

**Grants Partners
Meeting Minutes
12/13/2023**

Meeting start time: 8:32 AM

Attendees: 19

Stakeholders/Partners	Affiliation	Attended
Adrienne Montero-Camacho, SOS Coordinator & Case Manager	University of La Verne	
Alexandra Oliva, Director of Student Outreach and Engagement	The School of Arts and Enterprise	Y
Alyssa Bostrom, Lieutenant	Pomona Police Department	
Angie Besiant	Pomona Valley Hospital	
Anthony Hostetler, Credible Messenger	Just Us 4 Youth	
Ashley Cortez	Community member	
Brad Paulson, Sergeant	Pomona Police Department	
Brenda Lopez, Administrative Assistant - MHSA	Tri-City Mental Health Authority	
Brittany Nguyen, Community Capacity Organizer	Tri-City Mental Health Authority	
Cherylee Grove, Teacher Specialist, School Mental Health Services	Pomona Unified School District	
Christina Vera, President	National Alliance on Mental Illness-Pomona Valley	
Corey Hall, Mental Health Specialist	Tri-City Mental Health Authority	Y
Cynthia Garcia, Mental Health Specialist	Tri-City Mental Health Authority	
Dana Barford, Director of MHSA and Ethnic Services	Tri-City Mental Health Authority	
Debbie Johnson, Deputy Chief Clinical Officer	Tri-City Mental Health Authority	Y
Elizabeth (Liz) Renteria, Chief Clinical Officer	Tri-City Mental Health Authority	Y
Enrique Villa, Director of Strategic Communications	Gente Organizada	
Eric Vasquez, Founder/CEO	Just Us 4 Youth	
Erin Sapinoso, Grants Manager	Tri-City Mental Health Authority	Y
Ernesto "Ernie" Rios, Sergeant	Pomona Police Department	
Evanne Coleman, PAC'D Supervisor	Just Us 4 Youth	Y
Ezequiel De La Torre, Coordinator I, Community Schools Initiative	LA County Office of Education	
Frank Cambero, Detective	La Verne Police Department	
Frank Guzman, President	Pomona Pride Center	
Hannah Sprague, Communications Coordinator	Tri-City Mental Health Authority	
Isaura Campos-Argumosa, Supervisor	LA County Dept. of Child & Family Svs.	Y
Jailene Rodriguez, RES'Q Supervisor	Just Us 4 Youth	Y
Janolyn (Jill) Trojanowski, Manager Social Work, Palliative Care and Spiritual Care Services	Pomona Valley Hospital ER	
Jay Alvarado, Sergeant	La Verne Police Department	
Jennifer Curlowicz	Pomona Valley Hospital	

Jeri Sprewell, CWA Program Supervisor I	Tri-City Mental Health Authority	Y
Jessica Arellano, Administrative Assistant	Tri-City Mental Health Authority	Y
Joshua Salazar, Student Identity Development & Education Coordinator, Pride Center	Cal Poly Pomona	
Karissa Gonyea, Supervisor, Social Work and Palliative Care	Pomona Valley Hospital ER	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	
Kevin Ward, Assistant Superintendent	Claremont Unified School District	
Kim Griffin Esperon, Coordinator III, Community Schools Initiative	LA County Office of Education	
Kitha Torregano, Human Resources Manager	Tri-City Mental Health Authority	
Kristyne McPhail, Mental Health Support Specialist	Bonita Unified School District	
Lisa Banks-Toma, Mental Health Coordinator	Claremont Unified School District	Y
Lisa Naranjo, MHSA Program Supervisor	Tri-City Mental Health Authority	
Luis Antonio Orozco, ResQ Coordinator	Just Us 4 Youth	
Marga Methu, Clinical Therapist I	Tri-City Mental Health Authority	Y
Mark Rodgers, Senior Director, Student Services	Bonita Unified School District	
Markie Sterner, Clinical Supervisor	Tri-City Mental Health Authority	Y
Michael Stephens	Just Us 4 Youth	
Mike Ciszek, Captain	Claremont Police Department	
Milagros "Millie" Monroy, Youth and Family Services Liaison	Claremont Unified School District	
Monica Rivas, Assistant Regional Administrator	LA County Dept. of Child & Family Svs.	
Moriah Holmes, Program Analyst II	Tri-City Mental Health Authority	Y
Natalie Majors-Stewart, Chief Compliance Officer	Tri-City Mental Health Authority	
Myrna Reynoso Torres, Community Schools Initiative MHSSA	Los Angeles County Office of Education	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	
Octavio Hernandez, Clinical Supervisor I	Tri-City Mental Health Authority	
Patti Azevedo, Program Administrator, Pupil & Community Services	Pomona Unified School District	
Paul Osorio, Community Mental Health Trainer	Tri-City Mental Health Authority	
Ramon Coronado, Care Services Coordinator	Cal Poly Pomona	
Raquel Capacete	Cal Poly Pomona	
Rimmi Hundal, Executive Director	Tri-City Mental Health Authority	
Rosa Leong, Senior Liaison of Youth and Family Services	Claremont Unified School District	
Ruben Cueva	Community member	
Ryan Rodriguez, Lieutenant	Pomona Police Department	

Sandra Sharma, Supervisor	LA County Dept. of Child & Family Svs.	
Sara Rodriguez, MHSA Projects Manager	Tri-City Mental Health Authority	
Shawn Smith, Med Support Team/Walk in Crisis/IOET/PACT Manager	Tri-City Mental Health Authority	Y
Sulettma (Suly) Gutierrez, Credible Messenger	Just Us 4 Youth	
Tremale Ratcliffe, Program Supervisor (Youth & Young Adult Employment Services)	Just Us 4 Youth	
Trevor Bogle, Controller	Tri-City Mental Health Authority	
Weston Prisbey, Interim Assistant Dean for Health and Well-Being	Cal Poly Pomona	
Yvette Meneses	Los Angeles County Office of Education	

Welcome and Introductions

- Virtual meeting
- Review of housekeeping rules, values, and agenda
- Introductions via chat
- Anonymous demographic data survey (request for each attendee to complete at every meeting)
 - o Access via link (<https://forms.microsoft.com/r/j6r5jej7PE>) or QR code
- 2024 Meeting Calendar—dates shared



Mobile Crisis Care Program

- Crisis Care Mobile Units Grant
- M-TAC Mobile Crisis Tools
 - o Review of Crisis Assessment Tool and Dispatch and Triage Tool
 - o URL for access: <https://camobilecrisis.org/m-tac-standardized-tools/>

Mental Health Student Services Act

- Staffing Update
 - o New clinical therapist will be at next partners meeting
 - o Behavioral Health Specialist opening—job notice will be active this Friday
- Data: Outcomes and Impact
 - o Overview of progress from September to December 2023
 - Referrals are received, screening process is initiated. Contact with the student’s parents is attempted but not always guaranteed.
 - Tri-City has received 94 referrals and completed 68 screenings fully (72% contact rate), 71 of those referrals closed and 26 are active clients (28% of referrals received).
 - o Monthly Summary
 - September = 23 referrals
 - October has been the most active month so far with many of September's referrals being closed out then.
 - With the holiday seasons in November and December, the team is still working to process referrals, complete screenings, and add active clients.
 - o Information by city

- Pomona has had the highest number of referrals with Claremont coming in at 12% and La Verne at 4%
 - 7% of referrals fell outside the Tri-City catchment area and those individuals were referred to Community Navigators.
 - School Info
 - PUSD has highest # of referrals at 65%
 - CUSD = 15%
 - SAE = 11%
 - BUSD = 4%
 - 2 referrals from local colleges – University of La Verne & Mt. San Antonio College
 - Primary Referral Source: Elementary & high schools at 44% and 27% respectively.
- Program growth
- Discussion: what more in 2024
 - Outreach to Regional Center, DCFS
 - Engage local businesses where youth may go? Chamber of commerce?
 - Parenting classes
 - Signs that can be created to post in local community places that youth might visit a lot like Starbucks, etc.
 - Maintain exhaustive list of partners
 - Outreach to local pediatrician offices or community medical clinics
 - Claremont USD has professional development in August; staff appreciate any topics regarding students and mental health; they focus professional development on self care/mental health topic
 - Tag onto an already established event or outreach effort
- MHSSA summit
 - Potential all day event
 - Professional development
 - State of services for youth
 - Engage young people in project
 - This kind of event requires a lot of planning.
 - Chamber has monthly gatherings; with spotlight partner--relay info
 - Pomona PRIDE: Youth Empowerment Summit
 - Fairplex Youth Event
 - Attend what's already happening
 - Create targeted outreach plan
- Upcoming events and activities
 - YMHA 8:30-4:30 for anyone who works with youth in community
 - Fathers group: November saw 4 participants; place for fathers to gather
 - Let's Talk December: Reflect Release Recharge, journal prompting
- MHSSA webpage review
 - "Looks great and comprehensive"

Youth engagement

- Online youth survey: aim to "close" (cycle questions out) in January
 - <https://tinyurl.com/yeysufjz>



- Decisions to make with youth feedback (e.g., swag, topics to address for student/family/community learning and education, and subjects for professional development)

Partner news and announcements

- None at this time

Next grants partners meeting is scheduled for Wednesday, January 24 at 8:30 AM.

Meeting end time: 9:20 AM



Grants Partners Meeting #13

December 13, 2023: 8:30 AM

The meeting will begin shortly.



Presenters

Liz Renteria
Chief Clinical Officer

Debbie Johnson
Deputy Chief Clinical Officer

Erin Sapinoso
Grants Manager

Markie Sterner
Clinical Supervisor

Moriah Holmes
Program Analyst



Housekeeping

RingCentral



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



- ▷ Use the “Raise Hand” option 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
 - ▷ Introductions
 - ▷ Demographic survey
 - ▷ 2024 Meeting calendar
- ▷ Mobile Crisis Care/CCMU
 - ▷ Vehicle purchase
 - ▷ M-TAC tools
- ▷ MHSSA
 - ▷ Staffing
 - ▷ Data: outcomes and impact
 - ▷ 2024
 - ▷ Events, activities, and training
 - ▷ Webpage
- ▷ Youth engagement
- ▷ Partner news and announcements

Welcome

Introductions

- ▷ Name
- ▷ Position
- ▷ Organization



Data and Reporting

- ▷ Request for demographic information of partners
- ▷ Voluntary and anonymous survey
- ▷ Complete at every grants partners meeting
- ▷ Link: <https://forms.microsoft.com/r/j6r5jej7PE>
- ▷ QR code



2024 Meeting Calendar

Eight meetings: Wednesdays at 8:30 AM

- ▷ January 24, 2024
- ▷ March 13, 2024
- ▷ May 8, 2024
- ▷ June 12, 2024
- ▷ August 14, 2024
- ▷ September 25, 2024
- ▷ October 30, 2024
- ▷ December 11, 2024

Mobile Crisis Care

Crisis Care Mobile Units Grant

Updates

- ▷ First vehicle purchase in progress
- ▷ Request for additional funds in discussion



M-TAC Mobile Crisis Tools

- ▷ Crisis Assessment
- ▷ Dispatch and Triage

Crisis Assessment



Medi-Cal Mobile Crisis Services Benefit Crisis Assessment Tool

Date of Service: / /	Mobile Crisis Team Dispatch Time:	Mobile Crisis Team Arrival Time:	Service Duration:
Medi-Cal Member Name:			Date of Birth: / /
Mobile Crisis Team Members' Names (on-site and/or virtually):			
Service Location/Address (where the intervention took place):			
Individual/Reporting Party Phone Number:			
Please mark all Yes/No questions with "X" throughout this document.			
Does the person in crisis need medical attention?	Yes	No	
CRISIS EVENT DESCRIPTION			
CAUSES LEADING UP TO CRISIS EVENT (e.g., psychiatric, cultural considerations, social, familial, legal factors, substance use. Collect collateral information when available from other persons present on site.)			
ASSESSING FOR TRAUMA <i>Have you experienced trauma or abuse? How is your experience(s) with trauma affecting how you are feeling today?</i>			
ASSESSING FOR PSYCHOSIS OR MANIA <i>Are there things you are seeing or hearing that others might not be seeing or hearing? Are you feeling like you do not need to sleep?</i>			

SAFETY AND RISK ASSESSMENT			
Columbia Suicide Severity Rating Scale-Screener			
Ask questions that are bolded and <u>underlined</u> .		<input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk	
>> Ask questions 1 and 2.		Past Month	
		Yes	No
1. Have you wished you were dead or wished you could go to sleep and not wake up?			
2. Have you actually had any thoughts of killing yourself?			
>> If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		Past Month	No
		Yes	No
3. Have you been thinking about how you might do this? (e.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.")			
4. Have you had these thoughts and had some intention of acting on them? (As opposed to "I have the thoughts, but I definitely will not do anything about them.")			
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?			
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? (Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)			
If YES, ask: Was this within the past three months?			
For questions 1 – 6 above, if the person in crisis reports:			
<ul style="list-style-type: none"> • YES to questions 4, 5, and 6, the individual is at high risk. • YES to question 3 and NO to question 5, the individual is at moderate risk. 			
An assessment can only determine the level of relative risk of death by suicide. Please follow the steps below.			
1. If the person in crisis is at moderate or high risk of suicide, continue to the Suicide Plan Assessment section below to assess level of intention and access to means.			
2. If the person in crisis does not endorse Suicidal Ideation (SI) or SI with a plan , continue to the Violence and Homicidality Risk Assessment section .			



Crisis Assessment (2)

SUICIDE PLAN ASSESSMENT						
Specific Plan and Intention to Act Upon Plan						
Have you thought about when you would end your life?					Yes	No
On a scale of 1 to 5, where 5 indicates you intend to act on your plan to kill yourself today, and 1 indicates you have no intention to act on your plan today, where do you rate yourself? (mark with X)					1	2
PERSON IN CRISIS MEANS ASSESSMENT						
Have you thought about how you would kill yourself?					Yes	No
Do you have access to (ask if they have access to the means they mentioned in the question above)?					Yes	No
Person in Crisis Owns or Has Access to a Weapon or Firearm? (Ask others present/involved in addition to the person)					Yes	No
VIOLENCE AND HOMICIDALITY RISK ASSESSMENT						
Does the person in crisis have thoughts of violence towards a specific person or group?					Yes	No
*If person responds YES:						
1. Who are you thinking about hurting? _____						
2. How often do you have these thoughts? _____						
3. Is the person in crisis threatening to harm someone else?					Yes	No
a. If YES to question 3, ask the identity of intended person(s): _____						
b. If YES to question 3, ask the person in crisis if they have a method or intention to act on these threats.					Yes	No
c. If YES to question 3b, ask if the person in crisis has access to lethal means (e.g., firearm/weapon).					Yes	No
***Counties will need to establish their own protocols for response team composition based on their local resources. These protocols should be indicated below.						
If YES to 3b and 3c,						
If NO to 3b and 3c,						
If YES to 3c only,						

Person in crisis has intention to act upon thoughts of violence or homicidality.		Yes	No
When someone is as upset as you are, they can have thoughts of hurting the person who has hurt them. Have you had thoughts like this? Have you acted on these thoughts or come close to acting on them?		Yes	No
ASSESSING FOR IMPULSIVITY			
Have you ever done something to put yourself or others at risk without thinking twice about it?		Yes	No
*If the person responds YES:			
Can you tell me what happened?			

CHILDREN AND YOUTH			
School:	Grade:	Teacher:	
Educational Needs (e.g., special education, support/services, etc.):			
Social Emotional/Behavioral Concerns (e.g., bullying, support services in place, etc.):			
ASSESSING FOR SUBSTANCE USE			
Is the person in crisis currently impaired due to substance use (direct questioning and observation)?		Yes	No
Tell me a little about your drug use.			

How do you take them? How often?			

What's positive about these drugs for you? And what's negative?			

Crisis Assessment (3)

Tell me what you've noticed about your drug use. How has it changed over time?

RECENT HOSPITALIZATIONS/CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

Have you been hospitalized in the past 30 days for mental health care? Yes No

If YES, gather date of discharge and if any medications have been issued, started, or changed.

Date of Discharge	Medications Issued
/ /	
/ /	
/ /	

Name of Mental Health Provider	Date of Last Appointment
	/ /
	/ /
	/ /

MEDICATIONS

Are you currently prescribed any supplements or medications (prescribed for you or someone else) for mental health? If so, which ones? Yes No

Medication(s)	Dosage(s)

Are you taking your medications as prescribed?	Yes	No
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When was the last time you took medication? What was the dose and did you take the medication as prescribed?

MEDICAL HISTORY

What illness(es) or disease(s) have you experienced that may be impacting your situation today?

PROTECTIVE FACTORS, STRENGTHS, AND RESOURCES
(e.g., strong sense of cultural identity, feeling connected to others, support from family and friends)

Do you have a support system in place, such as friends or family?	Yes	No
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What are some people, activities, spiritual beliefs, pets, etc., that keep you going when you are having a hard time?

What typically works to help you cope with stress or anxiety?

What are your reasons for living?

DETERMINATION OF SAFETY

After the initial crisis assessment, is the individual no longer at imminent risk?	Yes	No
Did the individual in crisis experience relief or find alternative solutions to the crisis?	Yes	No
Is the individual able to remain safe in the community?	Yes	No
Is the individual in crisis able to meaningfully engage in a safety plan?	Yes	No

Note: if they respond in a manner or presentation that you are unsure of, seek consultation.

Crisis Assessment (4)

CONSULTATION
CHILD OR ADULT SAFETY CONCERNS
NOTES



Dispatch and Triage



Medi-Cal Mobile Crisis Services Benefit Dispatch Screening Tool

Name of Dispatch Operator:	Date: / /	Time Call Started:	Time Call Ended:
GREET THE CALLER (USE A WARM TONE OF VOICE)			
Hello, this is Mobile Crisis Services. May I have your name and a good callback number in case this call gets disconnected? How may I help you?			
COLLECT CONTACT INFORMATION AND LOCATION			
Caller's Name:		Caller's Phone Number:	
Name and Approximate Age of Person in Crisis:	Name:	Age:	
Relationship to Person in Crisis: <input type="checkbox"/> Self <input type="checkbox"/> Other: _____			
Location for Services (address and/or description of location):			
<input type="checkbox"/> Residence <input type="checkbox"/> Motel <input type="checkbox"/> Unhoused <input type="checkbox"/> Group Home <input type="checkbox"/> School <input type="checkbox"/> Other: _____			
SCREEN FOR URGENT MEDICAL ISSUES			
Is there an urgent medical issue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If there is an urgent medical issue, initiate 911 Emergency Medical Services:			
If the call is from a third party, ask the following:			
a. Is the person in crisis unconscious ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Is the person at high risk for or in an active opioid overdose? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES to a. or b. , ask if naloxone is on hand. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, instruct the caller to administer it to the person in crisis (if they have not already done so).			
If NO to a. or b. , ask if weapons were involved. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES , ask type/kind and communicate this information to 911 dispatch:			

CONDUCT SAFETY ASSESSMENT	
1. Is the person in crisis threatening self-harm ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to 1. , ask the person in crisis the following:	
a. Do you have a method to act on these threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have intention of acting on these threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have access to lethal means? (e.g., firearm/weapon, prescribed or other drugs, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ask the person in crisis if they have any intent to harm anyone who attempts to intervene ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to 1a., 1b., 1c., or 2. , transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety.	
If YES to 2. ONLY , transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety. It is important to inform 911 and any other potential team that may be dispatched, that the person in crisis is threatening to harm anyone who attempts to intervene.	
If YES to 1a. ONLY , a mobile crisis team dispatch and/or warm transfer to a crisis line (e.g., 988) may be appropriate. Engage the caller and explore what their needs are.	
Note:	
<ul style="list-style-type: none"> Not everyone threatening self-harm will need the same level of intervention and support. Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch. 	
3. Is the person in crisis threatening to harm someone else ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to 3. , ask the person in crisis the following:	
a. Ask the identity of intended person(s): _____	
b. Do you have a method to act on these threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have intention of acting on these threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you have access to lethal means (e.g., firearm/weapon)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ask the person in crisis if they have any intent to harm anyone who attempts to intervene ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dispatch and Triage (2)

If YES to 3b., 3c., 3d., or 4., transfer to 911. Advise law enforcement to secure safety first. Then, when secure, the mobile crisis team can collaborate with law enforcement and/or other responders to determine when it is safe to intervene.

If YES to 4. ONLY, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety. It is important to inform 911 and any other potential teams that may be dispatched that the person in crisis is threatening to harm anyone who attempts to intervene.

If YES to 3b. ONLY, a mobile crisis team dispatch and/or warm transfer to a crisis line (e.g., 988) may be appropriate. Engage the caller and explore what their needs are.

Note:

- Not everyone threatening self-harm will need the same level of intervention and support.
- Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch.

SCREEN FOR UNDER THE INFLUENCE OF SUBSTANCES OR ALCOHOL

Is the person in crisis under the influence of any substances or alcohol? Yes No Unsure

If YES, ask type and quantity consumed (if known) and communicate this information to the mobile crisis team or 911 dispatch during warm transfer: _____

OBTAIN REASON FOR CALL

Should be written from the caller's perspective:

SCREEN FOR LOCATION SAFETY

Is the location where services are needed unsafe for the person in crisis or for the mobile crisis team to deliver services? Yes No

Are any of the following a concern? Abusive partner/person on site

Environmental concerns (e.g., crowded/unsafe area, contagious health issue)

Animals (dangerous/protective of owner)

Weapons in active use in area

Other: _____

If YES, follow the county plan for coordination with law enforcement and communicate the information during warm transfer/dispatch.

Note:

- While law enforcement officers may accompany a mobile crisis team when necessary for safety reasons, they shall not qualify as a member of the mobile crisis team for purposes of meeting Mobile Crisis Team Requirements.

COLLECT ADDITIONAL INFORMATION

Accessibility Needs (i.e., preferred language, cultural considerations, vision or hearing impairment, Intellectual/Developmental Disability)

Support Persons/Others on Location (e.g., Will third party caller remain with the person in crisis? Are others on location safe and supportive to the person in crisis?)

DISPATCH DECISION

Mobile crisis team will be dispatched under the conditions of:

Joint with law enforcement

Sequentially after law enforcement determines scene safety

Other: _____

Mobile crisis team dispatched (Add team/member names below)

Mobile crisis team will NOT be dispatched (Add reason below)

Note:

- Reasons a mobile crisis team may not be dispatched may include client declined services, warm hand-off to 988, 911, etc.

Dispatch and Triage (3)

LANGUAGE OR ACCESSIBILITY NEEDS (COMMUNICATED TO MOBILE CRISIS TEAM)
<input type="checkbox"/> Considerations needed for the person in crisis (i.e., preferred language, cultural considerations, vision or hearing impairment, Intellectual/Developmental Disability I/DD)
<input type="checkbox"/> Sensory preferences/needs: _____
<input type="checkbox"/> Other preferences/needs: _____
<input type="checkbox"/> I/DD (consultant may be needed)
<input type="checkbox"/> Preferred language(s) spoken by one or more individuals: _____
<input type="checkbox"/> Assistance for visual impairment requested: _____
<input type="checkbox"/> Assistance for hearing impairment requested: _____

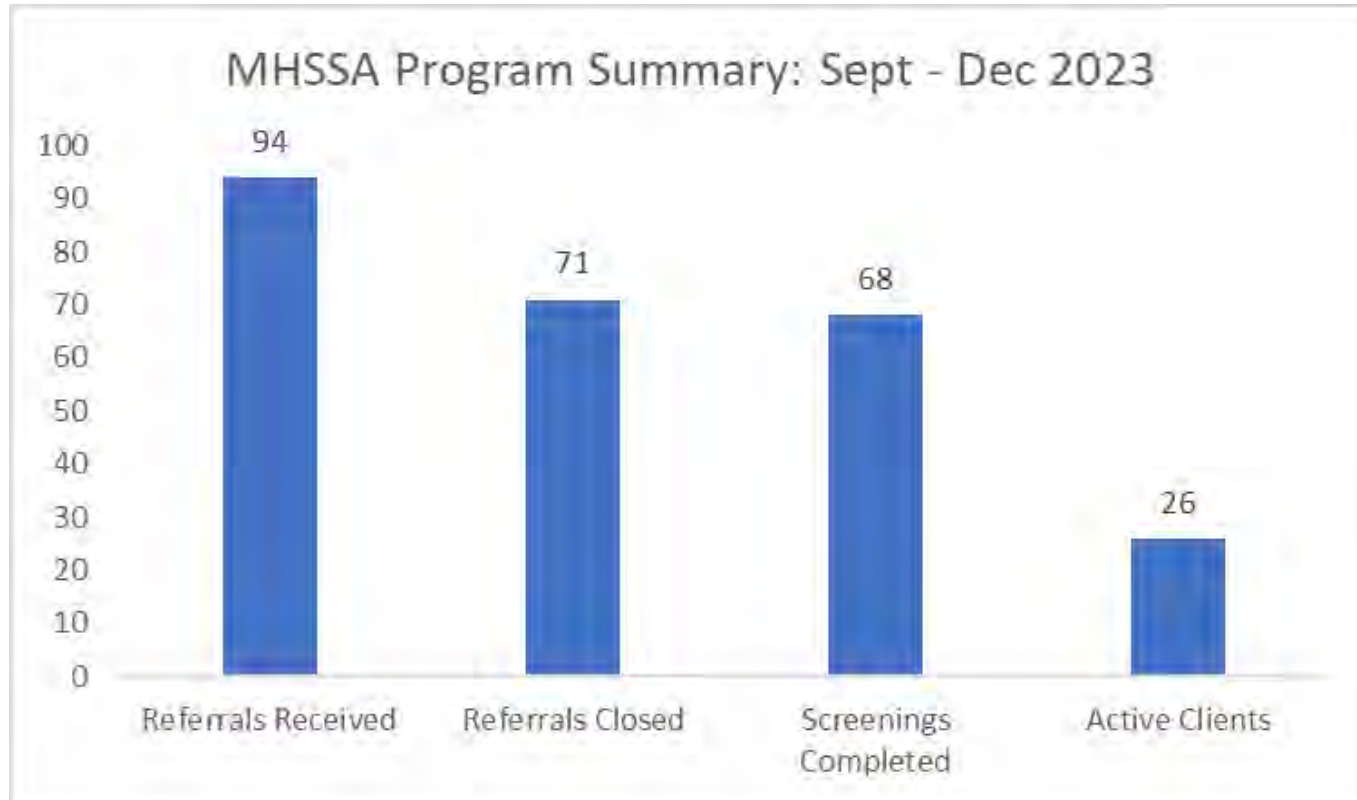
Consulting Supervisor's Name (if applicable): _____

Mental Health Student Services Act

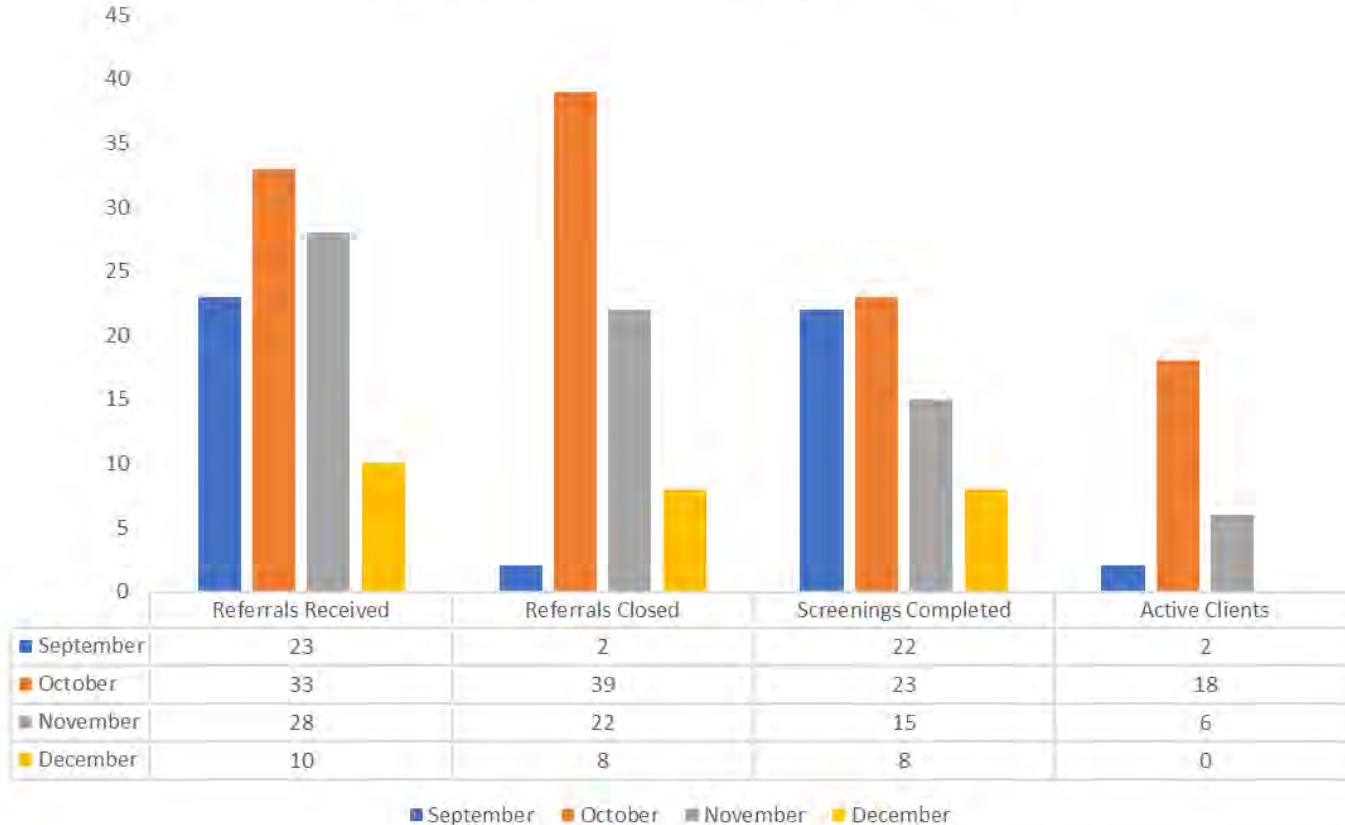
Staffing Update

- ▷ New Clinical Therapist
- ▷ Opening for Behavioral Health Specialist

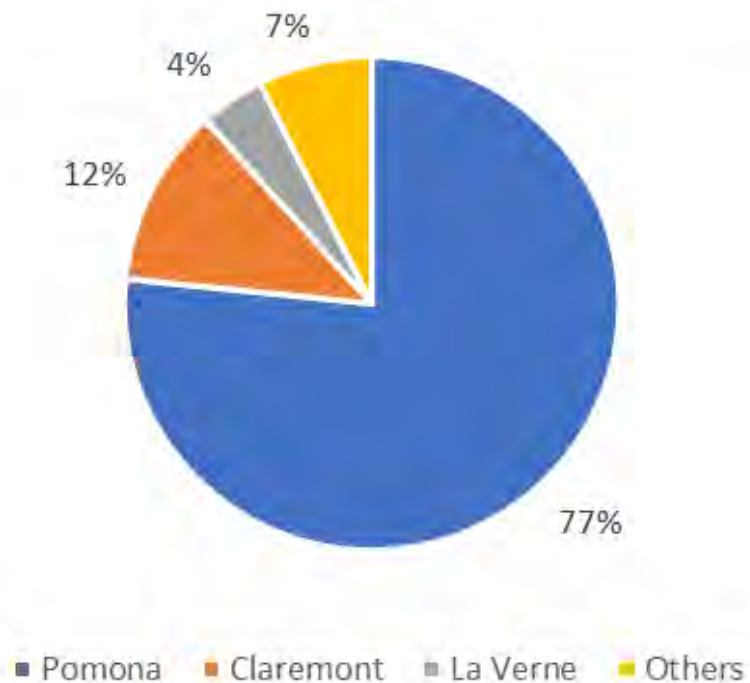
Data: Outcomes and Impact



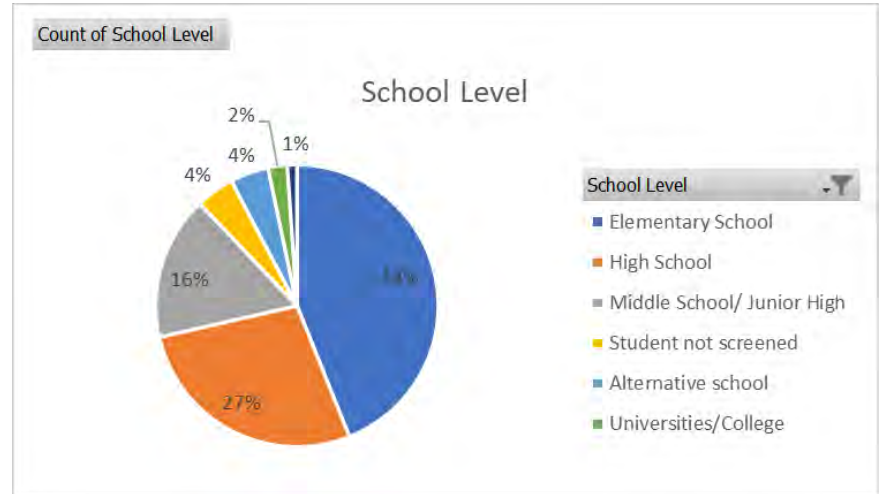
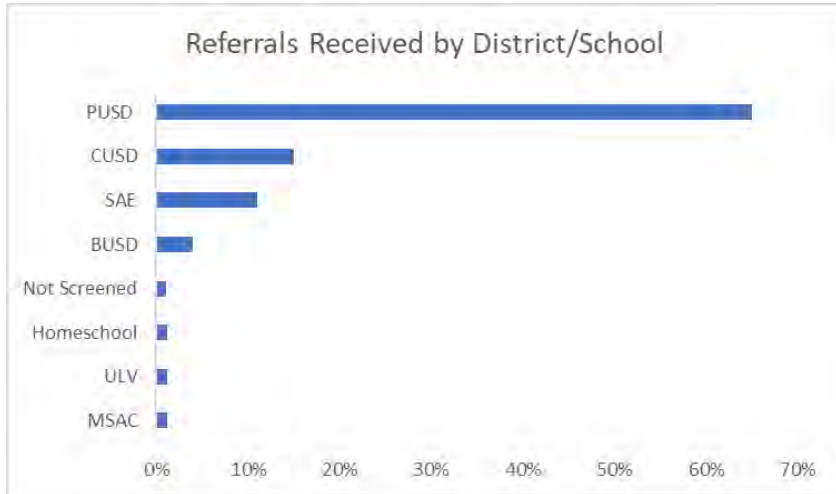
MHSSA Monthly Summary: Sept - Dec 2023



MHSSA Screenings City Data: Sept - Dec 2023



School Info



Program Growth

- ▷ Prevention and immediate response
- ▷ Improving who can access services immediately
- ▷ Connection with elementary schools
- ▷ Increase in referrals
- ▷ Students with private insurance receiving access to services and linkages to long-term care as needed

Discussion: What More in 2024?

- ▷ Potential topics for education/training for parents, educators, and community
- ▷ Outreach and engagement strategies
- ▷ New agencies to include in collaboration

MHSSA Summit

Professional development

- ▷ Interest; planning volunteers
- ▷ Discussion topics
- ▷ Time of year
- ▷ Credits

Upcoming Events and Activities

Training

- ▷ Youth Mental Health First Aid: January 25, 2024
- ▷ Community Resiliency Model (CRM): March 2024
(virtual training--three hours)

Upcoming Events and Activities

Community learning

- ▷ Fathers Group: Dec. 21, 2023 @ 6:30 PM
 - ▷ In-person at the Wellness Center
- ▷ Let's Talk: Dec. 21, 2023 @ 4:00 PM
 - ▷ Hybrid: In-person at the Wellness Center OR via Zoom

MHSSA Webpage Review

- ▶ Test page review
 - ▶ Feedback
 - ▶ Questions
 - ▶ Concerns
 - ▶ Suggestions

Youth Engagement

Online Youth Survey

- ▷ Request for partners to share
- ▷ <https://tinyurl.com/yeysufjz>



Decisions to Make

- ▷ Marketing materials to purchase
- ▷ Topics to address in monthly wellness series
- ▷ Subjects for professional development and community learning

Partner News and Announcements

Comments or Questions?

Next Meeting

8:30 AM Wednesday, January 24, 2024

Happy Holidays!

See you next year!

Thank you!

Liz Renteria
Chief Clinical Officer
erenteria@tricitymhs.org
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Your voice matters

Help shape the future of mental health services and crisis support for young adults in Pomona, Claremont and La Verne

Take our
**Young Adult
Mental Health
Survey**

Scan the QR code



tinyurl.com/yckcvmkt

Tell us what matters to YOU when trying to seek mental health support or experiencing a crisis.

A confidential way for young adults *ages 18-25* to share their voice and lived experience to advocate for change.



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

Survey conducted as part of TCMHA's Mental Health Student Services Act (MHSSA) and Crisis Care Mobile Units (CCMU) grant projects

tricitymhs.org     @TriCityMHS

Tips and resources for adults to better support youth mental health



Join us on Zoom or in-person!

Every 3rd Thursday of the month

Open to educators, service providers, parents, caregivers and community

This Month's Topic
**Reflect. Release.
Recharge.**



December 21, 2023

4:00 pm - 5:00 pm



Tri-City Wellness Center

1403 N Garey Ave, Pomona

Join us for a free wellness workshop to reflect on the past year and make way for the new year ahead!

This interactive workshop will give participants the space to practice self-care and reflect on their year including success, changes and challenges. We'll share strategies, tips and ways to support yourself, your youth and family as a whole.



Register for free

Scan the QR code or visit the link below to sign-up for upcoming workshops!

bit.ly/MHSSAwellness

For more information

Mental Health Student Services Act Grant

Deborah Johnson, LMFT

Child & Family Services Program Manager

djohnson@tricitymhs.org | (909) 766-7307

JOIN US FOR A PARENT MEETUP

Calling all

FATHERS, DADS, PAPIS, BABAS & POPS

Hang out and connect with other parents while watching Thursday Night Football.

Make some time for yourself. If you need support, this space is for you. Open to parents, caregivers, guardians and any father figure of a child. Food provided!



DECEMBER 21, 2023
Thursday | 6:30 PM - 8 PM



TRI-CITY WELLNESS CENTER
1403 N. Garey Ave., Pomona, CA 91767



**FOR MORE
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Funded by the statewide Mental Health Student Services Act (MHSSA) grant.

Tri-City Mental Health Authority
www.tricitymhs.org     @TriCityMHS