



MISSION

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

TRI-CITY MENTAL HEALTH AUTHORITY MENTAL HEALTH COMMISSION AGENDA

JULY 12, 2022
3:30 p.m.

MEETING LOCATION

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

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

<https://tricitymhs-org.zoom.us/j/82551864736?pwd=Q3BSaityZm9OZWZMaVRBbUJrZWQyZz09>

Passcode: c4a!i*TN

Or Telephone: 1-213-338-8477

Webinar ID: 825 5186 4736

Passcode: 64081918

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

*Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Mental Health Commission on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Mental Health Commission. **The public can make a comment during the meeting by using the 'raised hand' feature, or by calling in, if they wish to address a particular agenda item or to make a general comment on a matter within the subject matter jurisdiction of the Mental Health Commission. The Chair will call on the member of the public at the appropriate time and allow the person to provide live comment. The public can also submit a comment by writing an email to molmos@tricitymhs.org.** All email messages received by 1:30 p.m. will be shared with the Mental Health Commission before the meeting. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the Mental Health Commission less than 72 hours prior to this meeting are available for public inspection at <http://www.tricitymhs.org>*

CALL TO ORDER

Chair Henderson calls the meeting to Order.

ROLL CALL

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

REGULAR BUSINESS

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

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

II. APPROVAL OF MINUTES FROM THE JUNE 14, 2022 MENTAL HEALTH COMMISSION REGULAR MEETING

III. PRESENTATION – JULY IS BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) MONTH

IV. REVIEW OF MHC GOALS DURING FISCAL YEAR 2021-22

V. MHC WILL ESTABLISH ITS PRIORITY GOALS FOR FISCAL YEAR 2022-23

VI. EXECUTIVE DIRECTOR MONTHLY REPORT

COMMISSION ITEMS AND REPORTS

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

PUBLIC COMMENT

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

ADJOURNMENT

The next Regular Meeting of the Mental Health Commission will be held on **Tuesday, August 9, 2022 at 3:30 p.m.** via teleconference due to the COVID-19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



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

DATE: July 12, 2022

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

FROM: Rimmi Hundal, Executive Director

BY: Mica Olmos, JPA Administrator/Clerk

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

Summary:

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

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

Background

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

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

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

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

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

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

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

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

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

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

Fiscal Impact:

None.

Recommendation:

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

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

Attachments:

None.



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

JUNE 14, 2022 – 3:30 P.M.

The Mental Health Commission met in a Regular Meeting on Tuesday, June 14, 2022 at 3:35 p.m. via teleconference pursuant to Government Code § 54953, which allows the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Chair Henderson called the meeting to order at 3:35 p.m.

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

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Carolyn Cockrell, GB Member Liaison
Clarence D. Cernal
Nichole Perry
Joan M. Reyes
Alfonso "Al" Villanueva (joined the meeting at 3:38 p.m.)
David J. Weldon

ABSENT: Isabella A. Chavez
Twila L. Stephens
Toni L. Watson

STAFF: Rimmi Hundal, Director of MHS&A and Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Ken Riomales, Chief Information Officer
Dana Barford, MHS&A Programs Manager
Mica Olmos, JPA Administrator/Clerk

REGULAR BUSINESS

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

There being no comment, Board Liaison Cockrell moved, and Commissioner Reyes seconded, to ask the interim executive director, or designee, to perform all actions necessary to implement the Brown Act provisions regarding teleconferencing in compliance with Government Code § 54953. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez, Stephens, Villanueva, and Watson.

AGENDA ITEM NO. II

II. APPROVAL OF MINUTES FROM THE MAY 18, 2022 GOVERNING BOARD AND MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

There being no comment, Commissioner Villanueva moved, and Commissioner Reyes seconded, to approve the Minutes of the May 18, 2022 Regular Joint Meeting of the Governing Board and the Mental Health Commission. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Villanueva, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez, Stephens, and Watson.

III. CONSIDERATION TO RECOMMEND TO TCMHA GOVERNING BOARD TO APPROVE THE EXPENDITURE OF \$767,000 FROM ITS CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PLAN FUNDS TO IMPLEMENT SEVERAL TECHNOLOGY PROJECTS

There being no comment, Commissioner Villanueva moved, and Commissioner Reyes seconded, to recommend to the Governing Board to approve the expenditure of \$767,000 from its CFTN Plan Funds to implement several technology projects. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Villanueva, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez, Stephens, and Watson.

IV. PRESENTATION

A. OVERVIEW OF COMPLIANCE AND QUALITY

Chief Compliance Officer Majors-Stewart reported that she is the overseer of the Best Practices Department and that she would talk about Tri-City's internal compliance program. She then provided the definition, the origin, and evolution of health care compliance and its correlation with Tri-City's internal program and processes. She explained that health care compliance is the practice of ensuring adherence to laws and regulations that govern healthcare compliance which are rooted in ethics; pointing out that everything is based with the goal of ensuring client safety, equity, confidentiality, and integrity. She then discussed the risks of non-compliance, which can result in patient care risk for unsafe practices; there could be fines and penalties to our Tri-City and to our providers individually; Tri-City's reputation can be damaged; and productivity can decrease. Therefore, striving to meet and maintain compliance, Tri-City can assure patient safety; provide security for its revenue; and to have a stable reputation and credibility with its community, stakeholders, clients, and its regulatory agencies; also client and staff morale and confidence increases because they know that processes are in place to ensure compliance; and provided real life examples of what compliance monitors on a day-to-day basis such as making sure that informed consents from client and participants are obtained and that the right person consents for services that we provide; that the medication room meets and maintains standards; that medications are stored and destroyed in the proper manner; that client and participant information is protected and is only used and disclosed in the proper manner; that clients are receiving services within the parameters of industry 'standards of care'; that service providers have the right credentials and are eligible to provide services; or that billed services have the right detail and the proper supporting documentation. She then talked about the regulatory bodies of compliance at the federal, state, and county level, pointing out that there are several levels and layers of regulatory bodies that oversee compliance. She also provided a brief history of compliance which got its origins during the civil war when the False Claims Act was established in 1863 which has grown and there been several amendments throughout the years and grew to several different

other laws regarding referrals, healthcare fraud, HIPAA (Health Insurance Portability and Accountability Act), and more recently the Affordable Care Act in 2010 which declared that any provider of MediCal or Medicare services must establish a compliance program and have internal governance over the compliance activities. She explained that Tri-City's Best Practices Division began in 2008 when the Quality Assurance Team was re-established; then in 2012, the department grew to the Data and Outcomes Division to support the MHSA reporting and performance outcomes; then Quality Improvement was created in 2015; and in 2018, the formal Compliance Program was established and she was appointed the Chief Compliance Officer; therefore, under the umbrella of the Best Practices Department there is compliance oversight, quality assurance, quality improvement, data analytics, and HIPAA Privacy, noting that in 2021 the Best Practices Department assumed the responsibility of HIPAA compliance and she became the HIPAA Privacy Officer and now works with the IT Department that oversees the HIPAA security piece. She then talked about the Best Practices Department current priorities that include the onboarding a new Electronic Health Record (workflow compliance and procedural policy); access to care (removing barriers and ensure access at any point of entry into the system); CalAIM (MediCal redesigned); Telehealth and HIPAA (new laws coming on board); and indicated that as new trends and new programs are established, priorities shift. She then talked about internal compliance and how staff navigate and oversee compliance which is triggered by a mandate or regulation, new program or service, an operational change, or a trend or initiative; then conducts research of the laws and regulations; then processes are developed and implemented; then adoption of policies and procedures take place; and then train and educate staff; lastly, we monitor and report outcomes to make sure the compliance that was established is maintained. She noted that there is also second layer of compliance for when there is a risk that has been identified, which is investigated; its severity is assessed; that the severity of risk can be low, moderate, or high level risk; that an internal finding report is prepared and submitted to the executive director, the executive team, and the appropriate leadership staff; and enforce a plan of correction. She also explained that there are times when staff has to report externally, such as when there is a HIPAA violation; and discussed the various scenarios of reporting. She then reiterated that compliance laws and regulations are intended to maximize client and staff safety; to ensure that treatment is provided within the standards of care; to uphold confidentiality, the integrity of services that we provide, and the funds that we generate from the claims that we build; that non-compliance costs in client care, revenue reputation, productivity, and morale, etc.; that compliance is a continuous process because it is not only established, but it is also maintained, and that we want to make sure that the legal, ethical and professional standards are communicated, implemented, and always upheld throughout our agency; and that almost everything that we do here at Tri-City has an associated regulation tied to it. Lastly, she stated that compliance is everyone's responsibility, that "*the best Defense is a good offense*" which is really having good and solid procedures and policies in place to stay ready at any given time.

Commissioner Villanueva inquired how risk factors are determined. Chief Compliance Officer Majors-Stewart replied that to determine a risk, she assesses safety and if it is related to the client or to an activity; and also checks if the activity is violating the law, and if the violation could lead to any type of monetary penalty; therefore, if anyone is unsafe or Tri-City can lose money because it might be involved in litigation, this would be considered a very high risk.

Discussion ensued regarding who over sees the clinical services delivery, which is Chief Clinical Officer Liz Renteria; and that Chief Compliance Officer Majors-Stewart makes sure that clinical staff is providing services within the standard of care and are documenting things properly; if they are not, then she would report back to Chief Clinical Officer Renteria.

Commissioner Villanueva commented that it is very important that Commissioners keep abreast of compliance because they all can better do their role as Commissioners.

Vice-Chair Ryback inquired if there have been any complaints regarding Tri-City's compliance or any sort of compliance investigations which the Chief Compliance Officer might need assistance from the Commission. Chief Compliance Officer Majors-Stewart explained that Tri-City has a grievance and appeals process which gives a client the right to file a complaint at any given time, pointing out that a complaint does not necessarily mean something is wrong, it can be about something that a client is not satisfied with, such as not having the right chairs that make them feel comfortable sitting in the lobby, or that all parking spaces were gone; however, that she always monitors compliance for everything, such as when there is a new law or regulation, or a new process such as our new electronic health record, noting that she would focus in getting ahead of things and put the right processes in place.

Commissioner Reyes inquired if compliance is an extended version of what was previously QA (Quality Assurance). Chief Compliance Officer Majors-Stewart replied that quality assurance focuses on internal controls and it is more micro focused at the level of patient interaction and their specific mission is to look at clinical quality of care, clinical documentation, and claiming, noting that the quality assurance division is one of the legs in the Best Practices Department; and that compliance is much broader and it focuses in ensuring that we are in alignment with the regulatory laws and regulations that are put in place from a much larger enforced scale.

Commissioner Cernal inquired if funders conduct compliance audits on an annual basis, or only when there is an incident; and also inquired about the process of auditing our numbers and making sure we are compliant. Chief Compliance Officer Majors-Stewart replied that the audit landscape is changing; however, that standard audits by funders or contractors typically happen in a triennial basis, noting that we had an audit in 2010, in 2013, and since then every three years. She explained that when the County has its audit from the State, called a triennial review, typically Tri-City is involved with that audit for specialty mental health services; that the ORG (Office of Inspector General) or any other regulatory body can come in at any time; that MHSA audits are conducted by the MHSOAC (Mental Health Service Oversight and Accountability Commission) also on a triennial basis, and pointed out that Tri-City had one of these audits last year and we did very well. She added that the current trend is the push for data and outcomes, and audits are now becoming more performance based; that Tri-City is reporting data regularly to its regulatory overseers and they are monitoring the quality of services, what we are doing on a regular basis, and we get feedback that way as well.

The Commission thanked Chief Compliance Officer Majors-Stewart for her presentation.

B. 2022 DATA NOTEBOOK FOR LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

MHSA Projects Manager Barford reported that her presentation was about an opportunity for the Commissioners to collaborate with her and Chief Compliance Officer Majors-Stewart's team, to conduct some research and learn about what is going on with certain topics within our agency and mental health; and to share that information and report back. She then indicated that the Data Notebook comes from the California Behavioral Health Planning Council (CBHPC), a group of a majority of consumers and family members acting as an advisory body to both the State and local government, to the legislature, and to the residents of California, with the focus on mental health services in California. She then explained that the Commissioners are required to review the

performance outcome data for their county, and then report their findings; thus, Tri-City Commissioners will be required do a Data Notebook that focuses only in the three cities; that the Data Notebook has a structured format to review information and report on aspects of our county's behavioral health; that every year, the CBHPC selects a topic that they would like to learn more about and, once all of the counties have completed and submitted their Data Notebooks, its responses are analyzed by the CBHPC staff, and then they create an annual report; that this report is important because it informs policymakers and our public; that in addition, the Data Notebook would meet the Commission's legal mandates to review the performance data for Tri-City; and it also serves as an educational resource on behavioral health data for the local mental health boards. She pointed out that when answering all of the questions that are part of the Data Notebook, the Commissioners will learn a lot about what Tri-City did in years 2020 and 2021; that Tri-City staff will learn about the Commissioners opinions and thoughts on these different topics; about what they think is going well; about where they think there are some challenges and how can we improve performance; that Commissioners will also identify the unmet needs and they will have the opportunity to make recommendations. She then stated that the topic selected by the CBHPC focuses on COVID-19, which is considered a public health emergency, and want to learn about the behavioral health of vulnerable populations in California (foster youth, homeless individuals, and those with serious mental illness); and the ability of county behavioral health departments to provide mental health services and substance use disorder treatment services in years 2020 and 2021; and provided sample survey questions. She indicated that the first step will be for the Mental Health Commission to form an Ad Hoc Committee to work on the Data Notebook, along with Tri-City staff; then, the Ad Hoc Committee will be meeting over a series of virtual meetings, at its convenience, to discuss all of the questions and for staff to provide data in order to complete the survey; then the survey will be completed prior to October of 2022; and the final step, will be to present the Data Notebook to the Tri-City Governing Board.

Discussion ensued regarding the number of Commissioners that can participate in the Ad Hoc Committee; about the time commitment for the Ad Hoc Committee, which can range between 3-4 virtual meetings; and about presenting the final Data Notebook to the Governing Board in December.

Commissioners Villanueva, Commissioner Cernal, and Vice-Chair Ryback expressed interest in being part of the AdHoc Committee to prepare the Data Notebook.

JPA Administrator/Clerk Olmos thanked the Commissioner Members for expressing interest in participating in the AdHoc Committee, noting that during its meeting in July, the Mental Health Commission will review its annual goals, and there will be the opportunity to form the Ad Hoc Committee.

Chair Henderson commented that she had participated before in the preparation of a Data Notebook and it was a very positive experience.

The Commission thanked MHSA Projects Manager Barford for her presentation.

V. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Hundal reported that she had been going out in the Community meeting with community leaders and elected officials in the three cities; that she attended the City of Claremont Council meeting, the Pomona Mayor's Gala, and a Skype reading that took place at the Pomona Unified School District. She also said that she had been meeting with staff and will start attending

their meetings to introduce herself and talk about her vision for Tri-City and also hear from staff about their vision for Tri-City; that staff has partnered with Tri-City's Cultural Advisory Council to form a Social Committee for the purpose to build a stronger Community within our agency, noting that because on the last few years when staff was meeting virtually, there has been a little bit of a disconnect and we want to come together and regroup to start focusing on building teams and bring back cohesion and buildup morale amongst staff. She then provided a COVID-19 update, and reported that as of June 8, 2022, Tri-City staff have a vaccination compliancy rate of 86.66% with a vaccination booster compliancy rate of 99.38%; that mask mandates are still in place, and most of Tri-City staff are still telecommuting based on their kind of work.

COMMISSION ITEMS AND REPORTS

Commissioner Reyes commented that there is so much going out in the world that it is hard to make a choice when one is being constantly bombarded with serious matters; and that considering all the gun violence that has taken place in other states, she posed the question about how the schools are coping, and if there have been new regulations put into place about the risk factor out there.

Commissioner Villanueva reported that he is working with a group of people from South Claremont regarding the eyesore at the I-10 and Indian Hill Boulevard on the southeast corner, noting that during the pandemic there has been a proliferation of crime and gun violence; that in terms of the school-to-prison pipeline, we have to be on top of this because there is a lack of education on the issue of prostitution which he sees it as a mental health issue; that part of their responsibility as a community group, is educating people that do not understand issues with mental health; that for him, it is an honor and a privilege to be working out in the Community; and that he is proud to serve the as a Commissioner because he continues to learn about mental health.

Commissioner Reyes asked Commissioner Villanueva is he knew the reason for new gangs to be forming.

Commissioner Villanueva stated that he is a sociologist by training and he had worked with the youth authority for nearly three decades; that after he retired, he continued to work in gang intervention and prevention programs; he indicated that it is a very complex problem because social economic poverty sometimes breeds gang violence or a person's desire to join a gang, noting that one of the most important correlations is a person not being able to articulate or adapt in a school setting, they lose confidence in themselves, and develop low self-esteem; however, prevention is the key, stating that Tri-City addresses homeless with early intervention. He added that on Monday, he helped facilitate a dual recovery group, and pointed out that there is a direct correlation between gangs, substance abuse, homelessness, and mental illness; that as Commissioners they have to get involved in terms of the latest trends to fight it.

Commissioner Reyes stated that during the pandemic, the state and the federal government were giving money to help pay for rent, and does not know what took place since it seems like there was assistance provided to prevent homelessness.

Commissioner Villanueva explained that there is a housing project coming into Claremont called Larkin Place; that the residents want to help the homelessness, the poor, and the marginalized; however, they do not want the project in their community, they are NIMBY (not in my backyard.)

Governing Board Liaison Cockrell referred to the comment about the need for education, and stated that there was an informational event in Claremont on sex trafficking announced on 'next door', a social media site that reaches a targeted geographical area where there is a fair amount of exchange of information and notification of things that are happening in the community; about people offering help; about people needing help; and noted that she enjoys that aspect of the site.

At 4:40 p.m., Vice-Chair Ryback left the meeting.

Commissioner Villanueva stated that he is part of the group that sponsored the event, Safe and Healthy Housing, which has been around since 2008; that the symposium was a tremendous success and nearly 100 people showed up. He then commented that he wrote an article that was published in the Courier about three weeks ago titled 'Taking Back The Streets Of Claremont', which talks about his involvement in eradicating a gang that terrorized the Claremont community nearly 60 years ago; and reiterated that he likes serving on the Commission because Tri-City continues to collaborate in the Community and listens to their needs in order to make changes.

Governing Board Liaison Cockrell stated that it was amazing that 100 people attended the symposium; and recommended posting the information with more time in advance, and possibly do the event as a hybrid, in-person and virtually, to allow access online for those that cannot attend in-person.

Commissioner Villanueva then spoke about the elements of homeless, drugs, and prostitution, and about having to provide alternatives or healing to a lot of the people that are addicted to drugs, the homeless, and those in prostitution; that there is a trend in California on putting the emphasis on public safety in terms of crime; that he is confident that Executive Director Hundal is going to play an important role in our collaboration with all the various agencies so that we can continue doing our mission of healing the people that are marginalized and vulnerable, noting that he is so proud of Tri-City doing what it has to do in the Community.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 4:47 p.m., on consensus of the Mental Health Commission its Regular Meeting of June 14, 2022 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, July 12, 2022 at 3:30 p.m. via teleconference due to the COVID-19 pandemic, pursuant to Government Code § 54953.



III. PRESENTATION - JULY IS BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) MONTH

Presenter: Andrea Espinosa, Diversity, Equity, and Inclusion (DEI) Coordinator



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

DATE: July 12, 2022
TO: Mental Health Commission of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
BY: Mica Olmos, JPA Administrator/Clerk
SUBJECT: Review of MHC Goals for Fiscal Year 2021-22

Summary:

At its Adjourned Meeting of August 13, 2019, the Tri-City Mental Health Commission (MHC) began a practice to establish its priority goals for the upcoming Fiscal Year. Accordingly, it is customary that the MHC reviews annually its goals established for each Fiscal Year.

Background:

At its Meeting of July 13, 2021, the Mental Health Commission unanimously approved to establish the following goals for Fiscal Year 2021-22:

- 1) To have 100% quorum at all of the regularly scheduled meetings of the Mental Health Commission;
- 2) To impact disparities in mental health access of culturally diverse groups, as well as participating in the advisory council programs; and
- 3) To prepare the 2021 Data Notebook.

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Mental Health Commission present and discuss what was accomplished during Fiscal Year 2021-22.



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

DATE: July 12, 2022
TO: Mental Health Commission of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
BY: Mica Olmos, JPA Administrator/Clerk
SUBJECT: MHC will establish its Priority Goals for Fiscal Year 2022-23

Summary:

At its Adjourned Meeting of August 13, 2019, the Tri-City Mental Health Commission (MHC) began a practice to establish its priority goals during the Fiscal Year. Since then, the Tri-City Mental Health Commission (MHC) has continued to establish its goals for the upcoming Fiscal Year during its scheduled meeting in July.

Background:

Tri-City Mental Health Authority (TCMHA) was established in 1960 through a Joint Powers Authority Agreement between the Cities of Pomona, Claremont and La Verne under the Joint Powers Act and the provisions of the Bronzan- McCorquodale Act/Short-Doyle Act (Community Mental Health Services Act) and the Welfare and Institutions Code (WIC) of the State of California. Accordingly, the Governing Board created the Tri-City Mental Health Commission (MHC) as an advisory body and formed its Bylaws as required by the WIC, which also lists the specific duties for the MHC (WIC Section 5604.2)

The MHC duties include the requirement to submit an Annual Report to the TCMHA Governing Board on the needs and performance of TCMHA's mental health system; however, the statute does not indicate what needs to be included in the report. Therefore, if the MHC has completed a Data Notebook, it can be used as the Annual Report. Also the Report may be assigned to an Ad Hoc Committee for completion and returned to the MHC for approval after completion; or the MHC can create an action plan of any three goals and include in the Report.

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Mental Health Commission discuss and select goals for its Members for Fiscal Year 2022-23.



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

DATE: July 12, 2022

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

FROM: Rimmi Hundal, Executive Director

SUBJECT: Executive Director's Monthly Report

July is Black, Indigenous, People of Color (BIPOC) Mental Health Awareness Month formally recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month. Bebe Moore Campbell was an American author, journalist, teacher and a mental health advocate who worked tirelessly to shed light on the mental health needs of the Black community and other under-represented and historically marginalized communities. The Cultural Inclusion and Diversity Committee (CIDC) and the Prevention and Early Intervention (PEI) department will partner to host a webinar titled "In Community: A Conversation Around BIPOC Mental Health" on July 20th at 2pm. This webinar will highlight historical context around barriers to receiving mental health services, current statistics and will include a panel discussion with community members that identify as African American, Latinx, LGBTQ+ and Asian American Pacific Islander. More information about this webinar can we found on the Tri-City website.

Cerner Update

Back in 2021, Tri-City Mental Health selected Cerner as our new electronic health record (EHR) system to replace the current EHR - Welligent. The main reasons for the decision was to improve clinical documentation, outcomes, and billing by adopting a more robust EHR system that is better equipped to handle our interoperability and patient portal needs. The project is well underway and is nearing the finish line with an anticipated go-live date scheduled for August 16, 2022. The Tri-City project core team, consisting of members of the Best Practices Department and I.T. Department, along with key individuals within the agency have been working very hard behind the scenes, planning, and collaborating with all other departments to complete the project. In addition to coordinating project specific tasks, formal end-user training has begun and will continue up until we go-live.