

**Grants Partners Planning Group
Meeting Minutes
8/17/2022**

Start Time: 8:30 AM

Attendees: 21

Stakeholders/Partners	Affiliation	Attended
Patti Azevedo, Program Administrator, Pupil & Community Services	Pomona Unified School District	Y
Brad T. Cuff, Assistant Superintendent	Claremont Unified School District	N
Lisa Bank-Toma, Mental Health Coordinator	Claremont Unified School District	Y
Mark Rodgers, Senior Director, Student Services	Bonita Unified School District	Y
Kristyne McPhail, Mental Health Support Specialist	Bonita Unified School District	N
Alexandra Oliva, Director of Student Outreach and Engagement	The School of Arts and Enterprise	Y
Ramon Coronado, Care Services Coordinator	Cal Poly Pomona	Y
Adrienne Montero-Camacho, SOS Coordinator & Case Manager	University of La Verne	Y
Christina Vera, President	National Alliance on Mental Illness-Pomona Valley	N
Mike Cizek, Captain	Claremont Police Department	Y
Brad Paulson, Sergeant	Pomona Police Department	Y
Ryan Rodriguez, Lieutenant	Pomona Police Department	N
Jay Alvarado, Sergeant	La Verne Police Department	N
Frank Cambero, Detective	La Verne Police Department	Y
Karissa Gonyea, Supervisor, Social Work and Palliative Care	Pomona Valley Hospital ER	Y
Jill Trojanowski, Manager Social Work, Palliative Care and Spiritual Care Services	Pomona Valley Hospital ER	Y
Ezequiel De La Torre, Coordinator I, Community Schools Initiative	LA County Office of Education	N
Monica Rivas, Assistant Regional Administrator	LA County Dept. of Child & Family Svs.	Y
Frank Guzman, President	Pomona Pride Center	N
Liz Renteria, Chief Clinical Officer	Tri-City Mental Health	Y
Debbie Johnson, Program Manager	Tri-City Mental Health	Y
Erin Sapinoso, Program Analyst II (Grants)	Tri-City Mental Health	Y
Jessica Arellano, Administrative Assistant	Tri-City Mental Health	Y
Octavio Hernandez, Clinical Supervisor I	Tri-City Mental Health	Y
Shawn Smith, Med Support Team/Walk in Crisis/IOET/PACT Manager	Tri-City Mental Health	Y
Nicole Lobato, PhD, Clinical Program Manager—ATC & TCG	Tri-City Mental Health	Y
Kitha Torregano, Human Resources Manager	Tri-City Mental Health	Y
Rimmi Hundal, Executive Director	Tri-City Mental Health	Y

Welcome and Introductions

- Demographic data survey

Stakeholder Engagement Summary of Final Reports

- Major themes
- Key findings
- What works and doesn't work
- Potential initiatives

CCMU Grant Project Updates

- Data collection and action plan writing

MHSSA Grant Project Updates

- Staffing
- Target populations

Working session

Youth Group	Prolonged suffering	Suicide and attempted suicide
<p>Expelled or suspended</p> <p>LGBTQ+</p> <p>Foster care</p>	<ul style="list-style-type: none"> - Identify the root of suffering - Re-integrate back into school/community - TIP model: vision of future, concrete steps, pathway back to re-engage - Explore "why" e.g., drugs, sexual assault - Project Sister Family Services for students and teachers; preventative, healthy relationships - Prevention, treatment - ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) screening - Early identification and treatment of issues - Peer counseling students - Restorative justice practices in place of expulsion or suspension; trainings for schools - Normalize help seeking behavior; remove stigma - Out 4 Safe Schools training for all school staff; those who complete the training become allies & wear their badges so students know they are safe 	<ul style="list-style-type: none"> - Training - Reduce access to lethal means - Treatment: suicide specific care - ER: patients are transferred; what to do for after-case; provide resources - Once call is made to police department/911, person is in crisis already; re-educate for outpatient services before getting to emergency/hospital - MOU with Pomona Valley for after care/follow up? - Trevor Project—suicide prevention - Pomona USD: each site has a mini crisis team; training counselors (Columbia); 1 pager for parents - Regular and universal screenings - Community-wide interventions - Increase communication between partners - Screening tools: CAMS (Collaborative Assessment and Management of Suicidality), QPR (Question, Persuade, and Refer), YMHFA (Youth Mental Health First Aid)

		<ul style="list-style-type: none"> - Have resources available in various languages; be mindful of literacy levels - Look at after care/ what did families do differently /linkages - Normalize help-seeking behavior - Signs of Suicide Program - Work with DMH & UCLA: Safety A program for students who are suicidal - Erika's Lighthouse—suicide prevention program for students
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Youth Group	Involuntary MH detentions	Incarceration
Expelled or suspended LGBTQ+ Foster care	<ul style="list-style-type: none"> - Understanding your hospitalization “workbook”—resource to re-visit and read again regarding questions, medications, rights, etc. - Educating parents helps relieve stress of hospitalization - Police attempt to bring in family for discussion; have them assist with voluntary committal - Address the MH concern first - Reduce criminalization - Effective discharge planning: collaboration - Onus on parents and schools; educate those who want to be educated - Make sure there is education with parents about follow-up, addressing follow-up as a whole, what is their familiarity with different programs- OP MH vs IOP, crisis hotlines (DMH ACCESS), CSU's, UCC's - Brochure to give parents to answer any questions about what happens in the E.R. when their child is on 5585 - OUT for Safe Schools: PUSD program: allies 	<ul style="list-style-type: none"> - Early identification/access to treatment - Police do not want to deal with mental health issues; they are not criminal issues; it would be nice for law enforcement to not be involved - Community “decision tree” for public and service providers; same language/workflow - Police = “last ditch effort”; police are not advised to get background information, especially after hours and evening; no background, no contact; access/build on treatment versus starting from scratch - Improve on-call/hotline; after-hours on call support - Communication across the community

Youth Group	School failure or dropout	Unemployment
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<p>Expelled or suspended</p> <p>LGBTQ+</p> <p>Foster care</p>	<ul style="list-style-type: none"> - Opportunities for engagement - Exploration of “why” - Properly address mental health needs - Treatment - Process feelings - Foster care: lived experience of trauma—removal, new home, new school - Consider impact of care/placement changes - Develop proper treatment plan: trauma informed care - Maintain healthy support systems and relationships - Challenge: DCFS not part of discharge when youth place in psychiatric hold outside of LA County - Discharge conference calls work; present and engaged team who are part of process - Child family team meetings - Plans tailored to individual youth needs - Out 4 Safe Schools (reduce bullying) 	
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Youth Group	Homelessness	Removal from their homes
<p>Expelled or suspended</p> <p>LGBTQ+</p> <p>Foster care</p>	<ul style="list-style-type: none"> - Identify young people who are high-risk/frequent users - OUT for safe schools: PUSD training: allies (reduces bullying) - Peer mentor/big brother/big sister - Have a unique group of folks follow youth 	<ul style="list-style-type: none"> - Attachment ruptures—continually in trauma; identify young people and build core people who can provide stability and follow them along; create secure attachment experience