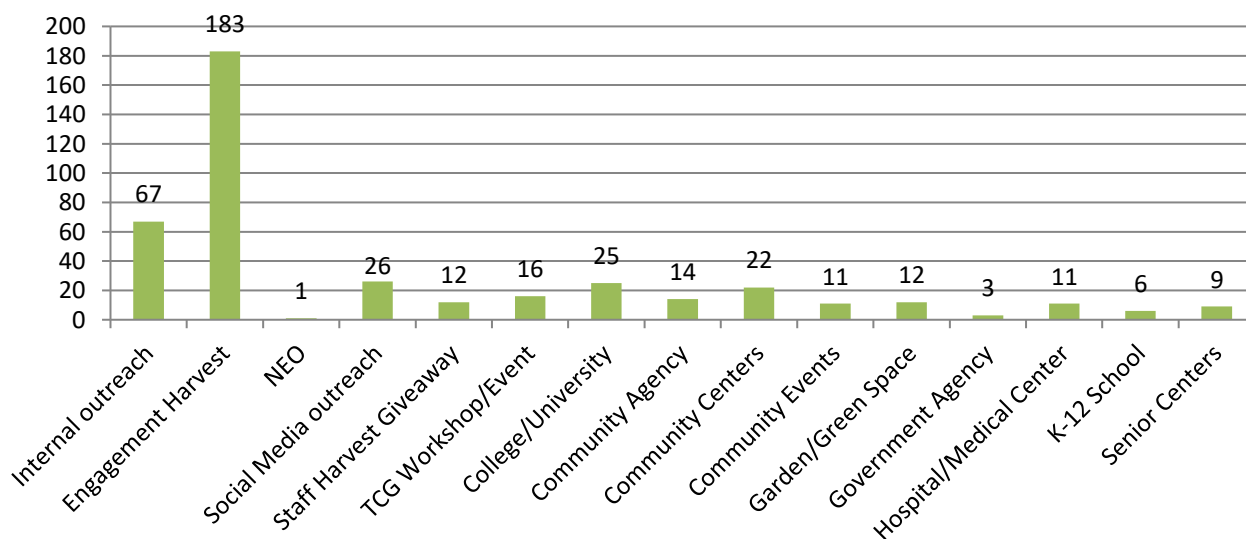
## How Well Did We Do It?



Type of TCG Groups Held - 180

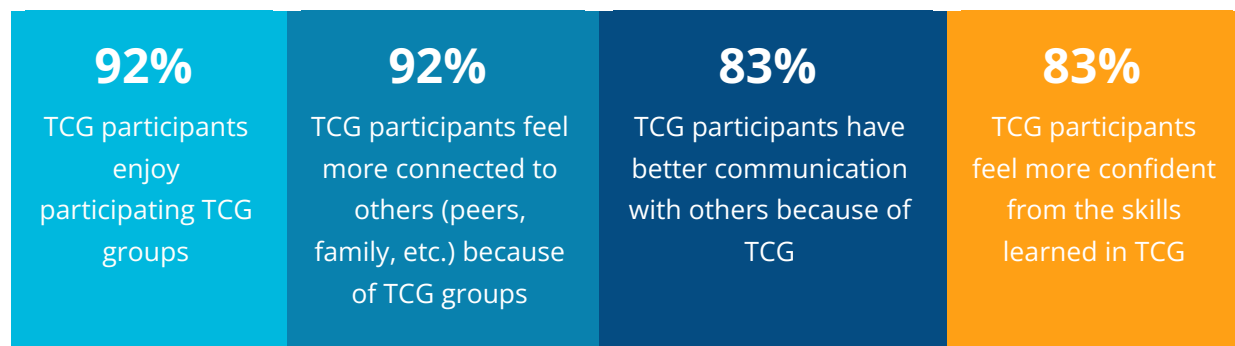


TCG Outreach By Type - 418



## Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=24)



TCG Workshop Survey Responses Based on Completed Surveys (n=85)



### TCG Participant Feedback – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:

- Everything has been good overall.
- I always gain something out of TCG, which is good. Also, when groups open up in person, I would like transportation assistance.
- I enjoy learning from the staff and other participants. I feel at ease when I attend the groups.
- I just want to say, everyone in the groups is awesome and loves the way it is.
- I love it all! Being in community, the group, and learning new ways to cope.
- I think that this project works well because the leaders are passionate about what they are doing.
- I'm really interested in groups, the only problem is I have trouble getting into the groups, I have trouble with my phone.
- Keep it as it is.
- Am so thankful for you and your family there
- Given knowledge and insight into why people are sometimes so uptight. Helps me cope with pain and anxiety. Thank You.
- I am just so very happy to be part of TCG and love gardening! The garden helps me move forward and also the groups.
- I like the group that I'm in and I recommend it to my friends.
- I really like that TCG goes out in the community and does things with the community. I don't know any other organization that does that as much as you.
- I truly enjoy gardening group. I find it very therapeutic thank you.
- keep up the good work.
- Maybe guide meditation.
- Thank you for the support.
- Thank you very much for youth, family.

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

- All the information given during group has been very helpful, especially when the curriculum enhances my well-being. I get good vibes.
- I am making new friends and learning from the leaders and the participants.
- I have benefited from expanding my social skills, and I know it will take some time.
- I have benefited from TCG because it feels good to not feel alone and be listened to, I feel heard.
- I'm a little calmer. My anxiety is not as bad as it was before.
- It's helping my slowly learn something new and I really look forward to be in garden.
- "I've learned so much! Lots of stuff is so new to me and I can't to start growing stuff.
- Knowing that I am not alone and that we are more connected to nature in different ways! Its up to us how we take care of each other and our plants!
- Very much I take care of plants, water them weekly and have a place to see other people who come back each week.
- Being blessed with harvest and learning how to properly harvest and take care of a garden.
- Being present and seen as a person.
- I benefit from connecting with others and what they talk about in the groups. It makes me feel more open to share in the group and I learn a lot every time I attend a group.
- It helps me open up more with my anxiety and depression.
- I am having a better lifestyle.
- It made me feel more confident. It made me feel like I'm a part of a community. It made me feel less isolated. Everyone is so cool. The people that show up are so nice. You want to be there and be a part of it.
- Just great support and openness.
- Learned new coping skills.
- Mental Wellness and social support.
- Planting makes my life less stressful.
- To be able to meet other participants, they are very helpful and the speaker was very informative.
- Relaxing Self Confidence Empathy.

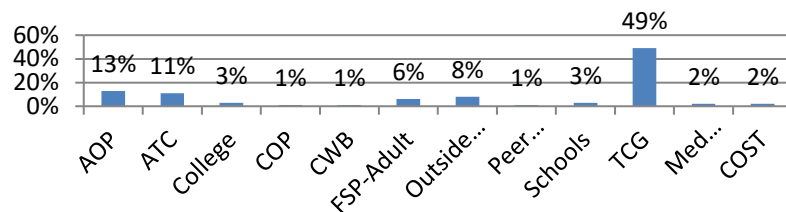
<b>Number of Potential Responders</b>	85
<b>Setting in Which Responders were Engaged</b>	Community, schools, health Centers, workplace, and outdoors.
<b>Type of Responders Engaged</b>	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

## Timely Access to Services for Underserved Populations Strategy

**142**

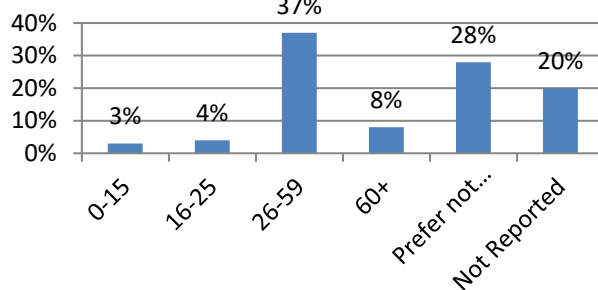
MHSA Referrals coming  
into TCG Program

**Referral From:**

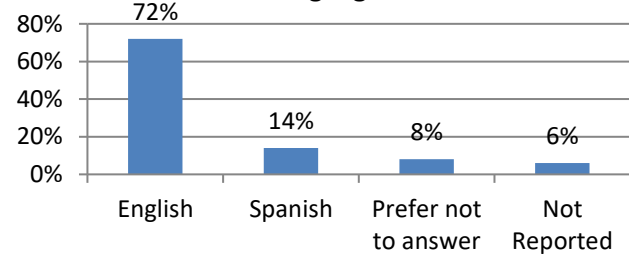


### PEI Demographics Based on MHSA Referrals

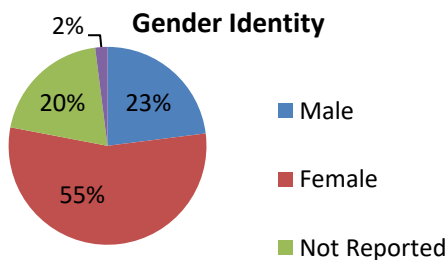
**Age Group**



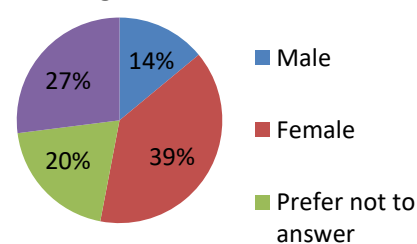
**Language**



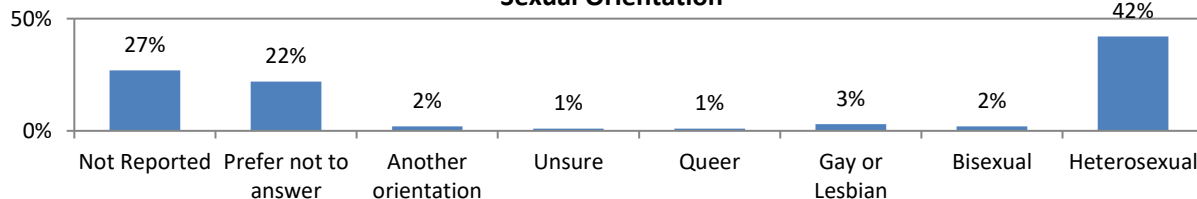
**Gender Identity**

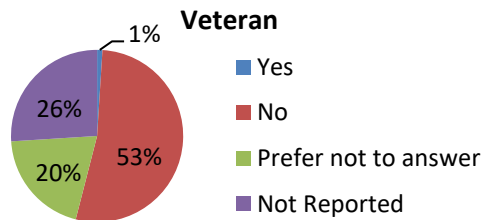
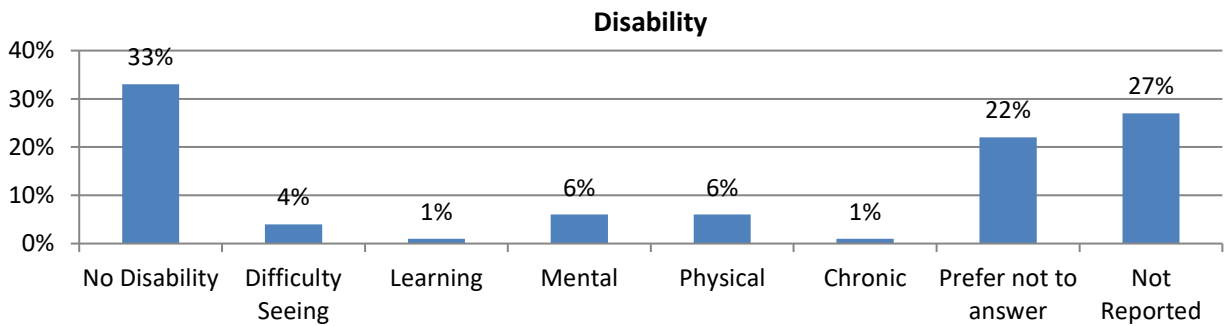
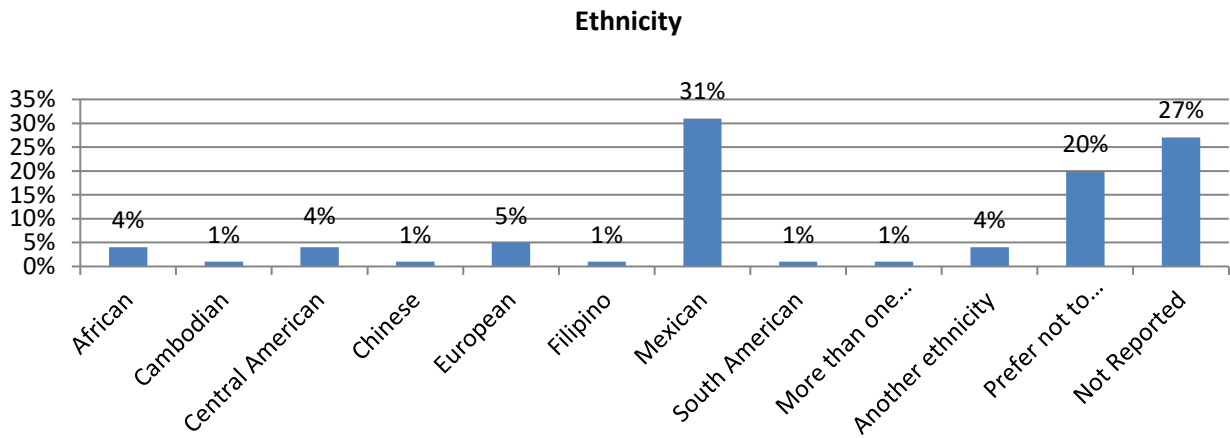
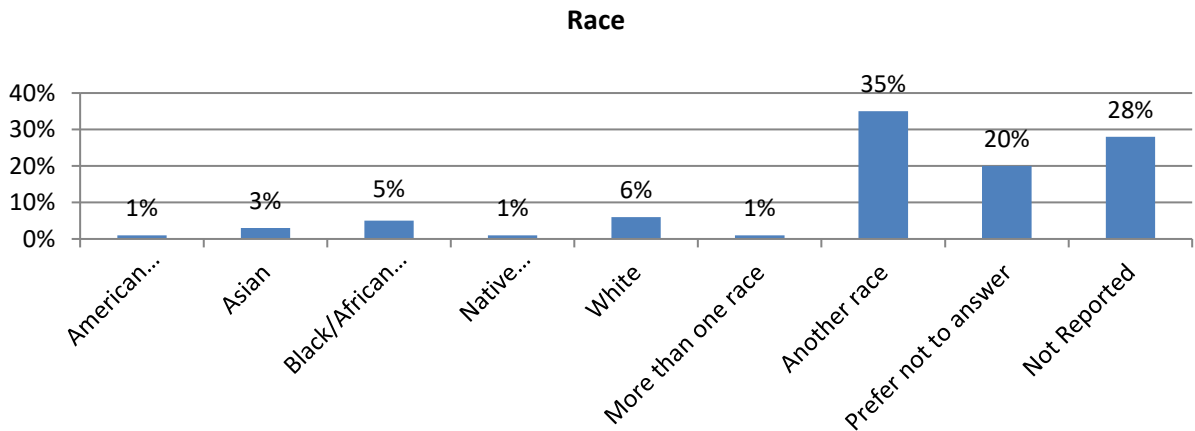


**Assigned Gender at Birth**



**Sexual Orientation**





# Early Psychosis Program

## Program Description

The Early Psychosis Program (EPP) is designed for young people and their families who are at risk of developing psychosis or experiencing a first episode of psychosis. This coordinated specialty care program is focused on assisting a young person manage their symptoms, prevent deterioration, and equip their family to be a support system. Awareness, early detection, and access to services is needed to help young people with psychosis pursue recovery. Utilizing the PIER (Prevention, Intervention, Enforcement and Reentry) model, Tri-City staff host workshops and trainings for community members and school personnel focused on recognizing and addressing the earliest symptoms of mental illness. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improve function and decrease relapse.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	7	12	0	0	0	<b>19</b>
<b>Cost Per Person</b>	\$9,386	\$9,386	N/A	N/A	N/A	<b>\$9,386</b>

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

## Program Update

In FY 2022-23, the EPP expanded its services to offer 3 multifamily groups for its participants, which included a group for TAY and 2 groups for ages 12-16 (English and Spanish). The EPP also saw an increase in Spanish speaking referrals. The program also obtained a dedicated peer support specialist.

In addition, the way team meetings occurred was restructured. This helped to ensure team cohesion and investment in their services and program. This also helped create a more productive workflow, ensure that referrals were being managed efficiently, and that participants were getting effective care.

The process from referral to enrollment has greatly improved due to implementing lessons learned from past challenges. The team has streamlined the process for outreach and enrolling a client into the program to ensure the best care is provided in a timely manner.

EPP is making efforts to ensure that all services that can be billable move in that direction. This will help improve the sustainability of the program. Likewise, increasing enrollment by strengthening outreach and collaboration with schools we will serve in this area is an ongoing effort.

## Challenges and Solutions

Consistent engagement in multifamily groups was a challenge in FY 2022-23. Now that staff are feeling more versed in the model, they are beginning to brainstorm how they can bring creativity into their work to improve participant engagement and staff enjoyment. Brainstorming different ways to increase engagement has been an ongoing topic of team meetings.

Becoming efficient in completion of the Structured Interview for Psychotic-Risk Syndrome (SIPPS) was a challenge. The clinical recommendation for this tool has been to complete within an hour and score in same session. As this is a new skill staff are developing it has been an area of growth. Staff attend monthly meetings with an outside consultant regarding SIPPS. In this meeting, staff are brainstorming and role play how to complete this tool more efficiently. Along with this, goals and deadlines will be established to help promote staff's progress.

As this is a newer program, workflows and processes continue to be in development and a work in progress. The Leadership Team will ensure that formalizing workflows is a priority and enlist feedback from staff and Best Practices department to ensure the process is feasible.

## Diversity, Equity and Inclusion

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

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as gay, lesbian, bisexual, transgender, or questioning are addressed. Furthermore, client's electronic health record indicates preferred pronouns and/or name so as to reduce mis-gendering.

The program does allow for servicing participants who have no insurance or alternative insurance, removing insurance as a barrier to accessing services. Barriers related to socioeconomic status, transportation or otherwise are also reduced by offering sessions in a variety of ways (virtual, in person, home, school, in office).

## Community Partners

Local schools are the primary community partners for this program. Additionally, this fiscal year the team began collaborating more with the Co-Occurring Support Team (COST) program at Tri-City. Learning about the impact of substance use on mental health has been a great need for the participants in the program. Providers from COST have been involved more in team meetings to help with brainstorming about how to best care for clients and maintain a multidisciplinary approach to best serve individuals. Along with this, COST provider has attended multi family groups to support any participants that may bring up substance use as a challenge.

## Success Story

A client was experiencing severe symptoms of psychosis leading to hospitalizations, family conflict, risky behaviors, and poor academic performance. The client and their parent were able to quickly engage in the early psychosis program. The individual ultimately took on the role of a mentor for the other participants. At one point in treatment the client regressed, however was able to reengage in treatment, reduce risky behaviors and improve their relationship with the parent. The individual ultimately graduated from treatment and successfully graduated from high school.

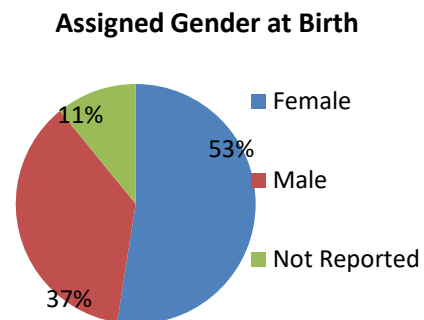
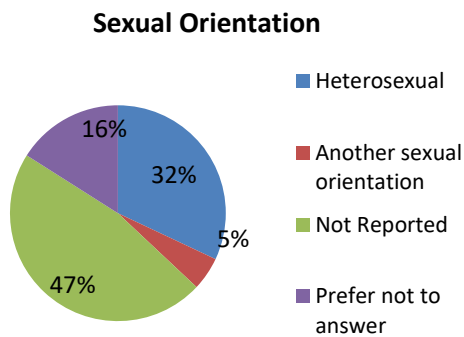
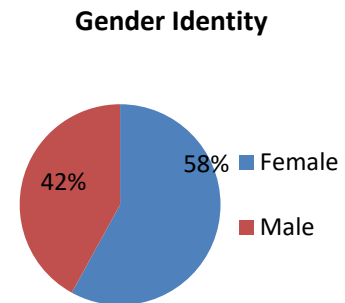
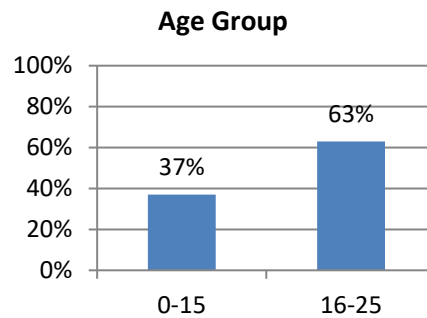
Another significant component of this success story is the collaboration and implementation of a PIER approach, including group work, individual sessions, occupational therapy services, lived experience, and psychiatry.

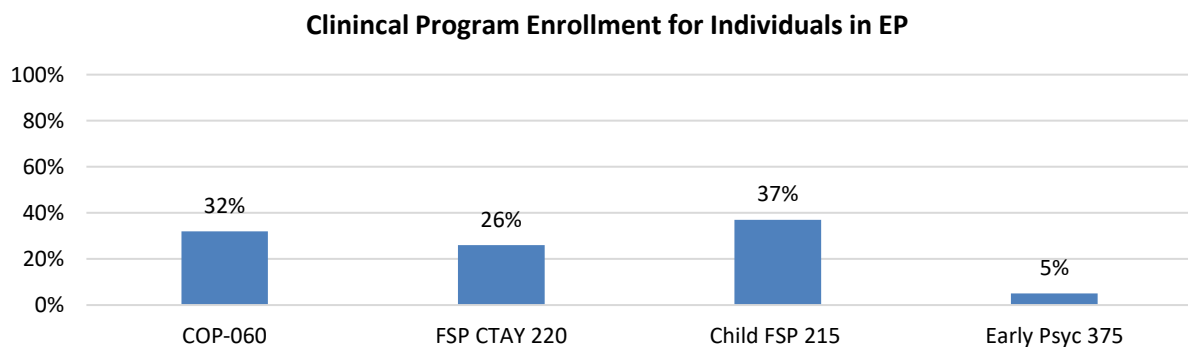
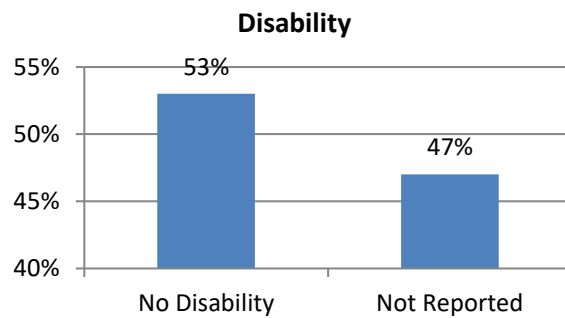
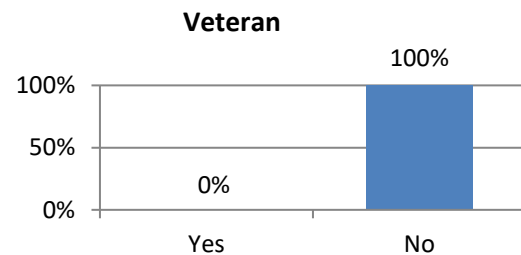
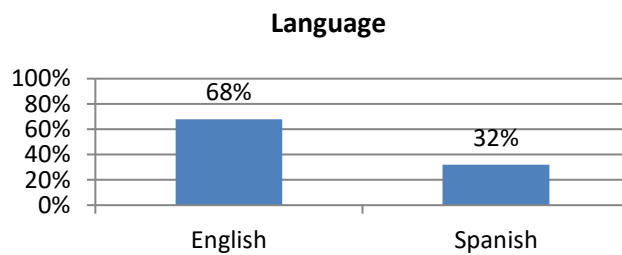
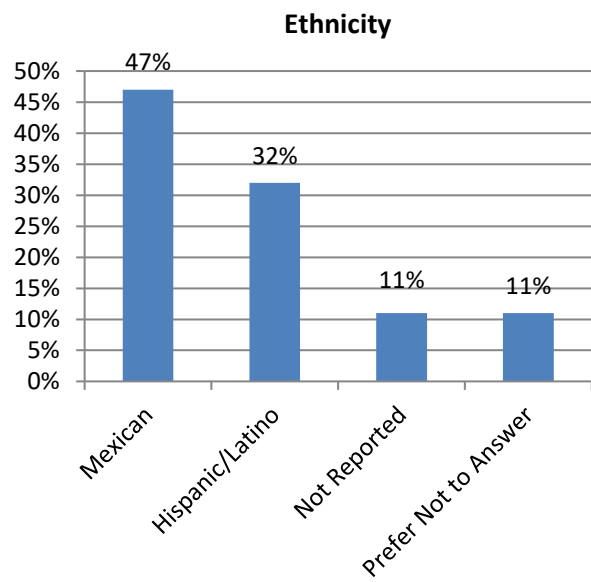
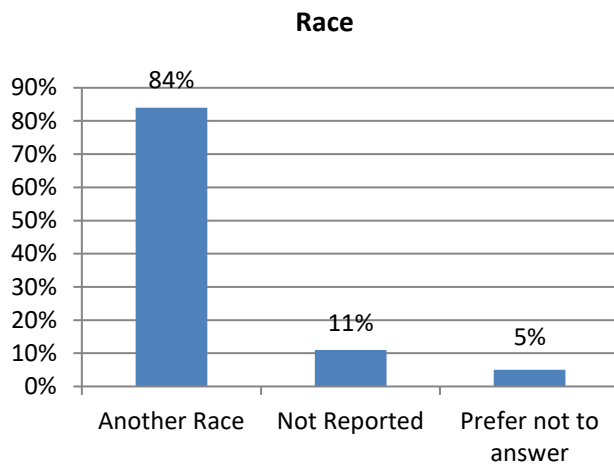


## Program Summary

### How Much Did We Do?

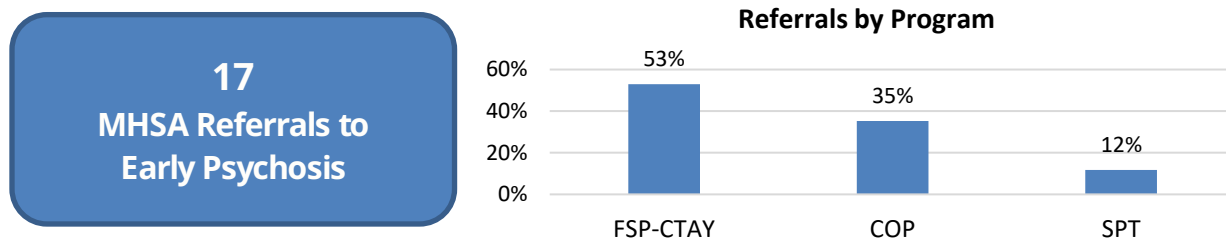
**19**  
Individuals Enrolled  
In Early Psychosis



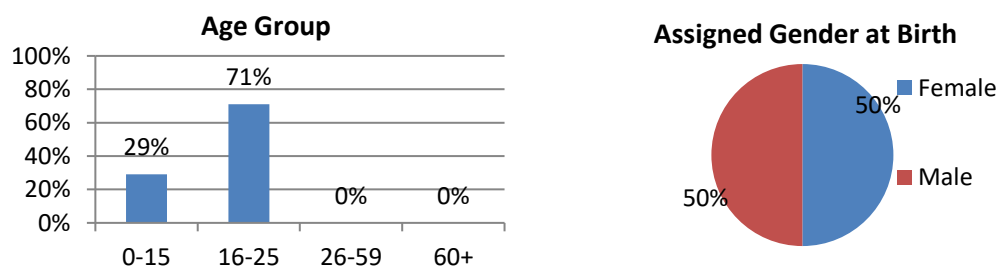


Number of Potential Responders	10
Setting in Which Responders were Engaged	Mental health centers
Type of Responders Engaged	Clients
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

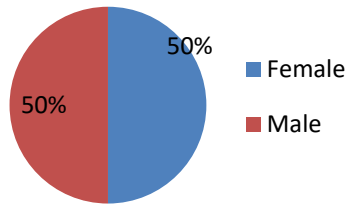
## Timely Access to Services for Underserved Populations Strategy



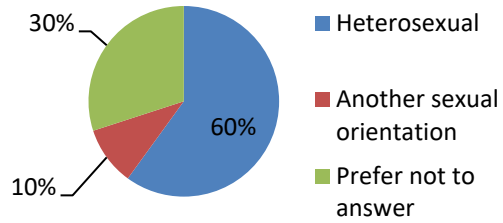
## PEI Demographics Based on MSHA Referrals



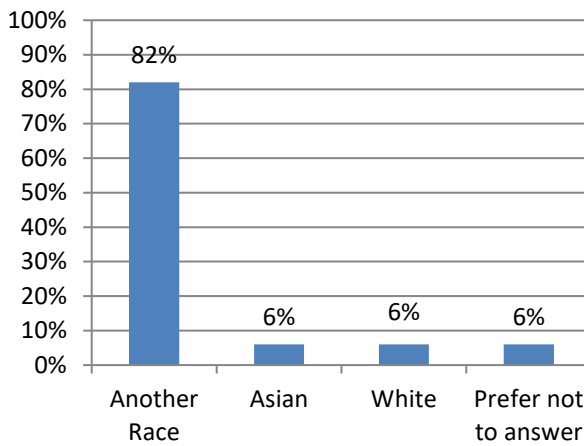
**Gender Identity**



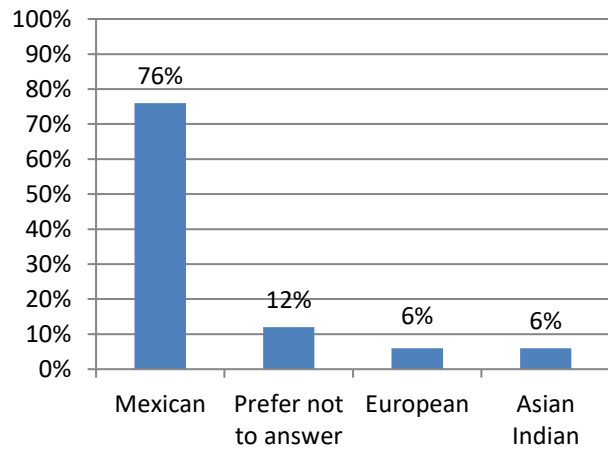
**Sexual Orientation**



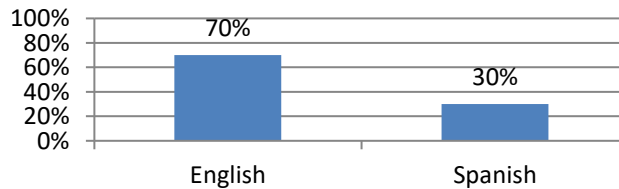
**Race**



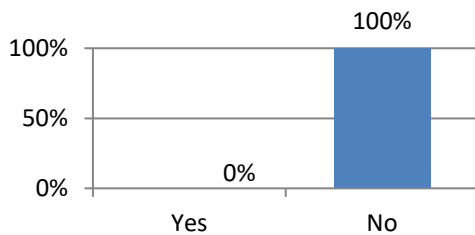
**Ethnicity**



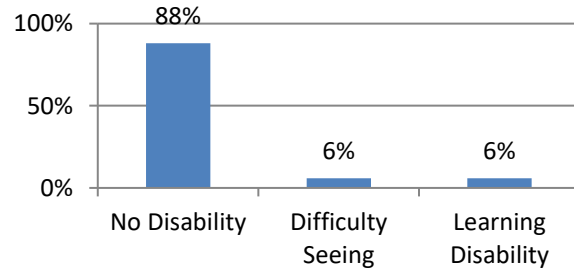
**Language**



**Veteran**



**Disability**



# School-Based Services

## Program Description

School-Based Services (SBS) provide services to students directly on local school campuses during school hours. SBS bridge the gap between community mental health services and local schools, reducing barriers to accessibility.

## Target Population

Students attending school in the school districts and colleges that fall within the Tri-City service area (Pomona, Claremont and La Verne).

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	280	97	0	0	0	<b>377</b>
<b>Cost Per Person</b>	\$1,916	\$1,916	N/A	N/A	N/A	<b>\$1,916</b>

## Program Update

SBS staff partnered with Mental Health Services Act (MHSA) and Mental Health Student Services Act (MHSSA) programs to increase support and outreach efforts to our local schools. The outreach events included Back to School Nights, resource fairs, and wellness promoting events, across our school partners in the Pomona, Claremont, and Bonita Unified School Districts. Following collaborative discussions, Tri-City established a memorandum of understanding (MOU) with all three Tri-City area school districts, as well as the School of Arts and Enterprise. The program also made an effort to establish relationships with local universities by conducting collaborative meetings with California Polytechnic State University, Pomona (Cal Poly) and University of La Verne (ULV).

An improved process for school referrals was also established, leading to enhanced response time and collaboration with referral resources. Increased collaboration and improved workflow, in part, contributed to SBS staff experiencing and increase in referrals, from 270 in FY 2021-22 to 377 in FY 2022-23.

A future consideration will be to implement substance use disorder and awareness to students and families. As teens access to substances such as fentanyl increases, so too does the need for co-occurring services and support. Training staff on working with co-occurring disorders as well as how Narcan can be a potential resource for families will be vital.

## Challenges and Solutions

The California Advancing and Innovating Medi-Cal (CalAIM) reform, which included new documentation and limitations on travel reimbursement, created challenges to previous program structure and implementation. Teaching staff how to maximize their days by clustering travel time and scheduling multiple clients in a single school location assisted with limitations on travel reimbursement. Coaching staff on the use of collaborative documentation was also a support. Quality Assurance and Quality Improvement also supported these efforts by providing SBS staff with training to help with new Electronic Health Records (EHR) and CalAIM reform. This will continue to be a work in progress.

School partners struggled to identify appropriate referrals during the past fiscal year, for example, sending referrals to SBS that were either out of area or who have private insurance. This led to SBS staff spending more time on non-billable tasks such as linking families to their providers and addressing appropriate referrals. A notable solution to this challenge was maintaining open channels of communication with school partners to address barriers to referrals, review referral criteria, and address challenges with families connecting to services. SBS staff also identified new partners at the schools and built connections between the SBS program and the schools by increasing communication with individuals such as principals, school counselors and psychologists.

## Diversity, Equity and Inclusion

SBS staff increased the frequency of on-site school visits in FY 2022-23. This assisted in removing barriers to attending services such as transportation. Although a big focus of services is to provide treatment at school, both treatment and intake services are being offered in the office and via telehealth to increase families' access to mental health services. Additionally, parents/caregivers are included in the client's services to better assess the needs, create realistic goals and interventions for clients, and provide access to resources.

Spanish speaking clients have access to bilingual staff, and other languages are offered through the LanguageLine. A diverse group of providers supports the SBS team in increasing representation for the community leading to improved engagement in services. Additionally, all documents are translated in the threshold languages.

The SBS team educates themselves on barriers and stigma the LGBTQ+ community may experience by reviewing available community resources, completing trainings, and attending department meetings focusing on this population. Inclusivity is also ensured through electronic health records reflecting the client's desires and culture needs such as appropriate pronouns and names.

## Community Partners

Community Partners largely consist of local schools and colleges within the Tri-City service area. Some examples include: Pomona Unified School District (PUSD), Bonita Unified School District (BUSD), Claremont Unified School District (CUSD), School of Arts and Enterprise (SOAE), the University of La Verne (ULV) and Cal Poly Pomona (CPP). These partnerships foster resource sharing, increase access

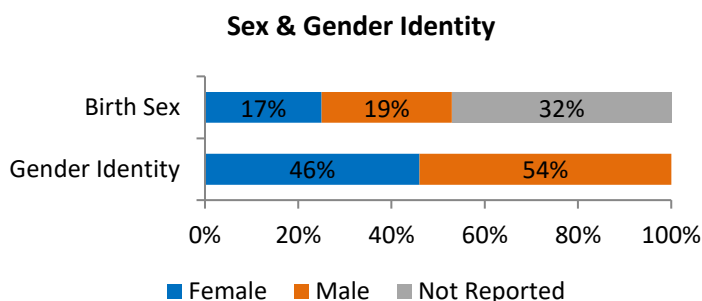
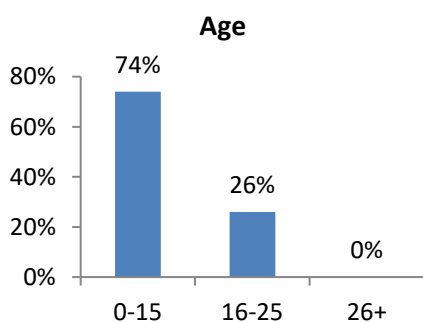
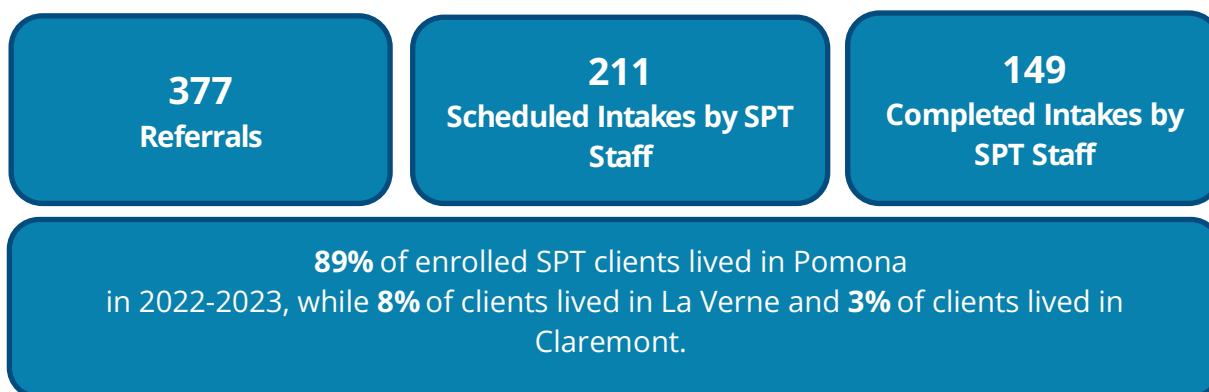
for students in need of mental health services, and generate referrals to the SBS team. Furthermore, SBS staff are increasing treatment team meetings internally to support client goals. During FY 2022-23, increased collaboration occurred with departments such as Child Outpatient (COP), Full Service Partnership (FSP), and Mental Health Student Services Act (MHSSA).

## Success Story

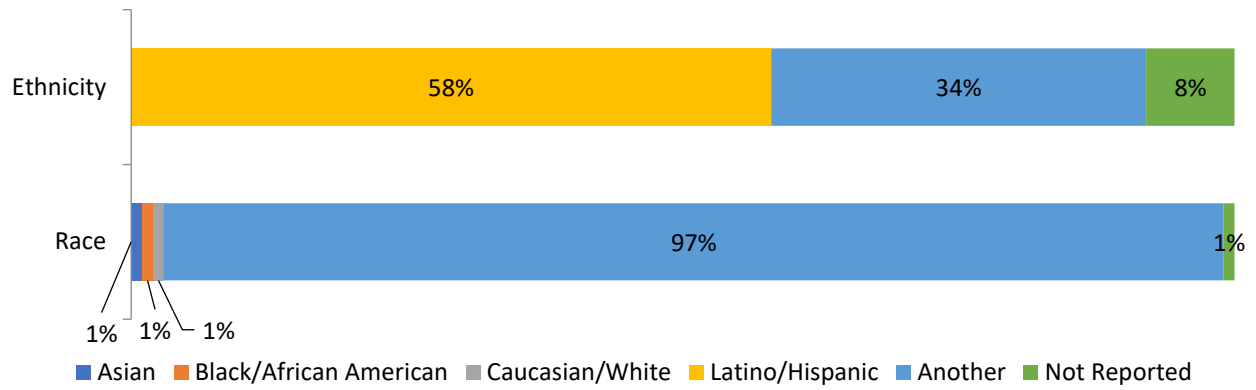
During FY 2022-23, SBS program experienced positive outcomes from increasing communication and collaboration with our community partners. Increasing contacts with the various school districts, colleges, and internal departments led to improved communication and workflow. Specifically, improving collaboration and consultation amongst the school personnel, mental health team and crisis team bolstered referrals and formed reciprocal connections that ultimately benefit the communities of Pomona, Claremont, and La Verne.

## Program Summary

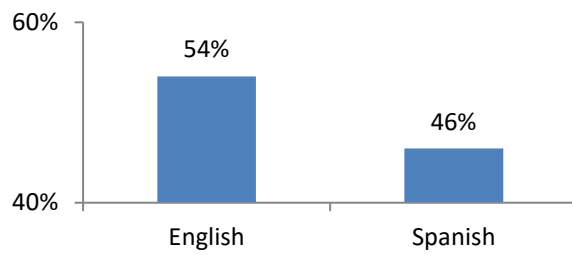
### How Much Did We Do?



### Race & Ethnicity



### Primary Language





**FY 2024/25 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Family Wellbeing	150,254	150,254				
2. Older Adult Wellbeing (Peer Mentor)	92,189	92,189				
3. Transition-Age Youth Wellbeing (Peer Mentor)	99,395	99,395				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	530,267	530,267				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	222,962	222,962				
<b>PEI Programs - Early Intervention</b>						
7. Older Adult Wellbeing (Peer Mentor)	92,189	92,189				
8. Transition-Age Youth Wellbeing (Peer Mentor)	99,395	99,395				
9. Therapeutic Community Gardening	515,787	515,787				
10. Early Psychosis	227,690	227,690				
11. School Based	1,198,022	1,198,022				
<b>PEI Programs - Other</b>						
12.	0	0				
13.	0	0				
14.	0	0				
<b>PEI Administration</b>	672,429	672,429				
<b>PEI Assigned Funds</b>	94,000	94,000				
<b>Total PEI Program Estimated Expenditures</b>	<b>3,912,412</b>	<b>4,006,412</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Prevention and Early Intervention Programs

## FY 2025-26

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Community Wellbeing  
Community Mental Health Training  
Stigma Reduction and Suicide Prevention  
Older Adult Wellbeing/Peer Mentor  
Transition-Age Youth Wellbeing/ Peer Mentor  
Family Wellbeing  
NAMI Community Capacity Building Program (Ending the Silence)  
Housing Stability Program  
Therapeutic Community Gardening  
Early Psychosis  
School Based

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# Community Capacity Building

Community Capacity Building is comprised of three programs: Community Wellbeing Program, Community Mental Health Trainings and Stigma Reduction/Suicide Prevention Program

## Community Capacity Building (Prevention)

### Community Wellbeing

#### Program Description

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

#### Target Population

The Community Wellbeing (CWB) program has dedicated its efforts to improving the wellbeing of children and transition-age youth ages 0 to 25. The CWB program serves communities and groups located in the cities of Claremont, La Verne and Pomona who are either comprised of youth or fund projects that directly benefit them.

Community Grants Awarded	Community Members Represented
13	12,209

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	3,967	911	640	205	N/A	<b>5,723</b>
<b>Projected Number to be Served FY 2024-25</b>	4,083	938	659	211	N/A	<b>5,890</b>

## Program Update

In FY 2023-24, a total of 13 Community Wellbeing Grants were awarded. The community members served as a result of these grants represented 12,209 individuals, which was a significant increase from 10,809 in FY 2022-23. Notably, the communities being served by these projects provide services to underserved, unserved, and at-risk youth.

During this fiscal year, CWB staff partnered with other Tri-City staff and the Kennedy Austin Foundation to organize an event called "Box of Hope." This event was held at the Tri-City Wellness Center for families in Pomona, Claremont, and La Verne who were grieving the loss of loved ones. The aim was to create a supportive environment where families could feel cared for, heard, and connected to mental health services if necessary. Young members of the Kennedy Austin Foundation crafted and decorated beautiful boxes, each dedicated to the memory of loved ones, which families were able to take home. Additionally, program staff and other Tri-City personnel provided an overview of the services and programs available at Tri-City to assist youth and families in need, and several resource tables with information about Tri-City's programs and services were set up for attendees.

Program staff increased the number of in-person meetings in FY 2023-24 and attended events hosted by grantees and their organizations. This shift has fostered greater community engagement, as grantees can now meet face-to-face. A notable example of this was the final cohort meeting, which was hosted at a grantee's site. During this meeting, recipients of the grant were able to present their projects, share success stories, and discuss challenges they faced throughout the fiscal year. Additionally, they had the chance to network with one another and expressed their appreciation for the opportunity to meet and connect with their peers.

## Challenges and Solutions

Grantees reported facing challenges in recruiting participants, both through outreach efforts and adjustments to project delivery. They expressed difficulties in retaining current participants as well as obtaining and attracting new ones. Furthermore, while some participants prefer in-person meetings, there are still many who prefer to connect virtually, and unfortunately, some do not attend either format. Grantees were able to address these challenges by adapting the delivery of their projects based on feedback from their communities. They offered both in-person and virtual options, utilized incentives, provided resources, and leveraged social media to promote a wider range of their services.

Additionally, grantees collaborated with other members of their cohort to promote their services reciprocally and seek advice on effective outreach and service delivery strategies.

## Diversity, Equity and Inclusion

CWB staff consists of a bilingual staff member and all materials and presentations are available in English and Spanish. Additionally, a program staff member serves as the Chair for the ¡Adelante! Hispanic & Latino Wellness Committee. Members of ¡Adelante! share ideas and discuss barriers to improving the wellbeing of Latino and Hispanic families and communities. The program also works with community entities that provide services to underserved, unserved and at-risk communities, focusing on ages 0-25.

Additionally, grantees network and collaborate with each other to serve marginalized populations. Training resources related to cultural competence are disseminated to grantees, and the grantees distribute them to their participants. All 13 grantees are offered a diverse range of services, resources and activities, including hygiene products, meals, support groups, creative arts programs, clothing for teens, mental health workshops, afterschool programming, transportation for young mothers, grief and loss support, special needs basketball clinics for self-esteem and team building, art initiatives in open spaces, and an LGBTQ+ Youth Health & Education Wellbeing program. These efforts are aimed at enhancing the well-being of their communities and underserved populations.

## Community Partners

In addition to collaborating with several internal programs, CWB works in partnership with several agencies such as: Bithiah's Family Services, Character Champions Foundation, City of Knowledge, City of Pomona, Draper Center for Community Partnerships, 4Kids WorldWide, House of Ruth, Kennedy Austin Foundation, La Verne Youth & Family Action Committee, Pomona Valley Pride, Purpose Church, Sowing Seeds for Life, and The Youth and Family Club of Pomona Valley. These organizations represent an array of services and supports for our community and individuals in the 0-25 age range.

Program staff facilitated connections between various grantees and our Mental Health Trainer, enabling mental health training sessions for their communities to further promote mental health and wellbeing. Grantees also exchanged resources and events from their own communities, and program staff circulated these resources among the cohort and Tri-City staff. Additionally, some grantees reported collaborating with other grant recipients in the cohort.

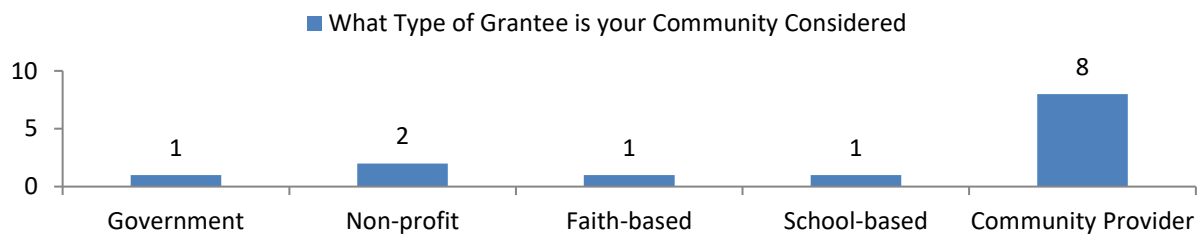
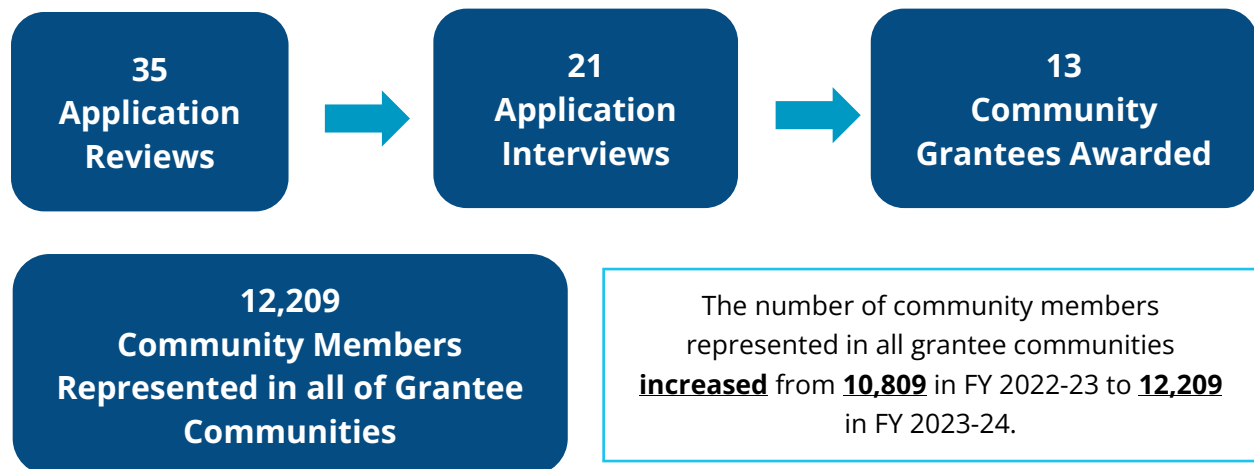
## Success Story

Grantee, Purpose Church Rise Up Program, focuses on transition age youth (16-25) who reside in the Del Rosa and Angela Chanslor neighborhoods in Pomona. Rise Up provides weekly programming centered around social-emotional development via restorative circles, character building and mentorship. A total of 60 youth participates in this program. The Renacimiento Teen Center, where they have their central meeting location, is safe and conducive for this program. Per program staff and leadership, transformations have occurred within some of their attendees. One example is the story of a youth, who for the first year of receiving services, displayed difficulty with concentration,

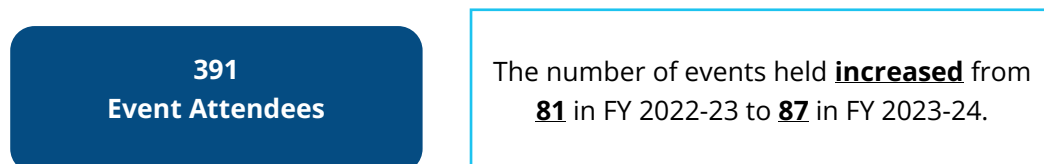
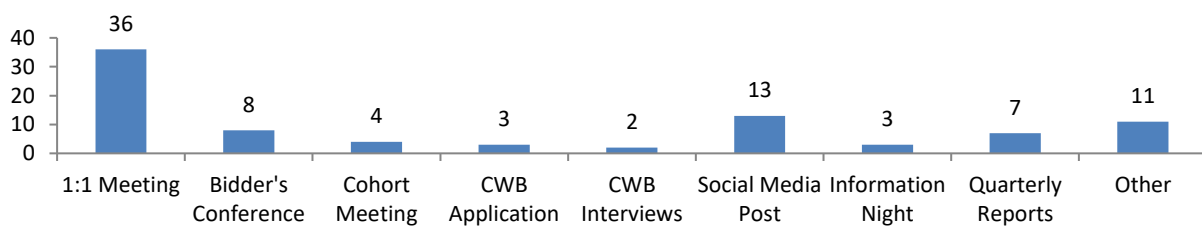
disruptive behaviors and struggles with the authority figures. Upon entering year two, there was a noticeable change in the attendee. Currently, youth attend the program weekly, actively leads elements of the gathering among their peers, and has become close with his leaders. When leaders at the Rise Up Program approached the individual, inquiring on the change, the response included feedback highlighting staff persistence, accessibility, and genuine empathy for all who entered the program.

## Program Summary

### How Much Did We Do?

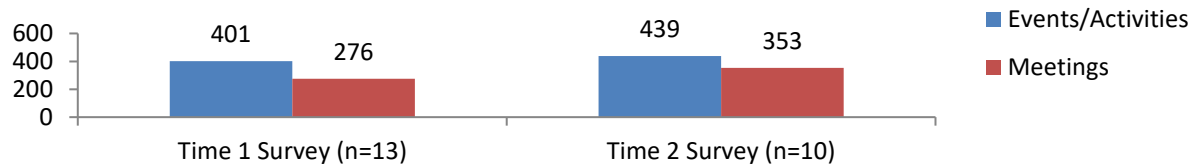


### Number of Events Held by Community Capacity Organizer

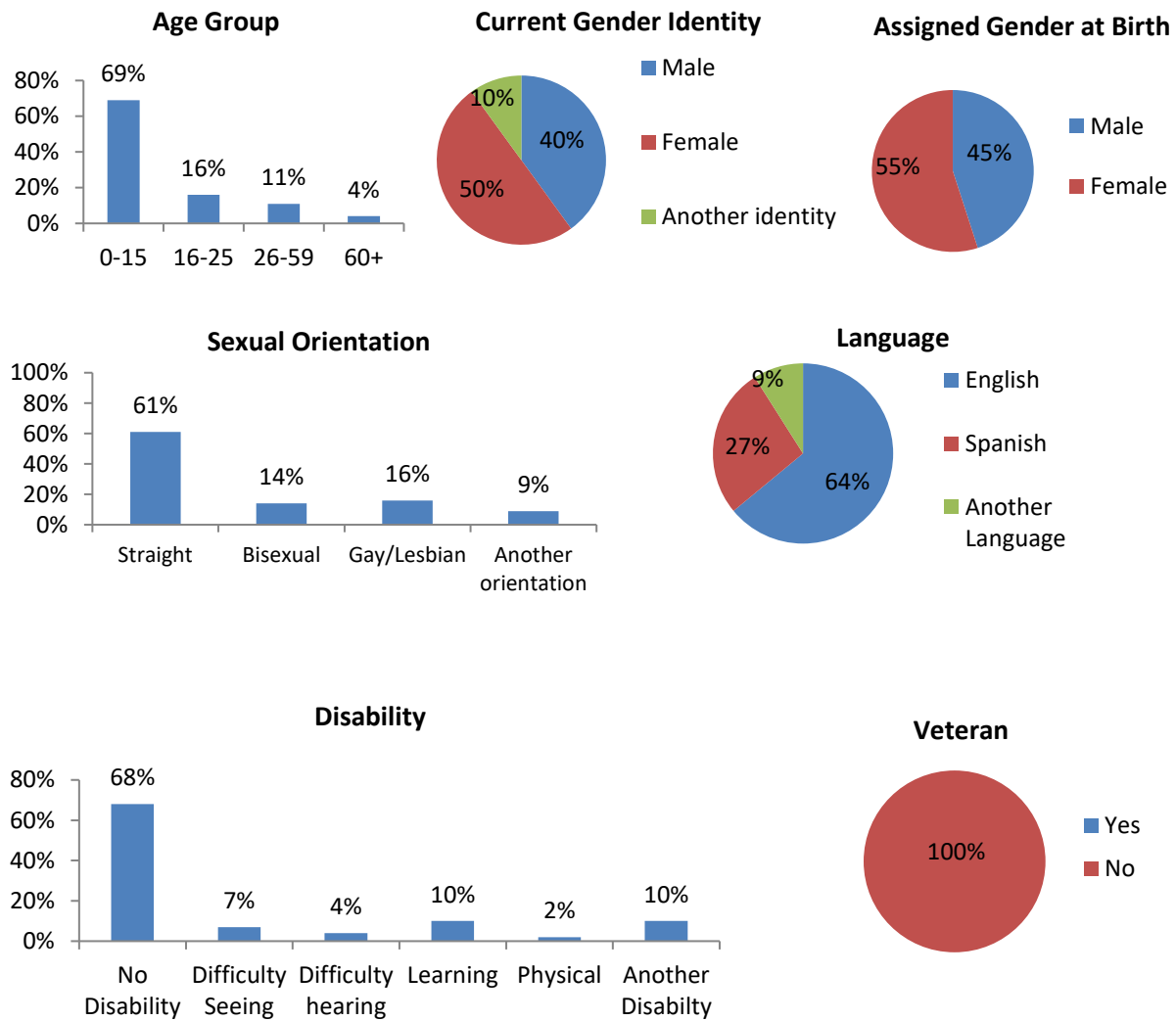


## Number of Events/Activities and Meetings Hosted by Grantees

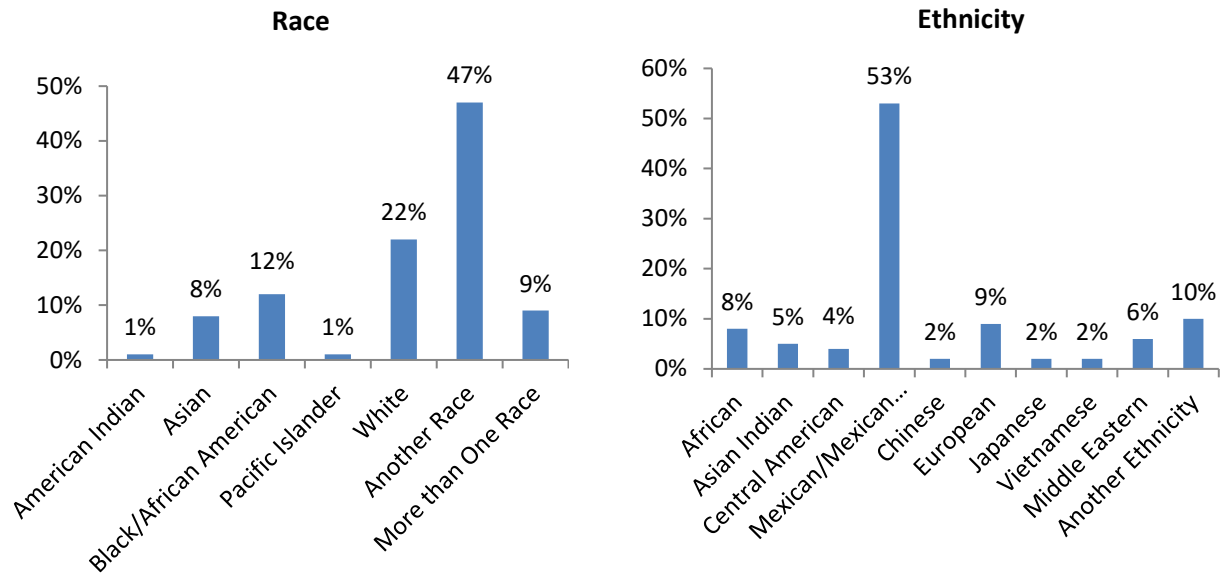
**11,506 Attendees for Events/Meetings**



## Grantee Community PEI Demographics (13 grantees completed Time 1 Survey)

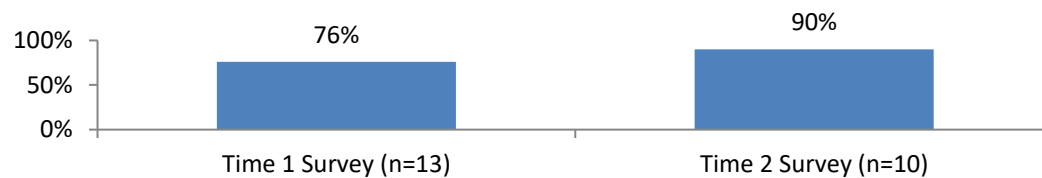




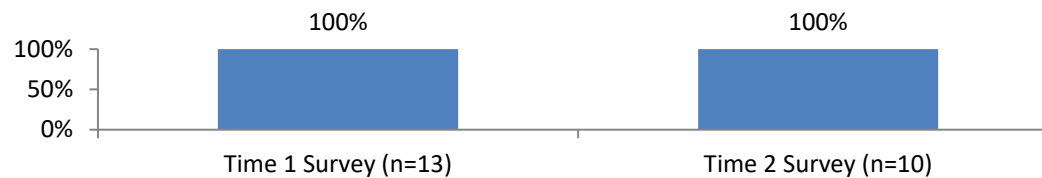


## How Well Did We Do It?

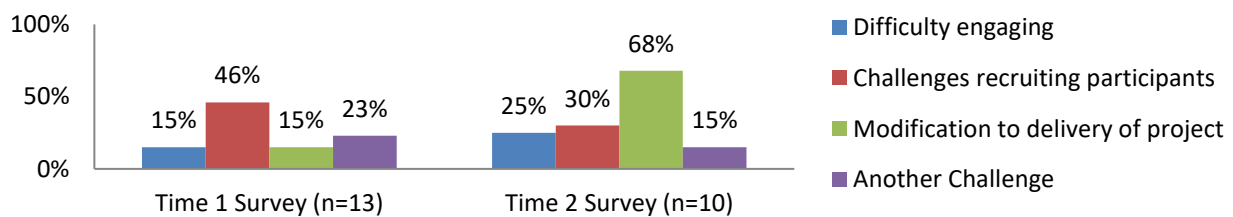
### Percentage of Grantees who Report Successful in their Community's Activities:



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



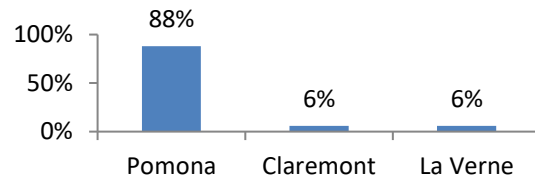
### Percent of Grantees who report challenges their communities faced? (Check all that apply)



**17**  
**Outreach**  
**and**  
**Engagement**  
**Events**

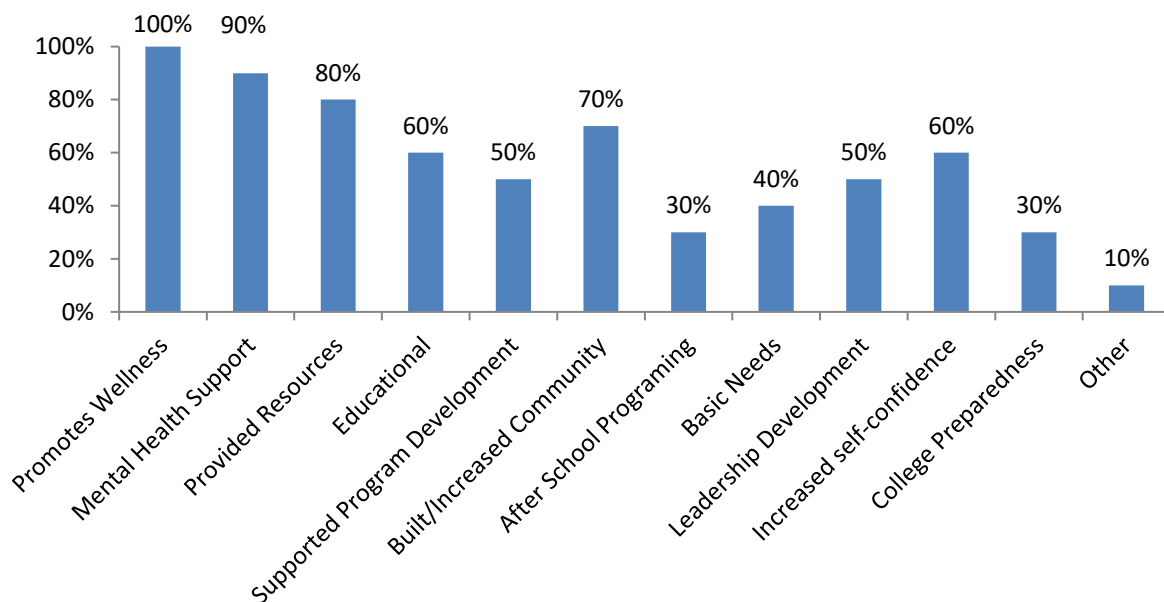
**29**  
**Individuals**  
**Outreached**  
**and Engaged**

**Outeach and Engagement by City**



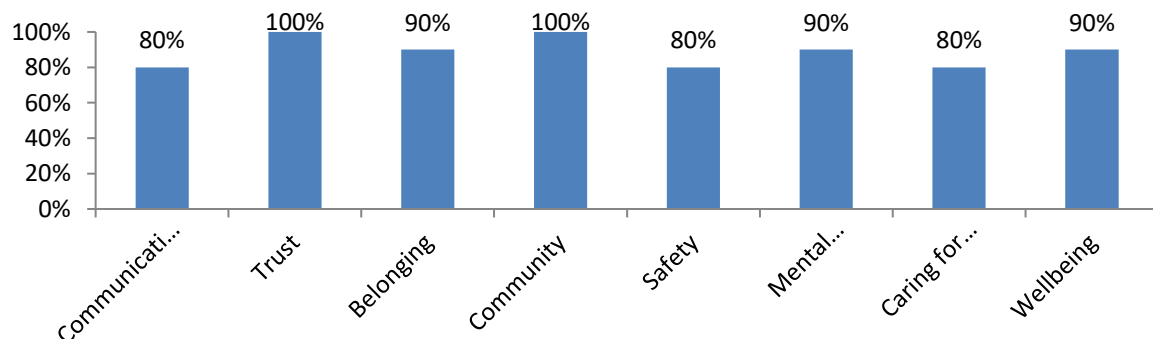
## Is Anyone Better Off?

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



As a result of your project efforts, members of the community now have a better sense of:

(Select all that apply)



### What was the most successful outcome of this project:

- Being able to transport mothers to their appointments, therapy and work!
- Music is proven to empower us, teach us calmness, heal us, and to help us create communities with those around us. Seeing these effects occur in real time was amazing, and I truly feel that the most successful outcome of this project was from the weekly, genuine connections made between mentees and mentors in their lessons.
- That students felt better about themselves (especially those who are unhoused) interacted more with others and were more accepting of other services that improved their lives such as attending our food pantries off campus.
- The CC Kids project has made early childhood wellbeing education more accessible and engaging, and taught that every child, indeed every person, is valuable, lovable and capable (VLC).
- The most successful continues to be the opportunity for our children to socialize and be encouraged in a positive atmosphere.
- The most successful outcome of this project has been our participants' improved well-being. We see a significant change in the lives of many members in less tears and more smiles. As well as new jobs, relationships and community involvement.
- The ultimate aim of the Teen Center project is to empower our teenagers to envision a brighter future and strive toward achieving their individual goals. We believe that this project will attract a significant increase in teen participation.
- We were able to ensure that kids at risk and need had a meal each weekday of the summer

Number of Potential Responders	12,209
Setting in Which Responders were Engaged	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
Type of Responders Engaged	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

#### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to Community Wellbeing Program.**

# Community Capacity Building (Prevention)

## Community Mental Health Training

### Program Description

Tri-City offers free Community Mental Health Trainings (CMHT) to individuals, groups and community partners in the Tri-City service area of Claremont, La Verne and Pomona. These trainings are designed to provide participants with the skills and information they need to support themselves, friends, families, and others in mental wellness. These free trauma-informed and evidence-based trainings include Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), Adverse Childhood Experiences (ACEs), Community Resiliency Model™ (CRM), Motivational Interviewing (MI), Everyday Mental Health (EMH), Stress Management, Self-Esteem/Mental Health, and Wellness Recovery Action Plan. These trainings are offered virtually and in-person.

### Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	98	252	22	396	<b>768</b>
<b>Projected Number to be Served FY 2024-25</b>	0	118	302	26	475	<b>921</b>

### Program Update

The Community Mental Health Training (CMHT) program created and implemented an annual community calendar of trainings offered to the public (cities of Pomona, La Verne, Claremont). Trainings are offered every second Friday of the month. Due to the success of the annual calendar, there has been an increase of community members registering to be a part of the Community Mental Health Trainings Contact List. Through this list, individuals are notified via monthly emails regarding current and upcoming mental health trainings, workshops, and presentations. Sixty-four community members (comprised of school districts, service providers, individual community members, community groups and organizations), are currently registered to receive updates on the Community Mental Health Training program. Additionally, having multiple options available for trainings

continues to be useful, accordingly, CMHT still provides and will continue to provide virtual and in-person training options for accessibility and inclusivity purposes.

## Challenges and Solutions

The CMHT program has resumed in-house trainings for Tri-City staff. When scheduling and planning trainings for the community, staff must carefully consider scheduling options and make time available to support not only community members and groups, but also in-house staff. CMHT staff tracks and stays up to date on providing mandatory trainings to agency staff, while supporting the community and their training needs.

To support the organization and administration of trainings, CMHT staff created an In-House Trainings calendar for Tri-City staff to register for mandatory trainings. This allows the CMHT staff to properly organize and schedule for the Tri-City agency, while supporting requests from the community. This also supports in balancing the pre-designated monthly trainings offered to the general public on a monthly basis. Tracking requests also continues to be effective when scheduling trainings, and a vital source in managing organization and efficiency for the program.

## Diversity, Equity and Inclusion

The Community Mental Health Training team consists of bilingual staff who are available to offer trainings in both English and Spanish. In addition, materials and brochures are available in both English and Spanish, while training also targets service providers that serve and support underserved communities. Continuing to offer trainings virtually supports efforts in eliminating barriers related to lack of transportation or physical mobility and provides easier access allowing everyone to participate and gain knowledge in a safe environment from their preferred location.

Additionally, CMHT trainers complete cultural competence trainings and these concepts are incorporated in the trainings provided to the community. The CMHT program recognizes that cultural backgrounds, gender identities, sexual orientations, languages, ages, and religious beliefs can shape perceptions of mental illness. These factors may hinder some individuals from openly discussing their mental health challenges or seeking necessary support and services. Therefore, CMHT emphasizes in its marketing materials that trainings are available to all residents, service providers, community organizations, and groups in Pomona, Claremont, and La Verne.

## Community Partners

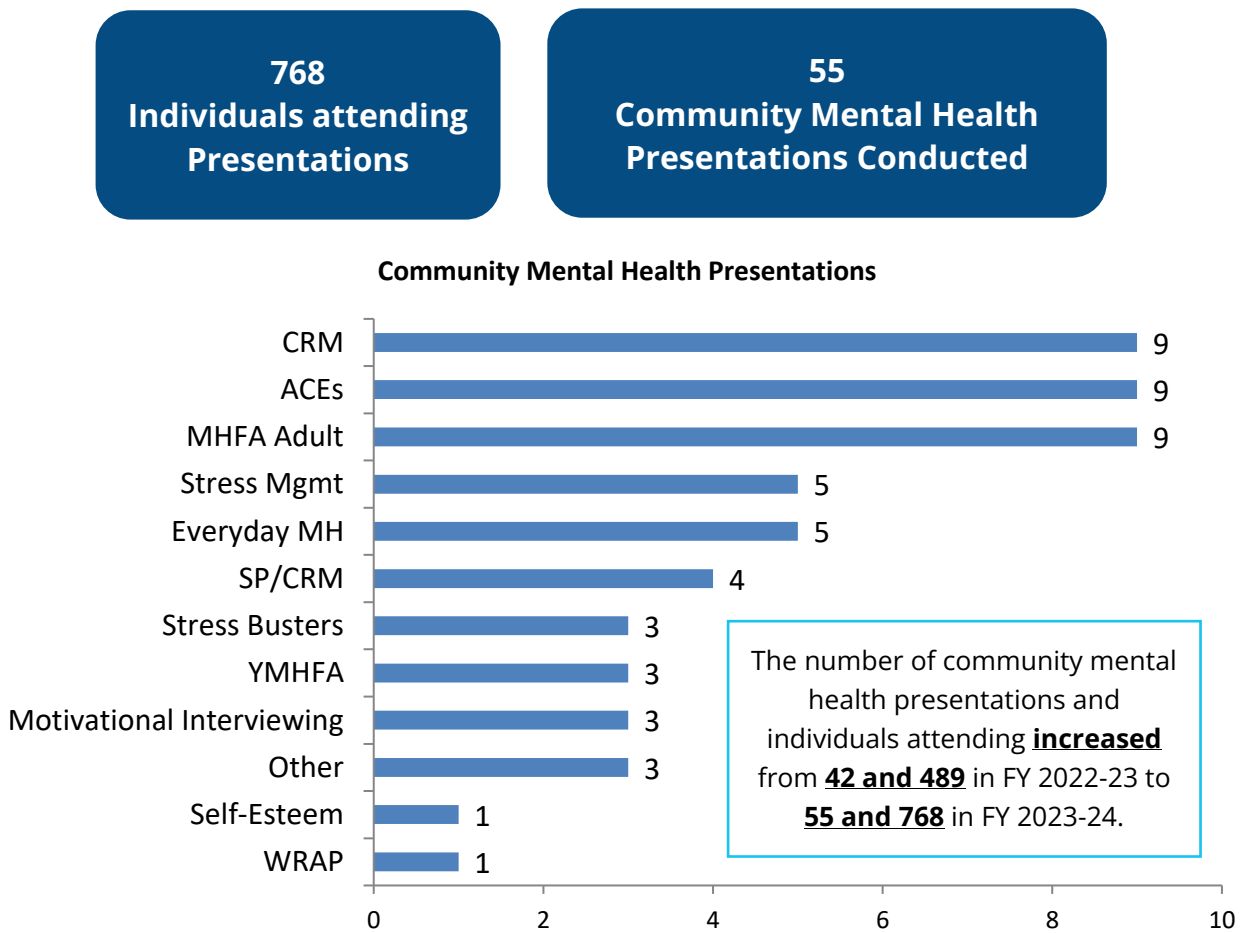
Community engagement is key to the success of the CMHT. Partners include local colleges, school districts, law enforcement, community-based organizations, and faith-based organizations. Some examples of external partners include Pomona Unified School District and Bonita Unified School District. While examples of internal partners include Tri-City's Mental Health Student Services Act, recipients of the Community Wellbeing Grant, interns, Housing Program and the Peer Mentor Program. These partnerships provide consumers of trainings for the CMHT program, support of landlords to increase their understanding of the intersection of mental health and housing needs, and support of school district staff and families.

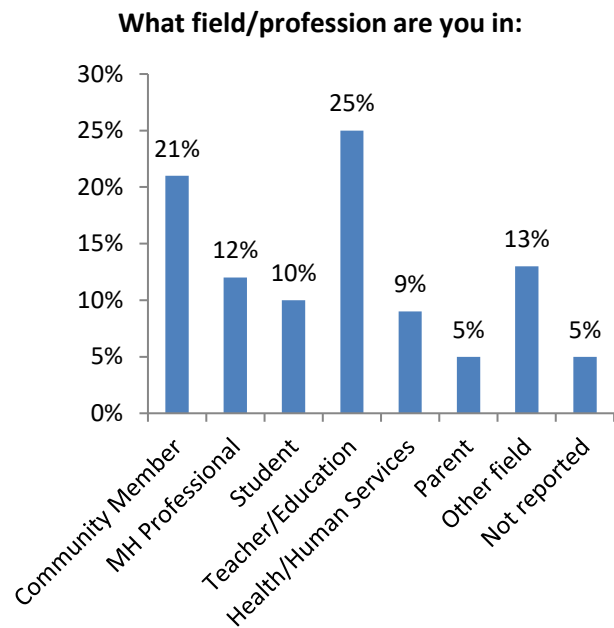
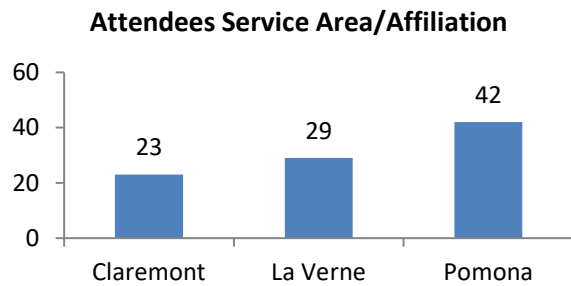
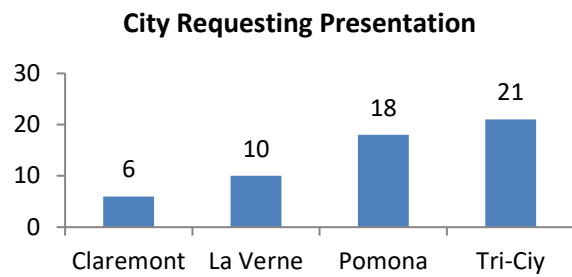
Success Story

Staff delivered a Mental Health First Aid (MHFA) training to counselors at California Polytechnic University, Pomona. A few weeks after the training, CMHT staff was approached by one of the attendees in the community. The attendee shared their experience with staff, discussing their stepchild’s mental health struggles at home. The individual expressed that the training had enabled them to recognize the signs and symptoms of her stepchild’s challenges and was able to offer the MHFA action plan to provide the necessary support. As a result, they were able to ensure that the child received the appropriate resources to cope effectively. This community member’s feedback emphasized that the MHFA course had been incredibly informative and beneficial in helping them engage with a loved one when they were facing mental health challenges.

Program Summary

How Much Did We Do?

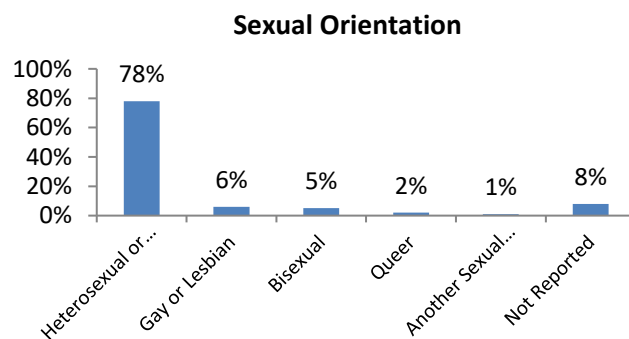
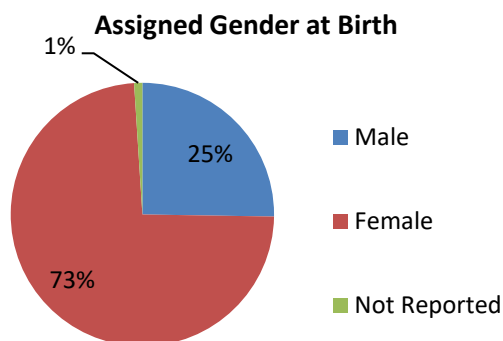
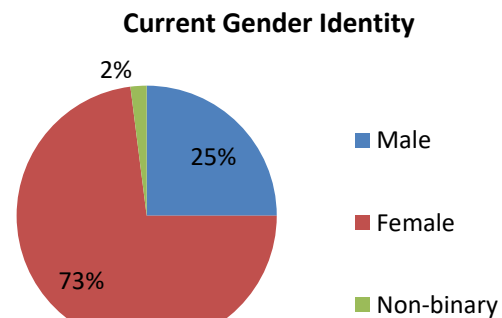
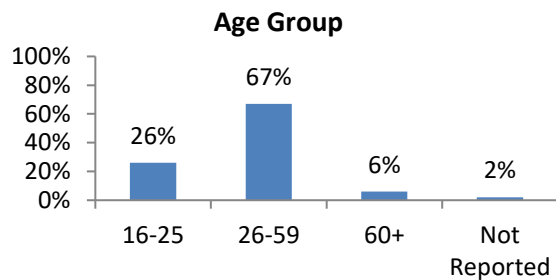




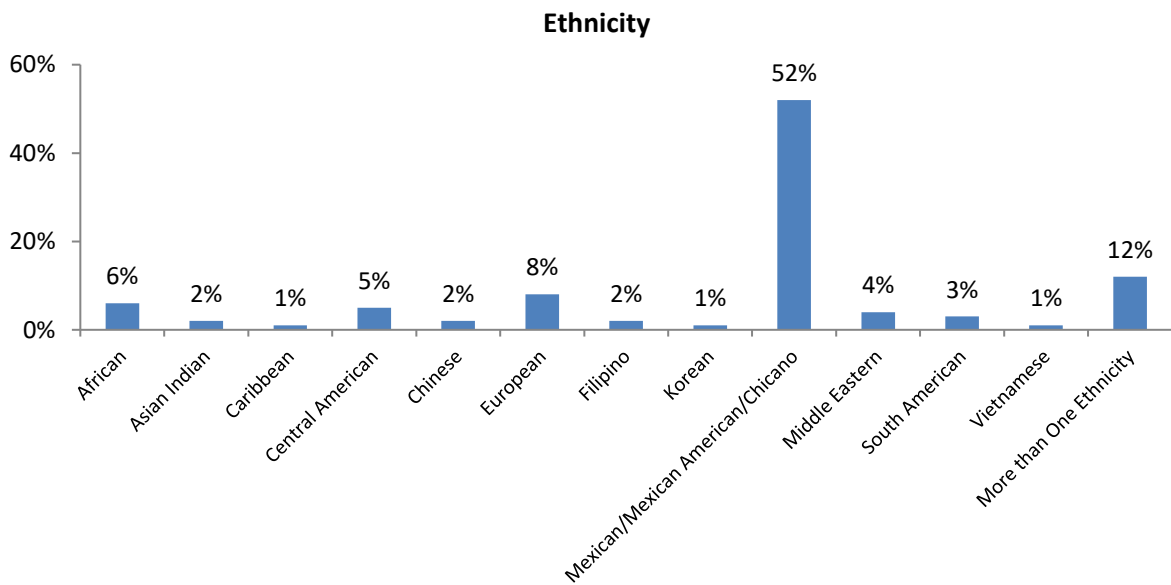
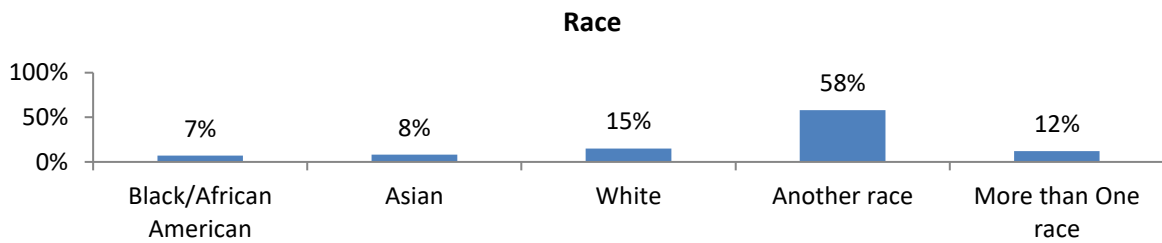
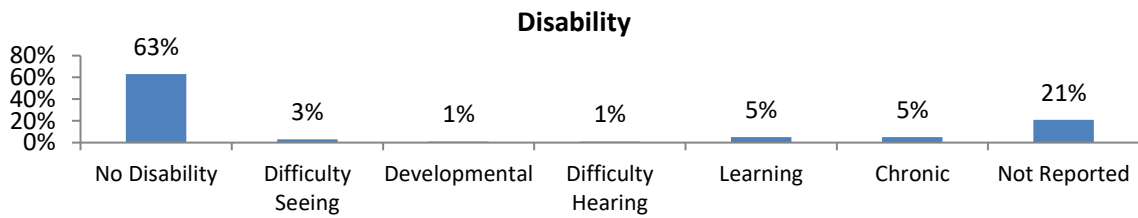
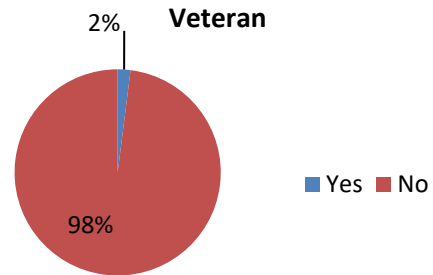
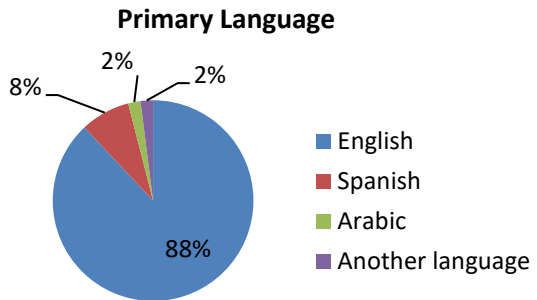
## PEI Demographics from Surveys (n= 378)

\*\* PEI Demographics only completed by Adults 18+

The number of surveys completed **increased** from **72** in FY 2022-23 to **378** in FY 2023-24.

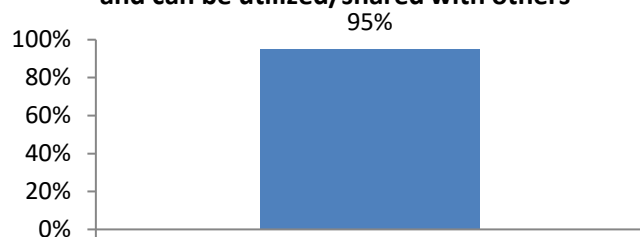




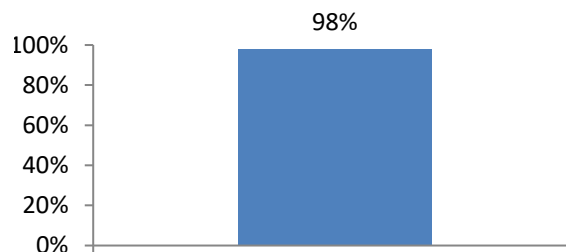


## How Well Did We Do It?

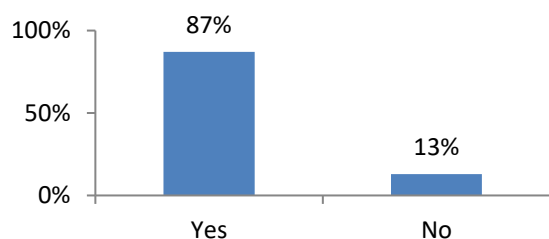
**Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others**



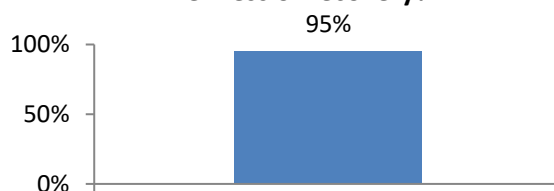
**Percentage of participants who rated the presentation as good or excellent:**



**At any time in your life, have you experienced a traumatic event or mental health challenge?**

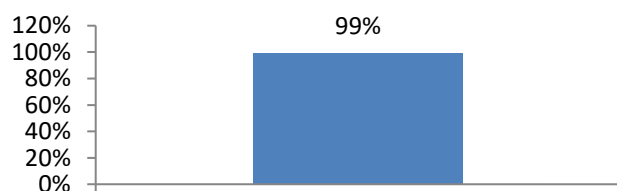


**If so, has this presentation provided the support to manage your wellness or recovery?**

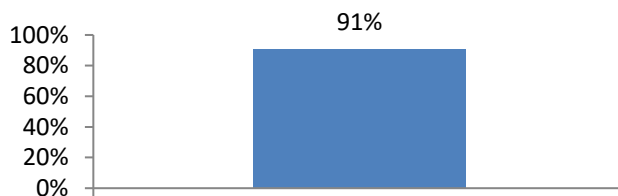


## Mental Health First Aid

**Percentage of participants who report increased knowledge about recognizing the signs and symptoms of mental health or substance use challenges**

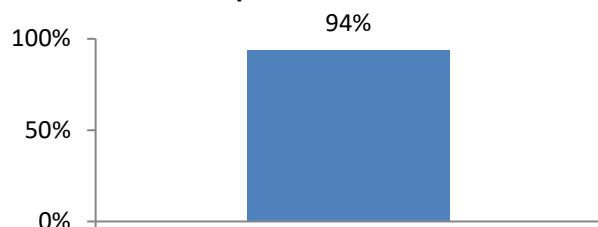


**Percentage of participants who can express concerns to any person about mental health signs and symptoms to help that person to seek timely support**

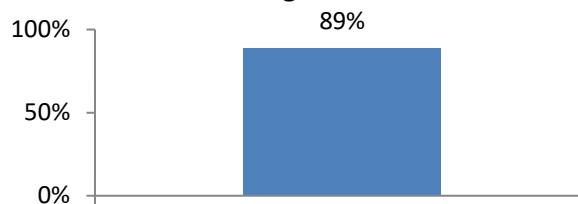


## Is Anyone Better Off?

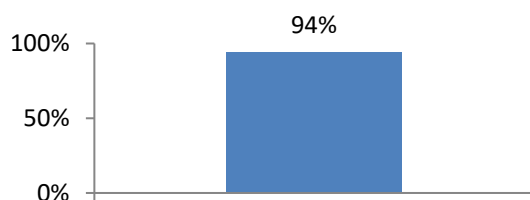
**Percentage of participants who report feeling confident in using or applying the information they learned in the presentation**



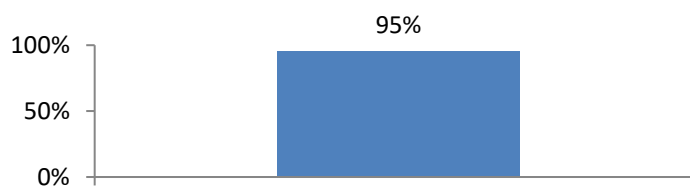
**Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use challenge or crisis:**



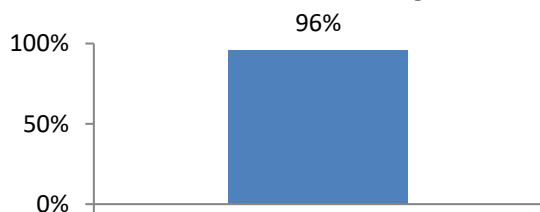
**Percentage of participants who would recommend presentation to someone else**



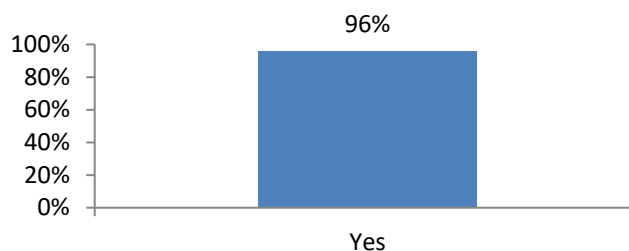
**Use ALGEE action plan to connect an adult experiencing signs and symptom(s) of a mental health or substance use challenge or crisis to appropriate help or resources**



**Have a supportive conversation with anyone about mental health or substance use challenges.**



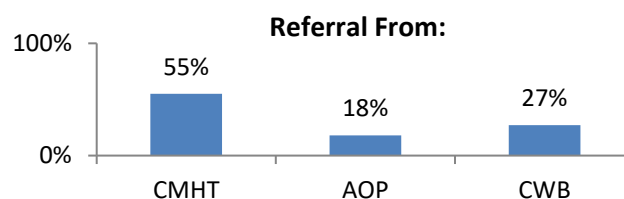
**Would you take another MHFA course**



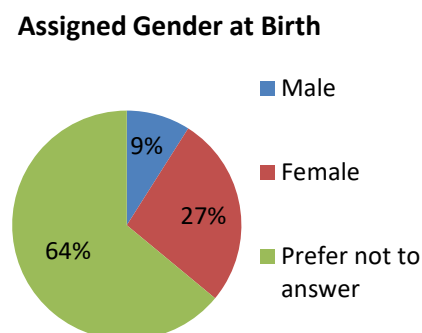
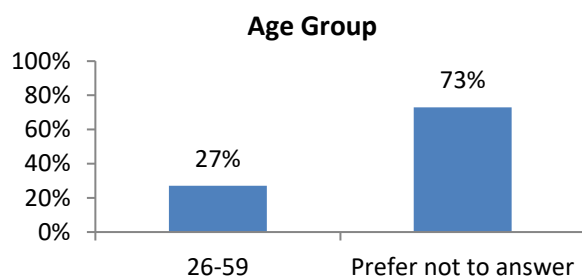
Number of Potential Responders	768
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, Adults, Seniors, Landlords, Parents, Residents, Consumers, Faith Based Organizations, Community Based Organizations, Service Providers and Students.
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

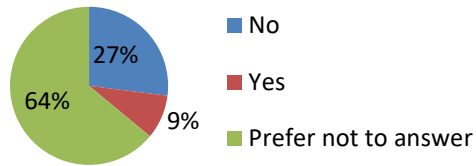
**There were 11 MHSA referrals to the CMHT Program**



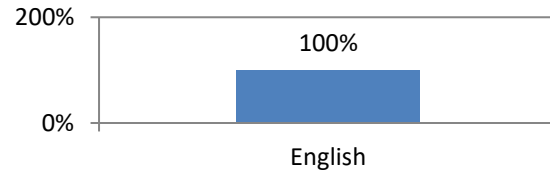
### PEI Demographics Based on Referrals



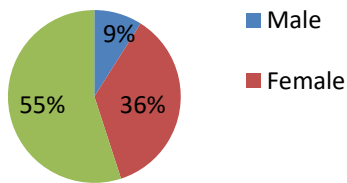
**Veteran Status**



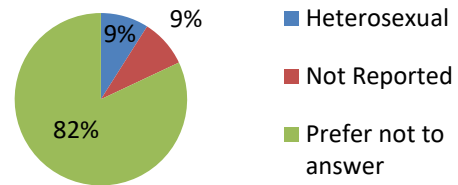
**Language**



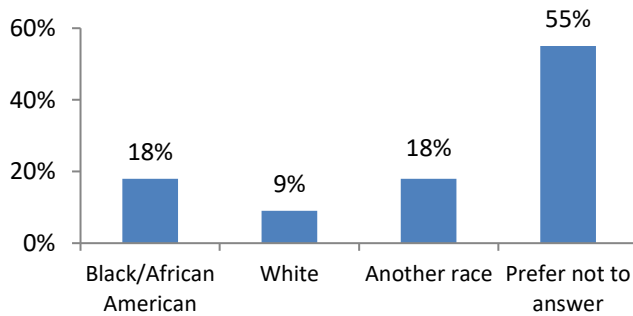
**Gender Identity**



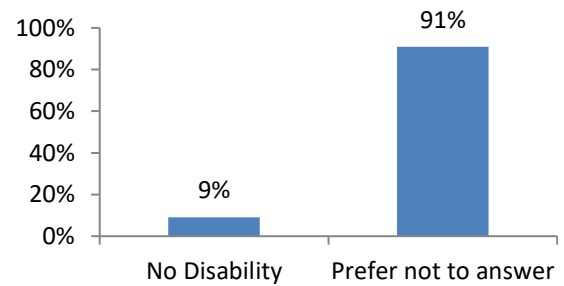
**Sexual Orientation**



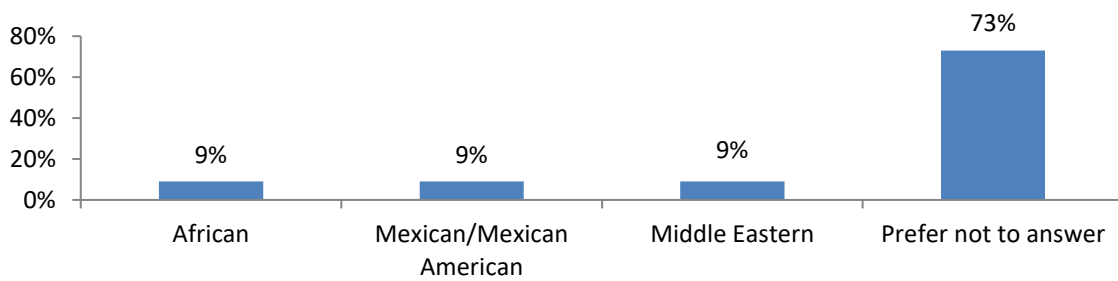
**Race**



**Disability**



**Ethnicity**



# Community Capacity Building (Prevention)

## Stigma Reduction and Suicide Prevention

### Program Description

Tri-City is committed to supporting the strengths of each individual participant in their journey of recovery. Tri-City stigma reduction efforts on our website, via workshops and various community events are designed to empower individuals experiencing mental health challenges while generating awareness to the stigma associated with mental illness. Some efforts of the program include 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.

Through a series of activities designed to support changes in attitudes, knowledge and behavior around the stigma related to mental illness, participants can 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.

These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience can share their personal stories of recovery through community presentations hosted throughout the year.
2. **Creative Minds:** Provides a unique opportunity for consumers and community members, both with and without a mental health condition, to create artwork that connects with their wellness, recovery and mental wellbeing. Art workshops and events are hosted in the community and virtually.
3. **Directing Change Program and Film Contest:** A statewide program with the mission to educate young people about suicide prevention, mental health and social justice through short films and art projects. Tri-City has a dedicated landing page where community members can view youth short film submissions from students in Pomona, Claremont and La Verne. Past award winners are listed here as well.
4. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, TCMH suicide prevention efforts include offering suicide awareness trainings which provide participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	65	39	16	602	<b>722</b>
<b>Projected Number to be Served FY 2024-25</b>	0	39	23	10	363	<b>435</b>

## Program Update

Suicide Prevention Week was held from September 10-16, 2023. Program staff launched a social media campaign to bring suicide prevention awareness to the community and distributed toolkits to local school sites, Tri-City, and community members. Each toolkit included a suicide prevention resource poster, pens, informational cards about Know the Signs, coasters, and stickers.

Additionally, Green Ribbon Week (GRW) was celebrated with a week of events and activities for the public. GRW is an annual recognition that aligns with Tri-City's stigma reduction campaign, encouraging the community to end mental health stigma. Courageous Minds Speakers Bureau, where individuals with lived experience can share their recovery journeys through community presentations, was also hosted during GRW.

During May 2024, Tri-City highlighted May Mental Health Awareness Month. During this month program staff hosted interactive lunch activities at elementary schools, middle schools, high schools and colleges to help promote mental health awareness and Tri-City mental health services. There were also virtual workshops hosted in collaboration with community partners to talk about mental health. In the next fiscal year, the program intends to implement a new suicide prevention training and recruit two cohorts per year for Courageous Minds.

## Challenges and Solutions

A challenge experienced by the Stigma Reduction and Suicide Prevention program was engaging with transition age youth (TAY) and getting them involved in stigma reduction events. Lack of TAY attendance was due to barriers such as transportation, lack of parental/guardian support, conflict in scheduling, and/or stigma. Another challenge was that program staff received an overwhelming number of requests to attend or support community events in order to facilitate a stigma reduction activity or promote resources. Unfortunately, some of these requests were declined due to the program being booked frequently. Part of the solution was to provide a warm hand-off between

community partners and other Tri-City programs that could fulfill the request. To address the lack of TAY participation, program staff collaborated with educators and trusted adults that youth have close relationships with that help encourage them to attend stigma reduction events. Additionally, program staff hosted stigma reduction activities/presentations at the school sites to help eliminate transportation barriers. Program staff also plans on collaborating with the Workforce Education & Training Supervisor to recruit TAY service learners and have them participate in stigma reduction and suicide prevention programming.

## Diversity, Equity and Inclusion

The Stigma Reduction program is designed to target underserved populations in the community, such as the stigma reduction/suicide prevention presentations, Creative Minds, Courageous Minds Speakers Bureau program, and the social media campaigns. Program staff also collaborates with Tri-City's Diversity, Equity, and Inclusion program via workshops, events, and social media campaigns. The program strives to help reduce stigma in the community across all cultures, backgrounds, and identities. By increasing mental health literacy among the Tri-City community members, they are more likely to reach out for help when needed. Lastly, staff utilize translation support for presentations and documents when requested and regularly participate in cultural competence trainings. Program staff currently collaborates directly with veterans through a relationship with Hope through Housing. To support the LGBTQ+ community, program staff works with the Pomona Valley Pride, presents stigma reduction workshops across the Tri-City area, and shares relevant LGBTQ+ mental health resources in stigma reduction/suicide prevention presentations.

## Community Partners

The Stigma Reduction and Suicide Prevention program partners with several internal and external entities. Local school districts, colleges and universities are valuable partners in spreading the word regarding stigma awareness and reduction. Some universities the program partners with are Cal Poly Pomona, Claremont High School, Western University, University of La Verne, Pomona College, Claremont McKenna, Pitzer College, Scripps College and Harvey Mudd College. Several K-12 schools are also valuable partners, including those in Pomona Unified School District, Bonita Unified school District, and Claremont Unified School District. Other outside agencies include CalMHSA, Directing Change, Tracks Activity Center (TAC), Youth Activity Center (YAC), La Verne Community Center, Hope through Housing, Pomona Public Library, Claremont Public Library, La Verne Public Library and several small businesses in the service area.

Collaborations with internal programs include the Mental Health Student Services Act, Community Wellbeing Grantees, Peer Mentorship program, Adult Outpatient Services, Children Outpatient Services, Therapeutic Community Gardening, Wellness Center, Community Navigators, and Diversity, Equity, and Inclusion. Some events that manifested from these collaborations were Bee a Pollinator Hero with Therapeutic Community Gardening and Find Your Calm with the Mental Health Student Services Act.



## Success Story

Program staff coordinated a Creative Minds – Paint & Sip event at a local boba tea shop in Claremont. The event was a notable success and had received positive feedback from the owner, specifying that they would like to continue this partnership to help combat the stigma, raise mental health awareness, and allow their patrons to feel more part of the community through these community mental health events. Attendees have also shared with program staff that they enjoy these events as they are able to build new connections, have healthy conversations around mental health, and have fun at the free art workshops. Since then, program staff has consistently hosted many Creative Minds art workshops at the local boba shop during FY 2023-2024.

## Program Summary

### Stigma Reduction, Courageous Minds & Creative Minds

#### How Much Did We Do?

12  
Stigma  
Reduction  
Presentations

9  
Active  
Courageous Minds  
Speakers

243  
Attendees for  
Stigma Reduction  
Presentations

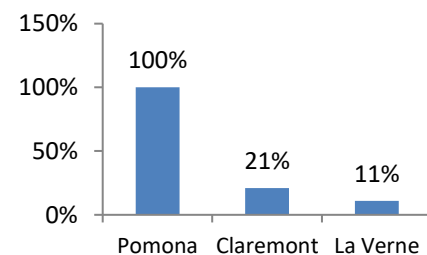
The number of Stigma Reduction presentations **decreased** from **41** in FY 2022-23 to **12** in FY 2023-24.

The number of active courageous minds speakers **increased** from **5** in FY 2022-23 to **9** in FY 2023-24.

Type of Stigma Reduction Presentations



Presentations by City

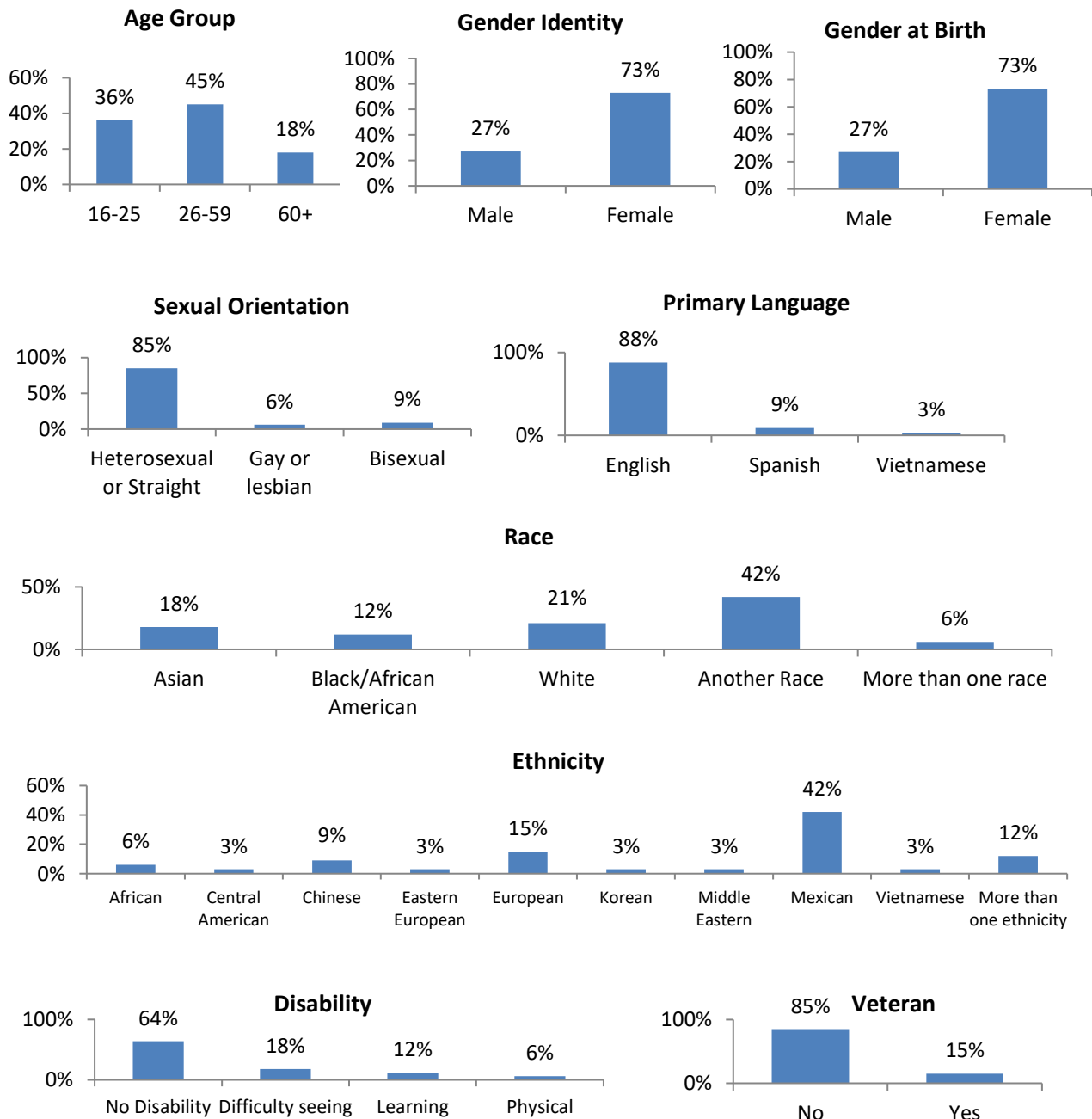


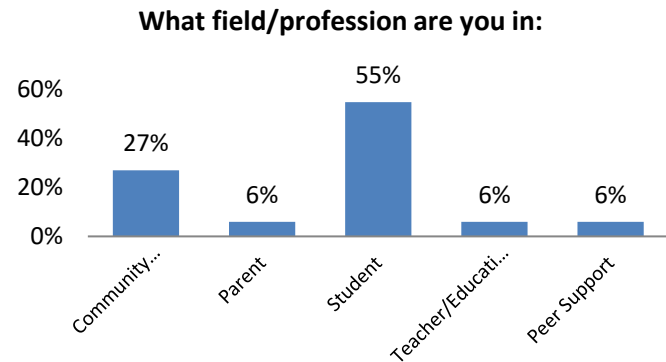
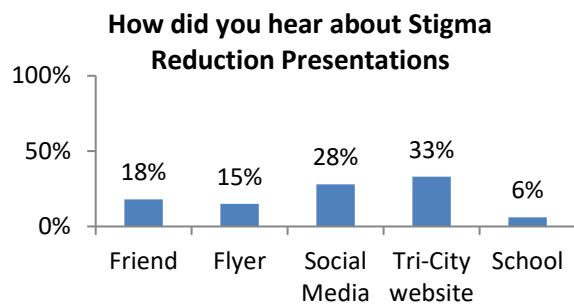
7  
Art Events Held

255  
Artists Participated in  
Creative Minds Workshops

### PEI Demographics from Post-Test Stigma Reduction Surveys (n=33)

\*PEI Demographics Completed Only by Adults 18+





## How Well Did We Do It?

**243**  
Individuals Outreached for Stigma  
Reduction Presentations

**255**  
Individuals Outreached for Art  
Gallery/Creative Minds

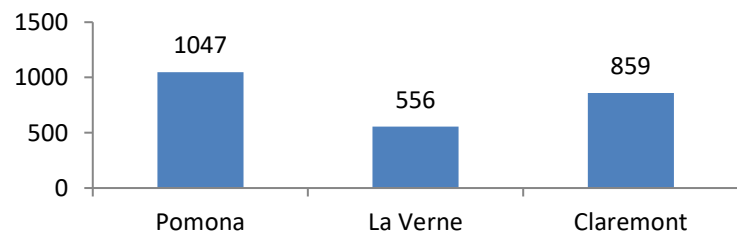
## Promotional Materials & Social Media Engagement for Stigma Reduction

**12,093**  
Promotional  
Materials

The number of promotional materials & people engaged from outreach **increased** from **8,342 and 1,404** in FY 2022-23 to **12,093 and 2,462** in FY 2023-24.

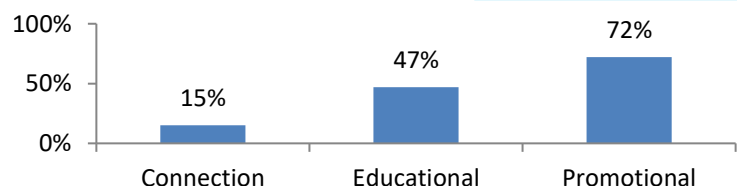
**2,452**  
People Engaged from  
Outreach Efforts

### Number of People Engaged In-Person by City



**6,665**  
Instagram accounts  
Reached for Social  
Media Engagement

### Type of Social Media

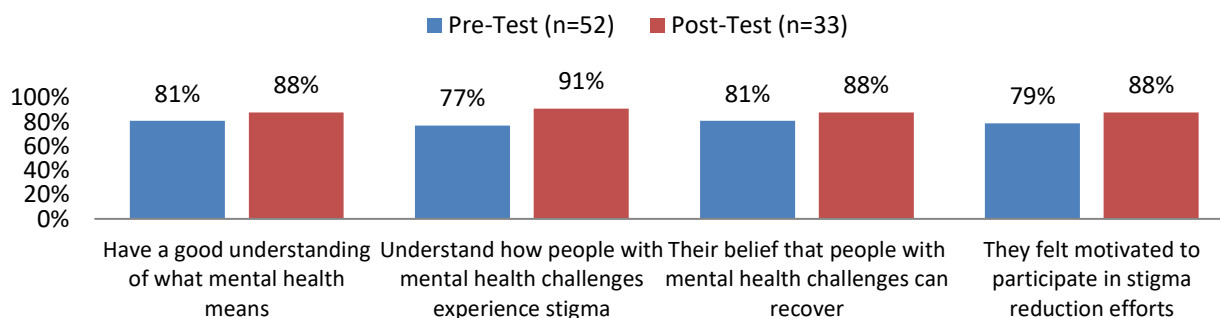


47 post/stories in  
social media

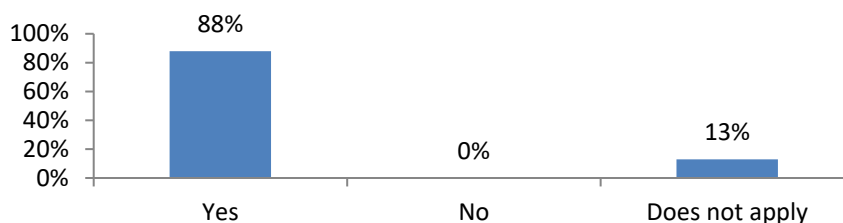
## Is Anyone Better Off?

### Stigma Reduction

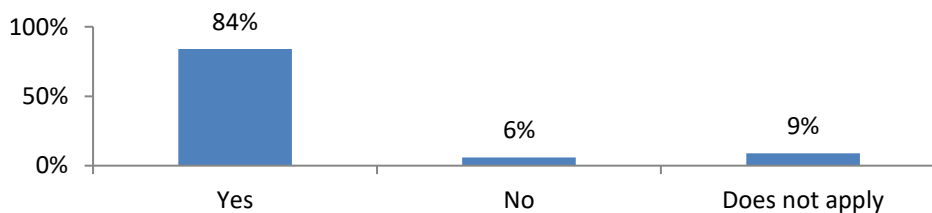
Q.1: Percentage of Stigma Reduction Survey Respondents who reported at Pre and Post Tests



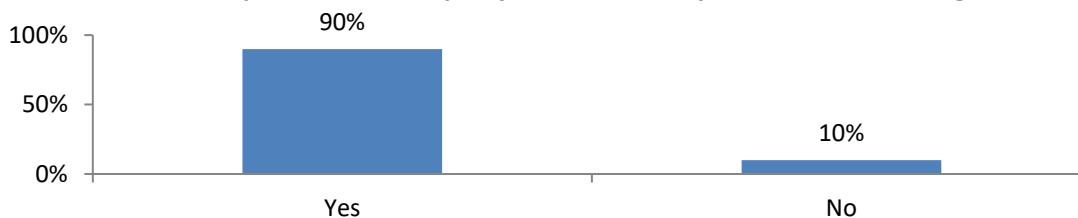
#### Does Art Help you Manage your Overall Wellbeing:



Q.2: Percentage of Stigma Reduction respondents who reported, "Have experienced any mental health challenges in the past:"



Q.3: Percentage of Stigma Reduction respondents who reported "Yes" to Q.2 and "Has this presentation helped you understand your overall wellbeing:"



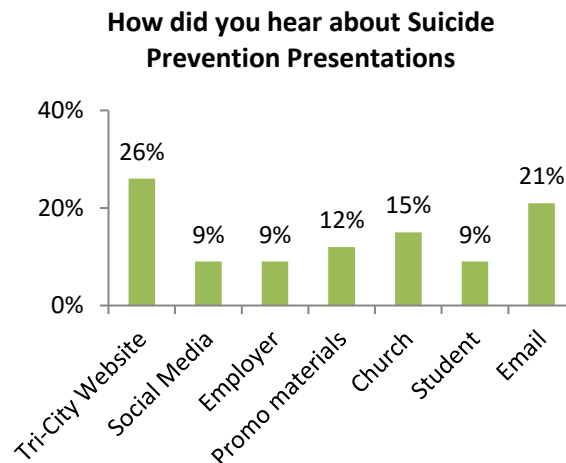
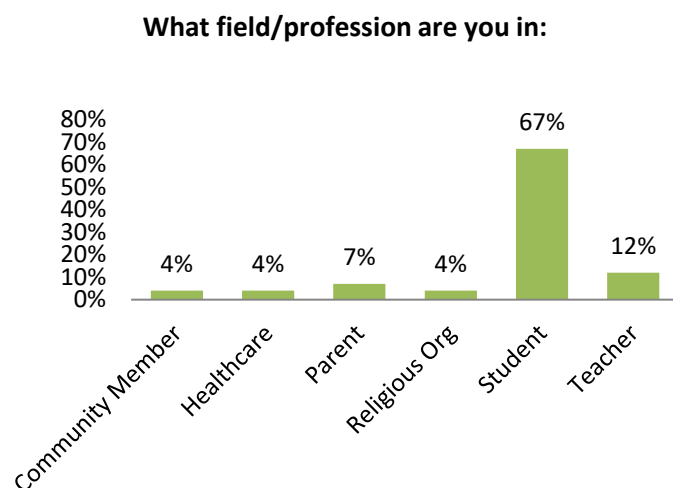
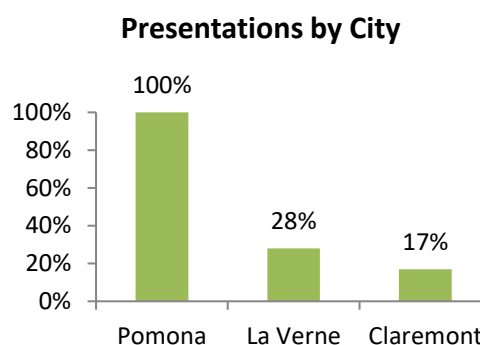
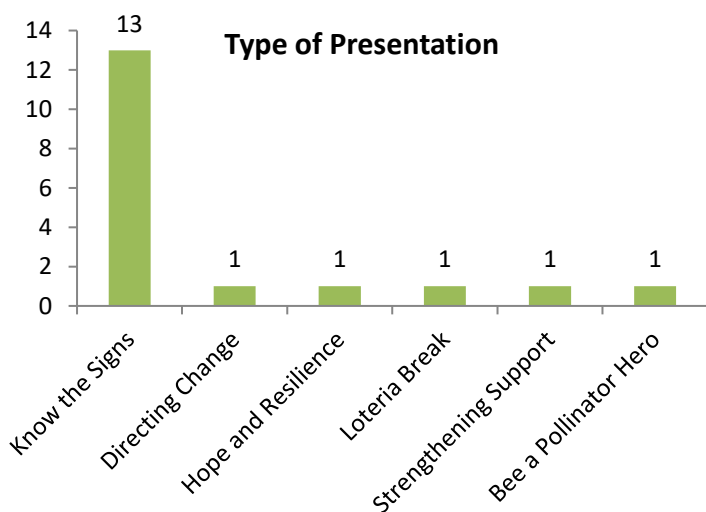
## Suicide Prevention

### How Much Did We Do?

**18**  
**Suicide Prevention**  
**Presentations**

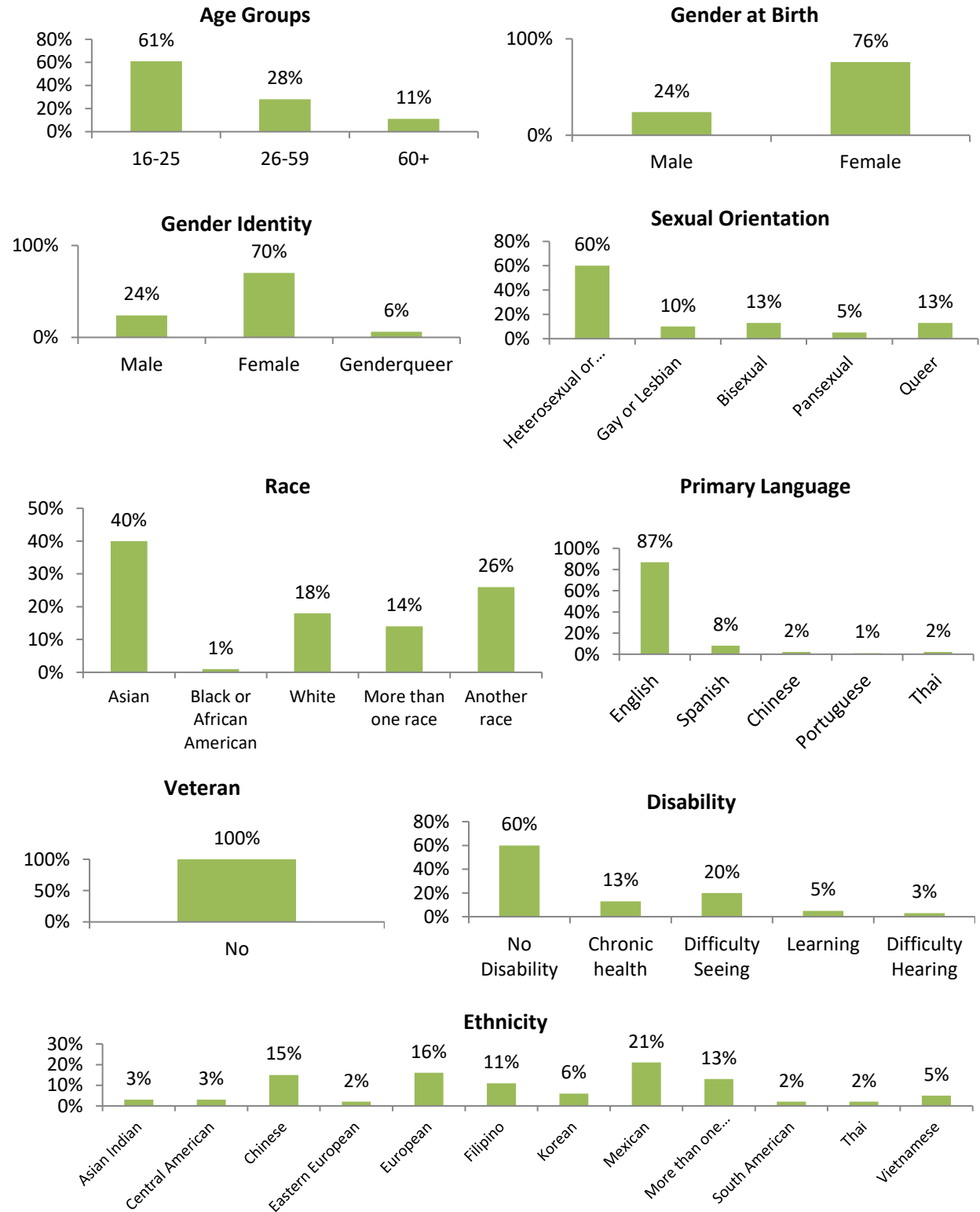
**224**  
**Attendees for Suicide**  
**Prevention Presentations**

The number of Suicide Prevention presentations and attendees **increased** from **15 and 152** in FY 2022-23 to **18 and 224** in FY 2023-24.



## PEI Demographics from Post-Test Suicide Preventions Surveys (n=87)

\*PEI Demographics Completed Only by Adults 18+



## How Well Did We Do It?

**224**  
**Individuals Outreached for  
Suicide Prevention Presentations**

The number of individuals outreached from suicide prevention presentations **increased** from **152** in FY 2022-23 to **224** in FY 2023-24.

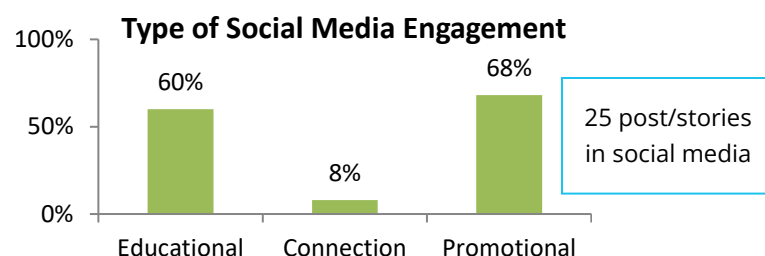
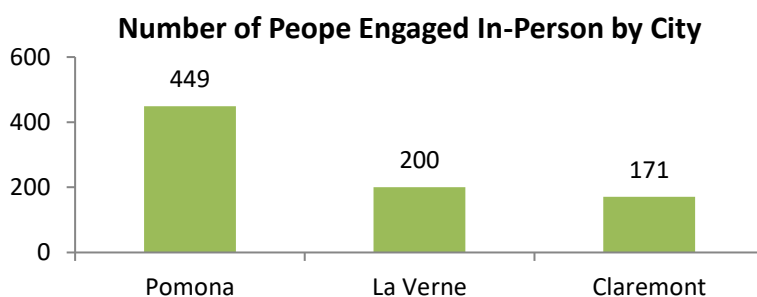
## Promotional Materials & Social Media Engagement for Suicide Prevention

**3,065**  
**Promotional Materials**

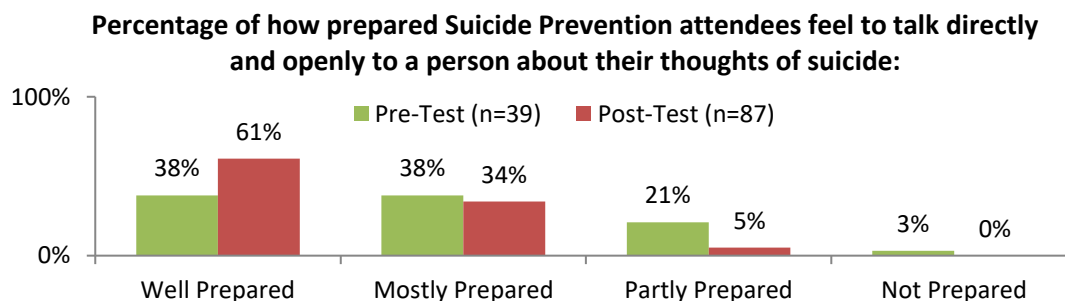
The number of people engaged from outreach **decreased** from **1,161** in FY 2022-23 to **820** in FY 2023-24.

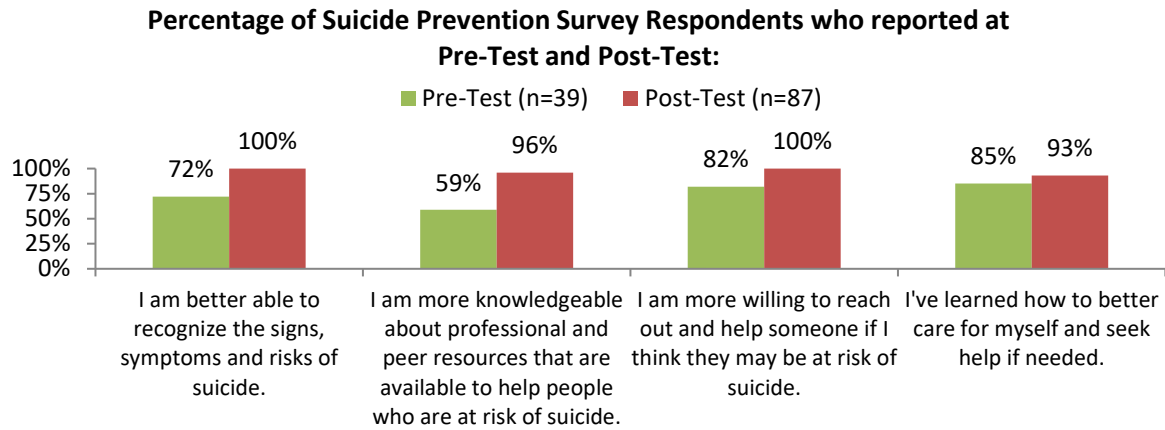
**820**  
**People Engaged from  
Outreach Efforts**

**2,580**  
**Instagram accounts  
Reached for Social  
Media Engagement**



## Is Anyone Better Off?





Number of Potential Responders	722
Setting in Which Responders were Engaged	Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged	TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

**0**  
**MHSA Referrals to Stigma Reduction/ Suicide Prevention Programs**



# Peer Mentor and Wellness Center PEI Programs

## Older Adult and Transition-Age Youth Wellbeing

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

## Peer Mentor (Prevention & Early Intervention)

### Program Description

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are looking for emotional support. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally matched to each individual mentee. For every individual they meet with, the role of peer mentors is to listen, help identify strengths and areas of need, identify supports and suggests resources to help address mentee concerns.

### Target Population

All community members with a focus on transition age youth (TAY ages 18-25) and older adults (ages 60 and over).

Age Group	Mentors					Total Served
	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	
<b>Number Served FY 2023-24</b>	0	12	10	5	0	<b>27</b>
<b>Projected Number to be Served FY 2024-25</b>	0	11	10	5	0	<b>26</b>
<b>Cost Per Person</b>	N/A	\$2,853	\$2,853	\$2,853	N/A	<b>\$2,853</b>

Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	12	9	5	0	<b>26</b>
<b>Projected Number to be Served FY 2024-25</b>	0	29	21	12	0	<b>62</b>

## Program Update

During FY 2023-24, the Peer Mentor program hosted its first Open House Event. The purpose of the event was to promote the program, highlight mentors, and emphasize the work they do for National Mentoring Month. Mentors were able to share how the program has been beneficial to them and highlight benefits of joining the program. Community Mental Health Training staff, also talked about the mental health benefits of volunteering. The program was well attended and received 2 new applications from prospective peer mentors. In total, the Peer Mentor program received 24 applicants in FY 2023-24, a 50% increase from FY 2022-23. Furthermore, 6 peer mentors from the program applied for paid positions at Tri-City Mental Health. Of the 6 who applied, 3 gained employment at the agency. The knowledge and experience they gained from working with mentees in the program was referenced in their applications and interviews.

## Challenges and Solutions

With the expansion of our mentor team, the program placed great emphasis on providing comprehensive training and support to the new mentors to ensure their success. While this was an effective approach, it did take up a considerable amount of time due to significant growth of the program. During the FY 2023- 24 the program focused on re-engaging previous mentors in order to have seasoned and experienced mentors to support existing mentee requests. Through in-person lunch opportunities, group wellness retreats and special events, the program emphasized empowering both new and seasoned mentors through tailored training, addressing their concerns, and answering their questions to foster a vibrant and supportive mentor community.

## Diversity, Equity and Inclusion

The Peer Mentor program is dedicated to actively seeking new mentor recruits from underserved populations to ensure greater accessibility for mentees from similar communities. The program staff are bilingual in English and Spanish and 23% of the mentors are proficient in a language other than English. Additionally, program staff proactively reach out to underserved communities through events and collaborations with relevant agencies. One of the 15 trainings offered to peer mentors focuses on working with diverse populations. During this training, mentors are informed about some of the

barriers underserved populations can encounter. From a lived experience perspective, a vast number of mentors themselves identify as being part of underserved communities and having diversities within the mentors helps to reduce stigma and support participants in feeling more comfortable when receiving services.

During FY 2023-24, the program connected with the Veteran's Affairs Department at the University of La Verne to provide them with information about the Peer Mentor program. Currently, the Peer Mentor program works with a mentor who identifies as a veteran and has previously mentored veterans.

## Community Partners

The Peer Mentor program has several interdepartmental collaborations to support the community, recruit mentors, and enroll mentees. Some of the collaborations include Stigma Reduction, Workforce Education and Training, various clinical departments, Community Mental Health Training, Therapeutic Community Gardening, Community Navigators, and the Wellness Center.

Through events and activities, these collaborations provide opportunities for mentor recruitment, mentee referrals, trainings, and community resources. Mentors also gain knowledge about Tri-City services to refer or provide resources to their mentees when necessary. Additionally, a large portion of mentors are college students, so connections with the universities in the service area are beneficial to the program and to mentees seeking support.

## Success Story

An older adult called Tri-City and inquired about receiving services at the Adult Outpatient Clinic. It was clinically determined that they did not meet medical necessity for specialty mental health services, and they were referred to the Wellness Center. Once they began attending the Wellness Center, it was determined that the individual could benefit from 1:1 support, and they were subsequently referred to the Peer Mentor program. The participant reported that they were involved with Tri-City decades ago that they were interested in receiving services based on their history with Tri-City and being aware of the range of services available.

## Program Summary

### How Much Did We Do?

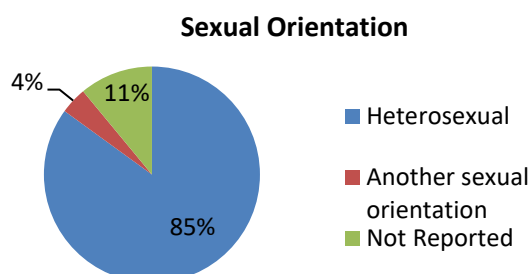
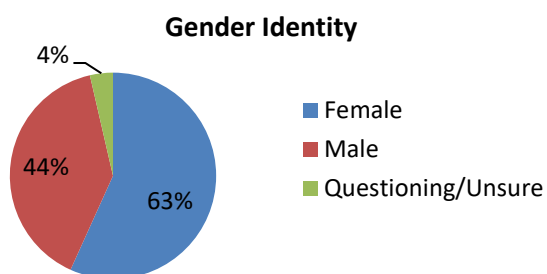
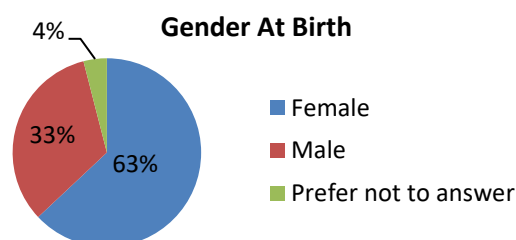
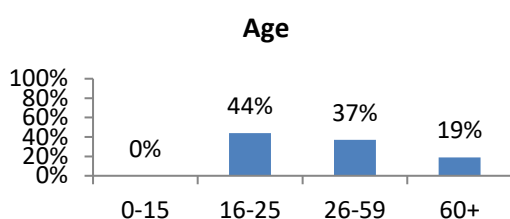
#### Peer Mentors

**24**  
Individuals Applied to  
Peer Mentor program

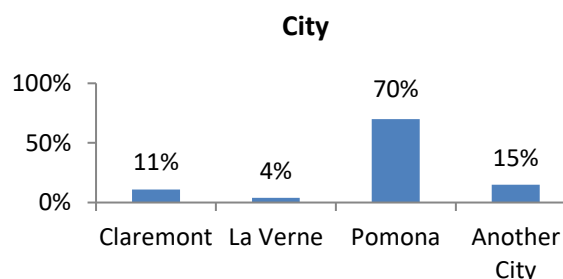
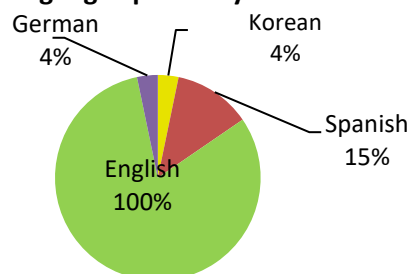
**19**  
Peer Mentor  
Meetings/Trainings

**27 Active Peer Mentors**  
**12 New Mentors**  
**15 Returning Mentors**

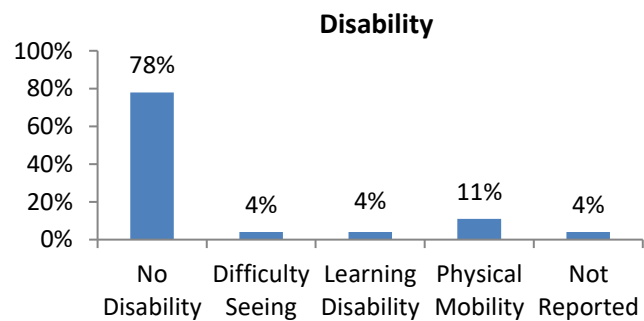
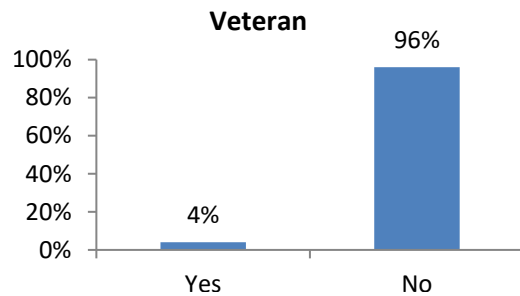
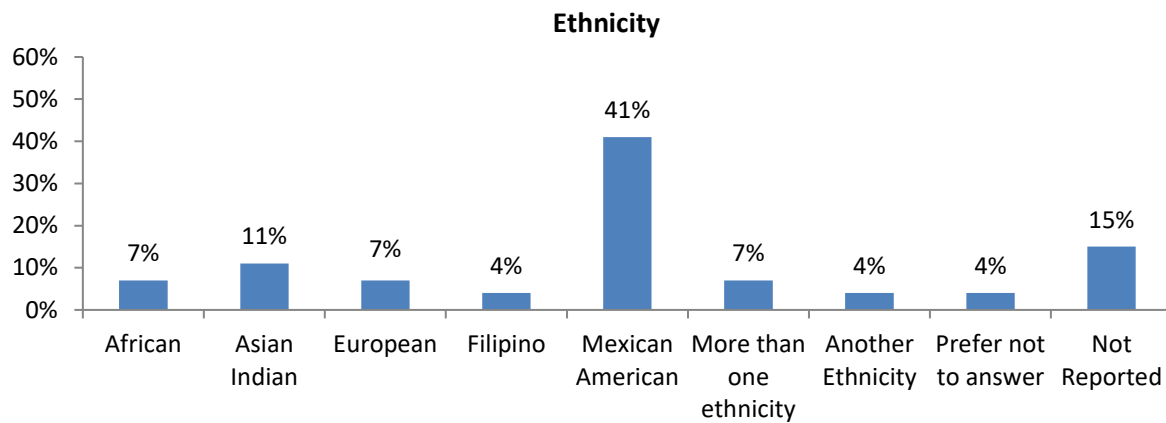
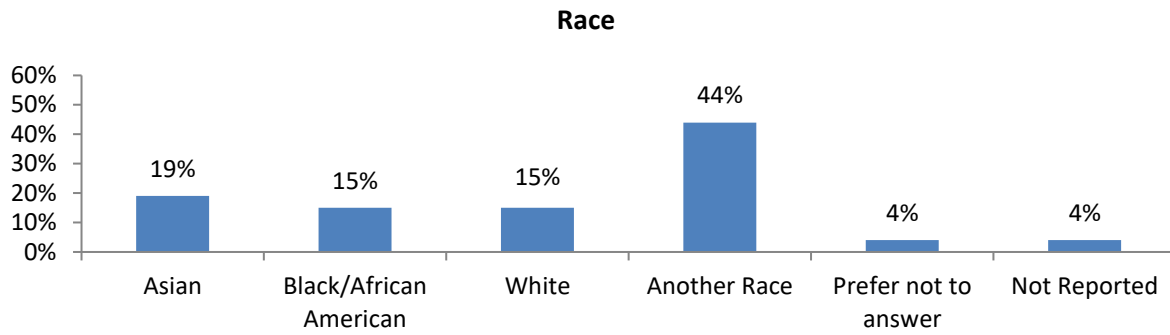
The number of active mentors **increased** from **14 active mentors** in FY 2022-23 to **27 active mentor** in FY 2023-24.



#### Language Spoken by Peer Mentors



The number of available languages by mentors **increased** from **3 languages** in FY 2022-23 to **4 languages** in FY 2023-24.

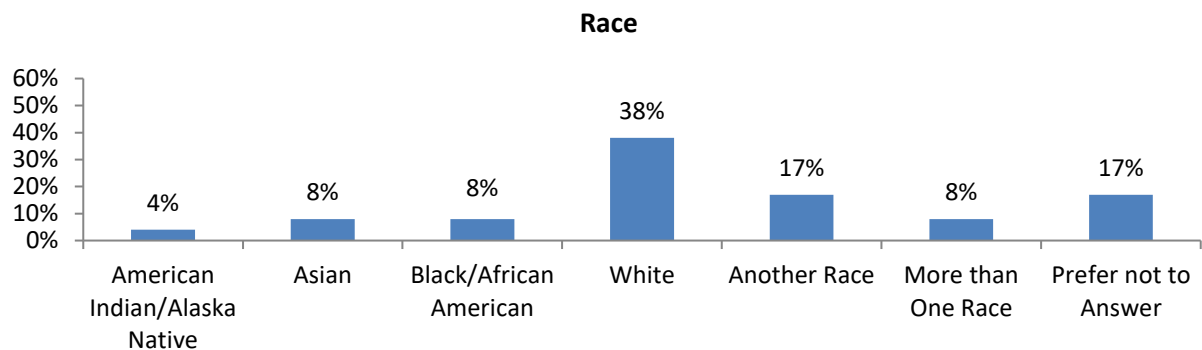
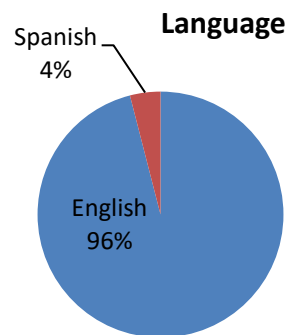
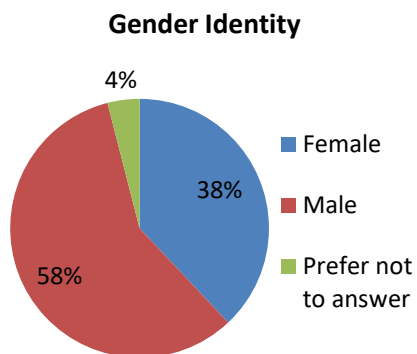
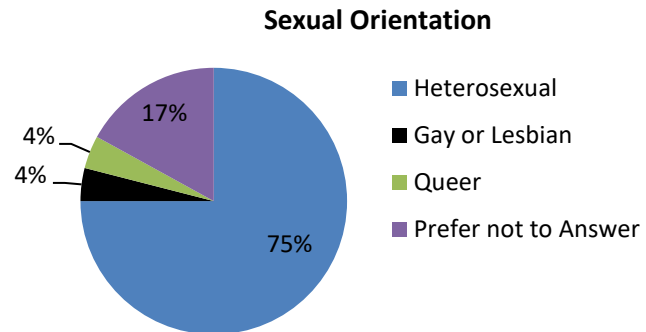
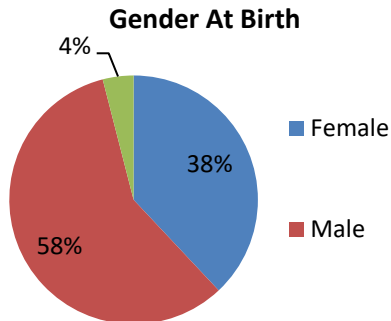
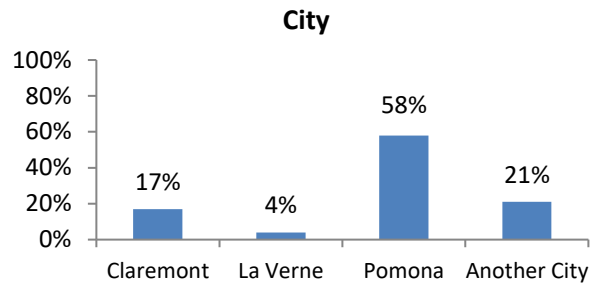
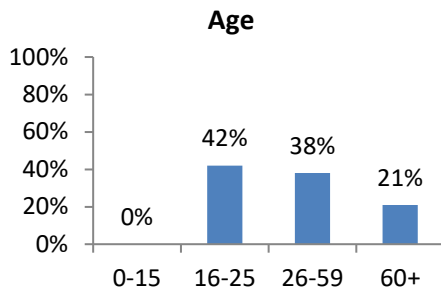


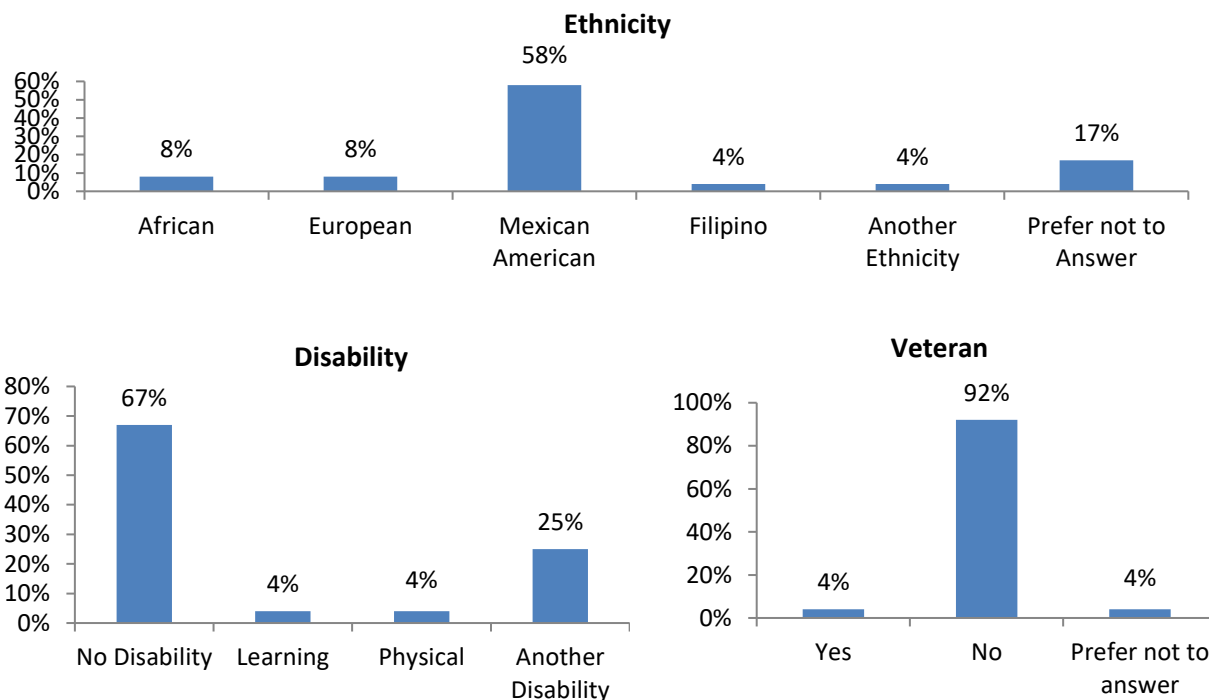
## Peer Mentees

**26  
Mentees  
Served**

**22  
Mentee Referrals  
to the Peer  
Mentor program**

Peer mentees served **decreased** from **40 mentees** in FY 2022-23 to **26 mentees** in FY 2023-24.





## How Well Did We Do It?

### Peer Mentor

**12 out of 24 (50%) Mentor Applicants Became Mentors**

**613 Hours Completed by Peer Mentors**

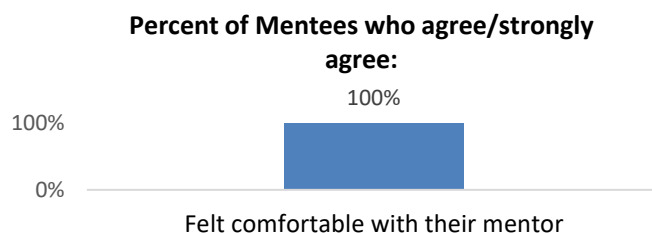
Direct Time with Mentees: 245  
Trainings and Supervision: 351  
Community Engagement: 17

**16 Peer Mentors Self-Identify with Lived Experience**

Peer mentors self-identifying with lived experience **increased** from **8 mentors** in FY 2022-23 to **16 mentors** in FY 2023-24.

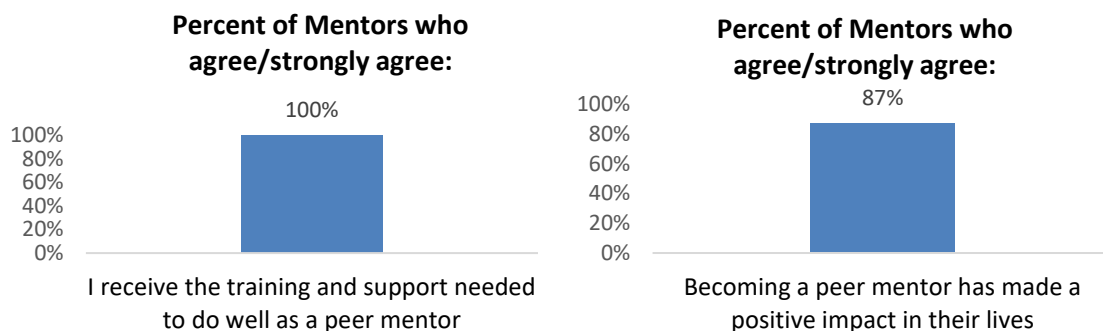
### Peer Mentees

**15 out of 22 (68%) Mentee Referrals Became Mentees**



## Is Anyone Better Off?

### Peer Mentors



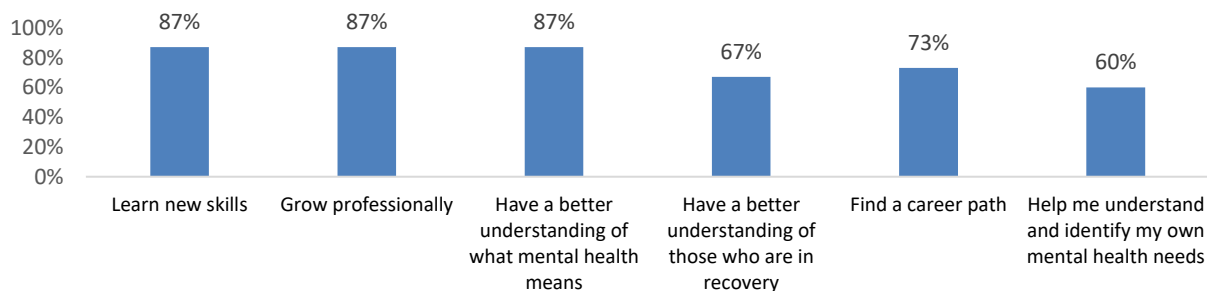
### What was your favorite part of being a mentor? (n=13)



### List one thing from the peer mentor program you feel was most beneficial (n=13)

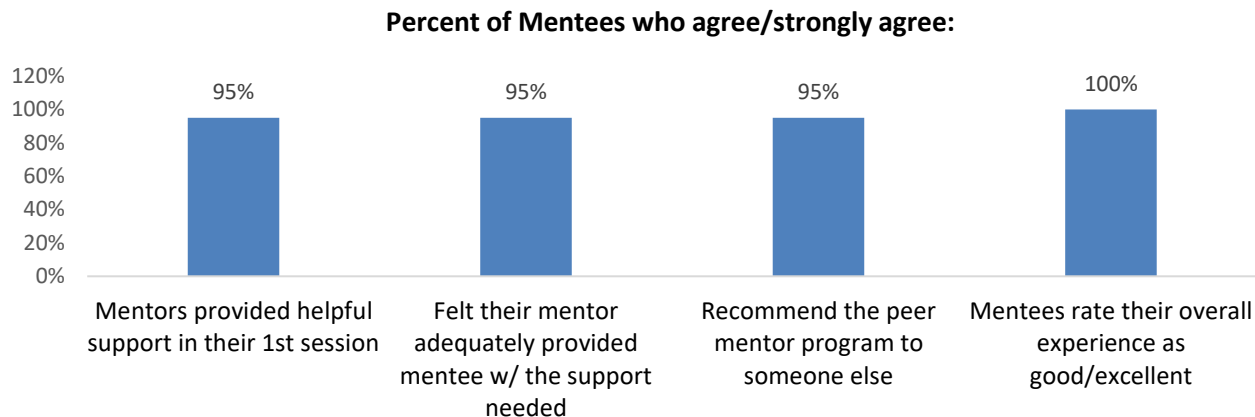


### How has the program helped you personally as Mentor: (Check all that apply)





## Peer Mentees



**List one thing from the mentee program you feel was most beneficial: (n=9)**

one  
someone  
talk support

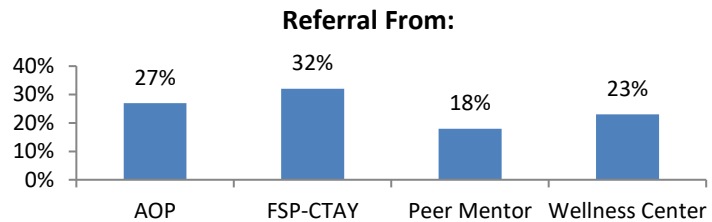
Number of Potential Responders	51
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community
Type of Responders Engaged	TAYs, Adults, Seniors, and those with lived experience
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy

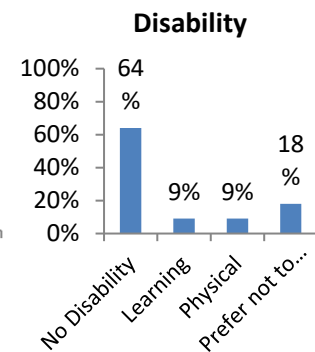
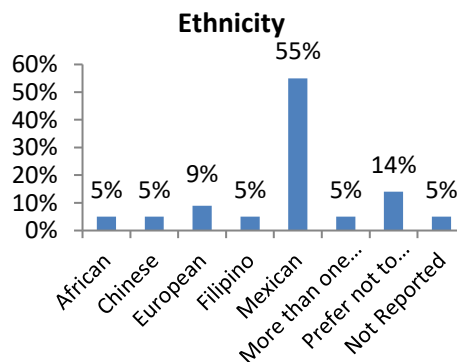
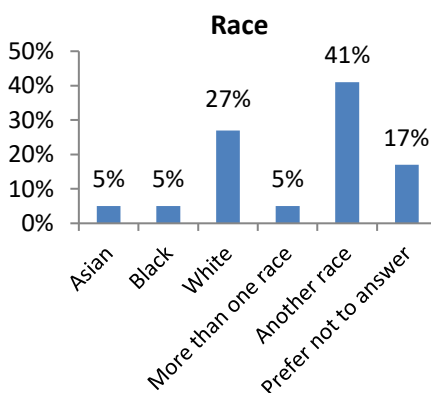
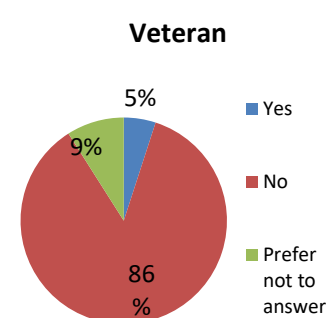
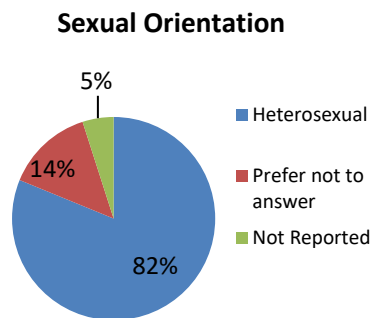
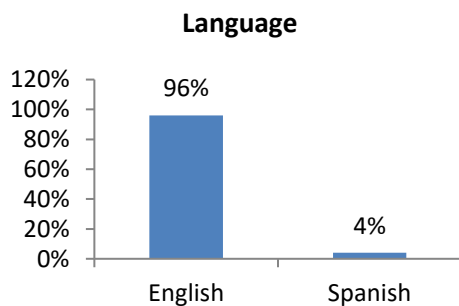
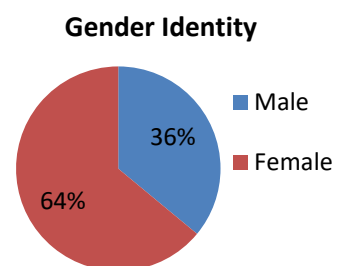
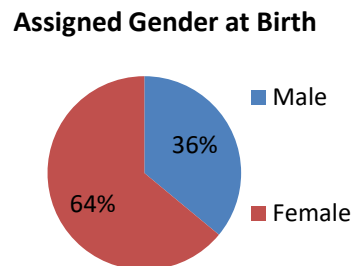
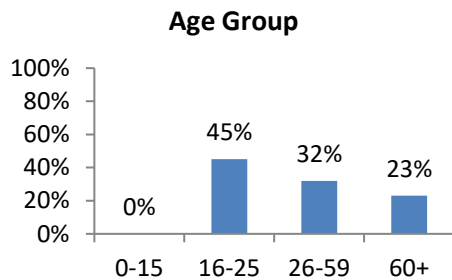
**22**  
**MHSA Referrals received**  
**by Peer Mentor program**

**15 out of the 22**  
**Referrals became mentees**

**2 Days**  
**Average Time between**  
**Referral and becoming a**  
**mentee**



## PEI Demographics Based on Referrals



## Wellness Center PEI Programs (Prevention & Early Intervention)

### Transition-Age Youth Wellbeing and Older Adult Wellbeing

#### Program Description

Individuals attending the transition age youth (TAY) and older adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

#### Target Population

Transition age youth (TAY) and older adults are considered specialized populations in need of support, however these populations also tend to be some of the most difficult to engage in and maintain in services. Reasons include issues related to stigma and difficulty with transportation. To meet the needs of these individuals, the Wellness Center utilizes Prevention and Early Intervention (PEI) funding to create programming specific to the needs and interests of these populations.

Age Group	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2023-24	1,152	122	43	0	1,317
Projected Number to be Served FY 2024-25	900	95	34	N/A	1,029
Cost Per Person	\$1,645**	\$1,645**	\$1,645***	N/A	\$1,645**

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

#### Program Update

The Wellness Center Senior Retreat was held in September 2023 in collaboration with Therapeutic Community Gardening. Participants were able to learn about taking care of succulents, how to plant them, and created terrariums. The participants expressed how grateful they were for the information that they learned during the retreat; emphasizing positive memories were made and connections with others enhanced their social wellness. In August of 2023, the Wellness Center collaborated with the Joselyn Senior Center in Claremont to incorporate in-person support groups at their Center. The

program facilitated Senior Calm groups in which participants practiced coping skills and engage in mindfulness activities. The Wellness Center program also hosted a fieldtrip to Pomona College's Organic Farm. The participants were able to enjoy a day of nature and light lunch under the trees. The seniors expressed high levels of satisfaction during and after the fieldtrip, reporting an appreciation to reconnect with nature.

In November of 2023, the program hosted a TAY harvest event, Fall Y'all. Attendees enjoyed an evening of autumn festivities, socialization with peers, games, and crafts. During the fiscal year, a friendship event also took place where TAY participants celebrated friendships, enjoyed food, engaged in crafts, and won raffle prizes. Towards the end of the fiscal year, the Annual Talent Show was held, giving the TAY participants an opportunity to showcase their talents, and enjoy a free event filled with music, art, poetry, and much more.

## Challenges and Solutions

The older adults in the program share that they enjoy groups however have issues with transportation. To alleviate this challenge, we plan to have a designated driver at the Wellness Center to provide transportation. Our participants also express a struggle with symptoms and/or illnesses that prevent them from attending. Some of the older adult participants also report memory issues that impact their ability to recall dates and times of events. To address this challenge, reminder calls are provided, frequent announcements are made, and appointment cards are distributed.

Retaining TAY individuals in groups is a challenge as well. Youth will attend an event on a one-time basis, and not return for groups consistently. It has been reported that some TAY struggle with balancing time for work, school, and support groups. While others state that they have reduced their attendance, or removed themselves from groups completely, due to feeling that the groups were too small. The Wellness Center will continue to conduct outreach in the community, distribute group calendars and event flyers to local school districts, colleges, and other local organizations to address this challenge and connect with the TAY population.

## Diversity, Equity and Inclusion

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

The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees. Staff are also regularly trained on specialized populations, diversity/inclusion, cultural competence, and culture- centered approaches to recovery. Programming always includes a welcoming, inclusive, and nonjudgmental environment. Staff are encouraged to take training courses on the importance of diversity and inclusion of all individuals regardless of their sexual orientation. The TAY program also connects participants who identify LGBTQIA+ with Pomona Valley Pride.

## Community Partners

For the purposes of collaborative events, workshops, group enrollment, and resource sharing, the Wellness Center program has collaborated with agencies such as Aging Next in La Verne and the Palomares Senior Center in Pomona to support our older adults. Aging Next (older adult volunteers) also visit the Wellness Center to hold meetings. Additionally, local artists from Saint Remy Arts and Culture provide participants with workshops on creating clay artwork.

TAY programming partners with agencies such as the Youth Activity Center in Claremont to develop and present content to their TAY attendees. Some of the topics have included the importance of boundaries and forming and maintaining friendships. The Wellness Center TAY programming also frequently collaborates with the Cal Poly University Village to develop workshops addressing topics such as college struggles and healthy coping strategies that can help college students enhance their mental health.

## Success Story

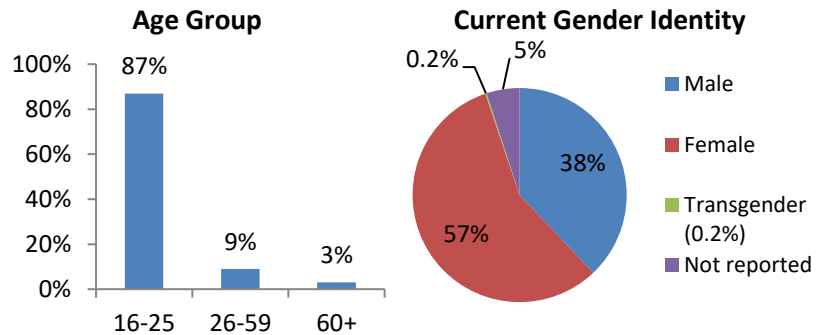
A consistent participant in our older adult support groups expressed struggles with mental health concerns. They highlighted the meaningful impact that the Wellness Center and the senior groups have made in helping manage their symptoms, learn how to cope, and not feel as isolated. They also expressed a benefit in feeling comfortable enough to express themselves in groups and feel supported in a safe environment.

A TAY participant struggled with identifying healthy ways to cope with their mental health challenges. They expressed feelings of boredom and a lack of direction, contributing to coping in unhealthy ways. Currently, the TAY individual participates consistently in the support groups. They report enjoying spending time at the Wellness Center, increasing socialization with others and gaining confidence in vocalizing their needs to others.

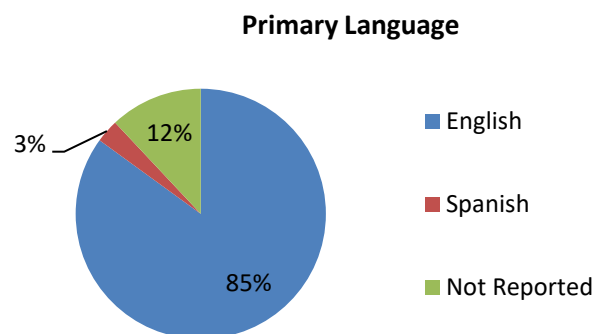
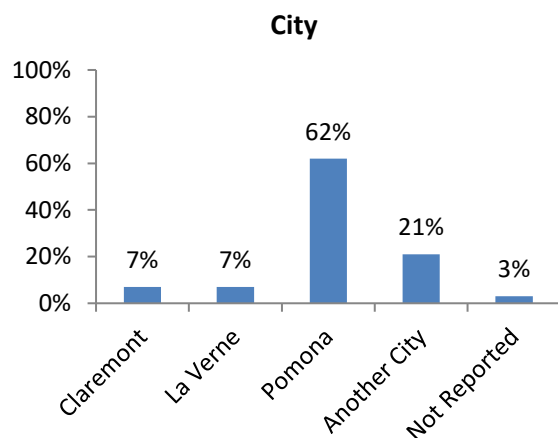
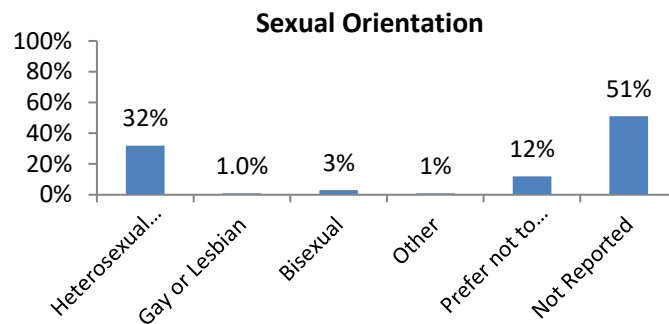
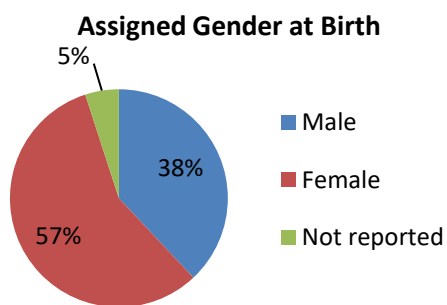
## Program Summary

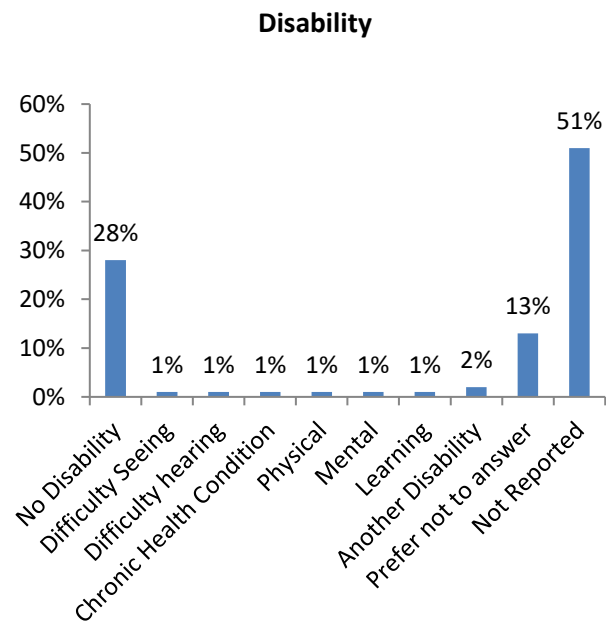
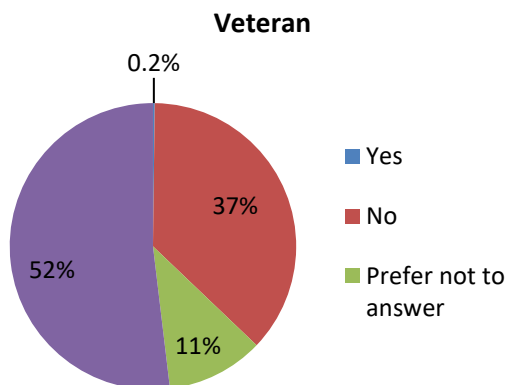
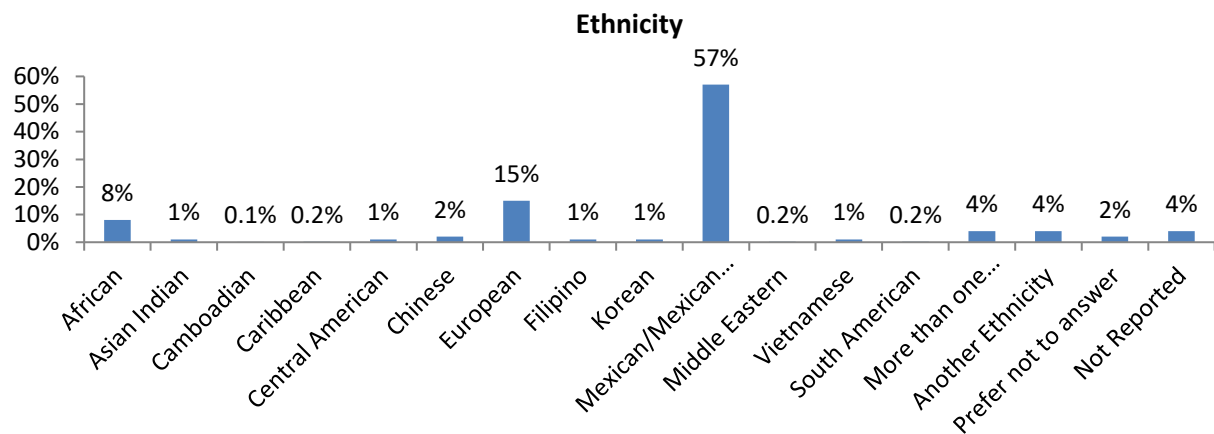
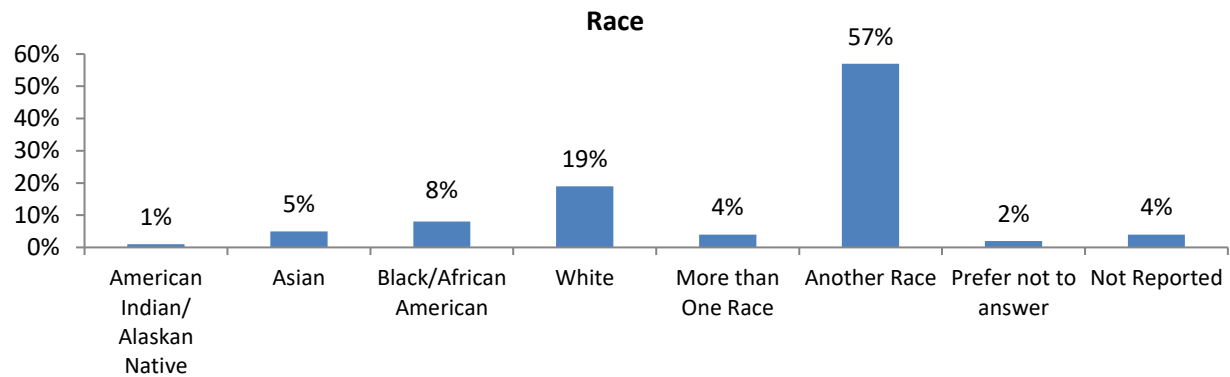
### How Much Did We Do?

**1,317**  
Unique Individuals  
attending Wellness  
Center TAY/Senior



The number of individuals attending Wellness Center TAY/Senior groups **remained constant** from FY 2022-23 to FY 2023-24.





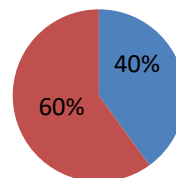
## How Well Did We Do It?

**4,482**  
**Number of Wellness Center  
 PEI: TAY/Senior Events**  
 (Duplicated Individuals)

### Number of Times People Visited

■ One Visit

■ Two or  
More Visits



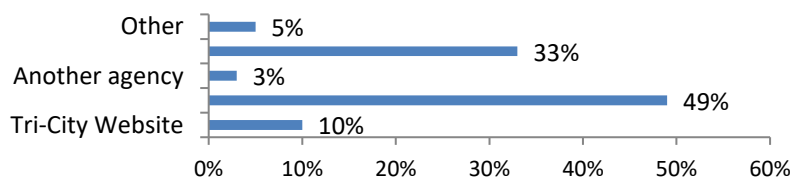
The total number of (duplicated) individuals attending Wellness Center TAY/Senior groups **increased** from **4,435** FY 2022-23 to **4,482** FY 2023-24.

Support Activities Name	Number of Times Activity Was Held	Average Number of Attendees at an Activity
Platica Entre Amigos	29	1
Senior Calm	70	5
Senior Socialization	39	2
Senior Bingo	7	2
Senior Virtual Vacation	1	1
TAY – Brunch Club	32	2
TAY – Friendly Feud	38	1
TAY – Fun with Friends	45	2
TAY – Peace of Mind	41	2
TAY – Popcorn, Peers & Leadership (PPL)	35	2

Contacts by Type	Number of Individuals
TAY – Phone Call - Wellness Calls	1,240

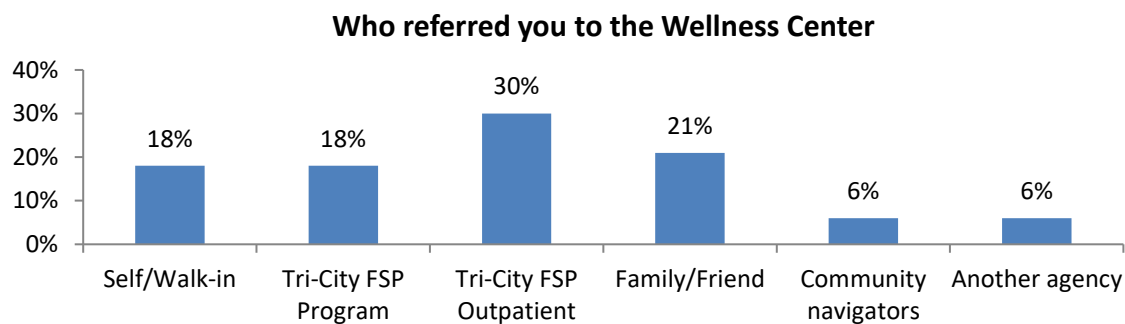
### How Did You Learn About the Wellness Center Programs?

(Choose All that Apply)z



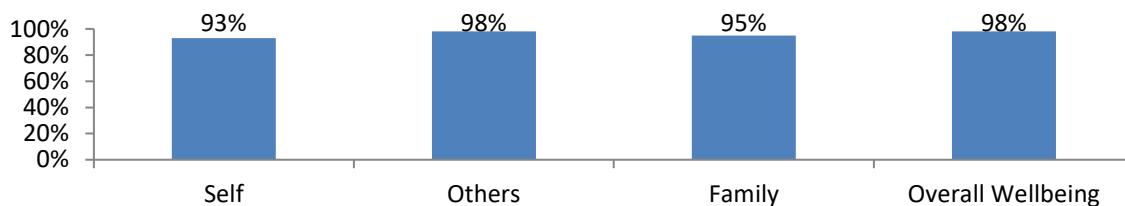
**100%**  
**Satisfied with the**  
**“help I get at**  
**Wellness Center”**





## Is Anyone Better Off?

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



Number of Potential Responders	1,317
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAY, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

## Timely Access to Services for Underserved Populations Strategy

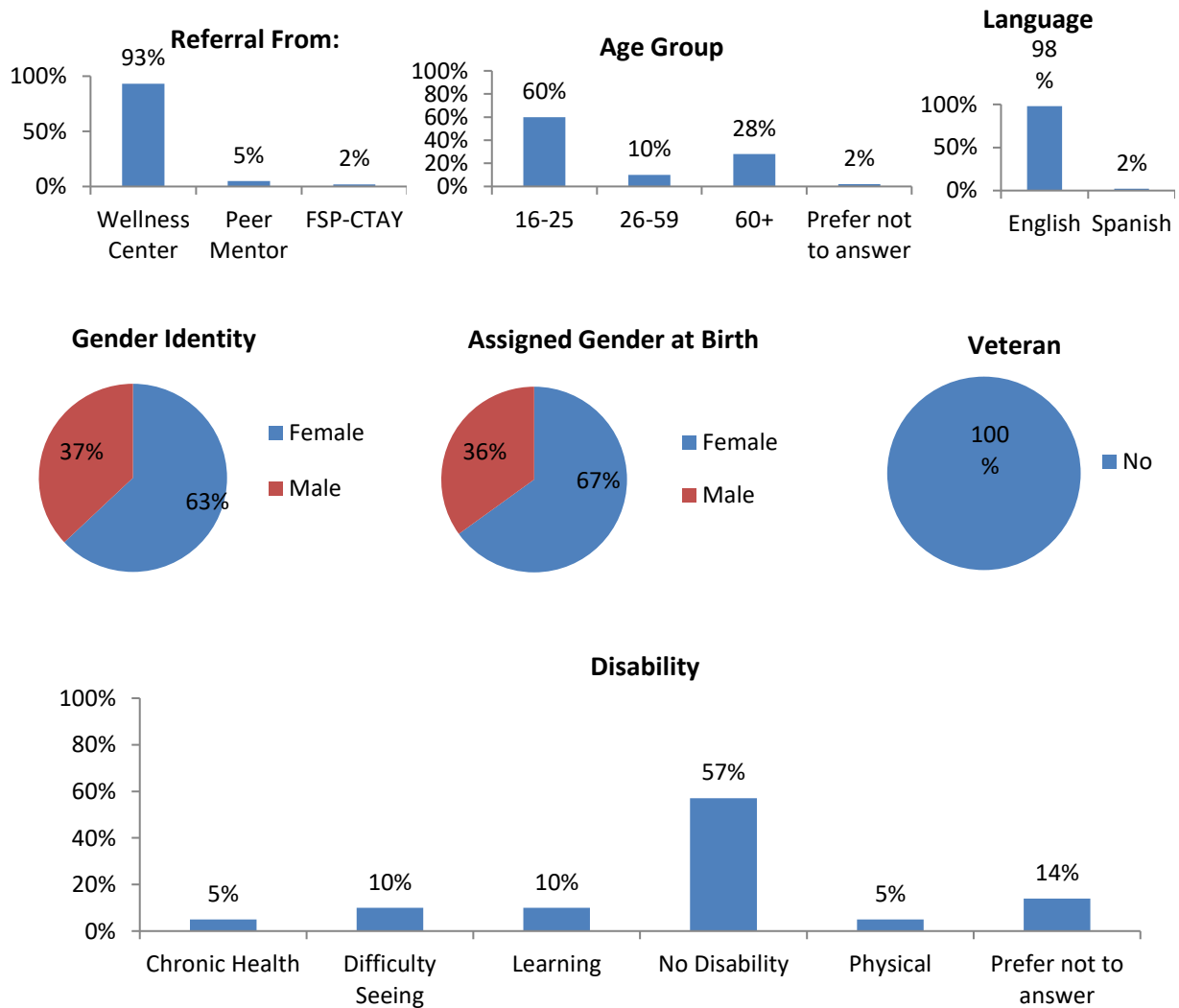
**42**  
Referral coming  
into Wellness  
Center TAY

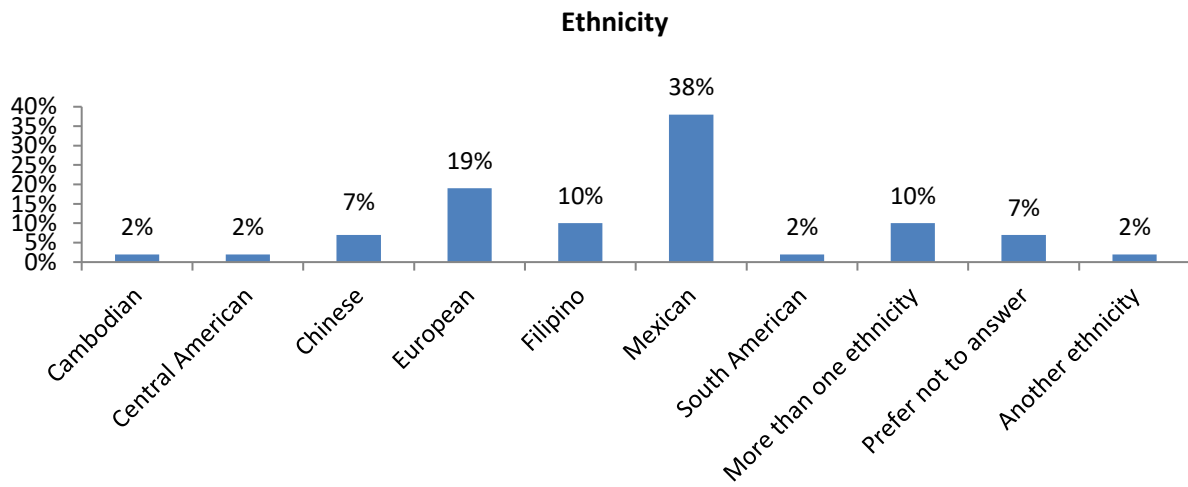
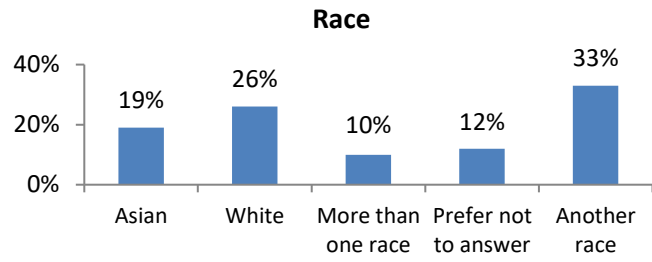
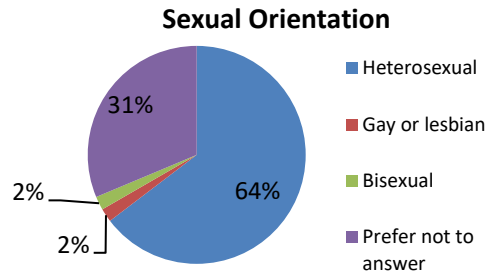
**35 out of the 42**  
Referrals attended a  
Wellness Center  
group

**3 Days**  
Average Time  
between referral and  
participation

The number Wellness Center referrals **increased** from **6** FY 2022-23 to **42** FY 2023-24.

## PEI Demographics Based on Referrals





# Family Wellbeing

## (Prevention & Early Intervention)

### Program Description

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

### Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	184	70	483	88	53	<b>878</b>
<b>Projected Number to be Served FY 2024-25</b>	109	41	286	52	31	<b>519</b>
<b>Cost Per Person</b>	\$263**	\$263**	\$263**	\$263**	\$263**	\$263**

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

### Program Update

The Family Wellbeing program hosted a Thanksgiving basket giveaway in November, FY 2023-24. The baskets consist of a turkey and all the sides to provide a free meal to families in need. The program also hosted the annual tree lighting for all families in the community. The event was accompanied by hot chocolate, music, singing, and a gift for all the children in attendance. The evening ended with the tree lighting and a holiday movie.

The Wellness Center Summer Camp, for children 7–12 years of age, is a highly anticipated event annually and once again received positive feedback from the community. The Summer Camp provides a positive and safe learning environment where campers can explore, experience educational outings, and participate in an array of activities.

Another update to the Family Wellbeing program was that some of the groups start time was changed to adjust with families' schedules. Additionally, the program hosted groups at the Children's Outpatient clinic to accommodate parents by reducing barriers related to transportation. Lastly, some groups have remained hybrid to accommodate those who experience barriers related to attending groups in-person.

## Challenges and Solutions

Challenges experienced during FY 2023-24 included transportation as well as some families not being able to attend groups due to financial hardship. Another challenge for some attendees is the time of the group, one conflict specifically being with after school programs or sports that end late. Lastly, children and teens are typically not able to attend groups if there is no ride available from parents or caregivers. Addressing this challenge is multifaceted, however the program can consider changing the time of additional groups to address attendance. Furthermore, having the groups in a hybrid format could increase attendance as this would expand accessibility.

## Diversity, Equity and Inclusion

Family Wellbeing staff are bilingual and diverse in race, ethnic background, cultures, age, and sexual orientation which helps to reduce stigma and barriers to seeking services. Program and information brochures are available in both English and Spanish.

Staff attend various community events to meet with children and families to reduce barriers when accessing mental health services. By engaging families using personal stories of success and inviting participants to share their experience in groups, staff attempt to reduce the stigma surrounding mental health services. Staff are also well versed in internal and external community resources, to refer appropriately when individuals are seeking support directly related to culture, gender identity, military status or otherwise. Groups have also been reimaged to be more inclusive, for example, *Mommy and Me* being redesigned to *Baby and Me*.

## Community Partners

Family Wellbeing program collaborates with several internal and external partners within the service area. Some internal partnerships include the Adult Outpatient program, Therapeutic Community Gardening and Children's Outpatient program who assist with promoting Summer Camp to their clients, providing general referrals and collaborating on events.

Examples of external partnerships include Gen Her (a non-profit organization who supports single mothers), Parents in Partnership (DCFS program that hosts support groups for families with open court cases), Parents Anonymous (hold certified classes for parents at the Wellness Center), and collaborations with Foothill Family Services (providing groups to individuals seeking parenting, couple and individual support). These collaborations, among others, lead to enhancing existing groups, developing supportive programs, and planning specialty events for the community.

## Success Story

A single parent attending the *Baby and Me* group reported that their child was diagnosed with a learning disability. The parent's goal was to find as many groups as possible and activities in the community in order to support the child and their needs. After attending the *Baby and Me* group regularly, the parent disclosed that the child had displayed noticeable improvements with their speech.

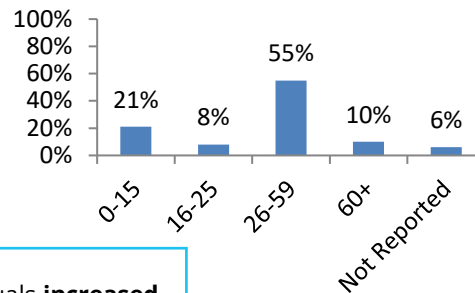
## Program Summary

### How Much Did We Do?

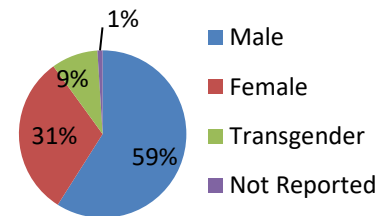
**878**  
Unique  
Individuals  
attending Family  
Wellbeing

The number of unique individuals **increased** from **522** in FY 2022-23 to **878** in FY 2023-24.

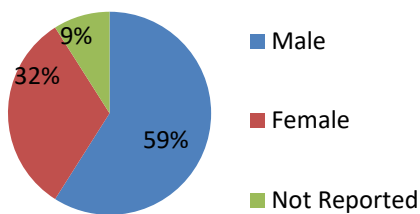
Age Group



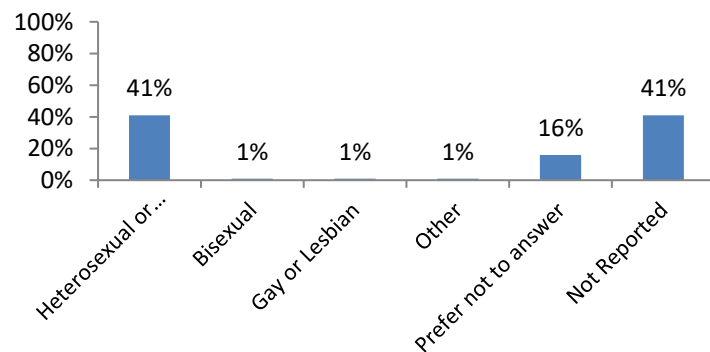
Current Gender Identity



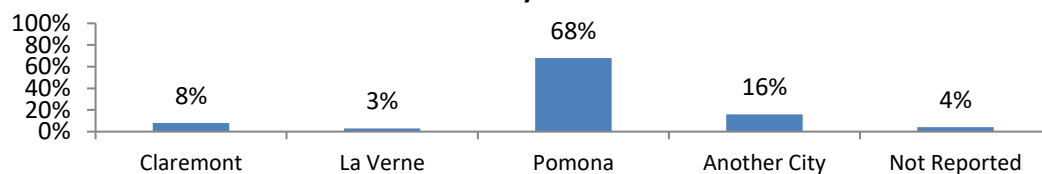
Assigned Gender at Birth

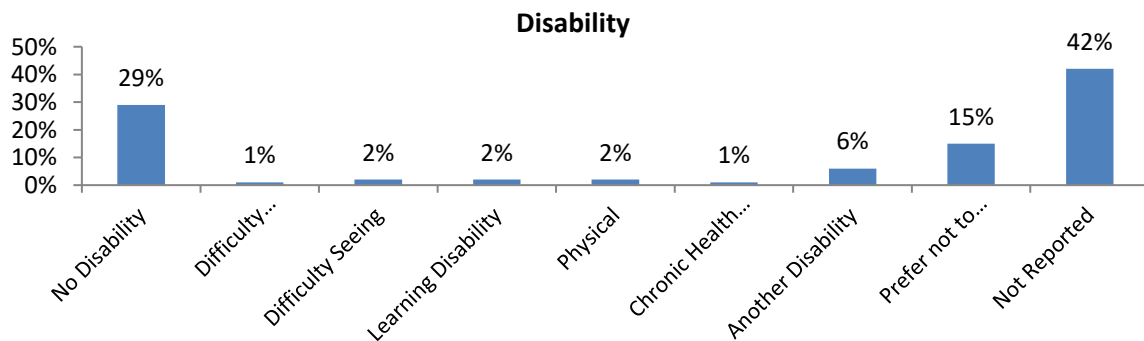
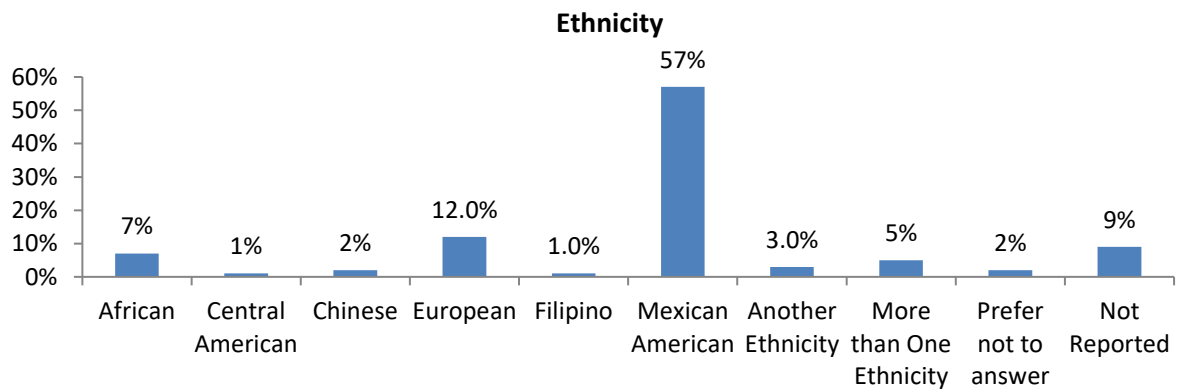
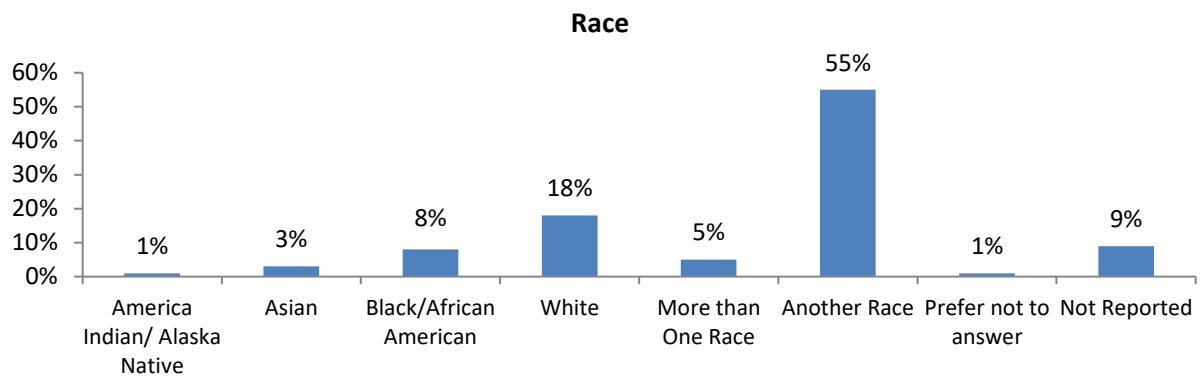
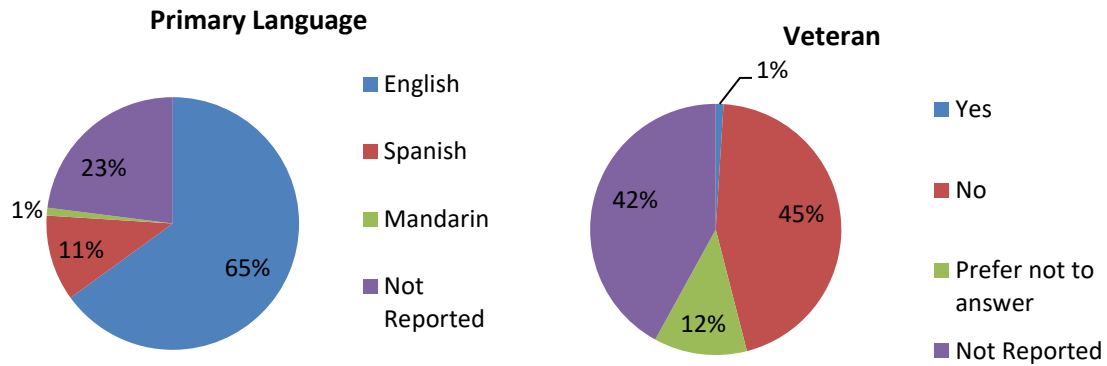


Sexual Orientation



City

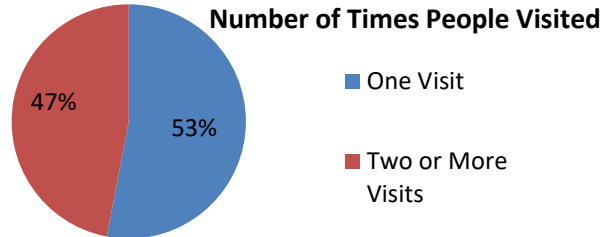






## How Well Did We Do It?

**5,129**  
**Number of Family Wellbeing Events**  
(Duplicated Individuals)



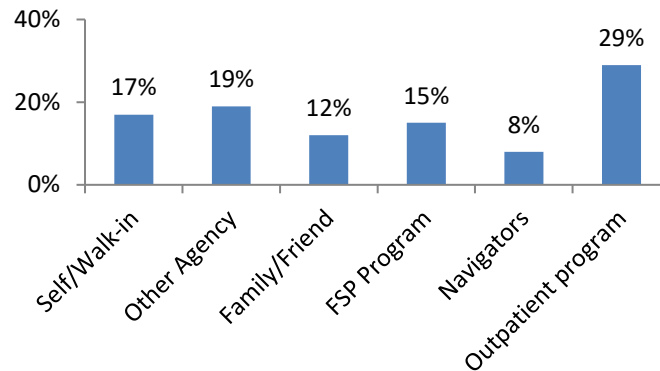
The number of family wellbeing activities **increased** from **9** in FY 2022-23 to **14** in FY 2023-24.

Family Wellbeing Activities	Number of Times Activity Was Held	Average Number of Attendees at an Activity
Arts & Crafts	39	4
Cooking Class	22	4
Grief and Loss	46	4
Kid's Hour	46	3
Limited to Limitless	46	3
Baby & Me	8	3
Movie Night	19	8
Music	36	4
Spirituality	51	5
Summer Camp	26	8
Teen Hour	48	4
United Family	79	7
Walking Adventures	40	2
Writing to Heal	17	3

Contacts/Events by Type	Number of Individuals Attending Contacts/Events
Attendance Letter	153
One-on-One	55
MHSA PEI Referrals	163
Other	289
Phone Call/Email	2,051
FWB Meeting/Event	32

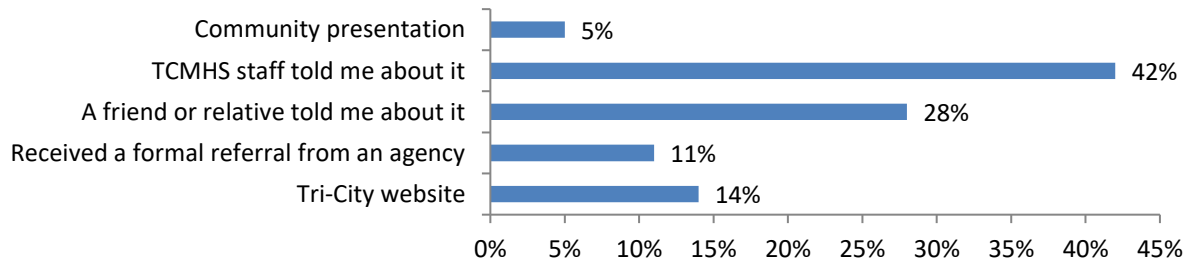
**97%**  
Satisfied with the  
“help I get at Family  
Wellbeing program”

**Who referred you to the Wellness Center**

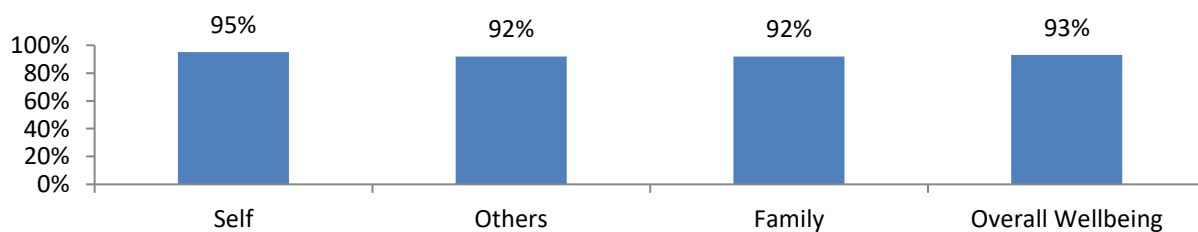


## Is Anyone Better Off?

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

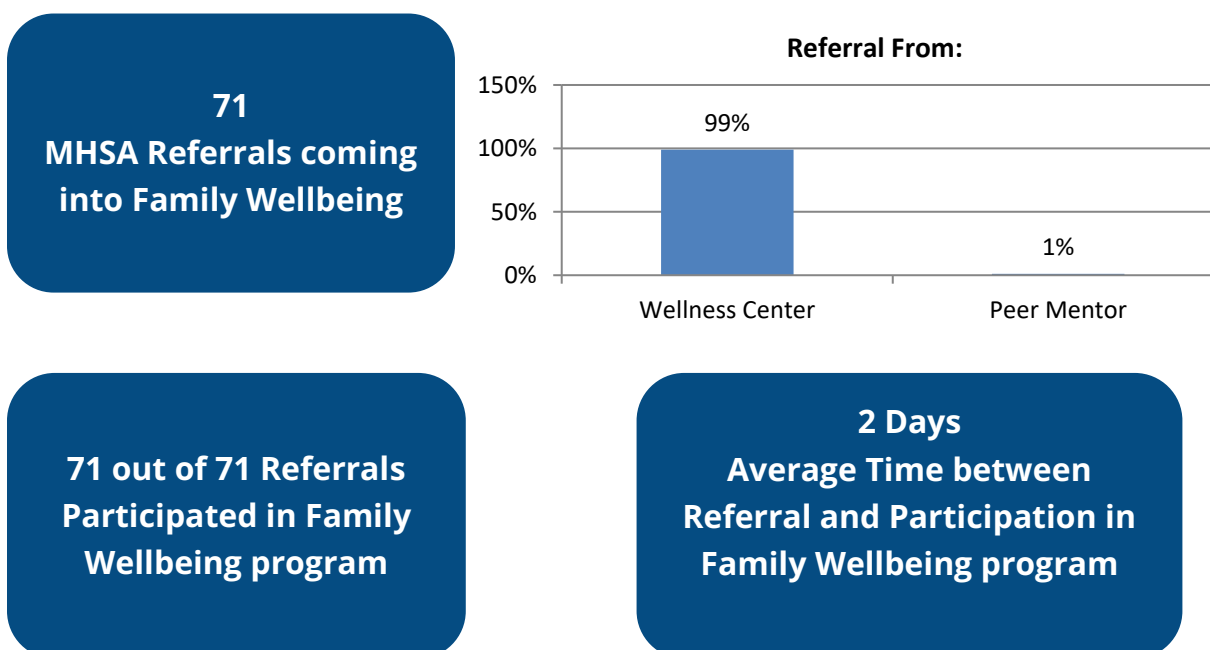


**Percent of people who report improved relationships with the following  
because of the help they get from the Family Wellbeing program**

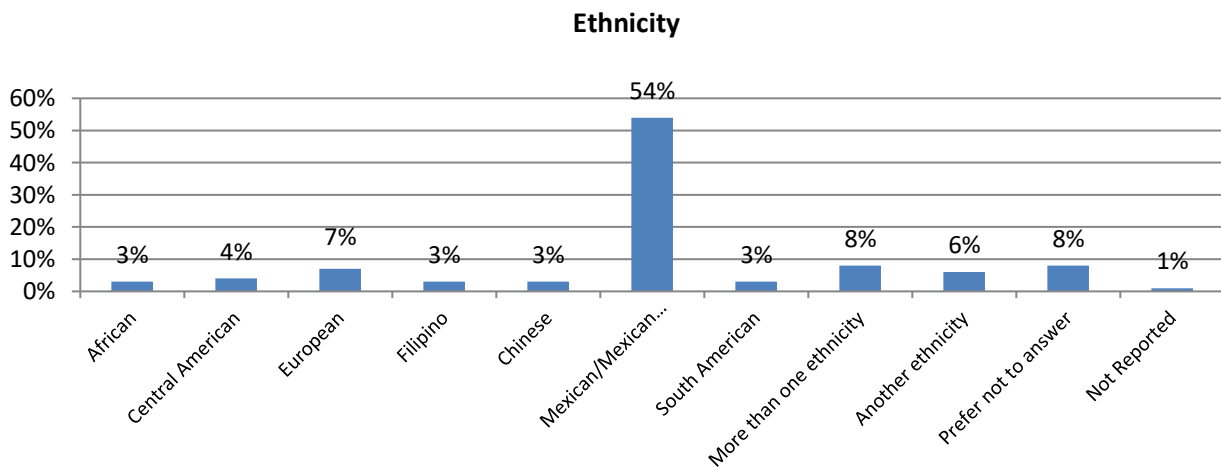
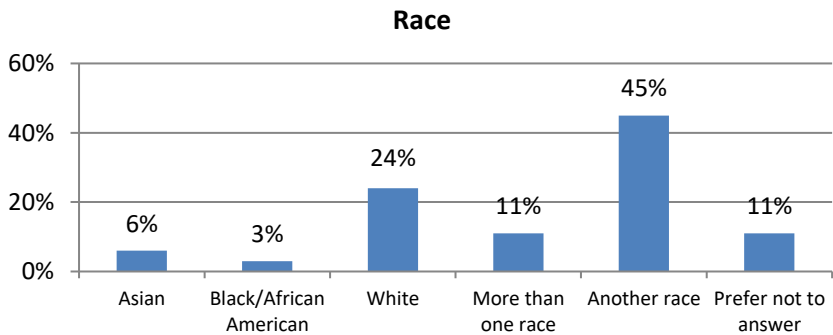
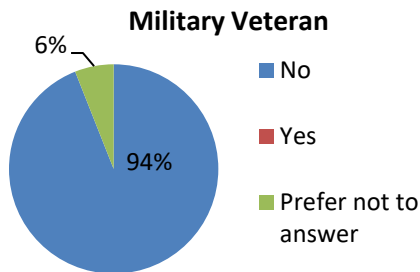
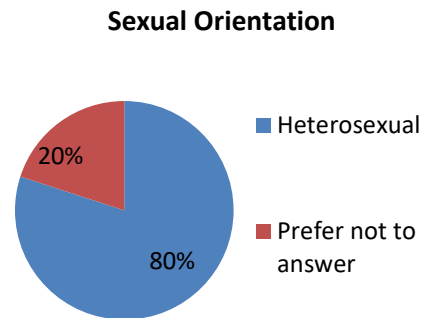
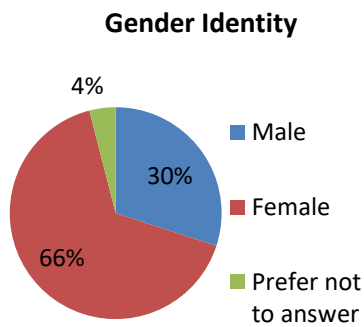
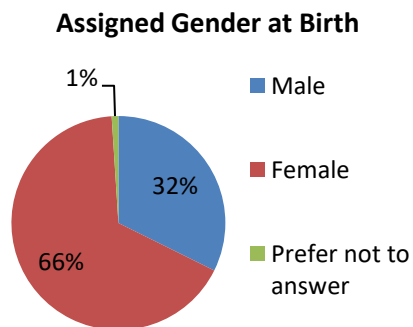
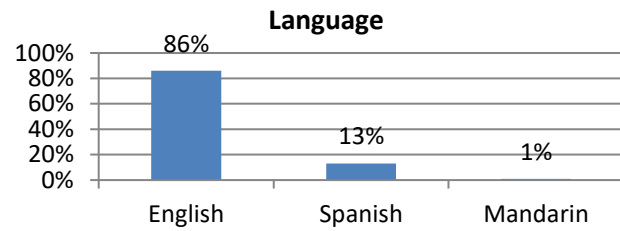
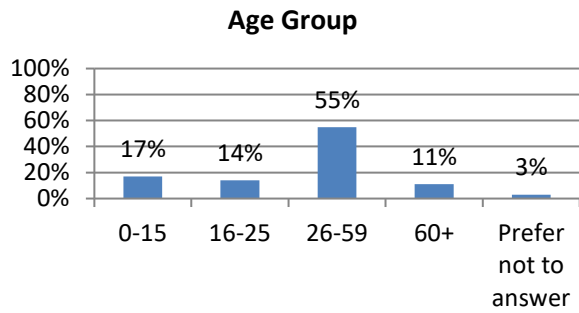


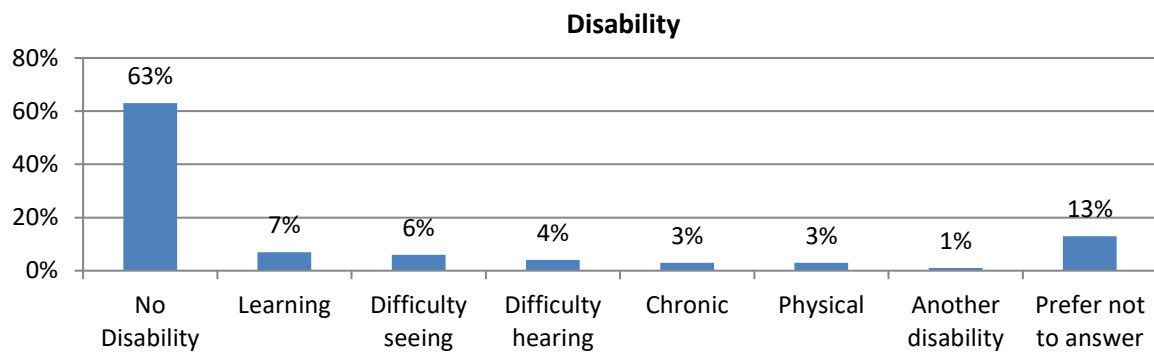
Number of Potential Responders	878
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Parents and children
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

#### Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on Referrals





# NAMI Community Capacity Building Program

## Ending the Silence (Prevention)

### Program Description

Ending the Silence and NAMI 101 are community presentations offered through the National Alliance on Mental Illness (NAMI) and provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

Ending the Silence is a 50-minute presentation designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is, how to maintain wellness, how to identify symptom triggers, how to identify a support system, mental health warning signs, empathy, boundary setting, and self-care.

### Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	4	Total Number Served FY 2021-22	176
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### Program Update

Throughout FY 2023-24, NAMI continued to solidify existing school partnerships as well as build new ones. This work has allowed the program to execute more presentations within the public school system, which is aiding in the goal of reestablishing the frequency of programming that was experienced pre-Covid. Regarding classes and support groups, the program trained several additional facilitators (in English and Spanish), which expands capacity to add more support groups and classes to the calendar and accommodate more community members.

### Challenges and Solutions

Toward the beginning of the 2023-24 fiscal year, capacity was a concern. The program lacked enough staff to return to the engagement levels of previous years. Overall, visibility has been a challenge as many community members or organizations report not knowing who NAMI is or what the program does.

Part of the solution is to continue building relationships. The program is very community facing, the board is active and engaged in outreach, and staff are dedicated to building strong partnerships with community organizations and entities to enhance the range of collaboration opportunities. NAMI participates in events, attends campus drop-ins, and works on identifying additional ways to be more visible to the youth.

## Diversity, Equity and Inclusion

NAMI 101 and the Ending the Silence are available in both English and Spanish and are facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health conditions and/or how signs and symptoms may not be addressed or acknowledged. Additionally, some trainers identify as having lived experience. NAMI partners with several external entities that support older adults and veterans and is equipped to provide referrals and resources to these entities when needed. Presentations allow space to converse about the specific challenges/stigma/barriers that the LGBTQ+ communities encounter. NAMI also had presenters who identify with this community in the queue to be trained for presentations and this will allow ways to expand on these conversations.

## Success Story

The program received feedback from a community member reporting the benefits they experienced related to being involved in NAMI classes. The individual reported feeling grateful for the program, stating that the classes had been extremely helpful in their journey. They also reported that the topics discussed had never been presented to them in the way they were in the 8-week course, allowing them to form new perspectives and ideas regarding mental health. They also expressed appreciation for the transparency of the group leadership and the opportunity to hear stories from individuals with lived experience.

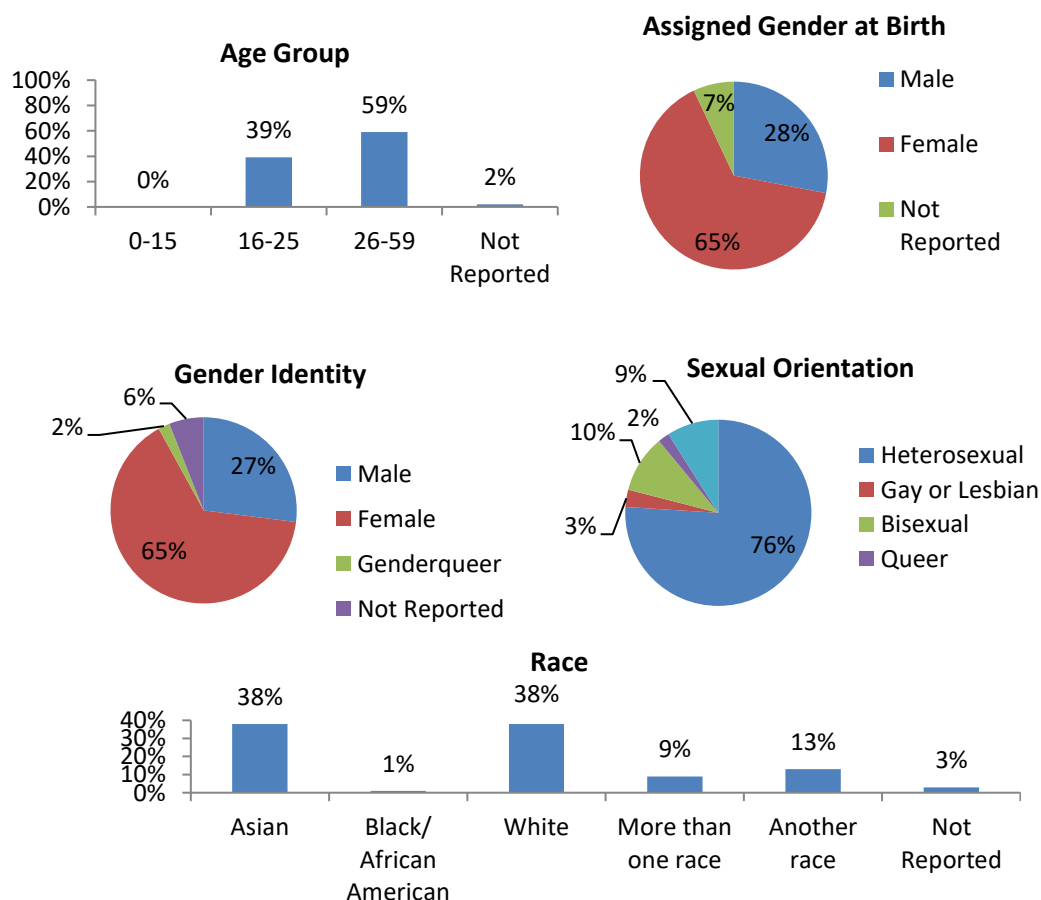
## Program Summary

### How Much Did We Do?

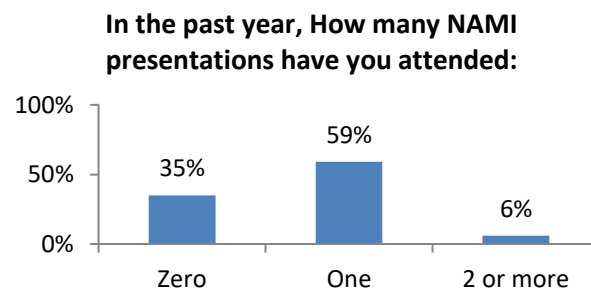
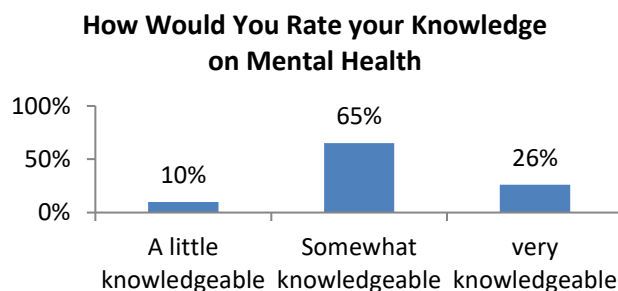
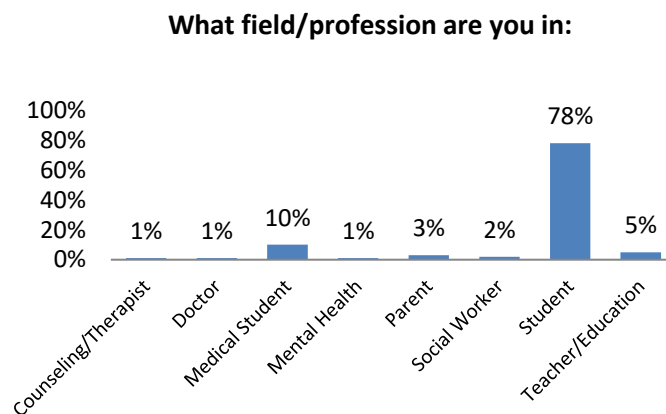
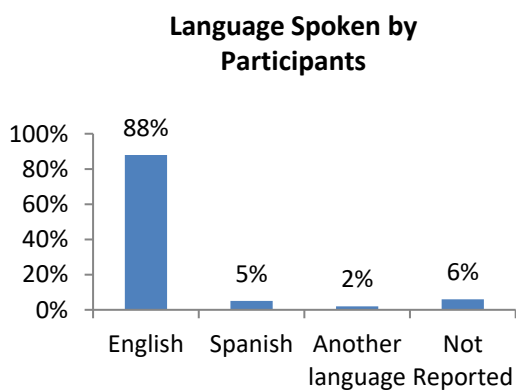
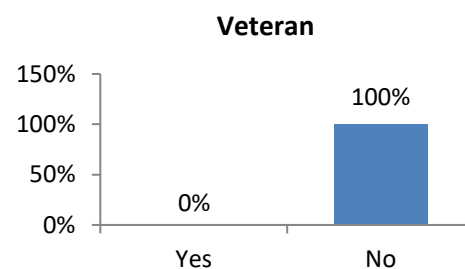
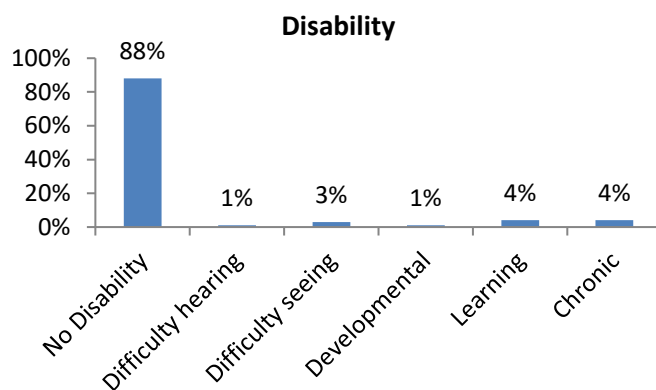
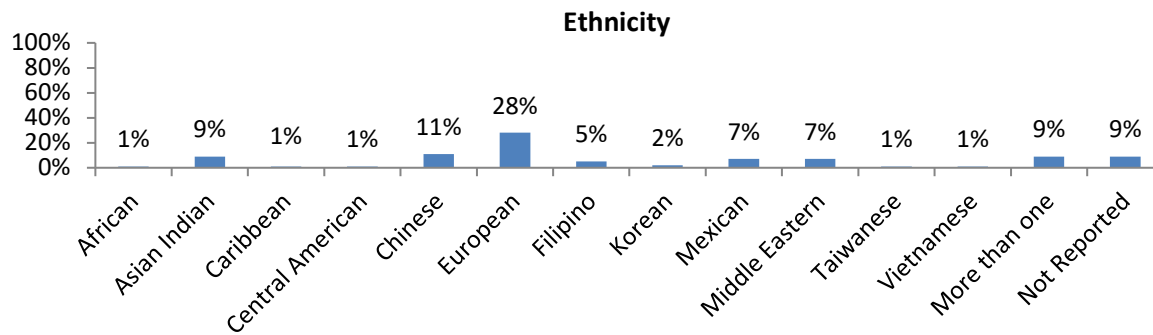


The number of presentations **increased**, and attendees **decreased** from **3 and 359** in FY 2022-23 to **4 and 176** in FY 2023-24.

### Demographics from Surveys Completed by Participants (n=176)







## How Well Did We Do It?

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### NAMI 101

**97%**

Agreed or strongly agreed that the presentation increased their understanding of symptoms associated with mental health challenges.

**92%**

Agreed or strongly agreed that the presentation will help me recognize early warning signs of mental health challenges.

### Ending the Silence

**86%**

Agreed or strongly agreed that the presentation increased their understanding of symptoms associated with student mental health.

**93%**

Agreed or strongly agreed that the presentation will help me recognize early warning signs of student mental health.

## Is Anyone Better Off?

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### NAMI 101

**94%**

Agreed or strongly agreed that the presentation provided me with new and useful resources.

**98%**

Agreed or strongly agreed that the presentation helped me understand the impact of untreated mental health challenges.

## Ending the Silence

**94%**

Agreed or strongly agreed that the presentation provided me with new and useful resources I can use on a regular basis.

**96%**

Agreed or strongly agreed that the presentation helped me understand the impact of unaddressed mental health issues.

Number of Potential Responders	165
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

## Timely Access to Services for Underserved Populations Strategy

**There were 0 MHSA referrals to NAMI PEI.**

# Housing Stability Program (Prevention)

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	0	0	9	3	49	<b>61</b>
<b>Projected Number to be Served FY 2024-25</b>	0	0	12	4	63	<b>78</b>
<b>Cost Per Person</b>	\$2,710**	\$2,710**	\$2,710**	\$2,710**	\$2,710**	<b>\$2,710**</b>

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

## Program Update

The HSP had a vacancy in the Housing Outreach Specialist position that runs the Housing Stability programming. However, towards the beginning of the fiscal year, the program was able to fill the position. Over the course of the year, the Housing Outreach Specialist reestablished groups and workshops to help support the community. In January, the Landlord Hour returned, and the Good Tenant Curriculum resumed. The program continues to look for more spaces to host these group in the community to expand the reach.

The Landlord Hour had a name change in April and is now called the Housing Provider Hour. The term “housing provider” is seen as more inclusive and comprehensive of what the role is. The Housing Provider Hour had more consistent attendance, and the Specialist has built rapport with the providers that attend. In the fiscal year to come, the program intends to create a yearly calendar for Housing Provider Hour in order to identify the topics and presenters in advance, as opposed to waiting month by month. This will help our targeted audience plan better for the meeting and increase attendance.

HSP also would like to develop a spreadsheet as a database of housing providers, along with requirements that each property looks for (income req., pet policy). This will assist the program with a better understanding of the housing climate and support housing staff with providing resources.

## Challenges and Solutions

The primary challenge for HSP was lack of engagement in Good Tenant Curriculum from community members. To increase attendance, the groups were moved to properties and hosted in community rooms as opposed to being held only at the Wellness Center. The program also increased outreach by going into the field to meet with new housing providers and attended community events such as Pomona Wellness Center’s Housing event and Claremont Housing meetings. There was also an effort made to visit local colleges (Claremont Colleges and Western) and their student housing departments.

## Diversity, Equity and Inclusion

The Housing Stability Program offers fair housing to all clients and their families regardless of status. In addition, the Housing Division staff are trained in cultural competency, stigma reduction, and aware of fair housing law. Staff are bilingual in English and Spanish and groups provide education on protected rights. The language line is available as well if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages throughout the sites.

Staff are aware of resources pertaining to specialized populations, referral processes and accommodations. Older adults who may not feel comfortable with technology are able to have their services in-home. The program also conducts in-person outreach to senior living and veteran apartments.

Monthly meetings, Mental Health First Aid training and stigma reduction training are offered to landlords, owners, and property managers to help them better understand and support individuals with mental illness.

## Community Partners

In addition to referrals made within Tri-City’s own departments, the Housing Division staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, sober living facilities, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services, House of Ruth, Pomona Youth Prevention Council and Just Us 4 Youth. These entities, among others, work in collaboration with HSP to provide/receive referrals, educate/empower tenants,

support landlords and property managers in appropriately recognizing and responding to individuals with symptoms of mental illness, and provide additional resources inside and outside of Tri-City.

## Success Story

A notable success for the program this fiscal year was the increased attendance for Housing Provider Hour. Having the opportunity to engage local housing providers creates community, cohesion, provides education, and stigma reduction. These efforts can contribute to tenants maintaining the housing they have established.

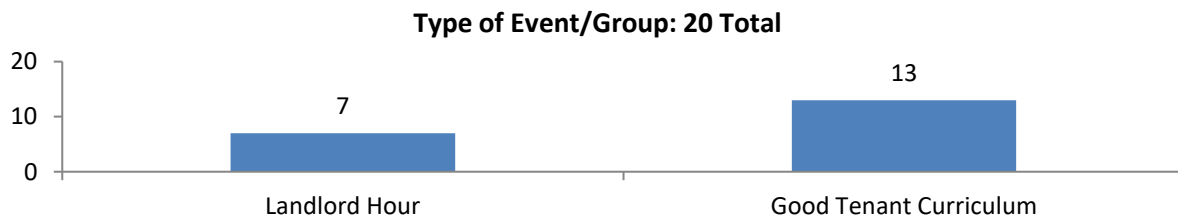
## Program Summary

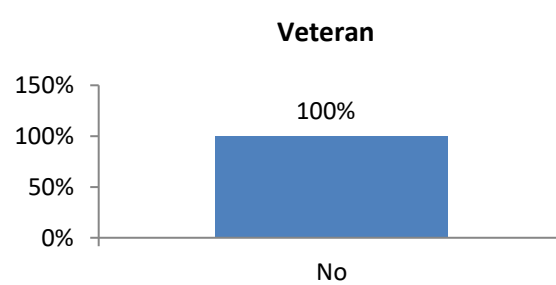
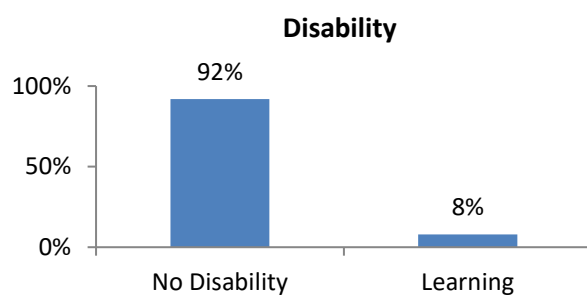
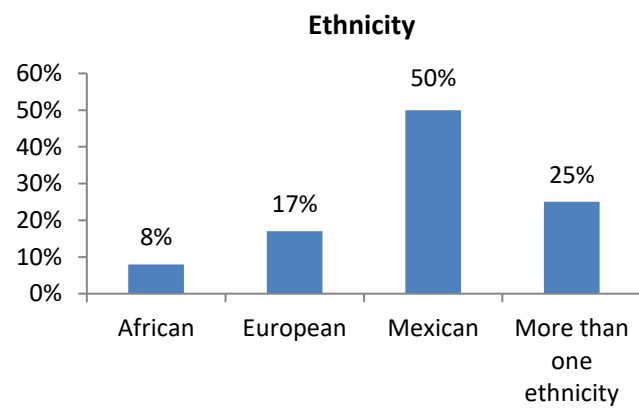
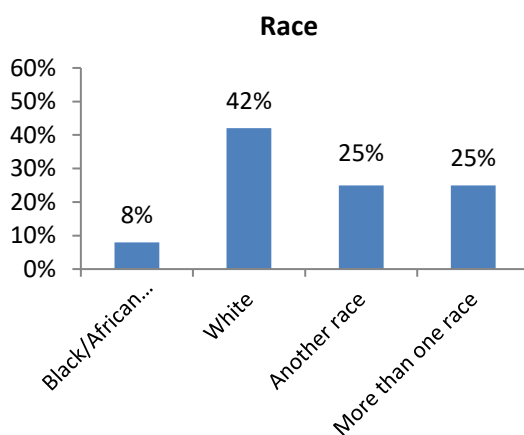
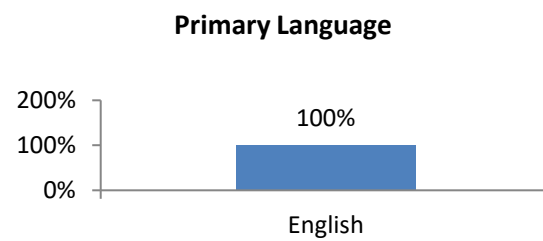
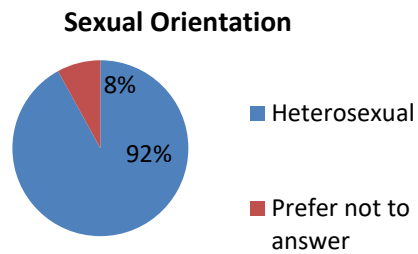
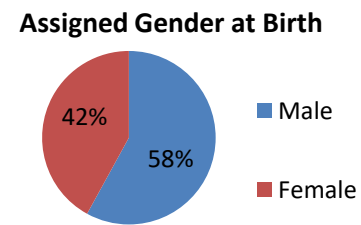
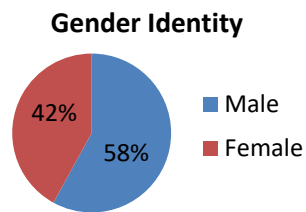
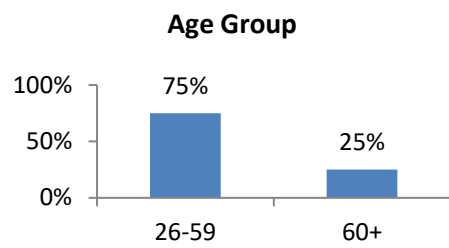
### How Much Did We Do?



The number of new landlord contacts and follow-ups **increased** from **13 and 2** in FY 2022-23 to **20 and 11** in FY 2023-24.

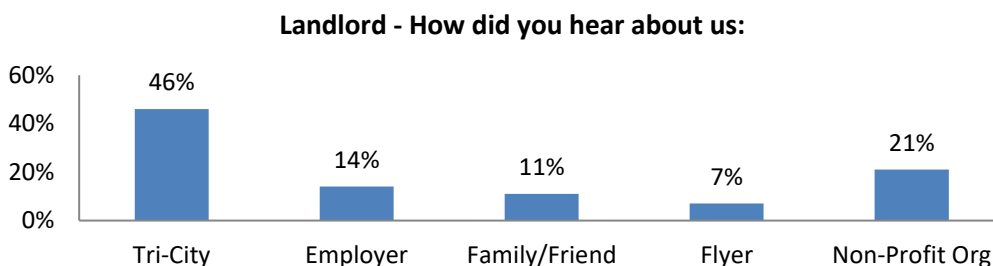
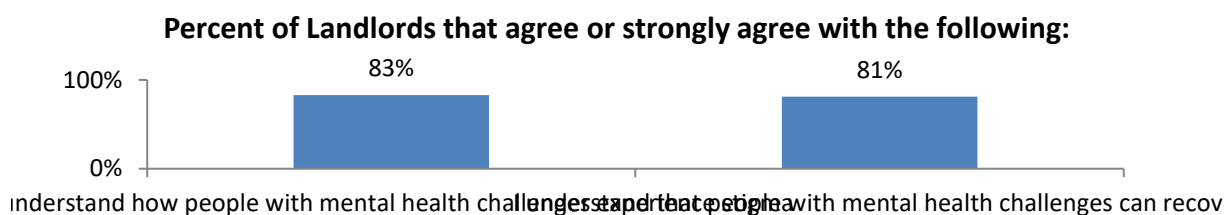
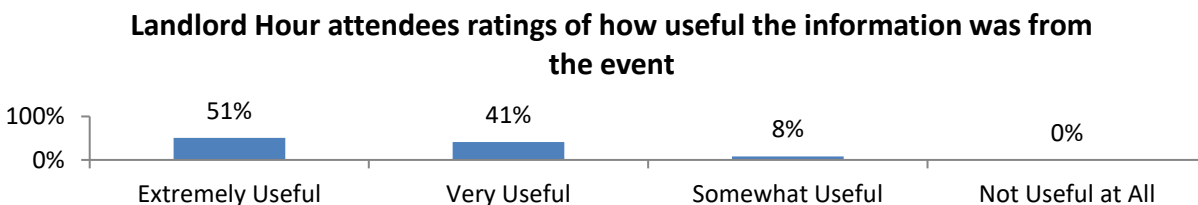
The number of landlord hour events **increased** from **3** in FY 2022-23 to **7** in FY 2023-24.





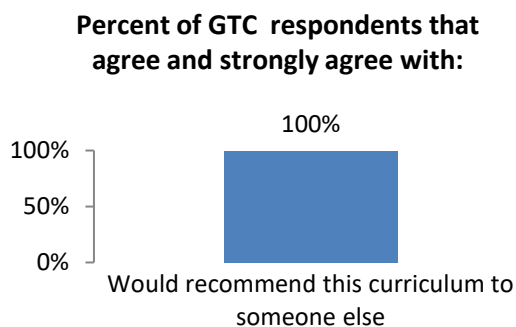
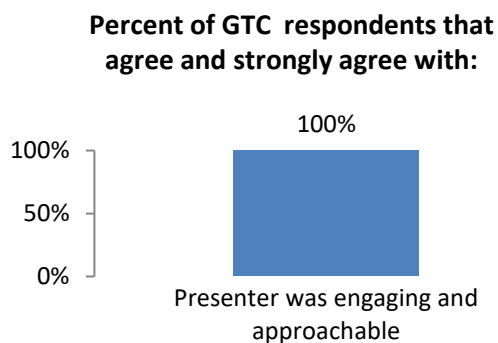
## How Well Did We Do It?

### Landlord Hour



The percent of landlords hearing about the program via Tri-City **increased** from **0%** in FY 2022-23 to **46%** in FY 2023-24.

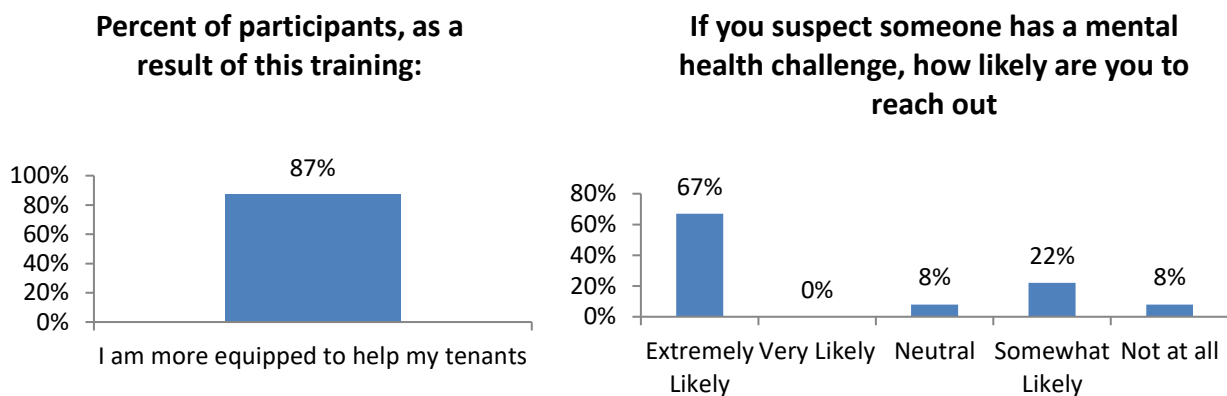
### Good Tenant Curriculum (GTC)



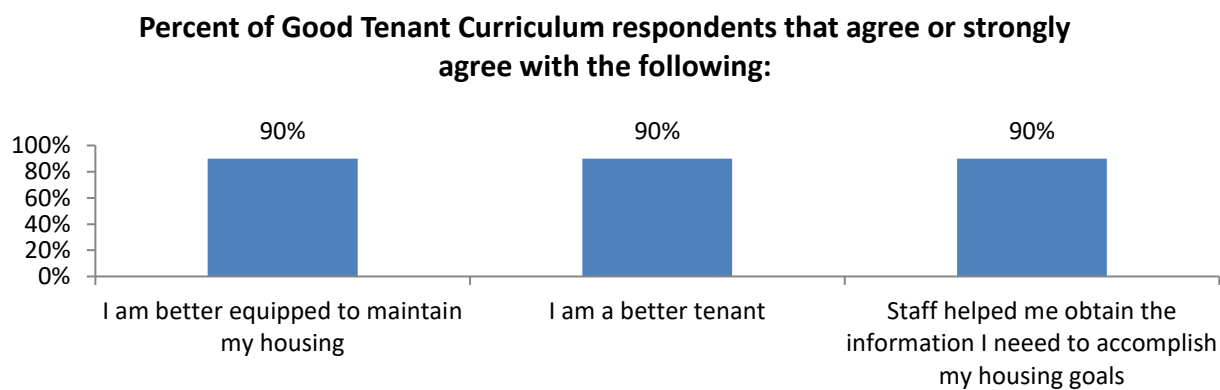


## Is Anyone Better Off?

### Landlord Hour

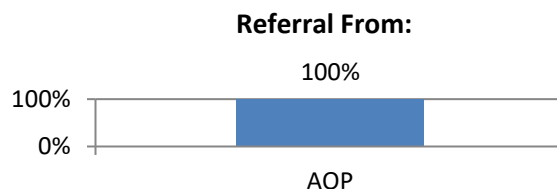
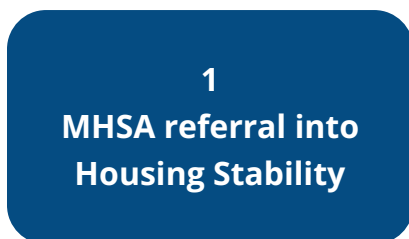


### Good Tenant Curriculum (GTC)

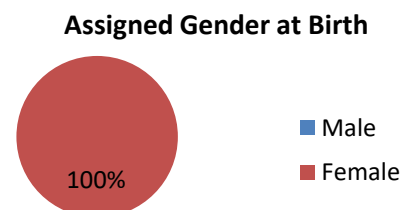
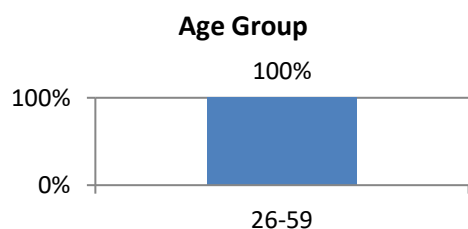


Number of Potential Responders	61
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

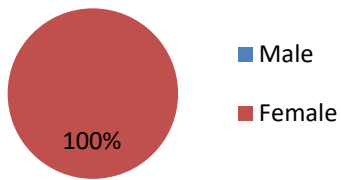
### Timely Access to Services for Underserved Populations Strategy



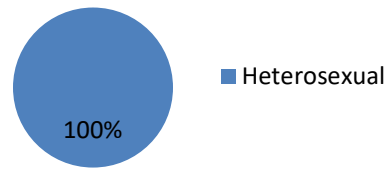
### PEI Demographics Based on MHSA Referral



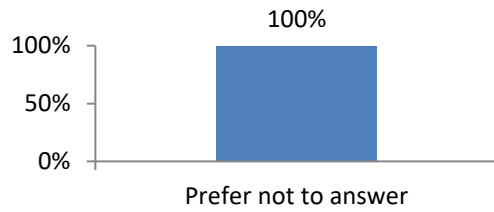
**Gender Identity**



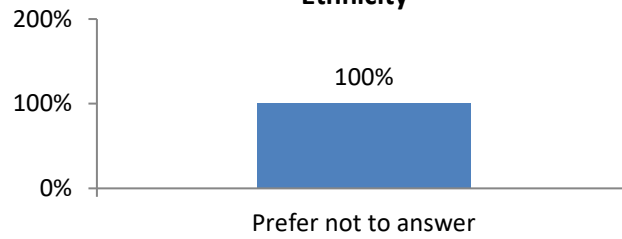
**Sexual Orientation**



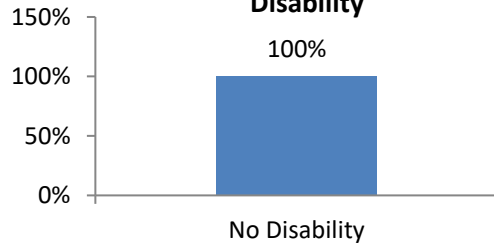
**Race**



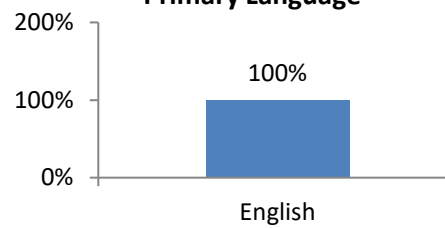
**Ethnicity**



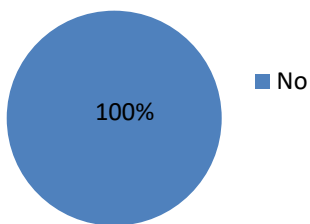
**Disability**



**Primary Language**



**Veteran**



# Therapeutic Community Gardening

(Early Intervention)

## Program Description

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

## Target Population

Community members including unserved and underserved populations, adults, transition age youth, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2021-22</b>	0	19	58	39	214	<b>330</b>
<b>Projected Number to be Served FY 2024-25</b>	0	4	52	22	N/A	<b>78</b>
<b>Cost Per Person</b>	N/A	\$6,023**	\$6,023**	\$6,023**	N/A	\$6,023**

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

## Program Update

The construction of the rejuvenation project in the garden, which began the previous fiscal year, continued throughout FY 2023-24. TCG also filled a position for a second clinical therapist. With the addition of another team member, the program was able to increase output with regards to curriculum, workshops, and with community partner collaborations. The TCG team doubled the

number of workshops and events in this fiscal year compared to the last fiscal year (FY 2022-23: n = 16, FY 2023-24: n = 32). This increase was also reflected in the number of workshop participants more than doubling from year to year (FY 2022-23 n = 132, FY2023-24 n = 288).

There was also a marked increase in TCG group participant satisfaction and longevity in the program this fiscal year. This is reflected in the data that states the average length of time a participant remained in the program increased to 12 months. Likewise, survey results indicate that 100% of participants enjoyed TCG groups as well as felt more confident in the skills they learned in TCG Groups.

## Challenges and Solutions

Construction in the Garden impacted the programs' ability to function at full capacity. For example, TCG was unable to have consistent in-person group and was unable to harvest from the fruit trees or vegetable beds. Furthermore, groups remaining virtual has made it difficult to retain TCG participant attention and interest in the program. Many potential new referrals reported wanting to be involved in the TCG program after attending an in-person event. However, upon learning of the virtual nature of the groups, these new referrals reported wanting to wait until the Garden opens to join. Reaching the child and TAY audience in TCG groups continues to be a challenge. The Youth and Family Groups struggle with retaining participants.

When the Garden opens, many of these challenges will be solved or provide an opportunity for TCG to see if there are other barriers beyond garden access. Currently, the program offers occasional in-person groups with activities for participants to enjoy hands on activities preparation for in-person groups. Another potential solution that has been developed by the team is to collaborate with more internal programs to provide TCG programming that will allow clients and community members to engage with the gardening program (examples of this are collaborations with Wellness Center and Co-Occurring Support Team for workshops). Additionally, creating workshops specifically for the younger demographic has assisted the program in addressing low attendance in youth and family groups.

## Diversity, Equity and Inclusion

TCG specifically collaborates with agencies that target groups such as TAY, children, families, Veterans, older adults and the LGBTQ+ community. When harvest is available, a food security program exists that provides excess produce to community members and agencies in need. Staff regularly attend cultural competence trainings, and its staff are bilingual in both English and Spanish. A staff member is also the chair of the RAINBOW Wellness Collaborative, allowing for concepts such as diversity and inclusion to be embedded into TCG curriculum for the community. TCG frequently partners with agencies in Pomona, Claremont and La Verne that target underserved and unserved individuals and families. There are also groups developed specifically for the Spanish speaking community, and flyers are translated into Spanish. Lastly, the cultural significance of food is used in curriculum and this concept has always been well received by community members.

## Community Partners

The Therapeutic Community Gardening staff network and collaborate with a multitude of community partners and organizations. Examples include annual events with Cal Poly Pomona Veterans Resource Center, outreach with Pomona Unified School District targeting children and TAY, collaborations with Casa Colina Hospital and Centers for Healthcare, schools in the service area, community centers, and several small businesses.

Other examples of organizations in which TCG engages in strong community partnerships are: Sustainable Claremont, Lopez Urban Farm, Bridge the Gap, Traumatic Brain injury- Outreach, DA Center for The Arts, California Horticultural Therapy Network, Pomona Valley Pride and animal therapy agencies. Outcomes of these connections include development of workshops, general outreach, group referrals, seedling donations, and produce donations to community agencies when available.

## Success Story

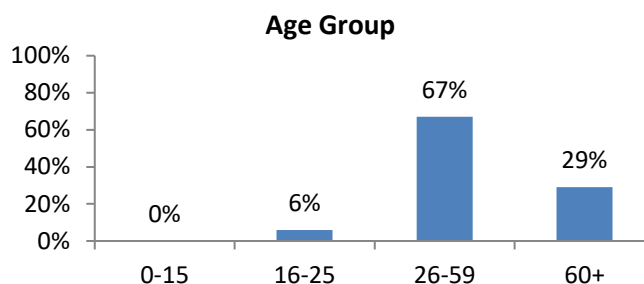
This fiscal year the TCG team provided an in-person group that encouraged participants to socialize face-to-face, as well as prepare them for the eventual transition to in-person groups in the Garden. Participants learned about mindfulness and addressed stress management. Attendees created pressed herb canvas paintings as the hands-on activity. Staff informed participants on the benefits of being in the present moment, while connecting with their senses and learned about how colors can impact our mood. Participants shared their appreciation for the opportunity to interact with each other in-person, create a natural art piece, and gain knowledge about color psychology.

## Program Summary

### How Much Did We Do?

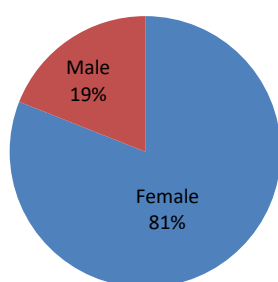
**42**  
Participants Enrolled in TCG  
Program Groups

**12 Months**  
Average Length of Time  
Participants Enrolled in TCG

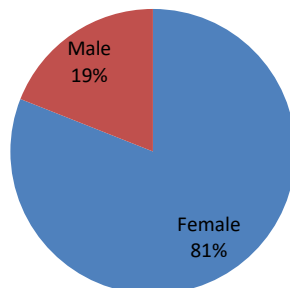


The number of participants enrolled in TCG groups **decreased** from **85** in FY 2022-23 to **42** in FY 2023-24.

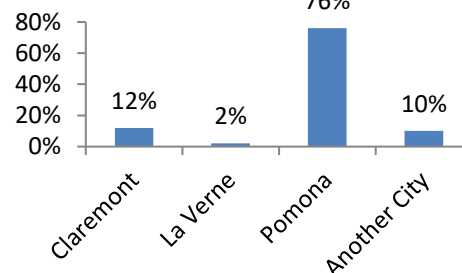
**Assigned Gender at Birth**



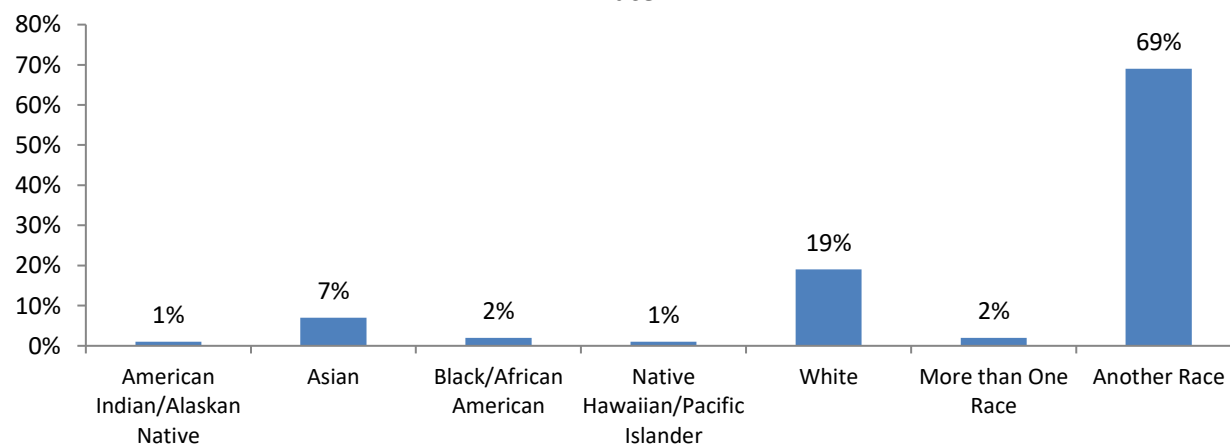
**Current Gender Identity**

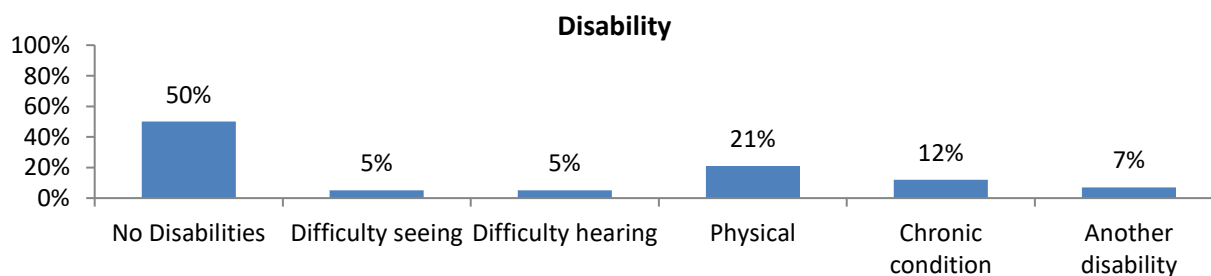
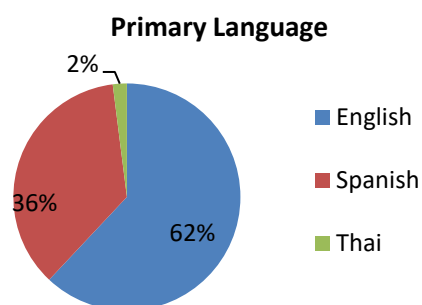
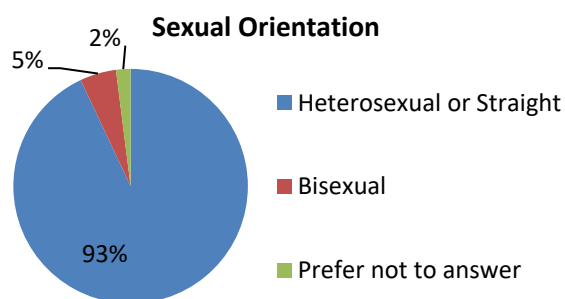
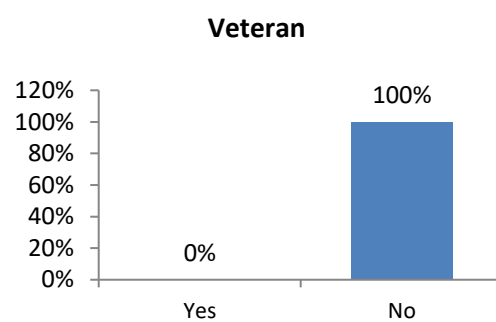
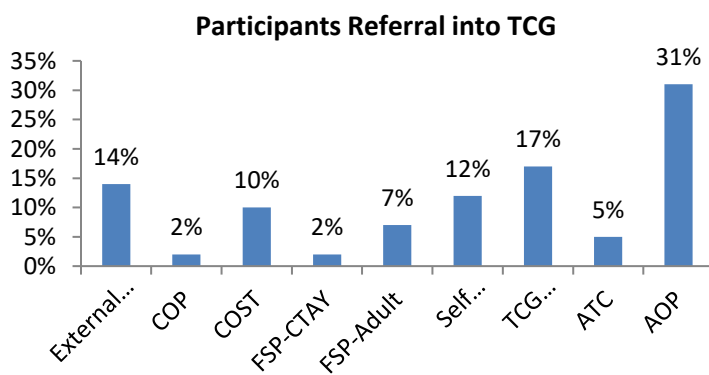
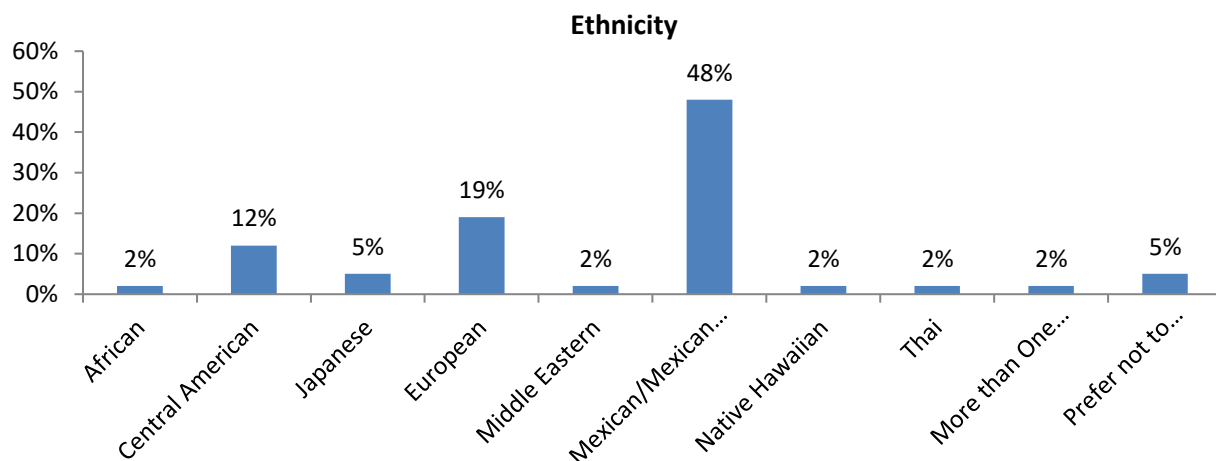


**City**



**Race**





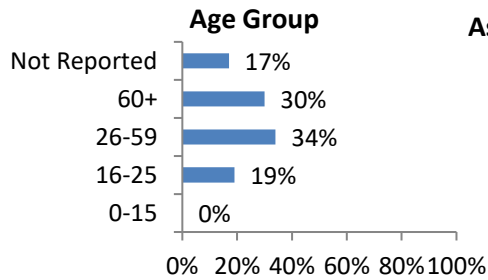


## TCG Workshop/Events Survey Demographics (n=89)

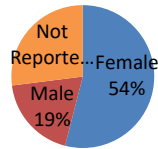
**32**  
**Workshop/Events**

**288**  
**Attendees**

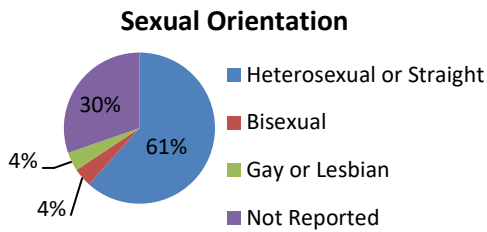
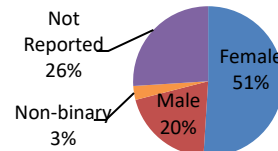
The number of workshops/events and attendees **increased** from **16 and 132** in FY 2022-23 to **32 and 288** in FY 2023-24.



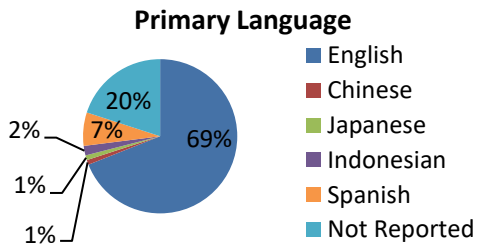
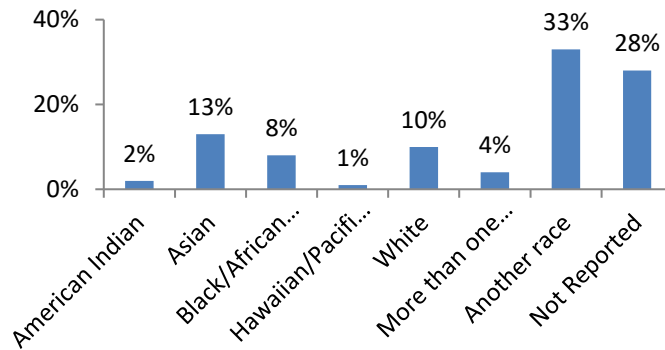
### Assigned Gender at Birth



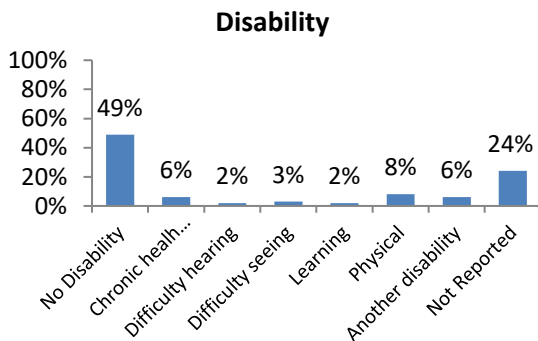
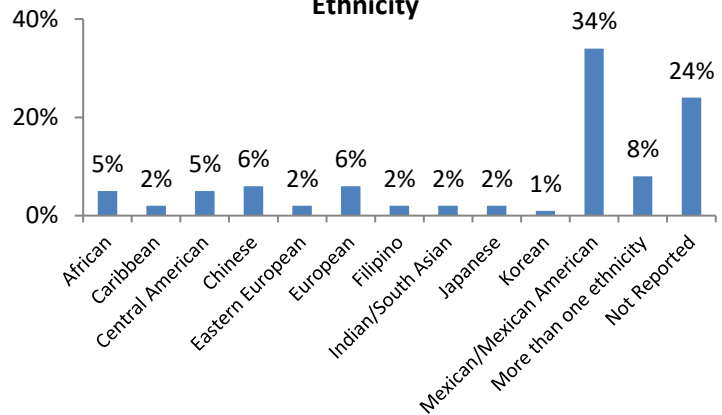
### Current Gender Identity



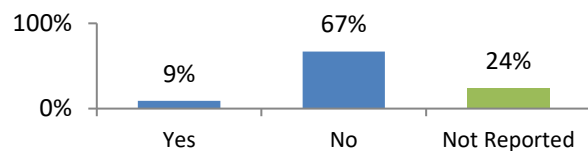
### Race



### Ethnicity



### Veteran



## How Well Did We Do It?

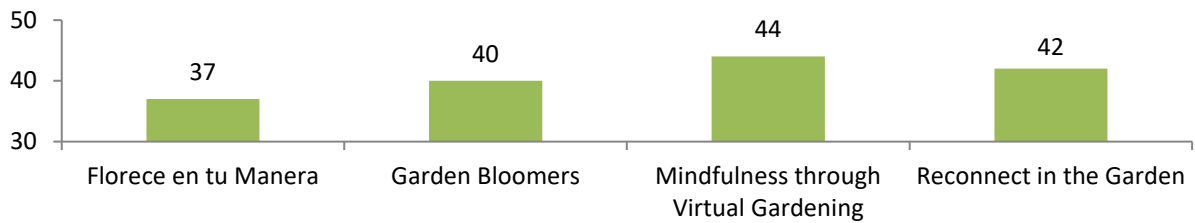
**163**

TCG Groups  
Held

**465**

Participants Attending TCG  
Groups

### Type of TCG Groups Held - 163



The number of TCG Groups held **decreased** from **180** in FY 2022-23 to **163** in FY 2023-24.

**244**

Number of TCG  
Outreach

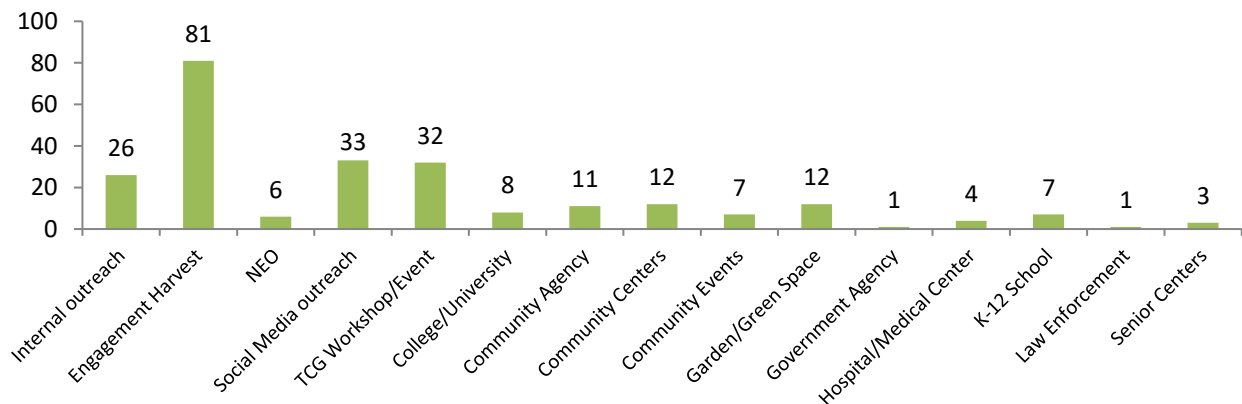
**1,867**

Number of Individuals  
Outreached

**5,304**

Number of Individuals  
Outreached via Social Media

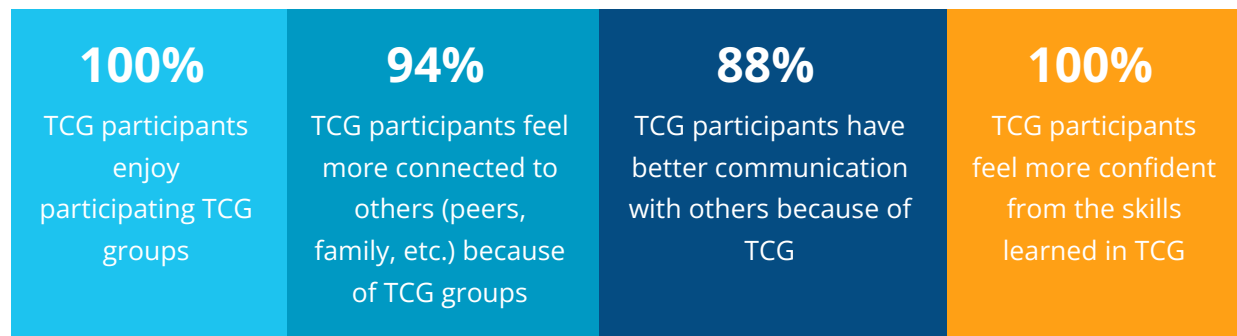
### TCG Outreach By Type - 244



The number of individuals outreached **increased** from **2,557** in FY 2022-23 to **7,171** in FY 2023-24.

## Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=17)



TCG Workshop Survey Responses Based on Completed Surveys (n=89)



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

It has made me more social through quarantine and everything. I have benefited through it in all aspects of my life.	I have benefited because it has helped me to understand how plant and what soil to use and I now feel more confident in how I am planting.
More knowledgeable about plants and also when provided resources during group has been helpful, keeps me informed.	Getting to know more people. Also having the opportunity to work on more self-awareness and learn mindfulness.
I am a little bit more social in public because of the TCG groups.	I have benefited from TCG when feedback is expressed and there is connection between group participants, and everyone can be themselves.
It has helped me to be more connected with nature evoking calm and relaxation.	I learned a lot about myself.
Building a connection with others. Connection of earth to myself.	I'm inspired to do painting at home. It's therapeutic.
Fun community.	Learning how to propagate properly has been helpful.
My garden is looking good and providing food.	TCG has helped me be myself and open myself up more to who I am. My life is more positive!

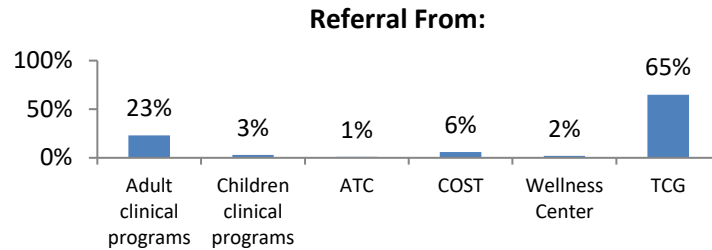
**TCG Participant – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:**

I like how the program is led.	Everything is good.
Everything is on point. I always love to learn, and I can share with others.	Everything is nice the way it is, all is good. I really enjoy group.
I enjoy each group meeting.	I am just waiting for the garden to open, although, I do enjoy the virtual groups.
I hope that I am able to participate in person when the garden is open.	I feel that the virtual garden is a great program that opens doors for connection.
I would like the group to be big!	I look forward to going into the real garden soon.
The program is good	TCG program has been above my expectations and group has brought me much joy.
These types of social activities are essential to help PTSD survivors.	I am so impressed in every group and the learning aspect of it.

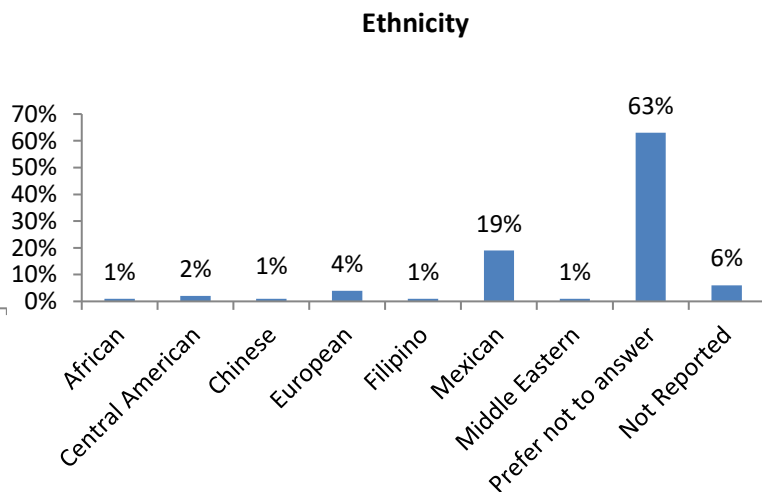
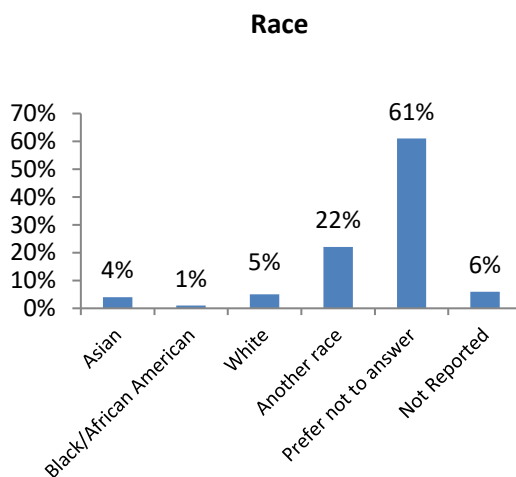
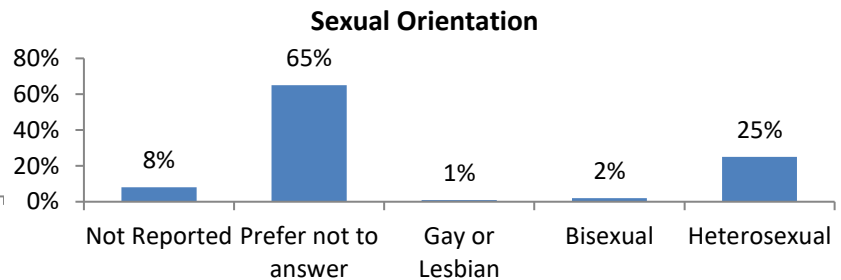
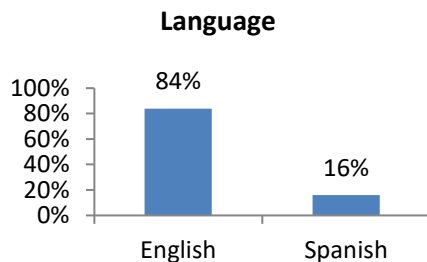
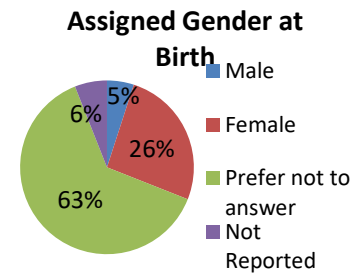
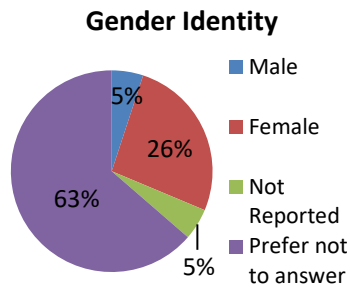
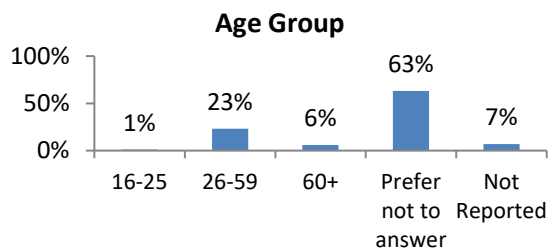
<b>Number of Potential Responders</b>	7,836
<b>Setting in Which Responders were Engaged</b>	Community, schools, health Centers, workplace, and outdoors.
<b>Type of Responders Engaged</b>	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

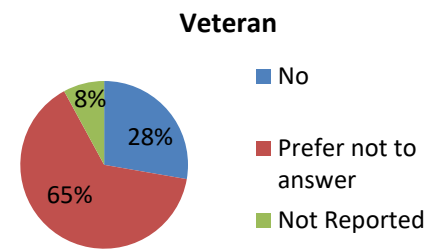
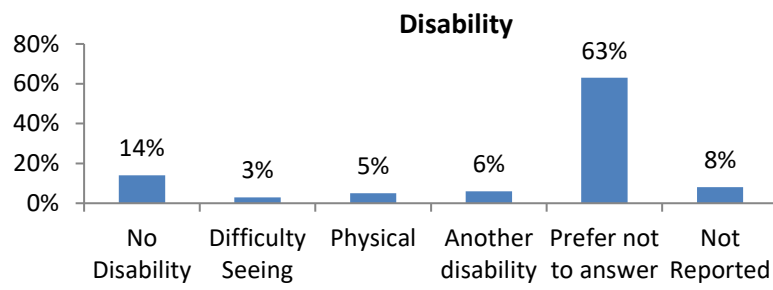
## Timely Access to Services for Underserved Populations Strategy

**93**  
**MHSA Referrals coming**  
**into TCG Program**



## PEI Demographics Based on MHSA Referrals





# Early Psychosis

## (Prevention & Early Intervention)

### Program Description

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

### Target Population

Transition age youth (TAY) ages 12 to 25 who are experiencing psychosis and are not currently enrolled in mental health services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	6	18	0	0	0	<b>24</b>
<b>Projected Number to be Served FY 2024-25</b>	14	41	N/A	N/A	N/A	<b>54</b>
<b>Cost Per Person</b>	\$5,126**	\$5,126**	N/A	N/A	N/A	<b>\$5,126**</b>

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

### Program Update

In FY 2023-24, there was an increase in participants whose family were monolingual Spanish speaking. As a result, the caseload for the Spanish speaking clinician and Spanish speaking group grew this year. The EP team established weekly team meetings where staff (including psychiatrist) took the opportunity to discuss important updates and directions in the cases. Due to this care team approach, staff are feeling supported and informed. Notably, clients have experienced minimal need for crises intervention requiring hospitalization and several client graduations are pending due to

improvements in symptoms and treatment goals being met. A program change was the expanded criteria to allow for onset of symptoms to be within the past 18 months, rather than 12 months to match best practices.

Lastly, EP joined an early psychosis collaborative with other local counties who have established early psychosis programs. The goal of this collaborative is to share knowledge, resources and problem solve to ensure that program is operating within best practices and standards of care. The focus of the next fiscal year will be to improve outcome measures and data tracking. This includes collecting surveys more regularly to ensure that work done is participant informed. Along with this, there will be an increase in community outreach.

## Challenges and Solutions

There has been a challenge growing the adult TAY cohort, as most often the TAY are attempting to work or go back to school. As a result, there have been challenges with accepting or consistently participating the multiple services included in the program. Along with this, there has been a slowdown in incoming referrals in the past fiscal year.

To address this challenge, the team has changed time of services and offered it in different modalities. It appears that virtual has been easier to maintain consistent participation for the adult TAY population, whereas the Spanish speaking child cohort tends to be more responsive to in person groups and workshops.

## Diversity, Equity and Inclusion

The Early Psychosis program consists of multicultural staff who provide services in both English and Spanish. Workshops and webinars, including outreach and engagement, are also available in both languages. Additional languages are available via a language line. Materials for trainings are available to be translated upon request. The EP team is representative of staff of various cultural backgrounds, ages and languages which allows for representative for the participants. The program includes a peer support specialist who can share their lived experience with participants, in regards to experiences with disparities in the mental health system.

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as LGBTQIA+ are addressed. Furthermore, client's electronic health record indicates preferred pronouns and/or name to reduce mis-gendering. Workshops and groups also promote inclusivity by allowing time to identify pronouns and preferred names.

Barriers related to socioeconomic status, transportation or otherwise are also reduced by offering sessions in a variety of ways (virtual, in person, home, school, in office).

## Community Partners

Local schools within the service area are the primary community partners for this program (Schools and colleges in Pomona, Claremont, and La Verne). The EP team has a designated peer support



specialist, psychiatrist, and occupational therapist, which makes for effective collaboration inside and outside of treatment. Along with this, in the past fiscal year there has been improved collaboration with the Co-Occurring Support Team (COST). Cost provider has intermittently participated in weekly EP team meetings and regularly participates in care and communication. This has helped to improve treatment outcomes and knowledge for staff.

## Success Story

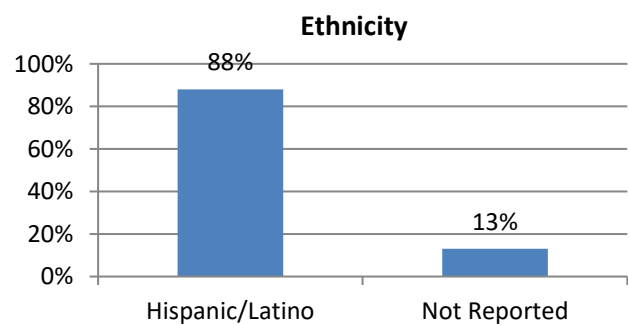
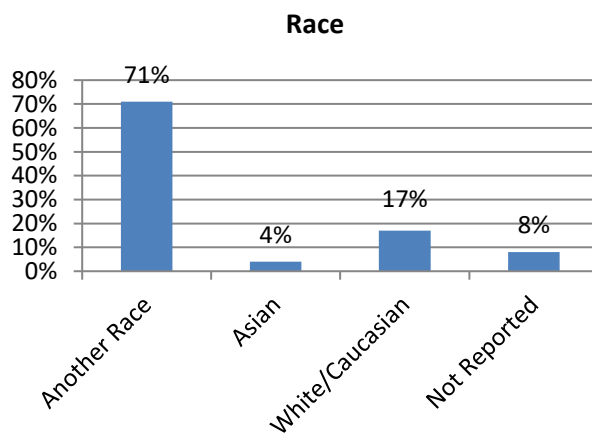
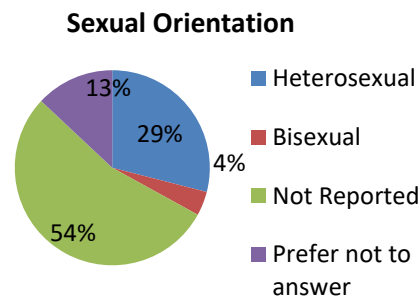
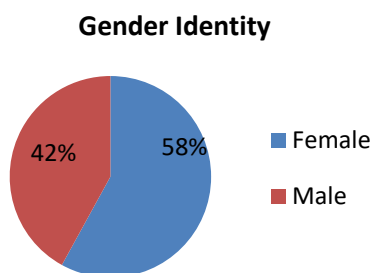
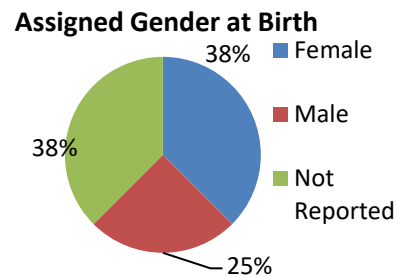
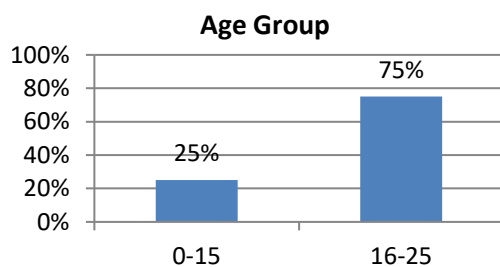
A TAY individual had been involved in the EP program for about a year. The individual had a history of hospitalizations and severe symptoms of psychosis impairing their functioning and leading to risk factors. Due to client's level of psychosis, they were hesitant about treatment recommendations being made, particularly around medication. Their family also struggled with coping with their loved one's symptoms, and not knowing how to best support them. The individual began to severely decompensate, almost requiring hospitalization. The client had access to a clinical therapist, behavioral health specialist, occupational therapist, peer support and psychiatrist. Team members regularly had internal meetings, as well as meetings involving the family. Trust was built and treatment recommendations began to be implemented by the client and family members. The client was able to avoid hospitalization, stabilized, and work has shifted to focusing on independent living skills.

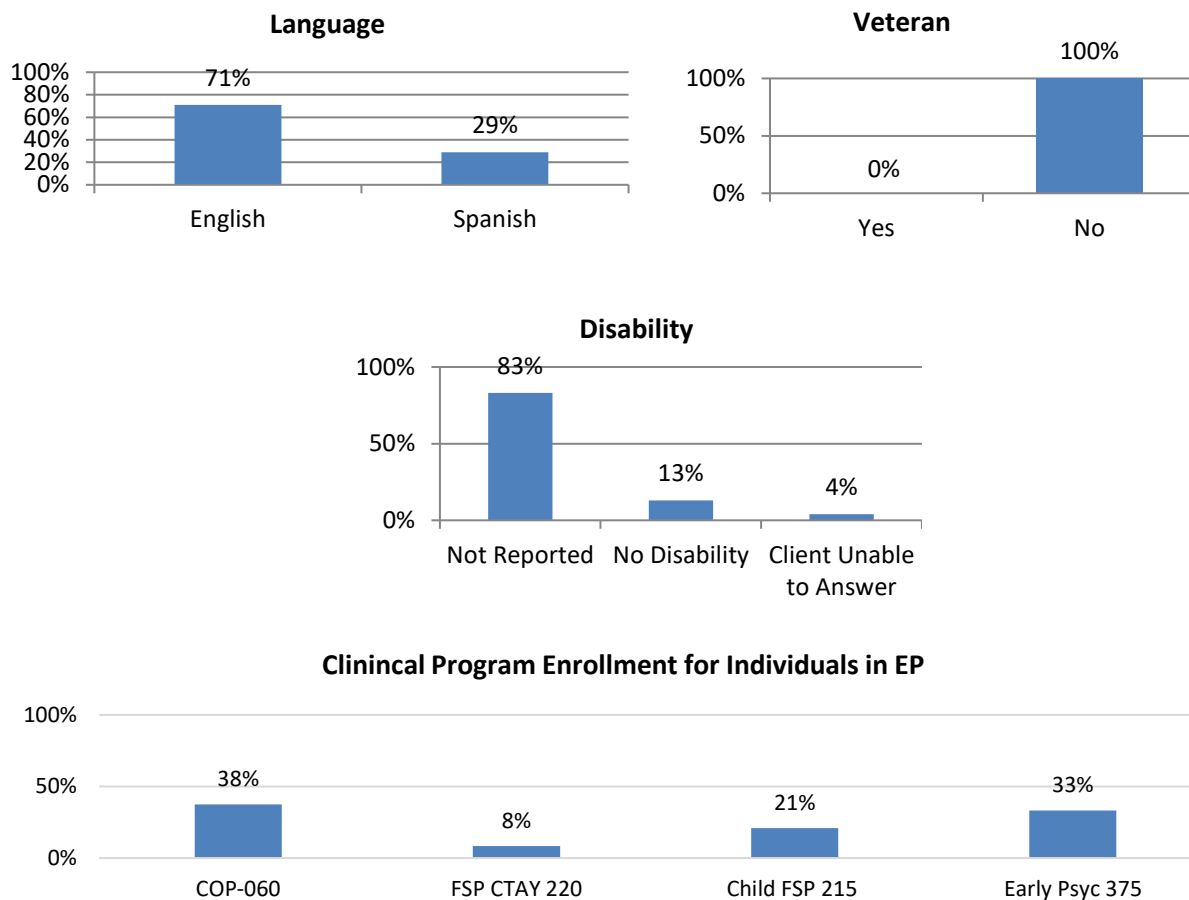
## Program Summary

### How Much Did We Do?

**24**  
**Individuals Enrolled**  
**In Early Psychosis**

The number of individuals enrolled **increased** from **19** in FY 2022-23 to **24** in FY 2023-24.

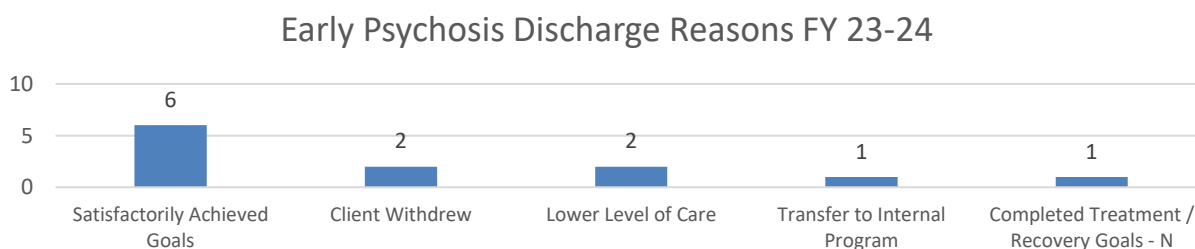




## How Well Did We Do It?

Early Psychosis hosted 3 psychoeducation workshops for client and families & 1 community outreach event

## Is Anyone Better Off?



## Underserved Populations

African American, Asian/Pacific Islander, Latino  
Lesbian/Gay/Bisexual/Transgender/Questioning, Native  
American, Refugee/Immigrant, transition-aged youth, older  
adult and those with a physical disability.

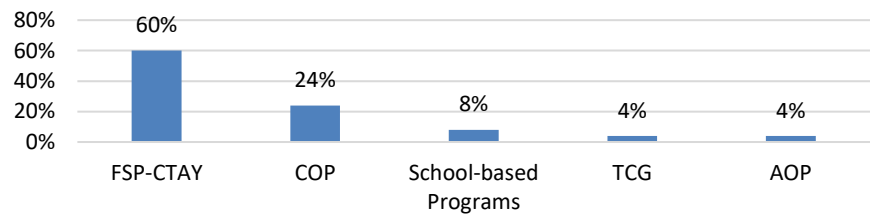
## Access and Linkage to Treatment Strategy

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

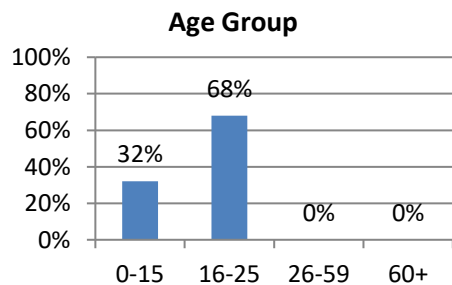
## Timely Access to Services for Underserved Populations Strategy

**25**  
**MHSA Referrals**  
**to Early**  
**Psychosis**

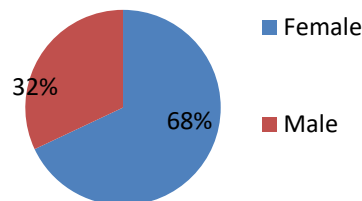
Referrals by Program



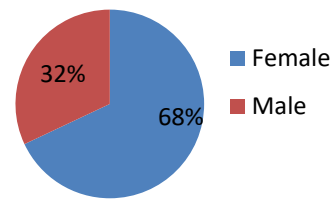
## PEI Demographics Based on MHSA Referrals



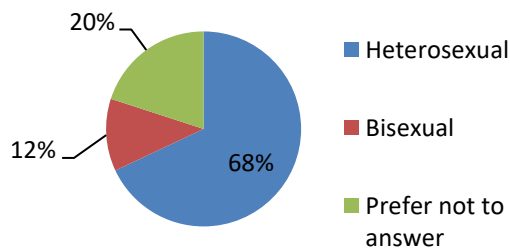
Assigned Gender at Birth



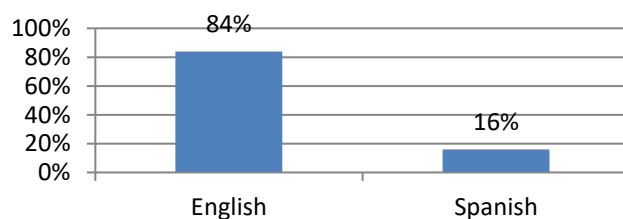
Gender Identity

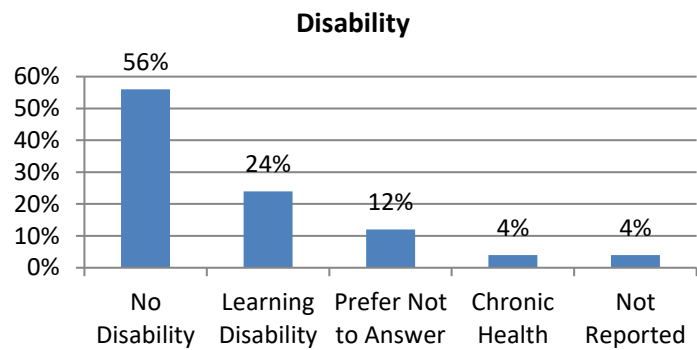
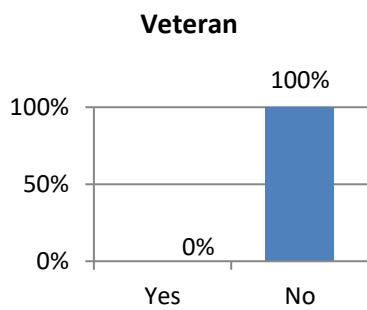
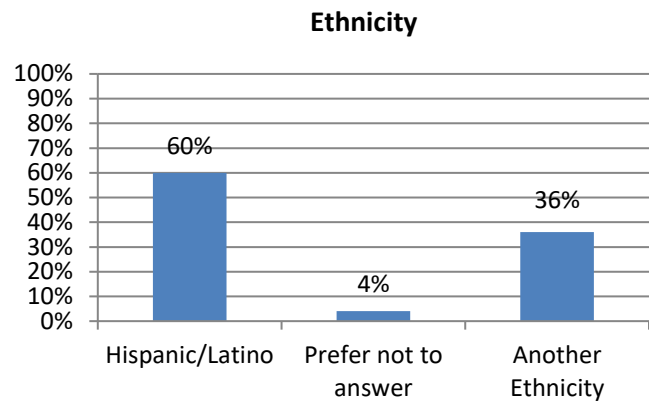
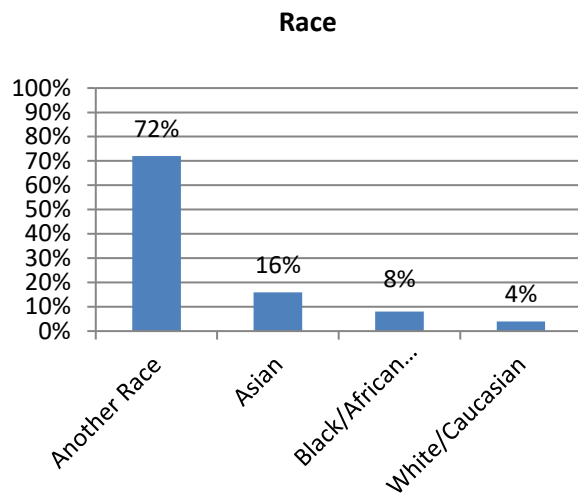


Sexual Orientation



Language





# School Based

## (Early Intervention)

### Program Description

School Based services (SBS) provide services to students directly on local school campuses during school hours. SBS bridge the gap between community mental health services and local schools, reducing barriers to accessibility by meeting the youth where they are at.

### Target Population

Students attending school in the school districts and colleges located within the Tri-City service area (Pomona, Claremont and La Verne).

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2023-24</b>	123	76	2	N/A	N/A	<b>201</b>
<b>Projected Number to be Served FY 2024-25</b>	177	109	3	N/A	N/A	<b>289</b>
<b>Cost Per Person</b>	\$2,716**	\$2,716**	\$2,716**	N/A	N/A	<b>\$2,716**</b>

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

### Program Update

School Based services (SBS) experienced an increase in referrals from students at universities. There was also notable increase in new schools reaching out for support and services. The program made an effort to increase outreach and engagement with elementary schools in the city of Claremont and also increased services with the School of Arts and Enterprises. This included crisis support following the death of a student due to an overdose. The SBS also added a virtual office hour which is open to all school partners to consult on referrals or ask questions.

In the upcoming fiscal year, the program intends to add more collaboration with schools underutilizing SBS as well as participate in more school events to promote awareness of services (i.e. Back to School Night).

## Challenges and Solutions

School partners often are busy and struggle to attend monthly meetings leading to some possible gaps in communication regarding referrals or needs. Additionally, school schedules are different than the typical Tri-City work schedule, leading to difficulty connecting with schools. There was also a decrease in referrals this fiscal year as well as a struggle for families to complete the enrollment process or attend appointments at the clinic.

To address this challenge, SBS offered school partners to meet virtually vs in person. There is also an ongoing effort to make enrollment easier, such as revising interview questions to screen for appropriate candidates and rule in or out services at this level. The program also aims to make services more accessible, collaborate with school partners on different needs and continue to work on becoming the preferred referral for local schools.

## Diversity, Equity and Inclusion

SBS staff prioritizes on-site school visits to assist with removing barriers to attending services such as transportation. Although a big focus of services is to provide treatment at school, both treatment and intake services are being offered in the office and via telehealth to increase families' access to mental health services. Additionally, parents/caregivers are included in the client's services to better assess the needs, create realistic goals and interventions for clients, and provide access to resources.

Spanish speaking clients have access to bilingual staff, and other languages are offered through a language line. A diverse group of providers supports the SBS team in increasing representation for the community leading to improved engagement in services. Additionally, all documents are translated in the threshold languages.

The SBS team educates themselves on barriers and stigma the LGBTQ+ community may experience by reviewing available community resources, completing trainings, and attending department meetings focusing on this population. Inclusivity is also ensured through electronic health records reflecting the client's desires and culture needs such as appropriate pronouns and names. There is also support provided to parents, which teaches them gender affirming parenting skills and behaviors.

## Community Partners

Community Partners largely consist of local schools and colleges within the Tri-City service area. Some examples include: California Polytechnic University, University of La Verne, Pomona Unified School District (PUSD), Bonita Unified School District (BUSD), Claremont Unified School District (CUSD), and The School of Arts and Enterprise (SOAE). These partnerships foster resource sharing, increase access for students in need of mental health services and generate referrals to the SBS team.

## Success Story

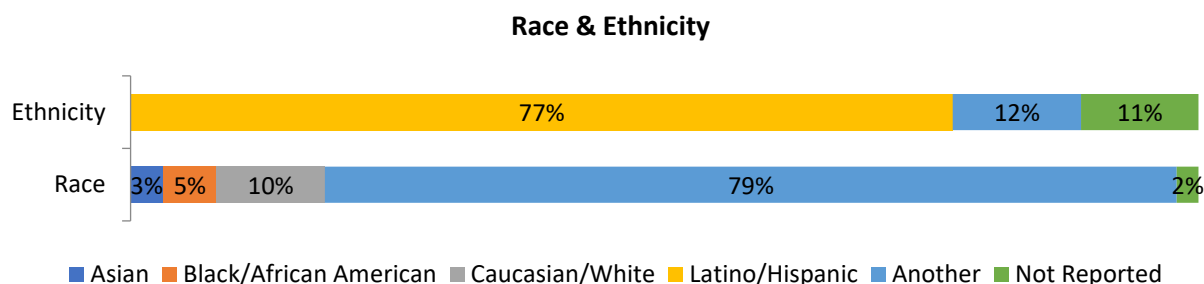
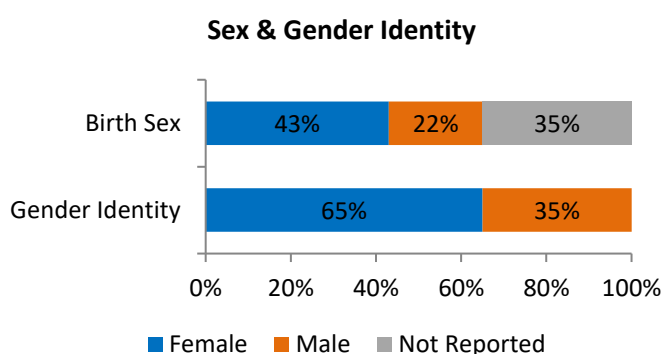
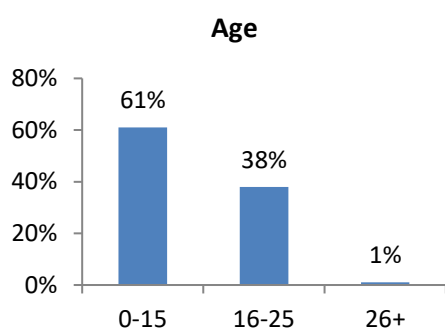
During FY 2023-24, SBS held meetings with district leadership, resulting in dialogue and overviews of program performance at CUSD schools. This resulted in a shift in focus based on client needs identified and research of student demographics. The program was also able to identify new schools as a primary target for service delivery, resulting in an initial connection and service delivery to students at the school. Lastly, the elementary counselor observed a need and services were provided at the identified schools, resulting in increased referrals from all elementary schools at Claremont Unified School District.

## Program Summary

### How Much Did We Do?

**201**  
Individuals  
received a school  
based  
intervention

**91%**  
of enrolled SBS clients lived in  
**Pomona in 2023-2024**  
while 4% of clients lived in Claremont  
and 5% of clients lived in La Verne.



Data not available for Disability and Sexual Orientation



## How Well Did We Do It?

SBS Provided by Type	Number of Services Provided
Crisis - CA	3
Family Therapy - CA	102
Individual Therapy - CA	2,369
Intensive Care Coordination - CA	8
Plan Development/Tx Planning - CA	282
Psychiatric Evaluation / Assessment - CA	9
Psychosocial Rehabilitation - CA	464
Targeted Case Management - CA	6
<b>Grand Total</b>	<b>3,243</b>

SBS Provided by Location	Number of Services Provided
Clinic/Office	1017
Home	42
Other	1
Other Community Location	13
Phone	993
School	610
Telehealth	372
Telehealth - Patient's Home	195
<b>Grand Total</b>	<b>3,243</b>

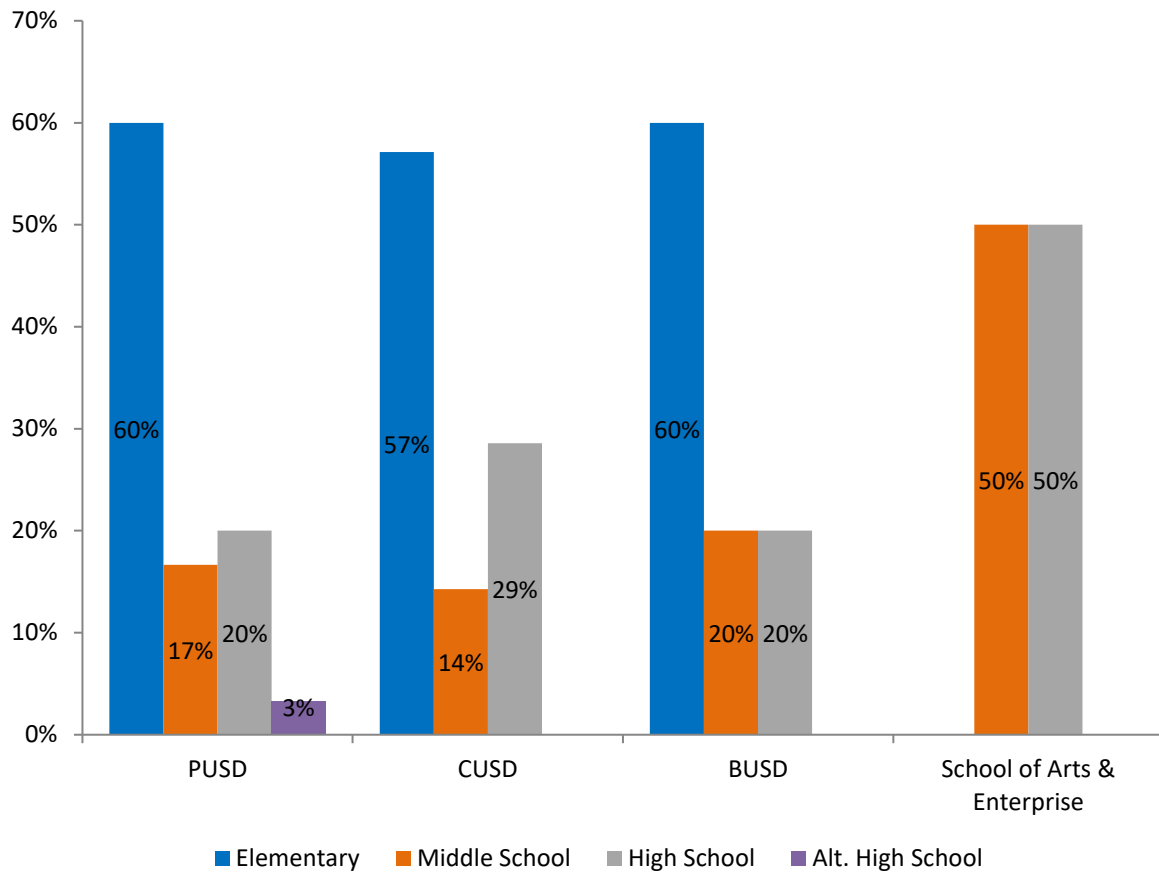
**68  
Individuals  
received services  
at school sites**

**Individual Therapy account for  
73% of School Based services**  
with psychoeducation at 14%,  
plan development at 9% and  
family therapy at 3%.

## Is Anyone Better Off?

**43**  
**Schools served**  
**by SBS staff**

**District & School Levels Served**



**FY 2025/26 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/7/2025

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Family Wellbeing	136,400	136,400				
2. Older Adult Wellbeing (Peer Mentor)	91,557	91,557				
3. Transition-Age Youth Wellbeing (Peer Mentor)	104,141	104,141				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	549,071	549,071				
5. NAMI Community Capacity Building Program (Ending the Silence)	16,500	16,500				
6. Housing Stability Program	211,370	211,370				
<b>PEI Programs - Early Intervention</b>						
7. Older Adult Wellbeing (Peer Mentor)	91,557	91,557				
8. Transition-Age Youth Wellbeing (Peer Mentor)	104,141	104,141				
9. Therapeutic Community Gardening	469,827	469,827				
10. Early Psychosis	276,780	276,780				
11. School Based	784,940	784,940				
<b>PEI Programs - Other</b>						
12.	0	0				
13.	0	0				
14.	0	0				
<b>PEI Administration</b>	768,335	768,335				
<b>PEI Assigned Funds</b>	32,000	32,000				
<b>Total PEI Program Estimated Expenditures</b>	<b>3,604,618</b>	<b>3,636,618</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>