Grants Partners Planning Group
Meeting Minutes
11/30/2022

Start Time: 8:34 AM

Attendees: 22

Stakeholders/Partners	Affiliation	Attended
Kristyne McPhail, Mental Health Support Specialist	Bonita Unified School District	N
Mark Rodgers, Senior Director, Student Services	Bonita Unified School District	N
Joshua Salazar, Student Identity Development & Education Coordinator, Pride Center	Cal Poly Pomona	N
Ramon Coronado, Care Services Coordinator	Cal Poly Pomona	N
Mike Ciszek, Captain	Claremont Police Department	N
Brad T. Cuff, Assistant Superintendent	Claremont Unified School District	N
Lisa Banks-Toma, Mental Health Coordinator	Claremont Unified School District	N
Ashley Cortez	Community member	N
Ruben Cueva	Community member	N
Enrique Villa, Director of Strategic Communications	Gente Organizada	N
Anthony Hostetler, Credible Messenger	Just Us 4 Youth	N
Eric Vasquez, Founder/CEO	Just Us 4 Youth	N
Luis Antonio Orozco, ResQ Coordinator	Just Us 4 Youth	Y
Sulettma (Suly) Gutierrez, Credible Messenger	Just Us 4 Youth	N
Tremale Ratcliffe, Program Supervisor (Youth & Young Adult Employment Services)	Just Us 4 Youth	N
Isaura Campos-Argumosa, Supervisor	LA County Dept. of Child & Family Svs.	Y
Monica Rivas, Assistant Regional Administrator	LA County Dept. of Child & Family Svs.	N
Sandra Sharma, Supervisor	LA County Dept. of Child & Family Svs.	Y
Ezequiel De La Torre, Coordinator I, Community Schools Initiative	LA County Office of Education	N
Frank Cambero, Detective	La Verne Police Department	N
Jay Alvarado, Sergeant	La Verne Police Department	N
Christina Vera, President	National Alliance on Mental Illness-Pomona Valley	N
Brad Paulson, Sergeant	Pomona Police Department	N
Ryan Rodriguez, Lieutenant	Pomona Police Department	N
Frank Guzman, President	Pomona Pride Center	Y
Patti Azevedo, Program Administrator, Pupil & Community Services	Pomona Unified School District	N
Janolyn (Jill) Trojanowski, Manager Social Work, Palliative Care and Spiritual Care Services	Pomona Valley Hospital ER	Y
Karissa Gonyea, Supervisor, Social Work and Palliative Care	Pomona Valley Hospital ER	Y
Elijah McCauley, Clinical Trainer SBHG	Stars Behavioral Health Group	N

Alexandra Oliva, Director of Student Outreach and Engagement	The School of Arts and Enterprise	Y
Brittany Nguyen	Tri-City Mental Health Authority	Y
Dana Barford, Director of MHSA and Ethnic Services	Tri-City Mental Health Authority	Y
Debbie Johnson, Program Manager	Tri-City Mental Health Authority	Y
Elizabeth (Liz) Renteria, Chief Clinical Officer	Tri-City Mental Health Authority	N
Erin Sapinoso, Program Analyst II (Grants)	Tri-City Mental Health Authority	Y
Jasmin Solis, Mental Health Specialist	Tri-City Mental Health Authority	Y
Jeri Sprewell, CWA Program Supervisor I	Tri-City Mental Health Authority	Y
Jessica Arellano, Administrative Assistant	Tri-City Mental Health Authority	Y
Jessie Funes, Sr. Mental Health Specialist	Tri-City Mental Health Authority	Y
Keith Colder, Clinical Wellness Advocate III	Tri-City Mental Health Authority	Y
Keri Zehm, Program and Outcomes Analyst Supervisor	Tri-City Mental Health Authority	N
Kitha Torregano, Human Resources Manager	Tri-City Mental Health Authority	N
Lisa Naranjo, MHSA Program Supervisor	Tri-City Mental Health Authority	Y
Marga Methu, Clinical Therapist I	Tri-City Mental Health Authority	Y
Nicholas Chang, Clinical Wellness Advocate II	Tri-City Mental Health Authority	Y
Nicole Lobato, PhD, Clinical Program Manager—ATC & TCG	Tri-City Mental Health Authority	N
Octavio Hernandez, Clinical Supervisor I	Tri-City Mental Health Authority	N
Raymond Zamudio, Clinical Therapist II	Tri-City Mental Health Authority	Y
Rimmi Hundal, Executive Director	Tri-City Mental Health Authority	Y
Shawn Smith, Med Support Team/Walk in Crisis/IOET/PACT Manager	Tri-City Mental Health Authority	N
Trevor Bogle, Controller	Tri-City Mental Health Authority	Y
Adrianne Montero-Camacho, SOS Coordinator & Case Manager	University of La Verne	N

Welcome and Introductions
- Review of housekeeping rules, values, and agenda
- Introductions via chat
- Anonymous demographic data survey (request for each attendee to complete at every meeting)
- Recap of MHSSA and CCMU grants

Communications Plans
- MHSSA community-wide campaign for mental health awareness and stigma reduction
- Potential to build MHSSA into already existing Tri-City campaigns
- Presentation (attached) on Tri-City's Room4Everyone campaign by Brittany Nguyen (and Lisa Naranjo)
  - Started in 2014, Room4Everyone was created to help people have everyday conversations about mental health and the stigma surrounding it.
  - Components:
    - Green Ribbon Week
    - Courageous Minds
    - Creative Minds

- ▪ Stigma Reduction Presentations
- ▪ Social Media Campaigns
- Discussion:
  - o Question (Just Us for Youth): How can we help to launch and promote Courageous/Creative Minds?
    - ▪ People can help through outreach and recruitment—to invite people in the area to participate and to invite speakers to local community and organization meetings.
  - o Question (School of Arts and Enterprise): How long has Room4Everyone been going? What is the impact of the campaign in the three cities? How has engagement been? What is being measured?
    - ▪ The campaign started in 2014.
    - ▪ Tri-City measures impact and collects data via surveys and feedback. The focus of data collection and questions is on 1. How well did we do? 2. How much did we do? 3. Is anyone better off? Feedback has been positive from people who have participated in the past. They shared that it has been beneficial for them to be part of this campaign. Annual updates are posted on Tri-City's website. Data can be shared with Erin for future meetings.
    - ▪ This is My Brave can be incorporated into the campaign.
    - ▪ Suggestion: incorporate music—it is a powerful tool
    - ▪ Focus on particular communities and populations (e.g., LGBTQ+)

MHSSA
- Update: Staffing
  - o Positions filled and introductions to new team members
    - ▪ Jasmin Solis, Mental Health Specialist
    - ▪ Jessie Funes, Sr. Mental Health Specialist
    - ▪ Keith Colder, Clinical Wellness Advocate III
    - ▪ Marga Methu, Clinical Therapist I
    - ▪ Nicholas Chang, Clinical Wellness Advocate II
    - ▪ Raymond Zamudio, Clinical Therapist II
    - ▪ Clinical supervisor position still in recruitment
- MHSSA School Partnership Funding
  - o Alignment with larger MHSSA grant program requirements
  - o Goals: preventing negative outcomes
  - o Sub-grantee eligibility, parameters, timeline, and application still works in progress; aim to finalize process by next grants partners meeting
- Community Learning
  - o Year 1 priorities
    - ▪ Transition to Independence Program
    - ▪ Trevor Project
    - ▪ Youth Mental Health First Aid

CCMU
- Update: Consultant Jordan Peabody will be working with Tri-City to help with writing CCMU-specific policies, procedures, and task flows that meet federal, state, and local guidelines for mobile crisis care.
- Action Plan

- Who is affected by mental health and/or substance use disorder crises in our community?
  - Youth who feel unaccepted or different (even at home or with peers); they experience diverse values and beliefs that may conflict and bring about tension
  - Immigrants who may experience difficulty adapting and struggle with different values
  - The entire community is affected: family, neighbors, other providers, school, parents, job, etc.
  - Medical space, emergency room—further consideration: How is the interaction with the medical facility? How are responding medical staff trained, specifically regarding approach and connection with clients?
  - Question/consideration: What is the response time that CCMU is working to achieve? Based on local law enforcement data, response time ranges from four to 15 minutes. Tri-City is using this information as a reference point in designing the CCMU project.
  - It is important to educate parents on the necessity of having CCMU respond.
- What types of calls are received in the Tri-City community?
  - Just Us for Youth RES'Q program: receives calls and referrals for students who are chronically absent from school; JU4Y reaches out to parents and goes on home visits; violence prevention and outreach team are out within minutes to respond; potential area of increased collaboration with MHSSA project
  - School of Arts and Enterprise: receives phone calls from parents about substance use on campus; students have access and are clever; parents lack knowledge and don't know how to talk to children about substances and use; they don't want to share identifying information; response is to educate families; restorative practice approach to discipline (non-punitive); request for education (workshops) and support for dialogue; school counselors and teachers can also benefit from additional support
- What contributes to crises?
  - Lack of knowledge on how to communicate (between parents and children, partners, loved ones, etc.)
  - Homelessness and the risk or potential to lose one's home
  - Academics
  - Suicidal ideation
  - Financial limitations that further impact other aspects of life (e.g., food)
  - Family paranoia—in situations that involved mandated reporters, there is a fear of Department of Child and Family Services involvement
  - Involvement in a "system" (e.g., mental health, foster care, juvenile justice)
  - Bias: student experiences differ based on ethnicity
  - Sudden changes to environment (e.g., loss of income as mentioned, family member being involved in medical related incident requiring them to be hospitalized, death of loved one, or a crisis of their loved one)
  - Generational trauma
  - Lack of information
  - Stigma
  - Not having a place to go (e.g., in the experience of LGBTQ+ youth who are unsupported; crisis increases)

- Misunderstandings and language barriers (e.g., with monolingual non-English speaking populations)—need for shared stories and language and space to speak openly without judgment and criminalization
  o What are consequences of crises?
    - "Wrong door": incarceration, DCFS involvement
    - Isolation from community, misunderstanding
    - Mental health challenges–acute and severe in the moment and continued suffering during ongoing severe mental illness
    - Trauma, depression, anxiety
    - Multiple [inappropriate] hospitalizations or unnecessary visits to the emergency room or psychiatric hospital
  o Are there times when crises are most acute?
    - Holidays (challenging)
    - Anniversaries- losses, sudden changes; huge impact in the moment but also later with realization/reminder of loss
    - Weekends; outside of regular business hours (less support is available)
    - Income-based timing: second or third week of the month when checks are stretched out
    - When substance use escalates for a family member or parent/youth
    - Seasonal changes in time (seasonal affect disorder); when it gets dark
    - When violence occurs in the family
    - An increase in youth coming into the emergency department is evident when school returns into session and during midterms/finals.
    - When substance use escalates for a family member either a parent or a youth
  o Are there areas where crises are more prevalent?
    - Schools
    - Home
  o Why do you think crises exist in the first place?
    - When parents have been reluctant in the past to participate around a particular issue and it has evolved further or don't know where to go
    - Problems go unaddressed for a long time

End time: 9:55 AM

Post-meeting feedback

Suggestion: bring more awareness via the faith-based community. The faith-based community was brought up today as one of the contributors to crises. In thinking of the communities served, there is a way to spread awareness through the many churches/temples/etc. that are located in the cities that these grants are being tailored to serve. If there is way to incorporate them into the planning or to present to them about the needs of their communities/congregation, it would open up more acceptance for these much needed services. Faith-based meetings occur in each city and it would only benefit the team to get them involved.

Re: CCMU
1. When the response team comes out for there to be an alternative car and not necessarily a police officer car. Many families and/or clients experiencing the crisis do not want to see a police car first. The response team should have their own county car and an officer can always

arrive as well but must let the mobile team access the situation first. If the officer is needed, then they can intervene after being summoned by the CRT. (e.g., transportation, etc.)

2. If a mobile crisis team responds to a school the team should evaluate first and if the officer is needed, the team CRT team will summon the officer. If the youth is going to be transported by police in a police car do not place the young person in the car while other children are watching (e.g. during lunch, break, etc.) maybe wait until all students are in the classroom to destigmatize the appearance of criminalization of the student in crisis and to destigmatize the experience for the student. The crisis mobile unit will have their own car and/or they will ride along with the officer and the youth if placed in the same car. You can provide the option to the student if appropriate what car they would like to go in, the crisis mobile team car equipped for crisis purpose with safety guards build in the care OR they can be transported in the officer car and the mobile team is caravanning right behind never leaving the young person alone.

3. The response team assigns a person to stay with the individual and explain to the family with cultural humility the situation from school to hospital etc.,

Re: MHSSA

1. Could we partner with the Genders & Sexualities Alliances (GSA) and/or clubs on school campuses? It is important to have a buy in from youth so they can share and provide word of mouth to their peers, (e.g., GSA-students will share how they use or do not use the mental health phone numbers etc. and can provide what actually works and what does not).

2. Could we partner with the Student Body Council of the schools to normalize the experience of accessing, speaking, and receiving treatment for mental health services and how it contributes to our overall health.

3. What do LGBTQ2+ youth, youth not attending school and transition age youth want? (e.g., are they looking for a space during the weekends to hang out besides being at home alone, are currently homeless need a space to hand out, watch movies, etc., like the wellness center)

Partners Planning Meeting #5

Liz Renteria
Chief Clinical Officer

Debbie Johnson
Programs Manager

Erin Sapinoso
Program Analyst II

November 30, 2022: 8:30 AM via Zoom
We will begin the meeting shortly.

ES

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.

Values

▷ Mission-focused

▷ Organization; effective and efficient work

▷ Respect and being respectful

▷ Open-mindedness and out-of-the-box thinking

▷ Openness and honesty ("the good, the bad, the ugly")

▷ Address challenges and acknowledge strengths

▷ Positive communication

Agenda

▷ Welcome and introductions (in chat)

▷ Communications—campaign presentation

▷ CCMU

  ▷ Updates—Jordan Peabody

  ▷ Action Plan content

▷ MHSSA

  ▷ Updates—staffing

  ▷ Sub-granting process (continued)

  ▷ Community learning calendar (continued)

ES

Welcome and Introductions

ES

Introductions (in chat)

▷ Name

▷ Position

▷ Organization

Data and Reporting

➢ Request for demographic information of planning partners

➢ Voluntary and anonymous survey

➢ Complete at every grants partners meeting

➢ Link: https://forms.microsoft.com/r/j6r5jej7PE

ES

Crisis Care Mobile Units (CCMU)

▷ Amount: $200,000

▷ Period: yearlong planning (ending February 14, 2023)

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

▷ Population priority: individuals ages 25 and younger

ES

Mental Health Student Services Act (MHSSA)

▷ Amount: $3,820,932 (additional $1,031,272 from round 3)

▷ Period: four-month(+) planning; four-year implementation (ending December 31, 2026)

▷ Population focus: children/youth/transition age youth

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

ES

Community-wide campaigns

▷ MHSSA

    ▷ Increase awareness of and access and linkage to mental health services and crisis care

    ▷ Reduce mental health stigma and discrimination

Campaign Presentation

▷ Brittany Nguyen

▷ Lisa Naranjo

▷ Room 4 Everyone

Feedback and Discussion on Campaign Presentation

Crisis Care Mobile Units

ES

Update: Consultant

▷ Jordan Peabody

ES

Action Plan Content

▷ Who is affected by mental health and/or substance use disorder crises in our community?

▷ What types of calls are received in the Tri-City community?

TRI·CITY
Mental Health

DJ

Action Plan Content

▷ What contributes to crises?

▷ What are consequences of crises?

Action Plan Content

▷   Are there times when crises are most acute?

▷   Are there areas where crises are more prevalent?

▷   Why do you think crises exist in the first place?

Mental Health Student Services Act

Update: Staffing

▷ Positions filled

▷ Introductions

DJ

School Partnership Funding

▷ Goal alignment with larger MHSSA grant program/legislation

  ▷ Preventing mental illnesses from becoming severe and disabling

  ▷ Improving timely access to services for underserved populations

  ▷ Providing outreach to families, employers, primary care health care providers, and others to recognize early signs of potentially severe and disabling mental illnesses

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

  ▷ Reducing discrimination against people with mental illness

Guidelines and Process

▷ Preventing negative outcomes, including, but not limited to:

  ▷ Suicide and attempted suicide

  ▷ Incarceration

  ▷ School failure or dropout

  ▷ Unemployment

  ▷ Prolonged suffering

  ▷ Homelessness

  ▷ Removal of children from their homes

  ▷ Involuntary mental health detentions

Guidelines and Process

▷ Sub-grantee eligibility
  ▷ Any organization as long as the service provided is specific to this MHSSA project
▷ Subgrant parameters
  ▷ Service for Tri-City area: Pomona, Claremont, La Verne
  ▷ School levels: pre-Kindergarten, elementary, middle, high school, college (specifically transition age youth)
  ▷ "High-risk" population focus: foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, youth who have been expelled or suspended from school
  ▷ Services provided on school campuses, to the extent practicable

ES

Guidelines and Process

▷ Timelines (TBD): application process, review, contract issuance, project implementation, fund disbursement

▷ Application form (in progress)

   ▷ Contact information

   ▷ Description of proposed project/use of funds

   ▷ Financial information
       ▷ Budget and narrative
       ▷ W-9

▷ Reporting requirements (twice a year)

ES

Community Learning

First Year

TRI·CITY
Mental Health

DJ

Goals for First Year (2023)

▷ Transition to Independence Program

   ▷ Providers/clinicians

▷ Trevor Project

   ▷ Youth-serving professionals

▷ Youth Mental Health First Aid

   ▷ Adults who regularly interact with adolescents

▷ Other (TBD at one's own convenience)

DJ

Next Steps

Tasks and activities

▷ Recommendations and suggestions for project (both MHSSA and CCMU)

▷ Youth voice and involvement

▷ Next planning meeting:

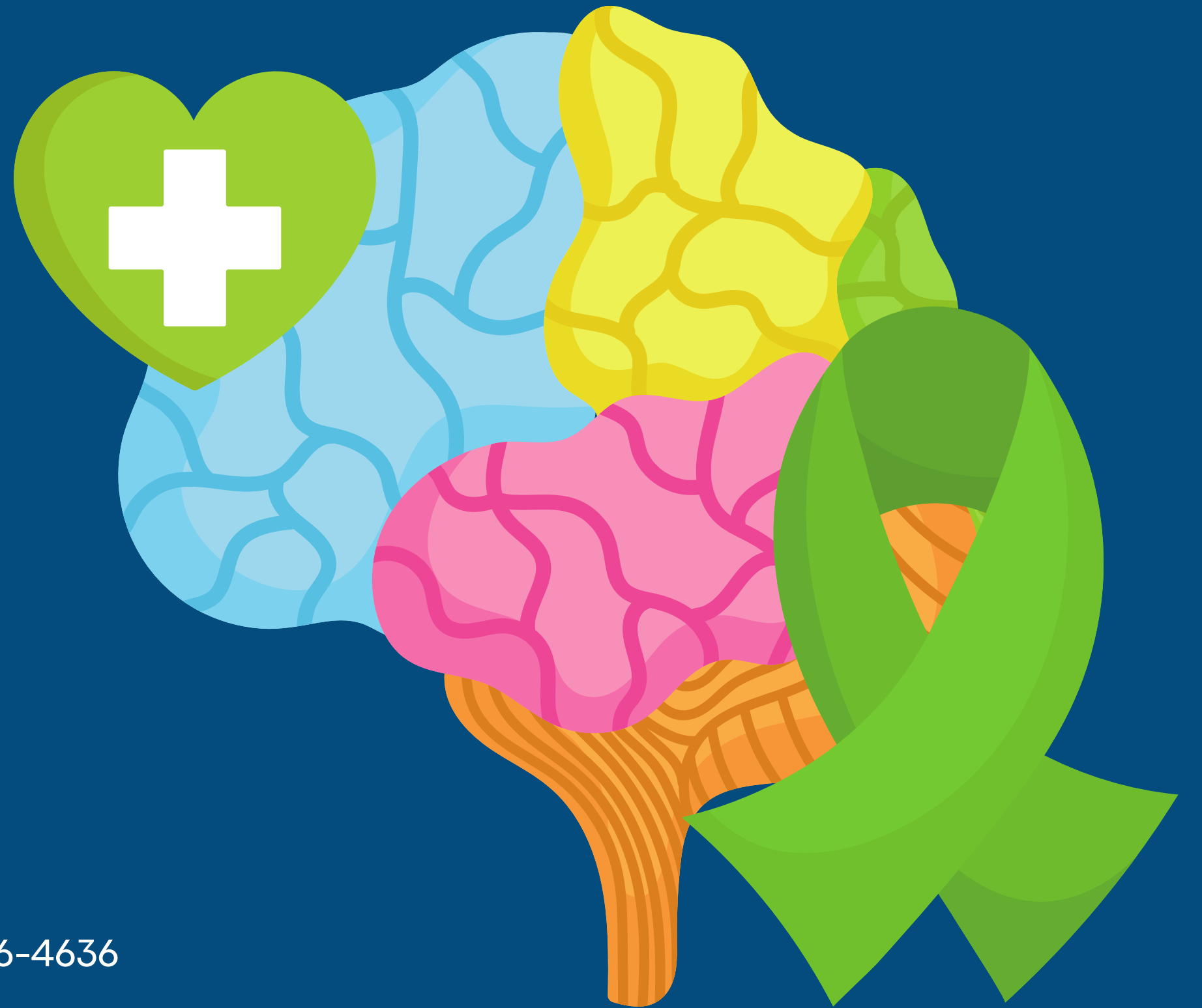   ▷ **8:30 AM January 25, 2023**

Comments or Questions?

TRI·CITY
Mental Health

DJ

Thank you!

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

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

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

TRI·CITY
Mental Health

STIGMA REDUCTION CAMPAIGNS

Brittany Nguyen
She/Hers
Community Capacity Organizer

909-326-4636

bnguyen@tricitymhs.org

TRI·CITY
Mental Health

What is
Tri-City's Campaign?

- Room4Everyone started in 2014 and was created to help people have everyday conversations about mental health and the stigma surrounding it.
- Stigma is one of the main reasons people don't ask for help and don't know where to access support.
- Serves the communities of Claremont, La Verne and Pomona

Reducing stigma. Promoting inclusion. Creating stability through housing.

3 goals of the campaign:

1. Direct clinical services and community support programs, <u>Tri-City Mental Health</u> has a continuum of care that allows for Room4Everyone.
2. We seek to share facts about mental illness and increase compassion. As people grow in acceptance of differences, there becomes Room4Everyone.
3. Safe, stable, and affordable housing is a crucial part of wellbeing.

Room4Everyone

- Green Ribbon Week
- Courageous Minds
- Creative Minds
- Stigma Reduction Presentations
- Social Media Campaigns

Green Ribbon Week

- Also started in 2014 (aligns with Room4Everyone)
- Happens every year mid-March (around St. Patty's)
- Everyone can play a role in reducing stigma:
  - Through conversation, awareness, and hearing other people share their mental health stories, we can come together to reduce the silence, shame, and negative attitudes around mental health.

Green Ribbon Week

Community Events Hosted

MENTAL HEALTH 101

WEBINAR

Monday, March 14
3:30 PM - 4:30 PM

Join us to learn more about what is mental health, mental illness, how stigma impacts us, and understanding the spectrum of mental health.

RSVP
bit.ly/35lt8gu

Scan the QR Code to learn more about Green Ribbon Week!

TRI·CITY
Mental Health

LIGHTS, CAMERA, ACTION:

Media Can Help Shape a Positive Image for Mental Illness

FILM SCREENING + DISCUSSION

Thursday, March 17
4 PM - 5:30 PM

Join us to learn how media can reduce stigma and discrimination related to mental illness and to promote mental health. Short mental health films will be premiered from Directing Change filmmakers.

RSVP
bit.ly/3Ikf2us

Scan the QR Code to learn more about Green Ribbon Week!

TRI·CITY
Mental Health

Green Ribbon Week

Community Events Hosted

LET'S TALK ABOUT STIGMA

LISTENING CIRCLE

TRI·CITY Mental Health

JUST US 4 YOUTH

Wednesday, March 16
3:30 PM - 4:30 PM

Join us in a peer-to-peer led listening circle where you and others get to share about how you experience mental health stigma and ways we can fight against it as a community.

RSVP
bit.ly/3sioqJC

Scan the QR Code to learn more about Green Ribbon Week!

COURAGEOUS MINDS SPEAKERS BUREAU

TRI·CITY Mental Health

Friday, March 18
6 PM - 7 PM

Join us to listen to one of our Courageous Minds Speakers, Lydia, who will be sharing about her mental health experience and journey.

Lydia Alvidrez
Speaker

RSVP
bit.ly/3seryGg

Scan the QR Code to learn more about Green Ribbon Week!

Green Ribbon Week

GRW Daily Challenges Sneak Peak

- **3/14** What's Your Self Care?
- **3/15** Words Saves Lives
- **3/16** Green Ribbon Representation
- **3/17** What Would You Say?
- **3/18** Take a Pledge!

#TalkToHeal #GRW2022

Social Media Daily Challenges

True or False? Debunking myths on Mental Health/Illness

Tap next to participate in this short activity!

→

Interactive Story Game

True or False?

Most people who struggle with severe mental illness tend to be violent.

Source: https://www.mentalhealth.gov/basics/mental-health-myths-facts

FALSE!

False! The majority of people who suffer from severe mental illness are not violent.

Source: https://www.mentalhealth.gov/basics/mental-health-myths-facts

Courageous Minds

- Community speakers bureau that consists of individuals with lived experience who are leading the charge against stigma by sharing their personal stories.

Creative Minds

- Community art gallery that provides an opportunity for local artists, both with and without a mental health condition, to display their work in a community setting

Stigma Reduction Presentations

- Offers free community presentations designed to raise mental health awareness and inspire conversation
- Explore myths and facts about mental illness
- Hear from someone with a mental health condition who is in recovery
- Learn more about the Room4Everyone campaign and how to get involved

Social Media Campaigns

@tricitymhs

Questions?

Brittany Nguyeh (she/hers)
Community Capacity Organizer
bnguyen@tricitymhs.org

TRI·CITY
Mental Health