Grants Partners Planning Group
Meeting #1 Minutes
6/22/2022

<u>Attendees</u>:

Patti Azevedo, Pomona Unified School District (PUSD)	<u>Tri-City Mental Health (Tri-City)</u>
Captain Ciszek, Claremont Police Department (CPD)	Jessica Arellano
Ramon Coronado, Cal Poly Pomona (CPP)	Debbie Johnson
Karissa Gonyea, Pomona Valley Medical Center (PVMC)	Natalie Majors
Adrianne Montero-Camacho, University of La Verne (ULV)	Erin Sapinoso
Alex Oliva, The School of Arts and Enterprise (SAE)	Shawn Smith
Janolyn Trojan, Pomona Valley Medical Center (PVMC)	Keri Zehm
Christine Vera, National Alliance on Mental Illness (NAMI)	

Start Time: 8:33 AM

Zoom housekeeping

Review of agenda

Welcome and introductions

Level-setting
- Be organized
- Have an agenda, start and end times
- Respect
- Stay focused on mission
- Be open-minded and respect different thoughts
- Positive communication
- Complete effective and efficient work
- Think outside the box
- Have open and honest communication, addressing challenges and acknowledging strengths (the good the bad the ugly)

Agreed to monthly meetings:
- **Next meeting 8:30 AM, Wednesday, August 17, 2022**

Grants overview

Planning and development: summary of current status

Working Session: Planning
- What measures can be taken to improve timely access to mental health services and crisis care?
  <u>Cal Poly Pomona</u>:
    o Counseling centers cannot meet need; one month wait; COVID and staff shortage amplified need;
    o Implement new case management model;
    o Connect to partners;

- o Increase capacity to meet student need;
- o Do triaging;
- o Provide prevention and early intervention;
- o Transition from high school to college is difficult: provide knowledge of on-campus services and educate students on availability of resources to prevent escalation of anxiety.
- o Create a short-term approach for faster response and access.

Regarding City of Claremont:
  - o Issue of ambulance—enter into separate contract with agency, potentially establish a new JPA

SAE:
  - o Triage; develop a triage system for care—equip staff to identify crisis/issues; concern/challenge of people not being comfortable and qualified to make judgments;
  - o Provide new and innovative trainings—client-informed and set model for best practices; hold educational institutions accountable

- What can be done to reduce stigma associated with mental illness diagnosis and/or seeking mental health services?
  Suggestion for review:
    - o "This is my Brave" http://thisismybrave.org
  Claremont PD:
    - o PACT does not respond to high school; situation in which delayed ambulance response time leads to riding in a police car; prevent individual from being handcuffed
  Group feedback:
    - o Educate people about and normalize what is involved in crisis response (break each step down and provide reasoning behind it—e.g., a person experiencing intense duress can be a danger to self and others, so individual is handcuffed for safety reasons); police are friends there to help with young people; How do we explain to the community that being in handcuffs is not a crime? It's for everyone's safety. Avoid the stigma that mental health is a crime.
    - o Host panels;
    - o Liken being treated for mental health illness to being treated for cancer or diabetes;
    - o Develop a community-wide campaign to increase awareness and reduce stigma;
    - o Provide understanding of hospitalization (what is a hold, rights, etc.) and communicate (be specific about) what is going to happen next—the steps [after hold]; provide opportunities for clients to ask questions; create information for community.
  Pomona Valley Hospital:
    - o No psychiatric unit; client will be screened and stabilized then transferred to facility; client can remain 3-5 days; telling a client they are "going to the hospital"/ER in an ambulance is different from going directly to a psychiatric hospital; there is a national shortage of ambulances because of a shortage of drivers; can be 12-hour wait for transfer and family has no say where the client is taken—as soon as a bed is found, the person is transferred; Canyon Ridge and Charter Oak do not take children under the age of 12—they are taken as far as Del Amo, Alhambra, Orange County; long wait times for under 17 years old
    - o Sometimes the families face challenges with transportation to go visit their loved ones when they get hospitalized. What can we do to help with this?
  Pomona USD:

- Most current school year saw 600 crisis calls, of which 300 were hospitalized; clinicians go with students and parents to facilities/hospitals to help parent understand process; they walk parents through;
- Suggestion of using free youth mental health program (6/8 hour training) from state;
- Parents and older adults fear of taking child to the psych hospital, fear something being wrong; may have mental health issues themselves;
- Prevent hospitalization and suicide;
- Use police as last resort;
- Perform warm handoffs;
- PUSD provides and starts the year with mental health assemblies to help reduce mental health stigma and inform students of resources available to them
- Harness resources
- All staff get suicide prevention trainings, however, they don't all feel confident in taking a deeper step in reading stigma.
- What other trainings can be provided to staff to make them feel more confident when they identify a mental health issue with their students?

Next steps: action items
- Share current resources with the partners planning group; create a flyer/information/pamphlet (like Ramon's/Cal Poly Pomona piece) with all of the universal resources available in our community that we can all use; use and provide the same information for everyone (partner agencies and community) to be on the same page.
- Avoid programs that don't work.
- Create a resource explaining to families what a psychiatric hold/hospitalization means and what the steps are when their child/young adult is put in a hold/hospitalized.
- Request for any available data (quantitative) that illustrate your agency's current/recent experience with youth mental health and crisis (e.g., report on calls made to local police, number of referrals to school counselor, etc.). Please send to Erin Sapinoso at esapinoso@tricitymhs.org.
- Please email any resources that you know about and want to share to Debbie Johnson at djohnson@tricitymhs.org.

End time: 9:55 AM

Partners Planning Meeting #1

Liz Renteria
Chief Clinical Officer

Debbie Johnson
Programs Manager

Erin Sapinoso
Program Analyst II

June 22, 2022: 8:30 AM via Zoom

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Zoom Housekeeping

▷ Remain on mute when not speaking; unmute when you would like to speak.

▷ Use the "Raise Hand" option (by selecting the "Reactions" button) to let us know you would like to say something.

▷ Chat is available for typing questions and comments and to participate in activities.

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Agenda

▷ Welcome and introductions (15 min)

▷ Grants overview (15 min)

▷ Findings from community feedback sessions (15 min)

▷ Working session: implementation and action plans (45 min)

Welcome and Introductions

Introductions

▷ Name

▷ Position

▷ Organization

▷ What are you bringing to this planning group?

Level-setting

Given the goal of improving mental health services for youth,

▷ Which values will this group use to do its work?

▷ What are the expectations for this group?

▷ What is the best frequency for this group to meet?

Other considerations?

Crisis Care Mobile Units (CCMU)

▷ Amount: $200,000

▷ Period: yearlong planning

▷ Population focus: individuals ages 25 and younger

▷ Purpose: provide mobile behavioral health crisis services to prevent and divert involvement in the criminal justice system

CCMU Project Partners

Education/school districts	Pomona Unified School District Claremont Unified School District Bonita Unified School District
Higher education	Cal Poly Pomona University of La Verne Claremont Colleges Western University School of Medicine
Mental/behavioral health	Tri-City Mental Health NAMI-Pomona Valley (MHSA-PEI contract)
Law enforcement	Claremont Police Department Pomona Police Department La Verne Police Department
Medical/physical health	Pomona Valley Hospital Emergency Room

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Mental Health Student Services Act (MHSSA)

▷ Amount: $3,820,932

▷ Period: four-month planning; four-year implementation

▷ Population focus: children/youth/young adults

▷ Purpose: foster school-community partnerships and provide access to mental health services where youth feel comfortable

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MHSSA Project Partners

Education/school districts	Pomona Unified School District
	Claremont Unified School District
	Bonita Unified School District
	Los Angeles County Office of Education
	The School of Arts and Enterprise
Mental/behavioral health	Tri-City Mental Health

Project Staffing (MHSSA)

▷ 1 Clinical Supervisor II

▷ 2 Clinical Therapists II

▷ 2 Peer Support Specialists

▷ 2 Senior Mental Health Specialists

▷ 1 Program Analyst

▷ [1 Data Analyst]*

▷ [1 Psychiatrist]*

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Grants Deliverables

MHSSA (by fall 2022)	CCMU (by February 2023)
▪ Needs assessment	▪ Needs assessment
▪ Project plan	▪ Report on findings
▪ Implementation plan	▪ Program plan: crisis mobile units
▪ Sustainability plan	▪ Action plan
▪ Communication plan	▪ Sustainability strategy
▪ Refined budget	

MHSSA Program Plan

▷ Template with the following components:
- Project plan
- Implementation plan
  - Narrative
  - Timeline
  - Sustainability plan
- Communication plan
- Budget

Partner Roles

MHSSA	CCMU
o Memorandum of understanding	o Planning partners group
o Confirmation of support of plans	o Quarterly planning meetings
o Engagement in developing: • Needs assessment • Program plan • Implementation plan • Communication plan • Refined budget • Sustainability strategy	o Developing and approving: • Needs assessment • Report on findings • Chart of strengths and gaps • Program plan • Action plan • Sustainability strategy

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Data Collection and Sharing

MHSSA	CCMU
Implementation phase	Implementation phase (TBD)
Quarterly reports	Potential performance measures
o Number of students screened and not referred to services	o Number of individuals served/impacted
o Number of students screened and referred to services	o Average and median response time of CCMU
o Number of trainings conducted	o Number of CCMU dispatches
o Number of partnership coordination activities	o Number of initial mental health or substance use calls routed through police to CCMU
o Demographic data	o Demographic data

Current Status

▷ Completed community stakeholder engagement sessions
▷ Analysis of collected data
▷ Report of findings in progress

Community Engagement Summary

▷ 14 meetings (May and June)

▷ >100 participants

▷ Represented populations
  ○ Middle and high school students (<18)
  ○ Youth and young adults (18-25)
  ○ Parents and family
  ○ Community partners: law enforcement, education (K-12 and college/university), mental health, faith-based, youth groups, LGBTQ+
  ○ Internal Tri-City staff

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Preliminary Findings

Mental health services

▷ Systems are inaccessible and have high barriers

▷ More training and support for mental health professionals

▷ Stigma reduction

▷ Lack of awareness about options for treatment/support

▷ What works? Validating youth, culturally relevant care, peer support, community connections, stigma reduction, transparency

▷ What doesn't work? Lack of information sharing, not explaining interventions, poor handoff/communications between partners, talking down to youth

Preliminary Findings

Crisis care

▷ Systems are inaccessible and have high barriers

▷ Youth feel criminalized during crisis

▷ Services are slow with long wait times and challenging transportation

▷ Lack of clarity around roles/responsibilities

▷ What works? Dedicated trauma teams, peer support, collaboration, establish trust, follow-up/follow-through, a clear definition of crisis.

▷ What doesn't work? Long wait times and lack of access during crisis, support staff without training, criminalization, regular bed shortage

Suggestions and Recommendations

Mental health services

▷ Peer-mentoring and co-located services

▷ Right-sizing staffing and resource levels to meet the need

▷ Support for the well-being of mental health and support/safety staff

▷ Campaign for intra-family and inter-generational communication

▷ Community-wide campaigns to reduce stigma around mental health

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Suggestions and Recommendations

Crisis care

▷ Increased options for 24/7 care

▷ Decriminalization strategies

▷ Culturally competent response

▷ Location-based services

▷ Peer support programs

Discussion Items

▷ Improving timely access to mental health services

▷ Reducing stigma associated with mental illness diagnosis and/or seeking mental health services

▷ Preventing negative outcomes in:
- suicide and attempted suicide
- prolonged suffering
- involuntary mental health detentions

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Timely access to services

▷ What measures can be taken to improve timely access to mental health services and crisis care?

Reducing Stigma

▷ What can be done to reduce stigma associated with mental illness diagnosis and/or seeking mental health services?

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Preventing Negative Outcomes

▷ What can be done to prevent:
- suicide and attempted suicide
- prolonged suffering
- involuntary mental health detentions?

Next Steps

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Tasks and activities

▷ Needs: baseline quantitative data (available reports)

▷ Next planning meeting: 8:30 AM on August 17, 2022?

Thank you!

Liz Renteria
Chief Clinical Officer
erenteria@tricitymhs.org
(909) 766-7324

Debbie Johnson
Programs Manager
djohnson@tricitymhs.org
(909) 766-7307

Erin Sapinoso
Program Analyst II
esapinoso@tricitymhs.org
(909) 784-3091