



## 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

SEPTEMBER 13, 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/88003382021?pwd=TkJaVzdCd0R0V0lmRE5PRnhORiBpUT09>

**Passcode: Xt7Yr8?w**

**Or Telephone: 1-213-338-8477**

**Webinar ID: 880 0338 2021**

**Passcode: 32202456**

*Posting of Agenda. The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: 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](mailto: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 – *Chair*  
Wray Ryback – *Vice-Chair*  
Carolyn Cockrell – GB Liaison  
Clarence D. Cernal

Isabella A. Chavez  
Nichole Perry  
Joan M. Reyes  
Twila L. Stephens

Alfonso Villanueva  
David J. Weldon  
Toni L. Watson

## **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 JULY 12, 2022 MENTAL HEALTH COMMISSION REGULAR MEETING**

### **III. PRESENTATION**

- A. “RECOVERY MOMENTS” STORY
- B. SEPTEMBER IS SUICIDE PREVENTION AWARENESS MONTH
- C. OVERVIEW OF COMMUNITY STAKEHOLDER ENGAGEMENT REPORTS:
  - 1. CRISIS CARE MOBILE UNITS (CCMU) GRANT
  - 2. MENTAL HEALTH STUDENT SERVICES ACT (MHSSA) GRANT

### **IV. 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, October 11, 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:** September 13, 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)

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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**

**JULY 12, 2022 – 3:30 P.M.**

The Mental Health Commission met in a Regular Meeting on Tuesday, July 12, 2022 at 3:30 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 3:30 p.m.

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

**PRESENT:** Anne Henderson, Chair  
Wray Ryback, Vice-Chair (joined the meeting at 3:37 p.m.)  
Carolyn Cockrell, GB Member Liaison  
Clarence D. Cernal  
Nichole Perry  
Joan M. Reyes  
Twila L. Stephens  
Alfonso "Al" Villanueva  
Toni L. Watson  
David J. Weldon

**ABSENT:** Isabella A. Chavez

**STAFF:** Rimmi Hundal, Executive Director  
Liz Renteria, Chief Clinical Officer  
Ken Riomales, Chief Information Officer  
Dana Barford, MHSA Programs Manager  
Andrea Espinosa, Diversity, Equity, and Inclusion (DEI) Coordinator  
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, Commissioner Watson moved, and Commissioner Cernal seconded, 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. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Stephens, Villanueva, Watson, and Weldon; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez; and Vice-Chair Ryback.

**AGENDA ITEM NO. II**

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

There being no comment, Commissioner Reyes moved, and Commissioner Weldon seconded, to approve the Minutes of the June 14, 2022 Regular Meeting of the Mental Health Commission. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Villanueva, and Weldon; and Chair Henderson. NOES: None. ABSTAIN: Commissioners Stephens and Watson. ABSENT: Commissioners Chavez; and Vice-Chair Ryback.

At 3:37 p.m. Vice-Chair Wray Ryback joined the meeting.

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

Executive Director Hundal reported that Tri-City has various cultural advisory councils to the executive team and the Mental Health Commission, which bring back various things that they are seeing in the Community. She added that a Diversity, Equity and Inclusion Coordinator was hired, Andrea Espinosa, who is doing a good job with the advisory councils and introduced her to the Mental Health Commission.

Andrea Espinosa, Diversity, Equity, and Inclusion (DEI) Coordinator, shared her computer screen and reported that in July we are celebrating BIPOC (Black, Indigenous, People of Color) Mental Health Awareness Month, formerly known as Bebe Moore Campbell National Minority Mental Health Awareness Month. She then talked about Bebe Moore was an American author, journalist and teacher, and most importantly, she was also a mental health advocate who worked tirelessly to shed light on the mental health needs of black communities and other underrepresented communities. She then explained that it is no longer called minority mental health and it is now recognized as BIPOC Mental Health Awareness month because it is a more inclusive language, and focuses on the aspect of client person centered. She then talked about the different activities and webinars hosted by Tri-City, and those in partnership with Justice4Youth. She then invited everyone to share a flyer, and computer backgrounds for BIPOC Mental Health Awareness Month, which can be downloaded from Tri-City's website. She also talked about the advisory councils, stating that there are currently five established and encouraged everyone to share with Community members to attend its meetings; and pointed out that staff is working on establishing our Native American Council and on reassessing the purpose of our advisory councils focusing on establishing its goals and objectives for the future, and strengthening our partnerships with the Community, with the hope that Tri-City is able to connect with more organizations and bring them to the table to hear their opinion, what are the barriers in the Community they serve, how can we better support. In addition, we also working on some outcome measures, to find if what we are doing is helping the Community, accordingly, an outcome measures survey will be distributed to participants and members during.

Commissioner Villanueva welcomed DEI Coordinator Espinosa, and inquired if this component of our program is bilingual because the largest percentage of client Tri-City serves is bilingual. He then commented on his indigenous background; about his involvement in the Chicago movement; about the history of structural racism of our country; about not assuming a victim stance during recovery because there can be no healing; about being underserved because of cultural challenges and stigma; and volunteered to assist in developing a council with the Native American Community here. He then commented that the Commission is oversight and he is looking forward

to working with compliance and he wants to learn as much as possible this next fiscal year in terms of the delivery services provided. He also indicated that Tri-City did not close on Juneteenth since it was a federal holiday and that he is sure that it will be corrected for next year. Lastly, he talked about his concerns about prostitution in the area.

Executive Director Hundal explained that Tri-City's holiday schedule is adopted by the Governing Board in the beginning of the year; thus, this year's holiday schedule had already been approved. However, it will be presented to the Governing Board so that they can approve Juneteenth to be added to the holiday list for next year.

Vice-Chair Ryback commented that staff at Pomona Valley Hospital is also very much focusing on health equity, diversity and inclusion and have a steering committee working on this issue, and expressed wanting to brainstorm some ideas in which they can partner with Tri-City's advisory councils.

Clarence Cernal inquired about the main role or responsibility of the Advisory Council. DEI Coordinator Espinosa replied that the Advisory Council is currently reviewing its purpose and mission statement; that the advisory councils were created to bring in Community members and local organizations to discuss what they are seeing in their Community and Tri-City provides a safe place for them; noting that the advisory councils also help in determining what webinars should be provided based on needs or issues currently facing each Community, and provided several examples; and stated that these advisory councils are open to all Community members. Executive Director Hundal added that they advisory councils also help staff look at Tri-City programs through a cultural lens, making sure that the programs that we have implemented work; that Tri-City is creating a safe space and provide culturally relevant services for everyone who comes for services; and discussed the various issues and things that they focus on to help staff see if there are any gaps in services, what is working, and what needs to be further explored.

Commissioner Villanueva commented that he will do his best to get some elders in the Native American community to reconsider establishing an advisory council that will address native American needs.

Chair Henderson opened the meeting for public comment; there was no public comment.

The Mental Health Commission thanked DEI Coordinator Espinosa for her presentation.

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

Chair Henderson stated that the goals that the Commission has been working on were: 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; and inquired about the status for each of these goals.

JPA Administrator/Clerk Olmos reported only one meeting was cancelled due to a lack of a quorum.

Discussion ensued regarding advance notification to avoid cancelling meetings; about the best way to provide notice about being absent since often times notifications are received within two hours before the meeting; that the require number to have a quorum does not change unless a

Commissioner requests a leave of absence and it is approved by the Commission; and about the importance to hold every meeting since there are agenda items that need to be approved before they are presented to the Governing Board for adoption.

Vice-Chair Ryback recommended to continue the goal to have 100% quorum at all of the regularly scheduled meetings of the Mental Health Commission, since the Commission did not actually achieve it.

Chair Henderson concurred with Vice-Chair Ryback's recommendation and added that it should also include the requirement that if a Commissioner will be absent, to let her know ahead of time, preferably right after they receive the agenda packet. She then inquired about goals 2 and 3.

Commissioner Cernal inquired if there is data regarding on how many Commissioners participate in the Advisory Council programs. Executive Director Hundal replied that she does not believe any Commissioners have participated in the advisory councils; and pointed out that Commissioners do not have to belong to a specific community to attend an advisory council meeting and learn about another Community as well, so if certain times do work for all of them.

Commissioner Reyes shared that in January 2020 the Commission had the goal to meet up with the different underserved groups, and they met at the Claremont library in January for Black History Month; however, no further meetings were held because of the global pandemic sidelined their Community outreach.

Interim Director of MHSA and Ethnic Services Barford commented that during the pandemic Tri-City experienced loss of staff steering the advisory councils because they were assigned to take care of our Community members and provide clinical services or other roles that supported Tri-City. She added that it would be great if any Commissioners participate in the advisory councils as they are rebuilt much stronger and more intentional.

Executive Director Hundal stated that regardless of Commission not being able to do community outreach during the pandemic, the Commission continued to provide feedback, provided ideas, and always were supportive of staff in doing their job during the pandemic; and that the Data Notebook was prepared and submitted on time.

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

Chair Henderson that the Commission should select its goals for next Fiscal Year 2022-23.

Discussion ensued regarding establishing the same goals from last fiscal year since some were not completed; and adding the Data Notebook, to begin in September, since there is a new one for the new fiscal year

There being no further discussion, Commissioner Cernal moved, and Commissioner Reyes seconded to established the following goals for Fiscal Year 2022-23: 1) to have 100% quorum at all of the regularly scheduled meetings of the Mental Health Commission, and required that those Commissioners that will be absent to let the JPA Administrator/Clerk know ahead of time, preferably right after they receive the agenda packet; 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 2022 Data Notebook.

Chair Henderson opened the meeting for public comment; there was no public comment.

There being no further comment, the motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Stephens, Watson, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez and Villanueva.

## **VI. EXECUTIVE DIRECTOR MONTHLY REPORT**

Executive Director Hundal encouraged everyone to attend advisory council meetings and also to help staff pass the message to Community members so that more people can join these meetings. She then provided a Cerner update, stating that staff is full training mode getting ready for the new Electronic Health Record System, in order to be prepared for CalAIM and making sure that we are staying on top of the industry. She also reported that she is meeting with community leaders and Tri-City staff to introduce herself in her new role.

Commissioner Reyes inquired how can the Commission promote the advisory councils to the greater Community. Executive Director Hundal suggested distributing the flyers, and referring people to Tri-City's website, noting that staff will create a new page on the website dedicated to diversity, equity, and inclusion and the advisory councils; of referring them to DEI Coordinator Espinosa who can help answer questions.

Commissioner Watson inquired when code restriction will be lifted and be able to have meetings in person, such as the advisory councils. Executive Director Hundal explained that Tri-City still operating under OSHA guidelines for healthcare agencies, and only certain number of people can gather in person, noting however, that clinical services have never been interrupted and anybody who needs services they have continued to get it, whether in person or online

Chief Clinical Officer Renteria added that staff is following healthcare guidelines, but Tri-City continues to offer some in person services, virtual services, and different kind of telehealth services or if people are coming to the clinic are subject to the same guidelines that you' will experience at the Wellness Center.

Chair Henderson opened the meeting for public comment; there was no public comment.

## **COMMISSION ITEMS AND REPORTS**

Chair Henderson said she was very pleased that Tri-City still supporting Generation Her, the group for pregnant teens and teen mothers, noting that it is very important.

Discussion ensued regarding Generation Her meetings at the Wellness Center, which have been taking place for about eight years in Pomona, also about there being various locations around southern California.

Commissioner Watson said she was very pleased for the support of Wellness Center staff for the Project Return, groups who have been meeting in person, noting that staff always ensures their safety by conducting temperature checks and making sure everyone is wearing a facemask, and for all the support she also receives from staff.

Commissioner Stephens provided housing updates in general, such as the Cities of Baldwin Park and Torrance are opening up their Section 8 wait lists, noting that these wait lists are closed for really long periods of time and when they open is for a very brief window. She also said that the City of Pomona drafted their Housing Element for 2023 to 2029; that they are moving to the zoning update and are in the process of putting together their stakeholder list. Also, that one of our housing partners, Clifford Beers has rebranded to Hello Communities, inspired by the Greek word for all their new mission statement which talks about building holistic paths to develop communities as living ecosystems, which focuses on energy efficiency. Lastly, she reported that the Department of Public Social Services is working with other agencies to provide personal documentation, in other words they are sharing information with other agencies who need it in order to help the person, which will help streamline the process.

Interim Director of MHSA and Ethnic Services Barford inquired about the Commissioners who will work on the Data Notebook.

Commissioner Toni Watson, Joan Reyes, volunteered to help .

Chair Henderson indicated that Commissioners Villanueva, Commissioner Cernal, and Vice-Chair Ryback, who volunteered at the last Commission meeting, along with Commissioners Toni Watson and Joan Reyes, are assigned to form an AdHoc Committee to prepare the 2022 Data Notebook.

#### **PUBLIC COMMENT**

There was no public comment.

#### **ADJOURNMENT**

At 4:58 p.m., on consensus of the Mental Health Commission its Regular Meeting of July 12, 2022 was adjourned. 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, pursuant to Government Code § 54953.

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Micaela P. Olmos, JPA Administrator/Clerk



### **III. PRESENTATION**

A. "RECOVERY MOMENTS" STORY

Presenter: Dana Barford, Director of MHSA and Ethnic Services

B. SEPTEMBER IS SUICIDE PREVENTION AWARENESS MONTH

Presenter: Lisa Naranjo, MHSA Program Supervisor (PEI)

C. OVERVIEW OF COMMUNITY STAKEHOLDER ENGAGEMENT REPORTS:

1. CRISIS CARE MOBILE UNITS (CCMU) GRANT

2. MENTAL HEALTH STUDENT SERVICES ACT (MHSSA) GRANT

Presenters: Liz Renteria, Chief Clinical Officer  
Erin Sapinoso, Program Analyst II (Grants)

Attachment III-C: Agenda Report





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

**DATE:** September 13, 2022

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

**FROM:** Rimmi Hundal, Executive Director

**BY:** Liz Renteria, Chief Clinical Officer

**SUBJECT:** Overview of Community Stakeholder Engagement Reports: Crisis Care Mobile Units Grant and Mental Health Student Services Act Grant

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Summary:

Tri-City Mental Health Authority obtained and is using information compiled and summarized by consultant Octopod Solutions to create corresponding project plans for the Crisis Care Mobile Units grant and the Mental Health Student Services Act grant. Octopod Solutions assembled data and feedback into two reports—one for each grant (included as attachments). TCMHA is using the reports to establish community context and status of mental health and crisis services for youth and families in the local area as well as to design appropriate responses and implementation strategies in collaboration with partners relevant to each grant project. The reports from TCMHA-hosted stakeholder engagement sessions would be beneficial to the community if they are made accessible to the public on the agency’s website, social media platforms, and by sharing with grants partners.

Background:

In March 2022, the TCMHA Governing Board approved to accept a Crisis Care Mobile Units grant in the amount of \$200,000 from the California Department of Health Care Services. This grant is being used for planning mobile units to respond to crises of behavioral health focusing on individuals ages 25 and younger. This project’s purpose is to provide mobile behavioral health crisis services to prevent and divert involvement in the criminal justice system. During this planning period that ends February 23, 2023, TCMHA is assessing community need through stakeholder engagement and developing an Action Plan to address the need for mobile crisis and non-crisis programs.

In March 2022, the TCMHA Governing Board approved to accept a Mental Health Student Services Act grant in the amount of \$3,820,932 (additional \$1,031,272 from round 3 in process) from the Mental Health Services Oversight and Accountability Commission. This grant promotes school mental health as a prime opportunity to reach and serve at-risk children, families, and neighborhoods through December 31, 2026. A portion of these funds are being used for planning, including assessing community needs and strengths. The feedback gathered is informing the design and implementation of a project that fosters school-community partnerships and provides access to mental health services where children, youth, young adults, and families feel comfortable, notably in school.

**Mental Health Commission of Tri-City Mental Health Authority**  
**Overview of the Community Stakeholder Engagement Reports: Crisis Care Mobile Units**  
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TCMHA contracted with consultant Octopod Solutions to obtain qualitative data for the two grants by soliciting feedback from community stakeholders. Throughout May and June 2022, TCMHA hosted 12 feedback sessions in which a total of 114 people participated (including youth ages 25 and under) from agencies that include: Pomona Unified School District, The School of Arts and Enterprise, Bonita Unified School District, Ronyon Elementary School, Claremont Unified School District, University of La Verne, Cal Poly Pomona, The Claremont Colleges, Western University of Health Sciences, Mt. San Antonio College, Pomona Police Department, La Verne Police Department, Claremont Police Department, National Alliance on Mental Illness, Sycamores, Los Angeles County Office of Education, LA County Dept of Child and Family Services, LA County Department of Mental Health, God's Pantry, PFLAG Claremont, Pomona Pride Center, Just Us 4 Youth, San Gabriel/Pomona Regional Center, and Pomona Hope. Target audiences included: middle and high school students (and their parents/guardians), youth ages 18-25, adults who support youth, and general community members and agencies (e.g., faith-based groups, LGBTQ+, youth centers, food pantry, etc.). Clinicians were made available for counseling, and interpreters were made available for translation services in case a need for either arose.

TCMHA staff with Octopod Solutions personnel also met separately with the police department of each city (Pomona, Claremont, and La Verne), Pomona Unified School District, and internal TCMHA clinical staff who work with youth and young adults in crisis to obtain additional insight in more focused group discussions.

TCMHA-hosted stakeholder engagement sessions reports will be accessible to the public through TCMHA's website, social media platforms, and by sharing with grants' partners.

Attachments:

Attachment IIIC-1: *Crisis Care Mobile Units: Stakeholder Engagement Process: Consultant Report-out*

Attachment IIIC-2: *Mental Health Student Services Act: Stakeholder Engagement Process: Consultant Report-out*



# Crisis Care Mobile Unit

*Stakeholder Engagement Process: Consultant Report-out*

06.30.22

— Summary Report submitted to Tri-City Mental Health Authority —

Neel Garlapati

Octopod Solutions | [neel@octopodsolutions.com](mailto:neel@octopodsolutions.com)



## Overview

The consultant report enclosed provides more detail on the process, key findings, recommendations, next steps, and remaining questions that emerged over the course of a roughly three-month stakeholder engagement process conducted from March 2022 through June 2022 for Tri-City Mental Health Authority (TCMHA). TCMHA will use the important data and insights gathered during this process as they continue to build out the scope of their crisis care mobile unit offerings for youth aged 25 and under.

### Major Themes

Over the course of dozens of public meetings, targeted group sessions, one-on-one interviews and strategy sessions, the Project Team was able to identify a set of major themes related to crisis intervention in the Tri-City community. Major themes include:

- Glaring lack of access to psychiatric hospitals and other crisis facilities leading to exorbitant wait times
- Lack of access leading to youth being taken to facilities across the County sometimes great distances from family and community.
- Prioritize culturally competent services
- Reduce stigma and criminalization for youth experiencing crisis
- Need for clear lines of communication and a cohesive, shared approach to crisis management among different institutions involved.

### Next Steps

Octopod Solutions recommends that TCMHA use the analysis and data enclosed within this report to further explore the major themes with a broader swath of the community using surveys and in-depth planning sessions in partnership with school districts, law enforcement, first responders, health care providers and other mental health agencies that specifically focus on crisis care.

*See sections titled “Key Findings” and “Plausible Next Steps” for more details on major themes that emerged and potential paths forward for TCMHA.*

### About Tri-City Mental Health Authority (TCMHA)

TCMHA was established in 1960 through a Joint Powers Authority (JPA) Agreement between the cities of Claremont, La Verne, and Pomona, to deliver mental health services to the residents of the three cities. Through this collaborative effort, TCMHA has been the designated mental health authority for local residents, serving children, youth, adults and older adults alike.

TCMHA offers a broad suite of comprehensive mental health services to support each person's goal for recovery:

- Children, Transition-age youth, and family services
  - **Outpatient Services:** Therapeutic and comprehensive outpatient services to meet the unique needs of children, youth, and their families.
  - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to children, youth, and families with the highest level of need.
- Adult and Older Adult Services
  - **Outpatient Services:** Comprehensive outpatient services for adults ages 18 and over in order to support and facilitate recovery for mental illness.
  - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to adults with the highest level of need.
  - **Field Capable Clinical Services:** Field Capable Clinical Services are intended for persons aged 60 and above who are experiencing barriers to traditional mental health services.
- Crisis Support Services
  - **Supplemental Crisis Services:** Crisis walk-in services, as well as after-hours and weekend phone support to individuals experiencing a crisis and who currently are not enrolled in TCMHA services.
- Prevention and Well-being Programs
  - **Wellness Center:** The Wellness Center is hub of community activities for people seeking improved mental health and wellbeing, including free peer-run groups and supportive services.
  - **Transition Age Youth (TAY) Resource Center:** The TAY Resource Center is an inclusive, welcoming place for teens and young adults and offers a variety of free activities and services to enhance overall wellbeing.
  - **Family Well-being Program:** Free specialized programming to support and address the unique needs of children, youth and families as a whole, including groups and resources.
  - **Employment Vocational Services:** Community members in search of meaningful and gainful employment can access free programming including workshops and hiring events.
  - **Peer Mentoring Program:** Peer Mentoring is a free program that trains volunteers to listen to people who are looking for mental health support.
  - **Therapeutic Community Gardening:** Individuals have the opportunity to plant, maintain and harvest garden produce in weekly garden groups for therapeutic purposes and symptom management.
- Community Support Programs
  - **Community Navigators:** Community Navigators provide free linkage and referral services to assist community members in accessing the services and support they need.

- **Community Mental Health Trainings:** TCMHA offers free trainings to community members and organizations in the TCMHA service area that cover a variety of mental health and wellness topics.
- **Community Well-being Program:** This program provides small grants and technical assistance to help local communities improve their capacity to support the wellbeing of their members.
- **Stigma Reduction:** Stigma Reduction provides resources, events, trainings, and other free programming to reduce the stigma associated with mental illness and seeking help.


## Project Team

- TCMHA Core Project Team
  - Liz (Elizabeth) Renteria, Chief Clinical Officer
  - Debbie Johnson, Child & Family Services Program Manager
  - Erin Sapinoso, Program Analyst II
- TCMHA Support Staff
  - Jessica Arellano, Administrative Assistant
  - Octavio Hernandez, Clinical Supervisor I
- Octopod Solution Facilitation and Analysis Team (*see appendices for biographical information*)
  - Neel Garlapati, Project Lead
  - Kamina Smith, Facilitator: Education and Youth services
  - Karlo Marcelo, Facilitator: Law enforcement and emergency services
  - Maria Servin, Facilitator: Child welfare
  - Rupal Patel: Data and stakeholder analysis

## Stakeholder Process and Goals

### Purpose and Intent

In early 2022, TCMHA received a \$200,000, one-year planning grant from the State of California for the development of a Crisis Care Mobile Unit (CCMU). **The Crisis Care Mobile Unit** grant project is a yearlong planning effort to develop and expand mobile behavioral health crisis services (including linkages to necessary care and support) for individuals ages 25 and younger to prevent and divert involvement in the criminal justice system. The grant for Behavioral Health Mobile Crisis and Non-crisis services (Mobile Crisis) is funded through the California Department of Health Care Services (DHCS). **This grant is referred to as the Crisis Care Mobile Units (CCMU) Grant.** The grant terms dictated that the first stage of



this planning process would require stakeholder feedback and participation to inform subsequent planning efforts.

TCMHA reached out to Octopod Solutions as part of an ongoing conversation about stakeholder engagement to discuss ways to gather feedback from stakeholders in the community through interactive, participatory sessions.

Within roughly the same timeframe, TCMHA also received a multi-year grant from the State of California through the **Mental Health Student Services Act (MHSSA)** to support the broad scope of mental health services for youth. This grant award also included a clearly delineated service planning phase that required an inclusive stakeholder engagement process to ensure that planning activities were informed by community participation.

Given the need for a participatory stakeholder planning process for both the MHSSA and CCMU grants, TCMHA negotiated services from Octopod Solutions to conduct stakeholder engagement efforts related to both grants during the same time frame. In March 2022, Octopod Solutions entered into two separate contracts with TCMHA, after approval by the TCMHA Governing Board on March 16, 2022.

The CCMU grant encourages California jurisdictions to explore creative and innovative approaches to crisis management as levels of youth experiencing mental health crisis continues to increase while access to counselors, hospital beds and specialized care is consistently in short supply. Instead of relying on the existing, already strained resource network, the CCMU grant provides support for the creation of new resources that can alleviate pressure on the entire system by supporting quicker response time, culturally relevant care, and crisis intervention that is closer to home and friends and family for youth in the community.

Because TCMHA often plays an intermediary role between larger institutions such as school districts, law enforcement agencies and health care facilities, it is an ideal partner to lead a planning process around creative, adaptive and mobile resources that could be brought to bear in a crisis situation.

Both grants require a community-focused planning process that integrates feedback and active participation from youth and youth-serving institutions including education, law enforcement, health care and community organizations. Octopod Solutions worked closely with TCMHA to identify key stakeholders and design a process that would engage individuals who were impacted by both the broader mental health systems (MHSSA) and crisis-specific care systems (CCMU).

## Methodology



*In order to minimize the burden on community members to participate in the stakeholder process, Octopod Solutions worked with TCMHA to design stakeholder engagement sessions that would allow for feedback to be gathered on **both** mental health services for youth and crisis-specific services for youth. Participants could share their experiences and feedback relevant to both subject areas in one meeting, rather than asking them to attend two separate meetings.*

Ultimately, the stakeholder engagement sessions, along with additional targeted conversations, provided valuable insights into the experiences, priorities and suggestions that youth and families are concerned with in the Tri-City region including Pomona, Claremont and La Verne. There is significant overlap between the scope of these two grants, but the design of the stakeholder process allowed the project team to differentiate between comments relevant to mental health services, comments relevant to crisis care, and comments relevant to both.


The goal of this process was to provide TCMHA with a clear understanding of the realities facing youth, school counselors, law enforcement and health care practitioners navigating the multiple systems for youth crisis intervention in the region. The project team was looking for participants to share priorities, gaps in service and major concerns of a broad cross-section of the community to help inform their planning process as they continue to build and design both broad mental health and crisis-specific programs and services for youth age 25 and under.

The information enclosed reflects stakeholder feedback particularly relevant to the scope of planning activities for the development of a Crisis Care Mobile Unit serving youth age 25 and under in the Tri-City region. Please see the separate report-out on the Mental Health Student Service Act stakeholder engagement process, for an overview of feedback that broadly covers the entire scope of mental health services for youth age 25 and under in the region.

## Primary Stakeholder Identification

TCMHA has established positive working relationships with many of the entities that are heavily involved in crisis care and crisis management in the Tri-City region. Most notably, law enforcement officials are often the first to be contacted when a mental health situation approaches crisis levels. TCMHA has previously performed training for law enforcement officers across the region and has worked to create positive working relationships. Given this history and their experience, the project team took special effort to engage representatives from the police departments of Claremont, La Verne, and Pomona by setting up preparatory meetings with leadership and creating follow-up conversations with School Resource Officers, mental health specialists and other officers. The National Alliance on Mental Illness (NAMI) was also a key partner and early stakeholder involved in the process.





Additionally, TCMHA and the project consultants worked closely with the following educational institutions, specifically focused on the issue of crisis care:

- Pomona Unified School District
- Claremont Unified School District
- Bonita Unified School District (La Verne)
- School of Arts and Enterprise (Charter)
- University of La Verne
- Cal Poly Pomona

Additionally, when a crisis occurs at a school site, counselors and mental health professionals on the school site often have to coordinate closely with local law enforcement. The project team wanted to use the opportunity for targeted engagement sessions with both school staff and law enforcement officers to get a better understanding for how these partnerships were working, and where there could be room for improvement.

Law Enforcement and Mental health staff who participated in the sessions also shared important feedback about their experiences working with local health care facilities such as Pomona Valley Hospital and Medical Center. Youth are generally only sent to medical facilities and hospitals if a medical issue presents itself, along with the mental health crisis, but the project team was able to ascertain specific feedback about partnerships with different medical facilities and mental health facilities.

TCMHA was clear with the consultant project team that a concerted effort would be required to gather perspectives directly from the youth most affected by the existing crisis care infrastructure. In addition to gathering information directly from school counselors and law enforcement, the project team worked with them to help spread the word and encourage their students to attend the sessions and participate in whatever way they could. Garnering any direct student participation was a challenge because most of the sessions took place in the month of May, when many students at both the K-12 and post-secondary levels were preparing for final exams and the end of the school year. Despite this situation, the project team was able to gather substantive direct feedback from youth that directly spoke to the way crisis care is handled between the different entities in the region.

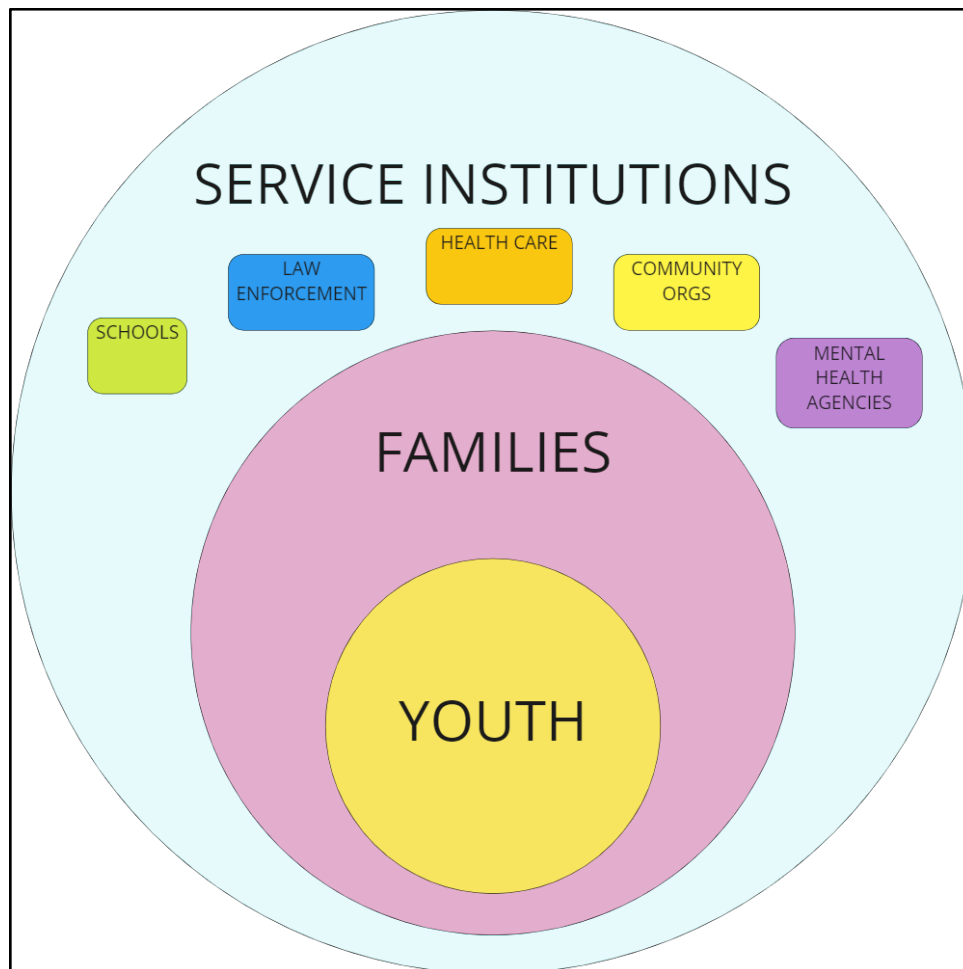


Figure 1: diagram showing key stakeholder outreach priorities

By placing the mental health needs of youth and their families in the community at the center of the project team’s focus, they were able to work through a broad cross-section of service providers from school districts and youth-serving agencies to law enforcement and health care institutions to gather as many different perspectives as possible. *See Appendix 2 for a full list of organizations that were contacted as part of this process.*

## Virtual engagement sessions

Upon approval of the grant receipt and contract for stakeholder engagement in March 2022, TCMHA worked with Octopod Solutions to plan a series of stakeholder engagement sessions that could be completed by late Spring - before most school-age and college-age youth began their summer holiday. Octopod helped create an engagement plan that would fast-track feedback from youth and the people who most closely interacted with them including parents, teachers, counselors, law enforcement officers, mental health professionals and others.

### **Virtual Session Mechanics**

Due to the unpredictable nature of the COVID-19 pandemic, along with a spike of cases in the Spring of 2022, the project team decided to hold all of the stakeholder sessions virtually. The Octopod Solutions facilitation team is highly skilled and experienced in virtual facilitation and was able to use a number of tools to allow participants multiple avenues for participation. Each session was conducted using the Zoom video conferencing platform. Participants could “raise their hand” to speak and share their perspectives, or they could type responses directly into the chat. Additionally, Octopod employed an advanced collaboration tool known as Miro to allow for another avenue for input from participants. Miro functions like a “digital whiteboard” allowing participants to make notes, post digital sticky notes, and give comments or “thumbs-up” to the comments of other participants. The Octopod team has found, over time, that virtual sessions like this actually allow for more diverse participation and greater feedback gathering in a shorter amount of time by creating opportunities for individuals to participate in whatever way feels most comfortable for them.

### **Public Sessions: Inclusivity and Privacy**

For the public sessions, held in May, Octopod Solutions engaged the services of live interpreters in both Spanish and Vietnamese. Additionally, all of the promotional materials, flyers and emails were translated into both languages.

A virtual consent was read aloud and shared with participants (in all three languages) at the start of each session. This helped to set the stage for the type of issues each session would cover, and also reinforced that all youth under age 18 who were participating would need to have a parent or guardian present.

Responses from participants have been stripped of personal information for all of the event summaries and data gathering in this report. Additionally, participants who provided feedback through Miro were able to do so without sharing any identifying information about themselves.

After starting each public session with the verbal consent statement, Octopod Solutions shared a short video presentation (with subtitles in Spanish and Vietnamese) that provided a brief overview of TCMHA: its history, mission, services and the purpose of that day’s session.

### **Approach to Virtual Stakeholder Sessions**

The virtual stakeholder sessions were designed to be engaging for a diverse audience with widely different life and professional experiences and backgrounds. The project team accomplished this by posing broad, open-ended questions that would transition into specific topics to encourage engaging conversation throughout each session. Each conversation was structured to encourage participants to think critically about what mental

health means to them and to think about the services, resources and characteristics of what they would consider a “healthy” community.

With this conceptual grounding, the facilitators encouraged participants to dive further into specific experiences related to mental health services and crisis care that they or friends and families had undergone in the educational, law enforcement, and health systems. Drawing upon these experiences, the project team posed broad, open-ended questions that transitioned into more specific topics, to encourage engaging conversation throughout each session. The facilitation team asked participants to share their own analysis of what worked and what didn’t work for them in navigating mental health in the community. Finally, each session closed by asking participants to synthesize the conversation and draw upon their own experiences to share specific suggestions and ideas for a future of mental health services and crisis care that meets the needs of youth in the community.

*Please see appendix 1 for a listing and detailed summary of each of the stakeholder engagement sessions.*



*Figure 2: Facilitation approach to stakeholder sessions*

### Targeted sessions

In addition to the seven public sessions that were offered to community members in May 2022, the consulting worked with TCMHA to develop targeted stakeholder sessions specifically focused on groups and individuals that had the most exposure to the youth crisis care systems. In those meetings, the project team conducted a series of targeted stakeholder engagement sessions school district officials, including mental health

professionals, and with a highly engaged group of front-line crisis counselors and youth and family counselors from TCMHA. The project team also conducted targeted sessions with each of the three police departments (La Verne, Claremont, and Pomona), focused on officers who serve as school resource officers and who respond to calls dealing with youth mental health issues.

A key focus of these calls was on the level of partnership and collaboration that existed between different types of agencies including K-12 schools, colleges and universities, law enforcement, hospitals and mental health facilities. These targeted sessions were structured differently from the public sessions, with slightly less focus on establishing the conceptual framework of mental health work, and more focused on diving into details of partnerships, collaborations and specific crisis interventions.

*Please see appendix 1 for a listing and detailed summaries of targeted stakeholder sessions.*

## Survey tool development

In addition to a series of both public and targeted stakeholder engagement sessions, Octopod Solutions worked closely with the Project Team to put together a survey for residents of the cities of Pomona, Claremont, and La Verne. This survey can serve as a suitable follow-up for participants of the stakeholder sessions and a way to engage individuals who were not able to participate in those meetings. **Octopod Solutions recommends launching and distributing this survey as the immediate next phase of stakeholder engagement.** Leveraging the relationships and trust established by many close collaborators of TCMHA will be helpful in ensuring wide distribution and participation in the survey. The survey can also help to verify, provide additional detail, or challenge the findings that emerged from the stakeholder sessions.

Octopod Solutions recommends a separate survey for mental health services and for crisis care. **For crisis care, we recommend a survey specifically distributed to youth and families who have experienced mental health crises, along with service providers who specialize in crisis response.** This survey would be structured differently from the broader mental health services survey, because it will be specifically focused on each youth and family member's experience during a time of crisis and seek to elicit specific feedback about how they could have been better served during that time.

## Key Findings from Stakeholder Engagement

A key principle established by TCMHA in partnership with Octopod Solutions was to prioritize and elevate the lived experiences of youth and families whenever possible. Though the majority of the total participants in stakeholder sessions were adults, the youth and parents who did participate shared substantive, powerful perspectives which the project team has sought to highlight. We anticipate these perspectives will be critical to TCMHA in helping to determine priorities and identify areas for improvement.

Please see appendix 1: Meeting summaries, for detailed notes on the feedback received in each of the public and targeted meetings.

## Lived experiences of youth in the Tri-City region

Significant themes emerged from youth comments over the course of the stakeholder engagement sessions, particularly as it related to crisis response. Specific experiences included the following, along with direct quotes from youth:

- **Systems are either inaccessible due to cost or other barriers or too busy to serve students in times of need**
  - “Free crisis lines are sometimes full, and they can’t help fast enough”
  - “I would also make therapy free for at least one session, then you can see how money will work out.”
- **Experience of criminalization during mental health crisis**
  - “I do understand they [police] just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.”

## Key reflections from other community members

In addition to youth and their parents, significant feedback was gathered from Law Enforcement officers, including School Resource Officers, who are often among the first to respond when a mental health crisis occurs. Additionally, counselors and mental health staff in the K-12 setting provided important real-life experience to shed perspective on crisis situations and how youth and families navigate them. Key themes that emerged included the following:

- **Services are slow during moments of crisis**
  - “I know parents and children are often frustrated that someone cannot provide in person response as often or quick enough” - Mental health professional
- **Lack of cohesive philosophy around crisis management between school staff, law enforcement and mental health agencies.**
  - “We used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we’ve tried to advocate for them, they aren’t happening. Everyone is moving so fast but missing some client care.” - Mental health professional
  - “In the past we have had to respond when the school administrators don’t want to wait too long after school hours even though they know that the students trigger is a police officer” - Law enforcement officer
  - “Police are mostly helpful when needed. Their [Pomona PD] mental health team is great. If a non-mental health team shows up to a call, they are often not as helpful.” - Pomona USD staff
- **Lack of access and over capacity at specialized crisis care facilities**

- “Right now, mental health is so impacted, and it is hard for anyone to get timely care. We need more local hospital beds for mental health care. How many beds do we have at PVH in the ER? We then need all the follow up care for those who are hospitalized.” - Mental health professional

## Community Perspectives: What works? What doesn't work?

During the varied slate of stakeholder engagement sessions, Octopod Solutions encouraged participants to be specific with their feedback. Participants spoke about their own experiences and how those experiences informed their opinions about what crisis approaches, processes and interventions were effective, and which ones were ineffective.

The list below highlights the most common themes, including any topics where youth themselves shared opinions:

### Process Note:

Each time a topic was raised verbally, by a participant in the digital Miro board, or by using the zoom “chat” feature, Octopod Solutions logged it as a “mention.” The data below represents all of the “mentions” tracked by the consultant team over the project period. At times, even though a subject was “mentioned” only once, it is noted as significant in the report because of the quality and length of discussion that followed it.

Additionally, Octopod Solutions made sure to note whenever a comment, question or suggestion was raised by a youth participant. These figures are also noted in the data below. This is likely an under-reporting of youth participation, because anyone who participated directly using the Miro tool was able to do so anonymously without any attribution to their identity.

### What works?

- **Dedicated/trained trauma response team** (15 mentions)
- **Peer support** (10 mentions, including one youth)
- **Collaboration/partnership across sectors** (8 mentions)
- **Establishing trust** (6 mentions)
- **Clear definition of what constitutes a crisis** (5 mentions)
- **Follow-up/Follow-through post-crisis** (4 mentions)

### What doesn't work?

- **Access and wait times during crisis** (29 mentions, including one youth and one parent).
- **Support staff without proper training** (18 mentions, including one youth)

- **Criminalization** (11 mentions, including one youth)
- **Lack of education/awareness on how to handle crisis** (11 mentions, including one youth)
- **Shortage of facilities/beds** (11 mentions)

## Community-supported Initiatives and Interventions

### Increased options for 24/7 care

*(19 mentions, including at least one youth)*

A common theme expressed by law enforcement, youth, and professional staff was that crisis situations often do not arise during standard business hours. As limited and overburdened as mental health facilities are during standard business hours, they are even more stretched during late-night hours. Law enforcement officers working graveyard shifts expressed struggle to support youth experiencing crisis while being responsive to their other duties, while many specialized mental health facilities have significantly limited capacity during late-night hours.

### More beds and staffing

*(16 mentions)*

The lack of beds in mental health facilities leads to exorbitant wait times and youth who are transported as far as downtown Los Angeles to receive emergency mental health care. Charter Oak Hospital was noted as a first choice for many responding officers and other first responders, but when Charter Oak is at capacity, it can lead to long, frustrating, and scary waiting game for youth and families in crisis. Youth often have no control or knowledge of where they are being transported, and the further from home they go, the more uncertainty and anxiety they are likely to experience.

### Decriminalization strategies

*(14 mentions)*

During the stakeholder sessions, law enforcement officers were as quick as youth and mental health professionals to acknowledge that being handcuffed and placed in the back of a police car during a mental health crisis often adds to the trauma that youth are already experiencing. Unfortunately, given the crisis at hand and the existing protocols, this is sometimes the only option available. Many law enforcement officers were open to strategies that would reduce or eliminate the need for criminalization approaches. One officer even went so far as to say they would welcome a mental health professional in each police vehicle. Additionally, school resource officers expressed success by speaking to youth in an authentic, non-threatening way that builds upon previous relationships. They



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also found that being honest about their own mental health challenges or experiences helped to build trust.

## Culturally Competent crisis response

*(14 mentions, including at least one youth)*

For youth who are already in the midst of a significant mental health challenge, the presence of a culturally competent responder can help to de-escalate or prevent the crisis by identifying with the specific cultural experiences and challenges that each individual may be experiencing. Additional training and staffing to ensure cultural competence in crisis situations was recommended in almost every session.

## Location-based services

*(13 mentions)*

The lack of beds for youth who are put on an emergency hold creates glaring problems with wait times, transportation, and lack of intermediate care. Many participants expressed a need for stronger location-based services, operated in partnership with schools and local community-based organizations. Facilities like drop-in crisis centers could help to prevent or de-escalate a crisis before it reaches a level that requires a police response.

## Peer support programs

*(10 mentions)*

There was strong support for peer mentoring and peer support both in the realm of broad mental health services, but also in dealing with crisis circumstances. Several session participants made the point that when a youth is experiencing a crisis, they are less likely to listen to any adult, whether it is a counselor, a police officer, or a relative. In these instances, the words and compassion of a trusted peer can help alleviate the crisis experience for certain youth.

## Plausible Next Steps

Over the course of stakeholder engagement sessions, there were certain challenges and opportunities that came up repeatedly, regardless of the specific groups that were participating. The project team drew heavily upon these conversations to pull out the community-supported initiatives and interventions listed above, along with perspectives on what works and what doesn't work. The CCMU grant will be in a planning phase for the remainder of the year. Extensive planning and collaborative work will need to be done before specific programs are ready to request additional funding for implementation. Octopod Solutions offers a set of plausible next steps, drawing upon the stated priorities of community stakeholders, to help advance these collaborative planning efforts:

## Wide distribution of mental health access surveys

Octopod Solutions worked closely with the core TCMHA project team to develop a set of survey questions that could help determine the usage, trust and experiences of youth and families with the mental health systems in the region. Octopod Solutions recommends distributing the existing survey draft to as broad a list as possible in Q3, 2022. Following that survey distribution, a follow-up survey focused just on survey respondents and participants in the stakeholder process can help to provide more detailed experiences and constructive criticism of existing systems. The audience for the second survey, to be distributed in late 2022, would be focused on individuals who have already expressed willingness to share their opinions about mental health services in the region and more likely to provide detailed, action-oriented feedback.

## Multi-Sector convening on local trends and concerns youth crisis management

The stakeholder engagement process consistently revealed that TCMHA is seen as a trusted, innovative entity within the tri-city community. Octopod Solutions recommends that TCMHA considers ways to use this positive community standing to serve as an impartial convener between school districts, police departments and health care institutions in sharing information and developing common approaches. Currently, there are no regular meetings between all of the organizations across the region that participate in crisis care. Tri-City is well-positioned to take or facilitate an initial step towards this goal with a focus on identifying and prioritizing key issues in communication and collaboration.

## Strategic planning to increase 24/7 care options, with a shared focus on mitigating overnight bed shortages.

The lack of adequate overnight psychiatric care beds was a pressing need identified by many different stakeholders. TCMHA itself may not have the ability to increase the number of beds, but it can work collaboratively with partners to develop creative approaches to late-night crisis intervention, with a focus on instances where local beds are not available. Octopod Solutions recommends that TCMHA works closely with partners in law enforcement, health care and education to develop a strategic approach to mitigating the shortage of overnight beds. Long-term, the development of a full CCMU program will help mitigate these challenges, but in order for that to be most effective, the participating agencies will need to collaborate on a shared plan of action, priorities and commonly understood responsibilities. This also creates an ideal opportunity to work collaboratively on advocacy. While any one institution does not have the ability to single-handedly alleviate the shortage of overnight accommodations for youth in crisis, by working together, institutions across the region can advocate at the State and County level for resources that could have a significant impact.

## Multi-sectoral initiatives focused on the well-being of front-line staff and caregivers.

The work of TCMHA sits at the intersection of many different career fields including health care, education, and law enforcement. At each of these institutions, the staff often face a day-to-day barrage of trauma, uncertainty, and ongoing mental health challenges. TCMHA could offer peer-to-peer counseling services as a community benefit, or work with local agencies to free up time for this important caregiver benefit. In addition to offering the services, TCMHA can recruit a pilot “class” of law enforcement officers, school counselors and health care providers to take part in the program, on a trial basis. The results of this pilot program could be used to seek funding for a more expansive, region-wide program that can serve all law enforcement, education, and health care staff, along with the staff of other nonprofits and community organizations. TCMHA already uses the Community Resiliency Model to offer training in wellness skills that community members can use to help deal with the day-to-day realities of stress and trauma. Octopod Solutions recommends that TCMHA examine the effectiveness of this curriculum and consider adapting and scaling it to serve a broad cross-section of front-line care workers.


## A Vision for the Future

### What does a supportive community look like?

Early in each session, participants were asked how they define mental health within their communities. At the end of each session, participants were asked to determine what resources, services, and tools they would add to their communities if they had a “magic wand.” Comparing the answers to these two questions is instructive because it ties together people’s vision for a healthy community with the actual resources needed to achieve it.

These comments tie back to themes raised in the broader question of how participants define mental health and what the idealized healthy community they imagine is:

- Wellness: emotional and spiritual
- Self-care
- Composure
- Peace
- Balance
- Recovery
- Welcome
- Low barriers to access
- Equitable and just
- Interconnected
- The ability to thrive



Over the course of the meetings, these ideas evolved into specific, targeted concepts that can be applied as TCMHA continues on a planning process to guide crisis intervention services in partnership with local law enforcement, health care providers, schools and community members.

- Culturally relevant response to crisis
- Staffing level that meets the need
- Teams specific to crisis-response
- Youth access without stigma
- More mental health response, fewer law enforcement
- Law enforcement that receives comprehensive youth crisis training
- Adequate, comfortable transportation
- Crisis centers that are accessible and welcoming

## Appendices

- List of Stakeholder meetings, including summaries with chat transcripts and Miro Board from each meeting
- Outreach list
- Outreach flyer and materials
- Suggested survey template for continued feedback
- Octopod Solutions, Project Team bios



# Appendices

- **Appendix 1:** Stakeholder Engagement session summaries with chat transcript and Miro virtual white boards.
- **Appendix 2:** List of organizations and institutions invited to participate in stakeholder engagement process.
- **Appendix 3:** Three-language flyers distributed as part of outreach for stakeholder engagement
- **Appendix 4:** Suggested survey template for continued feedback and engagement.
- **Appendix 5:** Octopod Solutions, Project Team Bios



# TCMHA Stakeholder Meetings

## CCMU and MHSSA Planning Process

May - June 2022

### Public Stakeholder Meetings:

- 05.03.22: K-12 Students, staff, teachers
- 05.04.22: Higher education communities
- 05.05.22: Adults who support youth (counselors, first responders, teachers, etc...)
- 05.10.22: K-12 Students, staff, teachers
- 05.11.22: Higher education communities
- 05.12.22: Adults who support youth (counselors, first responders, teachers, etc...)
- 05.18.22: Open community session

### Targeted Stakeholder Meetings:

- 05.19.22: Pomona Police Department
- 05.26.22: Claremont Police Department
- 06.01.22: Pomona Unified School District Mental Health team
- 06.07.22: La Verne Police Department
- 06.14.22: Tri-City Mental Health Services internal staff

# Public Stakeholder Meeting: K-12

May 3, 2022

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## Meeting Information

- Total attendance: 6
- Total registered: 7
- Number of youth age 12-17: 1
- Number of adults: 6
- Number of School personnel: 1
- Number of Mental Health personnel: 5
- Parents/family members (self-ID): 1
- Other: Student participant from School of Arts and Enterprise

## Summary of Key Points

1. Very challenging for parents and youth to navigate and access mental health system (from 4 mentions from MH personnel and 1 student in zoom chat)
2. Lack of education/awareness around mental health and available mental health services (from 3 MH personnel and 1 student in zoom chat, 1 note in Miro)
3. Long wait times and inaccessible appointment times for youth (from 3 MH personnel and 1 student in zoom chat, 5 in Miro)
4. Cultural or other external stigma in accessing mental health services (1 MH personnel and 1 student in zoom, 1 in Miro)
5. Money prevents access to care (1 student in zoom, 1 in Miro)
6. Doesn't work when youth are shamed (1 MH personnel and 1 student in zoom, 4 in Miro)
7. Mental health staff also need mental health services (i.e. burn out) (1 MH personnel in zoom, 2 in Miro)
8. Shortage of resources (i.e. hospital beds, hotline staff, (4 in Miro)
9. Challenge for minors without supportive adults (5 in Miro)
10. What works: when youth feel heard and when staff have good connections with community partners (5 in Miro)
11. Lack of control or communication of outcomes when accessing mental health services (1 MH personnel in zoom, 3 in Miro)
12. Need more staff with lived experiences (1 in Miro)

## Featured Quotes/Lived Experiences

- *Mental health is a muscle you have to work, and as a teenager from my perspective it's super important to find something that works that muscle, and while it's hard I'll keep trying.*
- *I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings*
- *Free crisis lines sometimes are full and they cant help fast enough*

- *I do understand they [police] just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.*
- *I would also make therapy free for at least one session, then you can see how money will work out.*

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Maria Servin)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Rafael Nieves

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

17:36:41 From Facilitator1 to Everyone:

[https://miro.com/app/board/uXjVO4SlbXc=?share\\_link\\_id=464130110481](https://miro.com/app/board/uXjVO4SlbXc=?share_link_id=464130110481)

18:11:22 From Facilitator1 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

18:12:01 From Facilitator2 to Everyone:



Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us:  
[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:12:14 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:12:39 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:17:19 From Pomona Student with Parent to Everyone:

Hello my name is XXX, Im with my mom and we are both team kitkat

18:17:21 From Facilitator2 to Everyone:

Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us:  
[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:20:18 From MH Personnel, she/her/hers to Everyone:

balance

18:20:40 From MH Personnel to Everyone:

Balance and Joy

18:20:48 From Pomona Student to Everyone:

I wrote happy lol

18:21:02 From MH Personnel to Everyone:

positive energy

18:21:26 From MH Personnel to Everyone:

Participation

18:22:02 From MH Personnel to Everyone:

Whole person wellness

18:22:44 From MH Personnel to Everyone:

mental health is all of us, wellness quality of life

18:23:03 From Pomona Student to Everyone:

Mental health is a muscle you have to work and as a teenager from my perspective its super important to find something that works that muscle, and while its hard Ill keep trying.

18:23:27 From MH Personnel , she/her/hers to Everyone:

having a support system to turn to

18:23:49 From MH Personnel to Everyone:

Right now mental health care a very complicated system, that is hard to navigate and challenging to work in

18:24:14 From Pomona Student to Everyone:

Yes!

18:24:48 From MH Personnel to Everyone:

lack of information, access, education

18:25:13 From Pomona Student to Everyone:

Outside forces like people and anxiety

18:25:35 From MH Personnel to Everyone:

willingness to talk about it with out fear of judgement

18:26:15 From MH Personnel , she/her/hers to Everyone:

Stigma whether that be family, culture, community

18:28:32 From MH Personnel to Everyone:

Difficulty accessing care without a supportive adult

18:28:46 From MH Personnel to Everyone:

limited, unaware of services, minors who don't have parents who are understand/support

18:29:07 From MH Personnel to Everyone:

Time doesn't meet youth schedule

18:29:10 From Pomona Student to Everyone:

I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings

18:29:22 From MH Personnel to Everyone:

Technology underutilized

18:29:36 From MH Personnel to Everyone:

some youth are aware of their MH and are open to discuss/disclose their struggles

18:30:53 From Pomona Student to Everyone:

Money

18:30:57 From MH Personnel to Everyone:

other youth don't know enough about MH to understand what they're going through

18:31:33 From MH Personnel to Everyone:

don't trust professional health or adults

18:31:40 From MH Personnel , she/her/hers to Everyone:

reliant on others to access

18:32:09 From MH Personnel , she/her/hers to Everyone:

Don't want parents to know what they are discussing

18:33:29 From MH Personnel , she/her/hers to Everyone:

I have heard youth and families not wanting police involvement and this often deters them.

18:35:28 From Pomona Student to Everyone:

And free crisis lines sometimes are full and they cant help fast enough

18:35:56 From MH Personnel , she/her/hers to Everyone:

lack of resources for those who may need more care like hospitalizations.

18:37:58 From MH Personnel , she/her/hers to Everyone:

I know parents and children are often frustrated that someone cannot provide in person response as often or quick enough

18:40:53 From MH Personnel to Everyone:

long waits

18:41:26 From MH Personnel to Everyone:

the system is hard to navigate when you're well and have the patience to learn the process, but we know most start the process when they're in crisis and tend to get frustrated and give up or not get help they need.

18:42:14 From MH Personnel , she/her/hers to Everyone:

in a mental health crises: I know youth and family often feel like they don't have a choice or say regarding outcomes

- 
- 18:42:28 From MH Personnel to Everyone:  
the wait period was already long before covid and now it's even longer
- 18:43:59 From MH Personnel to Everyone:  
difficult to understand, scary
- 18:44:30 From Pomona Student to Everyone:  
Stressful its makes the brain do backflips and your mind just thinks about too much
- 18:48:18 From MH Personnel to Everyone:  
Works: when the youth's voice is heard and their strengths are highlighted
- 18:49:02 From MH Personnel to Everyone:  
doesn't work : when youth are shamed
- 18:52:40 From Pomona Student to Everyone:  
I do understand they just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.
- 18:57:21 From MH Student to Everyone:  
More people on life or crisis lines, and if not like amazingly well AI. I would also make therapy free for at least one session, then you can see how money will work out.
- 18:58:00 From MH Personnel , she/her/hers to Everyone:  
to add to the question about what doesn't work is that we also have staff who are burnt out taking crises calls. SO staff well being is also important in making sure the best crises services are provided and mental helath services.
- 18:58:16 From Pomona Student to Everyone:  
And classes for parents to actually make their children feel safe and how to work through stuff together and or as a family.
- 18:58:58 From Facilitator1 (he/him) to Everyone:  
[neel@octopodsolutions.com](mailto:neel@octopodsolutions.com)
- 18:59:21 From MH Personnel , she/her/hers to Everyone:  
more resources, crises specific teams
- 19:00:08 From Facilitator1 (he/him) to Everyone:  
[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

Feel free to copy-paste an image or meme that inspires you!

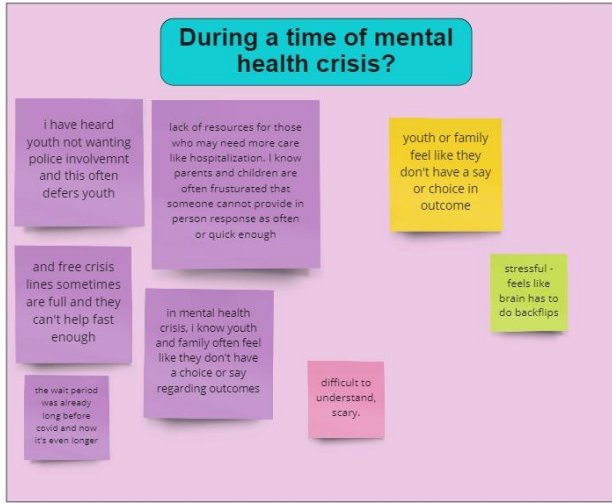
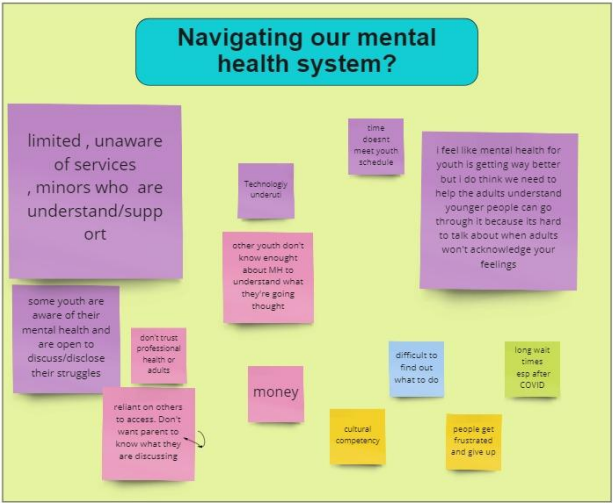
A Miro board featuring several sticky notes with the following text: Chicana, Hope, happy, Social Worker, work, Gen X, participation, balance, positive energy, balance and joy, and open green/park space!!!. To the right of the sticky notes is a green tree icon with a yellow sticky note attached to its base that says "open green/park space!!!".

A Miro board titled "What does Mental health mean to you?" with the following sticky notes: disparities of access, all of us, lack of information, challenge to work in - underresourced, Under-resourced and under-managed, outside forces like people & anxiety, no continuity, support system, fear of judgment, challenging requirements, whole person wellness, stigmatized by family, culture, community, wellness quality of life, muscle you have to work, complicated system, peace, hard to navigate, lack of access, and lack of education.

## What words come to mind in describing:



## What has been the experience of you or youth you know in our region?



**Given what you know about our mental health services for people age 25 and under:**

### What works?

- works when the youths voice is heard and their strengths are highlighted
- having providers that clients can relate to and understand them, having a connection, they will return
- when the youth's voice is heard and their strengths are highlighted
- staff have good connections with community partner and staff really care about clients they serve, thinking of ways to do more around engagement and outreach, its a tricity strength
- mental health professional embedded where youth are. Having someone skilled on site to take action.
- father appreciated everyone in tricity, he felt comfortable

### What doesn't work?

- wait times
- I just wanted to talk to somebody
- mobile crisis unit is housed under police dept and youth gets detained/arrested instead of heard
- youth are shamed
- I do understand they just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it. I feel like it can be handled better to make the person feel better.
- rush to problem solve rather than hearing what the other person has to say. What people go through now often differs from what older generation experience
- don't have enough individuals that have experience mental health crisis respond or support someone.
- lack of communication on outcome, just talking to th child and not the parent

**Given what you know about our crisis care for people age 25 and under in this region:**

### What works?

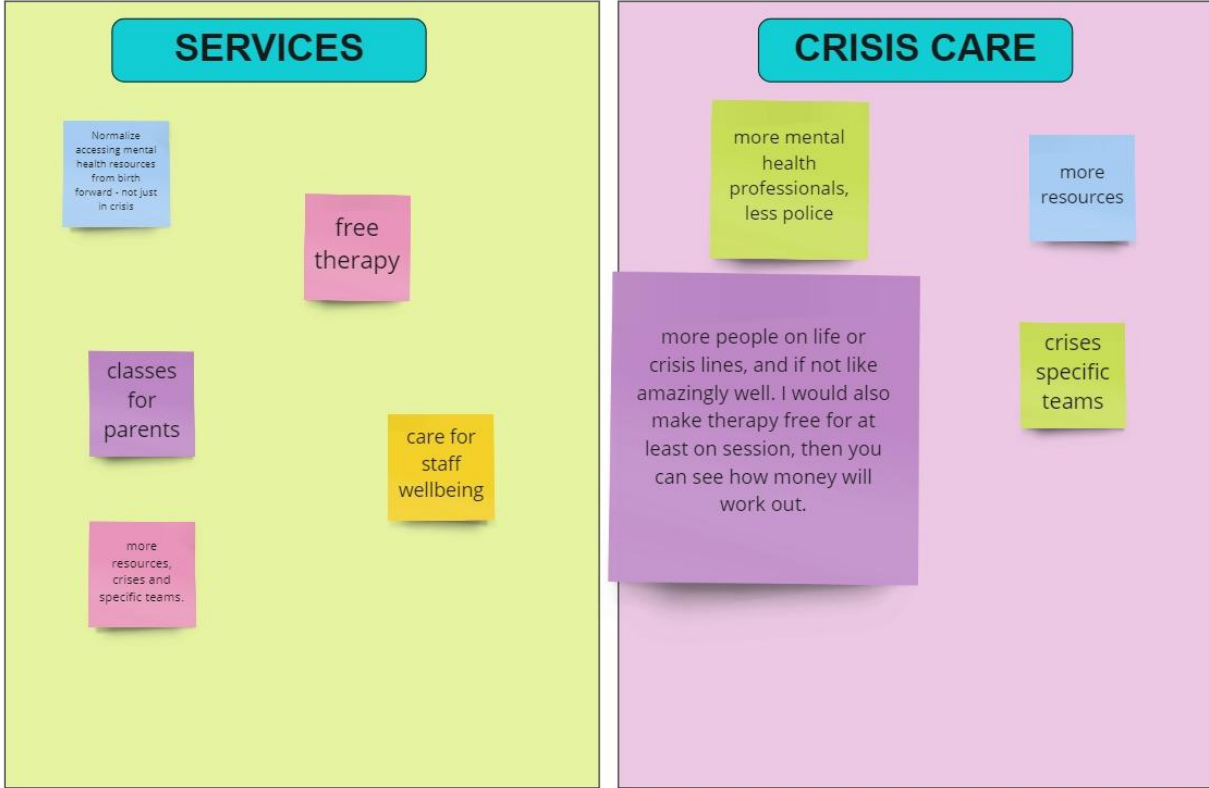
- appreciated meeting every tri-cities team member and they were not judgmental
- mental health professionals and training programs available to spot & respond to crises

### What doesn't work?

- can't control outcome - shame to be arrested or handcuffed; doesn't make you feel safe
- Need more people w lived experiences helping navigate crisis
- not enough training or experience in crisis team for youths vs adults
- when poeple don't communicate about the outcome/process to parents
- staff who are burnt out taking crises calls. So staff well being is also important in making sure the best crisis services are provided and mental health services.
- care for staff responding to crises



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Higher Education

May 4, 2022

## Meeting Information

- Total attendance: 9
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2 registered
- Number of adults: 9
- Number of School personnel: 4
- Number of Mental Health personnel: 5

## Summary of Key Points

1. Challenging, overwhelming, confusing to access mental health services (4 in miro)
2. Staff mental health should be included (1 in miro)
3. Validating and acknowledging client's mental health experience works (3 in miro)
4. Integrating culturally competent care works (2 in miro)
5. Lack of awareness of process or resources (2 in miro)
6. Lack of housing interventions (1 in miro)
7. Having trained professionals respond works (3 in miro)
8. Collaboration and col-locating services with libraries, schools, hospitals, etc. works (1 in miro, 1 School Professional in zoom)
9. Criminalizing crisis doesn't work (1 in miro)
10. Staff also need mental health support (1 School Professional in zoom)

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?



0:52 - 1:00	If you had a Magic Wand
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## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript *(Identifying Information removed)*

18:10:55 From Facilitator1 (he/him) to Everyone:

bit.ly/3LiFE0r

18:11:47 From Facilitator2 to Everyone:

Hi Everyone! We will be using a tool called Miro to collaborate together this evening.

Please click the link to join in the conversation:

[https://miro.com/app/board/uXjVO4Sucs0=?share\\_link\\_id=743903368044](https://miro.com/app/board/uXjVO4Sucs0=?share_link_id=743903368044)

18:12:09 From Facilitator2 to Everyone:

There is no need to register

18:12:13 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4Sucs0=?share\\_link\\_id=743903368044](https://miro.com/app/board/uXjVO4Sucs0=?share_link_id=743903368044)

18:20:06 From Claremont School Employee to Everyone:

College Students; High School Students - Underrepresented, underprivileged youth/adults in Claremont and in LA and the Inland Empire

18:20:27 From Pasadena Unhoused Services Employee to Everyone:

Represent unhoused, unstably housed youth and youth adults throughout San Gabriel Valley

18:21:13 From Walnut School Employee to Everyone:

Healthy ,

18:21:27 From Claremont School Education to Everyone:

College students who work with other college students and underaged youths.

18:22:31 From MH Personnel to Everyone:

LGBTQ+ services

18:29:17 From Claremont School Employee to Everyone:

It's hard to practice what we preach... sometimes we ask our students/scholars to practice it when we ourselves have a difficult time to balance our own mental health (with all the responsibilities that we may have)

18:34:06 From Claremont School Employee to Everyone:

It's also hard to practice taking care of our mental health when societal norms are to do more, add more on your plate and/or just push through these challenges.

18:57:15 From Claremont School Employee to Everyone:

I'm not how to say this coherently but to somewhat lessen expectations of a "successful" student/scholar - thinking about students - they are constantly expected to perform and perform well to do the next thing (in life)

18:57:29 From Claremont School Employee to Everyone:

I'm not sure\* how

18:59:45 From Walnut School Employee to Everyone:

Co-locating? Establishing spaces in different programs/part of towns like colleges? Libraries?

19:00:32 From Facilitator1 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

19:00:33 From Claremont School Employee to Everyone:

And to take a step back even further, challenge the systems which create oppressive situations which fracture our mental health.

19:01:11 From Claremont School Employee to Everyone:

Thank you so much for this "round table" discussion!

19:01:27 From Claremont School Employee to Everyone:

Thank you! 🙏

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

Feel free to copy-paste an image or meme that inspires you!



## What does Mental health mean to you?



## What has been the experience of you or youth you know?

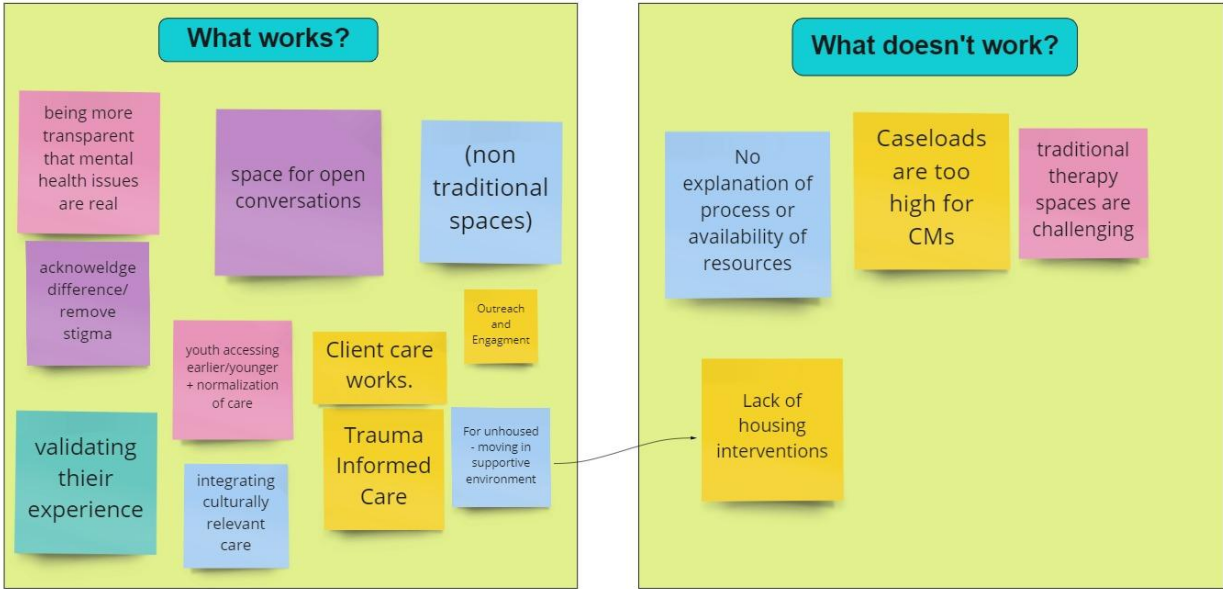
### Navigating our mental health system?



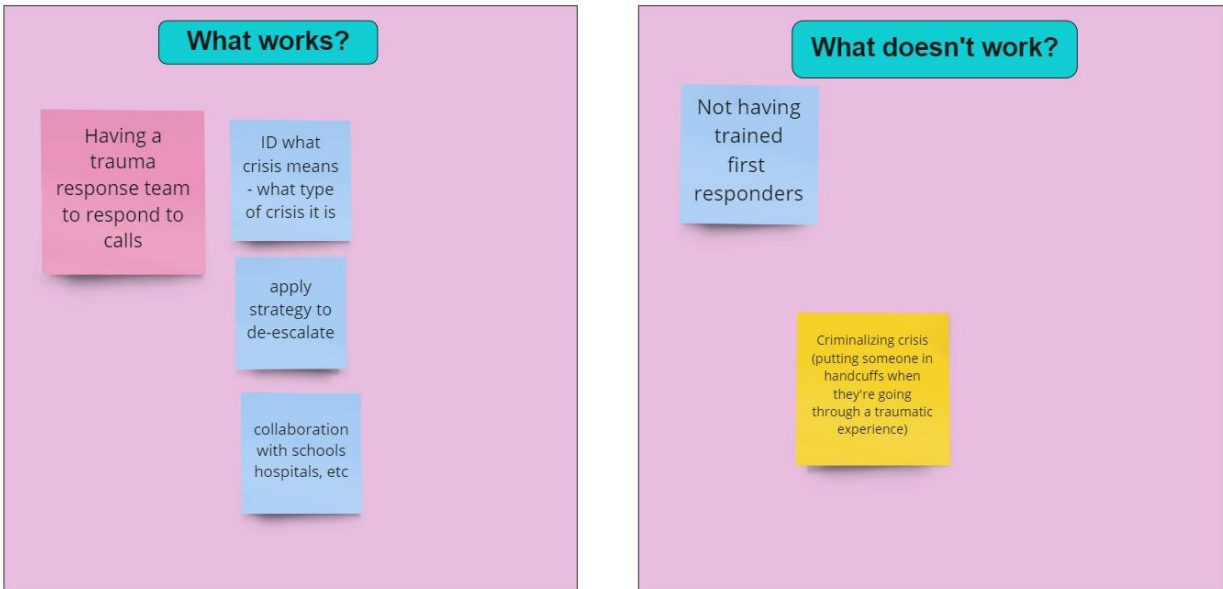
### During a time of mental health crisis?



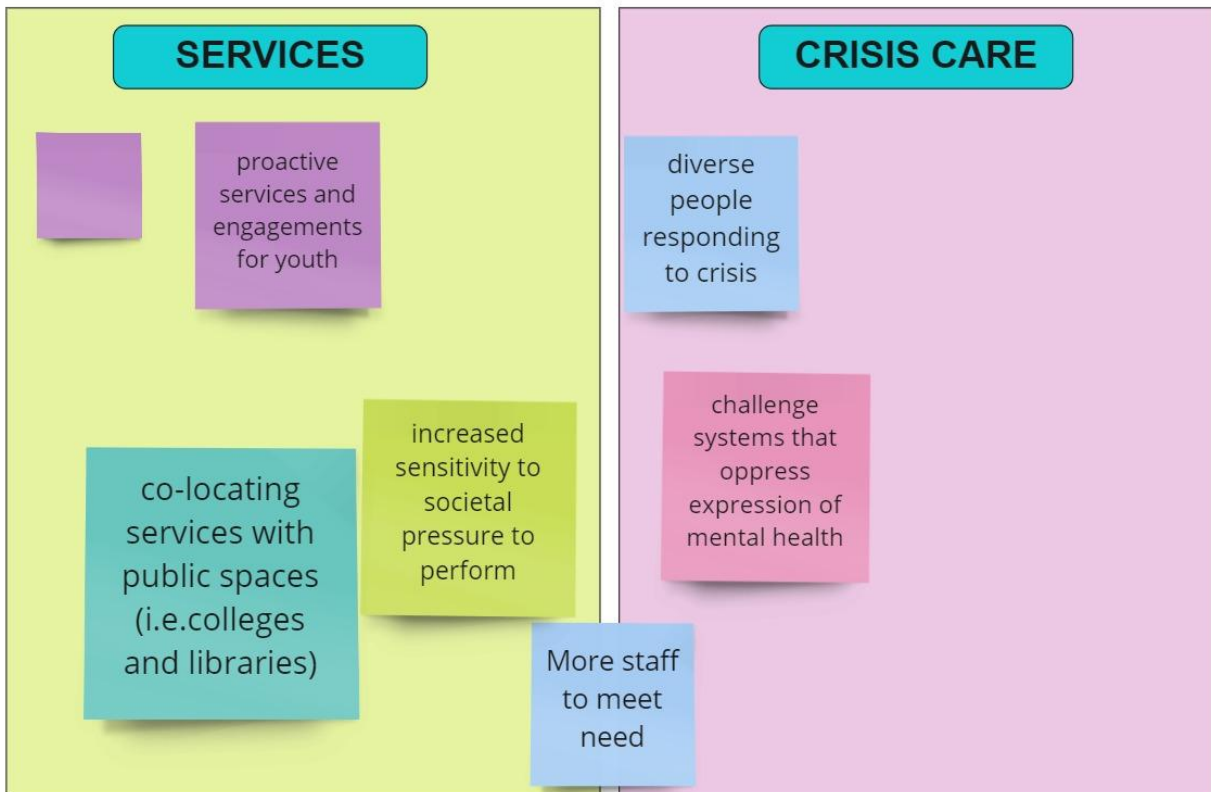
**Given what you know about our mental health services for people age 25 and under:**



**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Adults

May 5, 2022

## Meeting Information

- Total attendance: 7
- Total registered: 8
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 7
- Number of School personnel: 2
- Number of Mental Health personnel: 5

## Summary of Key Points

1. Challenging to navigate mental health services – complicated, not knowing where to go, insurance) (3 in miro)
2. Peer mentors, navigators, wellness center and services that don't require insurance work (1 from MH professional in zoom, 4 in miro)
3. Need more public info on how to access services in areas where youth and community spend time (6 in miro)
4. Need more adult support for youth to navigate services (2 in miro)
5. Police involvement doesn't work, lack of safe transportation (2 in miro)
6. Need education on what to report to 911 or other emergency help (1 in miro)
7. Bridge generational divide around mental health awareness and access to services (3 in miro)
8. Make more beds available (1 in miro)

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?

0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Karlo Marcelo)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Thanh Erway

## Chat Transcript *(Identifying Information removed)*

18:10:26 From Facilitator1 to Everyone:

bit.ly/3LiFE0r

18:10:49 From Facilitator2 to Everyone:

Hi Everyone! We will be using a tool called Miro to collaborate together today. Please click this link to participate:

[https://miro.com/app/board/uXjVO4SuzZA=?share\\_link\\_id=780486403273](https://miro.com/app/board/uXjVO4SuzZA=?share_link_id=780486403273) — You do not need to sign up to use the Miro Board. Disregard the notification at the bottom of the screen.

18:11:31 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SuzZA=?share\\_link\\_id=780486403273](https://miro.com/app/board/uXjVO4SuzZA=?share_link_id=780486403273)

18:23:12 From Claremont Youth Professional to Everyone:

My word is Health! Mentally, physically & emotionally

I couldn't use the website on my phone

18:23:49 From Miro Share to Everyone:

Thanks xxxx we will make sure that is included!

18:24:31 From Claremont Youth Professional to Everyone:

Regulation

18:39:08 From MH Personnel to Everyone:

supportive services that don't require medical information/insurance like our Wellness Center, Peer Mentor Program, Navigators

18:42:20 From Claremont Youth Professional to Everyone:

Yes! I love what she said

18:42:54 From MH Personnel to Everyone:

thanks xxxxx ☺



19:01:35 From MH Personnel to Everyone:

Thank you! This was fun! I look forward to seeing what we (Tri-City) does with this feedback in the future! :-)

19:01:54 From Analyst to Everyone:

Thank you for all your great feedback

19:02:00 From Facilitator1 to Everyone:

- [bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

19:02:22 From Claremont Youth Professional to Everyone:

Thank you! I appreciated everyone's input !

19:02:29 From La Verne School Professional to Everyone:

Thank you!

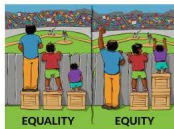
19:03:36 From Spanish Interpreter to Everyone:

Thank you

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*





## What does Mental health mean to you?

acknowledge  
the struggles

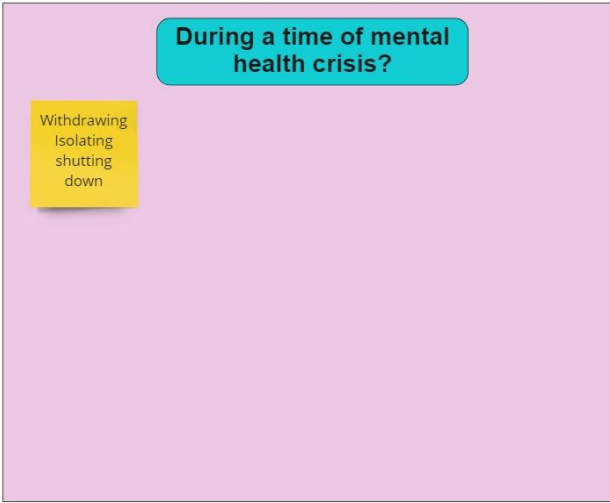
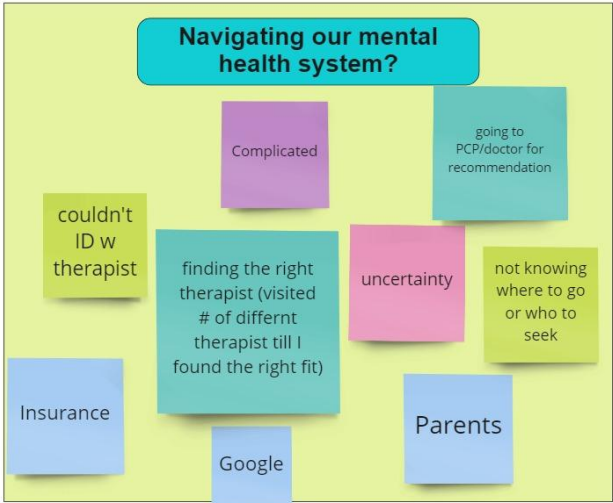
Calm,  
Happiness,  
Satisfaction

Having ability  
to cope with  
different  
situations

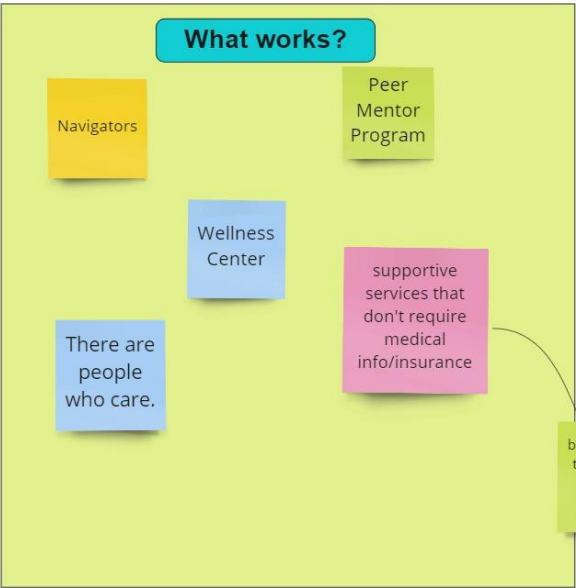
Regulation  
- physical,  
bodies  
included

Health!  
Mentally,  
physcially,  
emotionally

**What has been the experience of you or youth you know?**

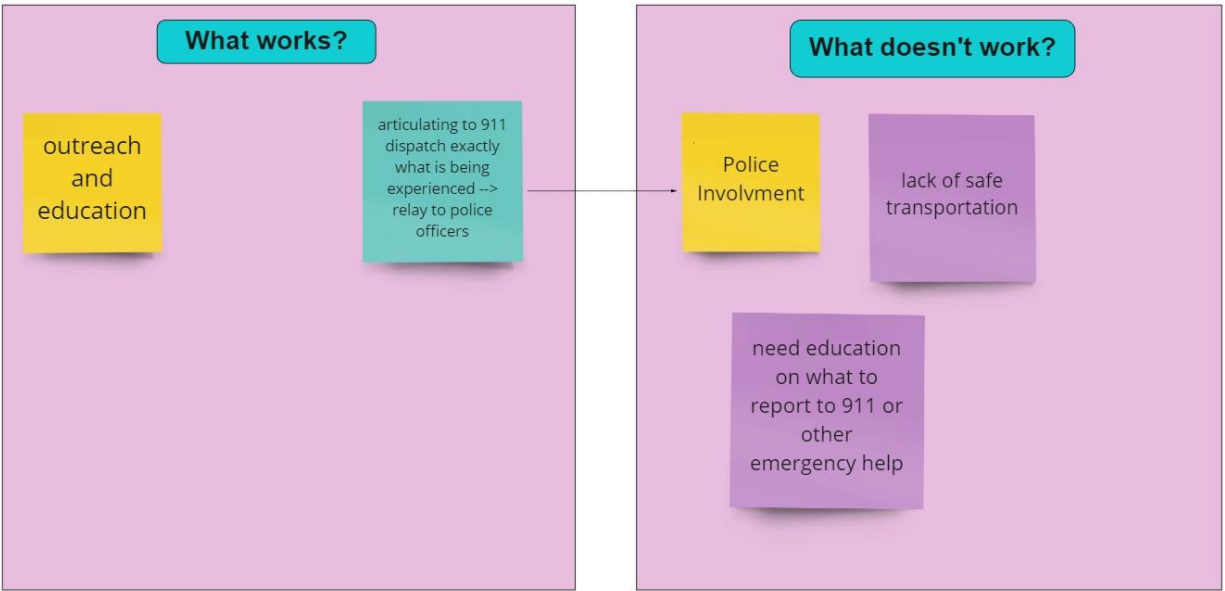


**Given what you know about our mental health services for people age 25 and under:**

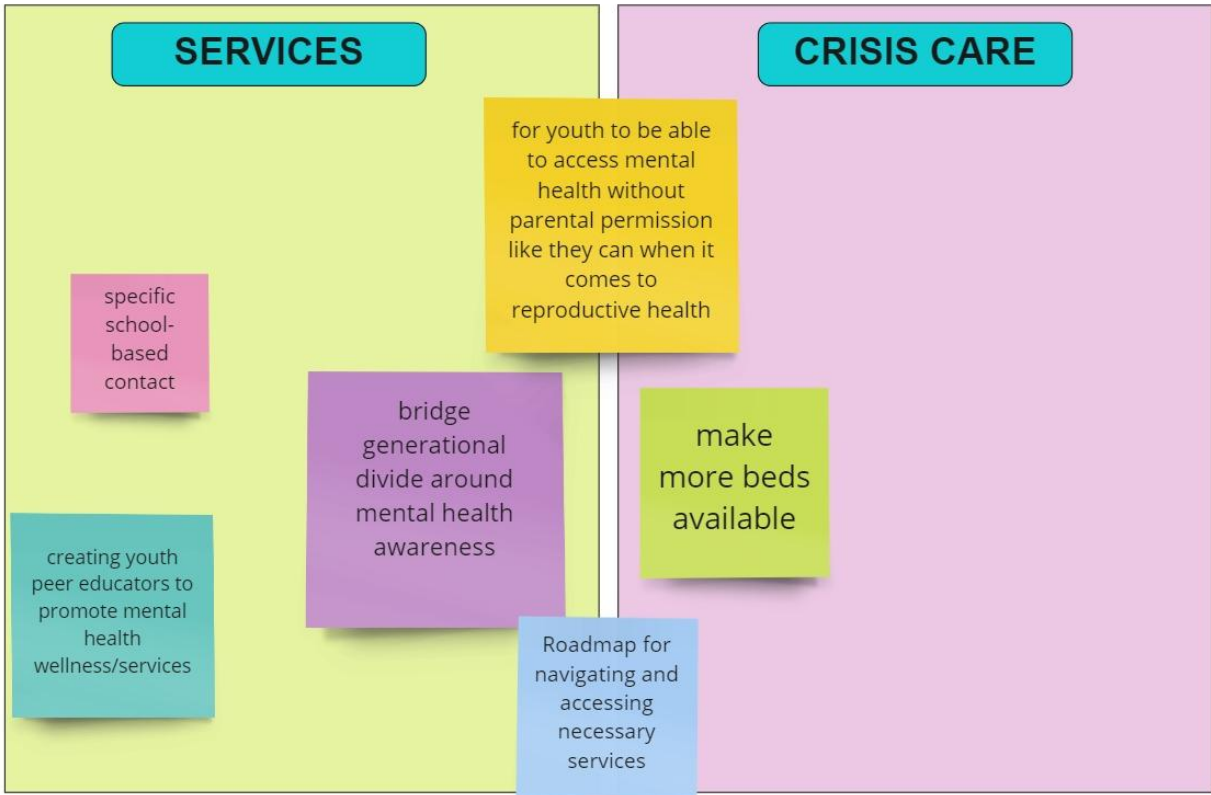


better system to transition to foxmal services

**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: K-12

May 10, 2022

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## Meeting Information

- Total attendance: 3
- Total registered: 3
- Number of youth age 12-17: 1
- Number of adults: 2
- Number of School personnel: 0
- Number of Mental Health personnel: 2

## Summary of Key Points

1. All of the points below came from a high-school student participant:
  - a. Existing outreach efforts are not effective enough
  - b. There is a need for outreach that reaches youth in ways they can identify with
  - c. Youth tend to be most receptive to receiving help from their peers
  - d. Youth should be a guiding force in determining what services are established and how they are delivered.
  - e. There is a deep need for culturally aligned support, both for mental health care and for crisis-specific care
  - f. If there were more opportunities for peers to help each other, there would be great interest in participation.

## Additional Facilitator Notes

- This was a very small meeting, but it allowed for extensive feedback to be received from one High School student. This individual was very enthusiastic about the opportunity to improve mental health services. Specifically, the individual highlighted a few areas for consideration:
  - Existing outreach/information efforts are not effective for youth. Specifically, things like posters and flyers in restrooms as generally ignored.
  - The individual recommended investing more heavily in communications through social media - particularly around de-stigmatizing mental health care.
  - The individual expressed great enthusiasm for the idea of peer-training and peer-support for both mental health services and crisis. They expressed that they would be happy to serve as a peer support person if the opportunity was available.
  - They also expressed that peer support could provide a trusted alternative to police response and could help youth who are concerned with privacy issues.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

17:14:24 From Facilitator 2 to Everyone:

Hi All, We will be using Miro today:

[https://miro.com/app/board/uXjVO4Sldfs=?share\\_link\\_id=486672293768](https://miro.com/app/board/uXjVO4Sldfs=?share_link_id=486672293768)

17:14:49 From Facilitator 2 to Everyone:

Please disregard the "Sign Up" notification at the bottom of the screen

17:15:01 From Facilitator 2 to Everyone:

There is no need to register to use the tool

17:15:16 From Facilitator 2 to Everyone:

Feel free to jump in as you are comfortable

17:15:27 From Facilitator 2 to Everyone:

We'll also be using the Zoom chat today as well

17:15:30 From Facilitator 2 to Everyone:

[https://miro.com/app/board/uXjVO4Sldfs=?share\\_link\\_id=486672293768](https://miro.com/app/board/uXjVO4Sldfs=?share_link_id=486672293768)

17:19:27 From Claremont HS Student to Everyone:

In my community i represent the Claremont Teen Committee and a youth leader who also struggles with anxiety.

17:19:52 From Mental Health Professional, she/her/hers to Everyone:

I am a women of an immigrant family and a mental health professional.

17:52:45 From Claremont HS Student to Everyone:

Yes, I agree and would loved to be trained in peer support/ help develop a program

17:56:14 From Mental Health professional to Everyone:

XXXXXX if you share your email we would love to have you be part of the development of programs and trainings

18:00:36 From Facilitator 2 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*



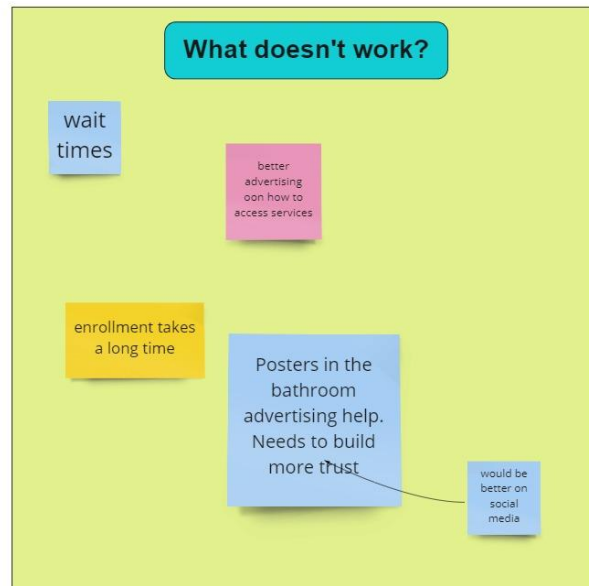
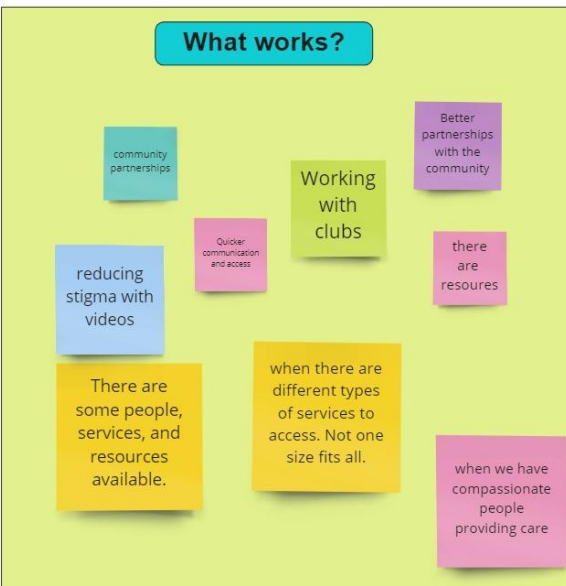




## What has been the experience of you or youth you know?

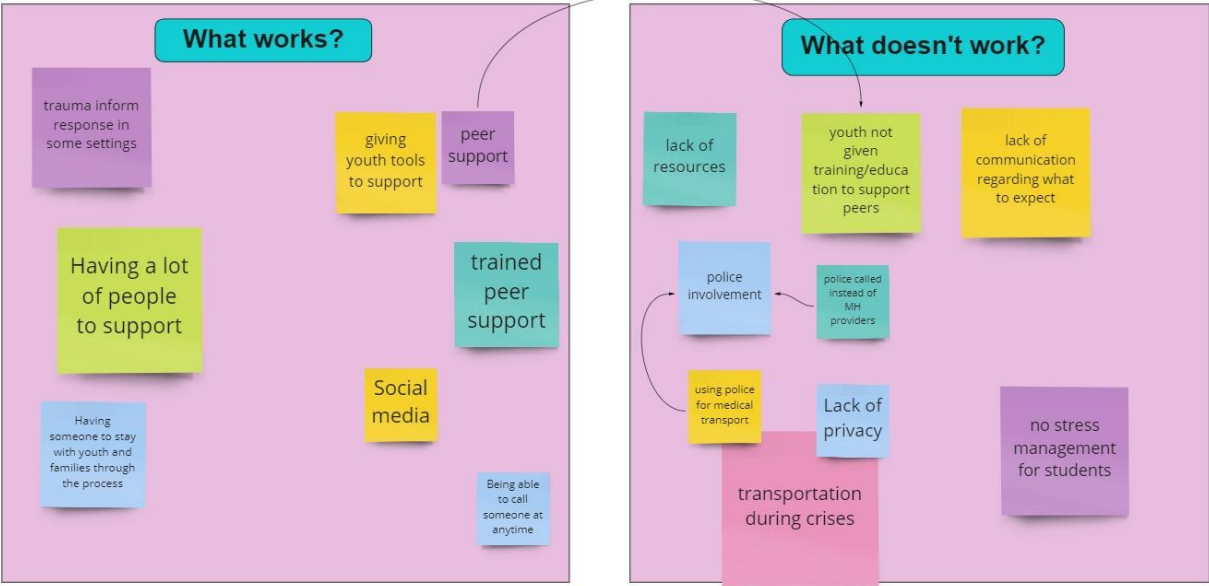


## Given what you know about our mental health services for people age 25 and under:

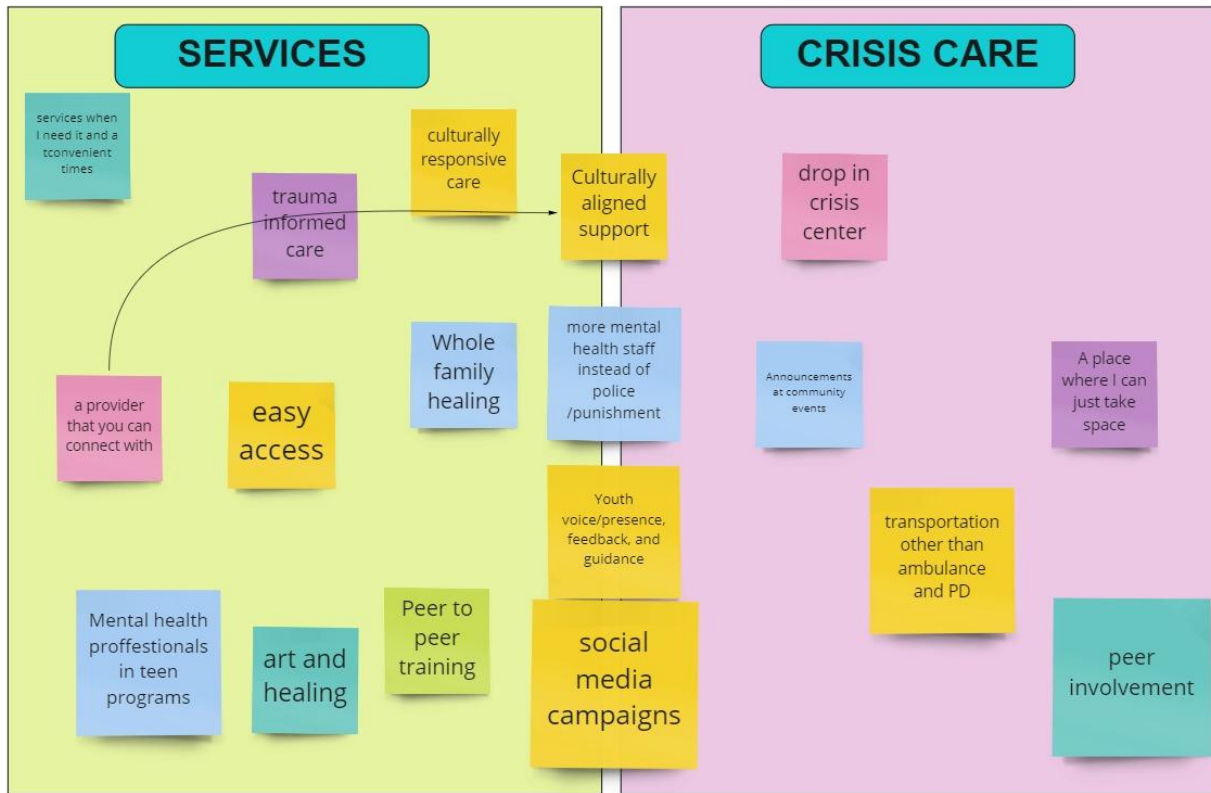




Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Higher Education

May 11, 2022

---

## Meeting Information

- Total attendance: 5
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 1 registered
- Number of adults: 5
- Number of Mental Health personnel: 2

## Summary of Key Points

1. Too embarrassed to start to navigate mental health
2. Services too short (2 in miro)
3. Accessible hours (2 in miro)
4. Don't know how to use insurance
5. Confusion, overwhelming, difficult to find right place (4 in miro)
6. Need to create a culture of mental health awareness on campus (4 in miro)
7. Cultural stigma on seeking services
8. Unsure if resource will help or be trustworthy
9. Video calls for busy people and/or in person sessions works (2 in miro)
10. Respect identity in service provision
11. Access to internet for telehealth is challenging
12. Supportive, competent, trained resources available to navigate crisis works (3 in miro)
13. Having calm trusted person to support person in crisis works (2 in miro)
14. Communication with each step taken works (2 in miro)
15. Law enforcement and lack of trained response professionals doesn't work (5 in miro)

## Additional Facilitator Notes

- One participant from the University of La Verne made the point that there is an ongoing issues where students are hesitant to share their struggles with each other.
- The participant stated that there is a general discomfort around the University around the idea of being vulnerable, but that they want to work to create a climate on campus where people can share their experiences and vulnerabilities beyond a surface level.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

12:11:48 From Facilitator2 to Everyone:

Hello All! We will be using a tool called Miro to collaborate together today. Please click this link to participate:

[https://miro.com/app/board/uXjVO4SvSw0=?share\\_link\\_id=183882564029](https://miro.com/app/board/uXjVO4SvSw0=?share_link_id=183882564029) Please disregard the notification at the bottom of the screen asking you to sign up. You DO NOT need to register to use Miro.

12:12:16 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SvSw0=?share\\_link\\_id=183882564029](https://miro.com/app/board/uXjVO4SvSw0=?share_link_id=183882564029)

12:14:24 From Facilitator1 (he/him) to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

12:14:58 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SvSw0=?share\\_link\\_id=183882564029](https://miro.com/app/board/uXjVO4SvSw0=?share_link_id=183882564029)

12:18:30 From La Verne School Professional to Everyone:

I am a social worker at the University of La Verne. I work to support student well-being on campus.

12:26:16 From Pomona Youth Organization to Everyone:

self care

12:28:30 From Pomona Youth Organization to Everyone:

box breathing

12:44:23 From Pomona Youth Organization to Facilitator1 (Direct Message):

video calls for busy people and in-person sessions.

12:49:56 From Pomona Youth Organization to Facilitator 1 (Direct Message):

Speaking to them directly and taking them to a health provider that can assist. Trust is a must to keep them calm.

12:50:45 From Pomona Youth Organization to Facilitator1 (Direct Message): Calling law enforcement does not help because they most likely will get arrested.

12:59:13 From Facilitator1 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

12:59:48 From La Verne School Professional to Everyone:

Thank you! This was a great session.

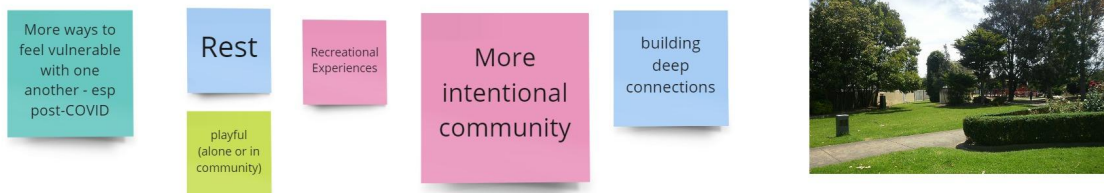
12:59:54 From Pomona Youth Organization to Everyone:

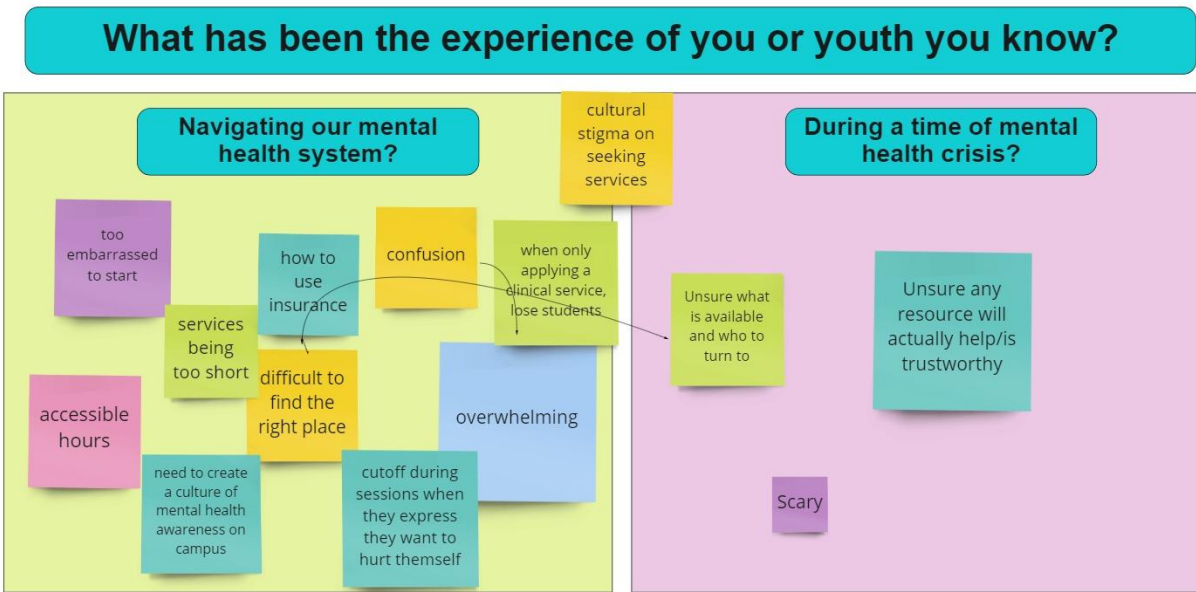
Thank you!

## Miro Boards

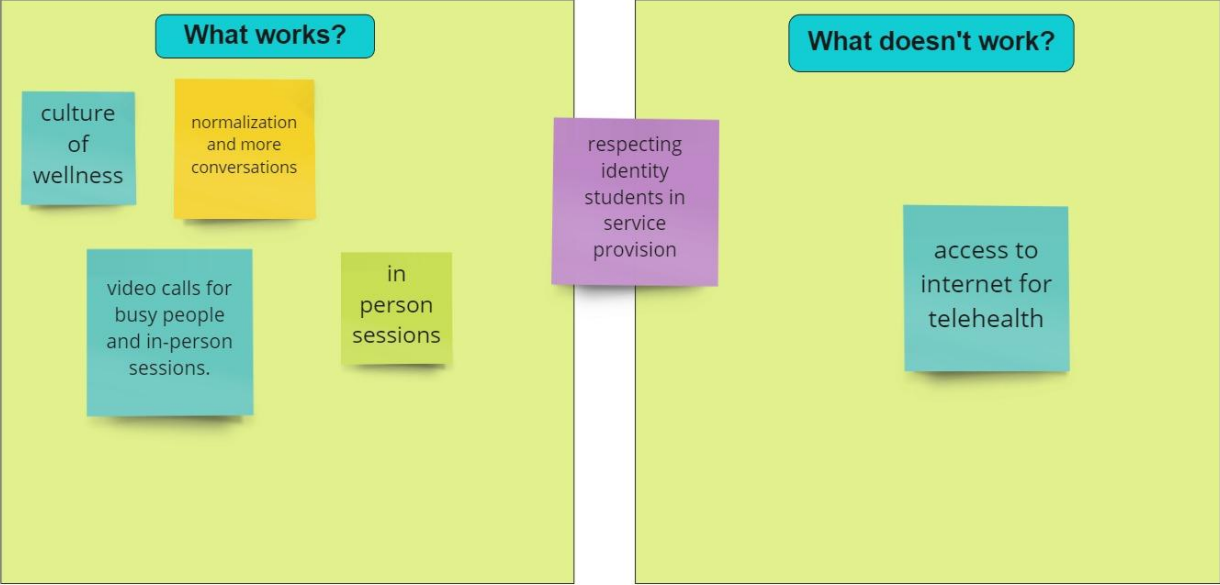
Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*

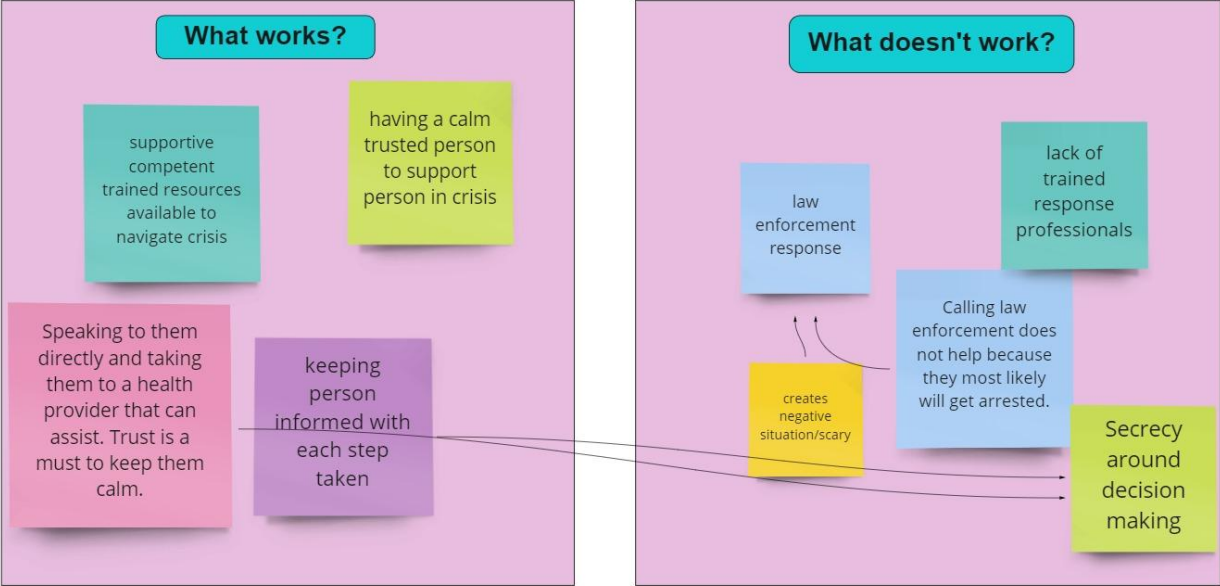




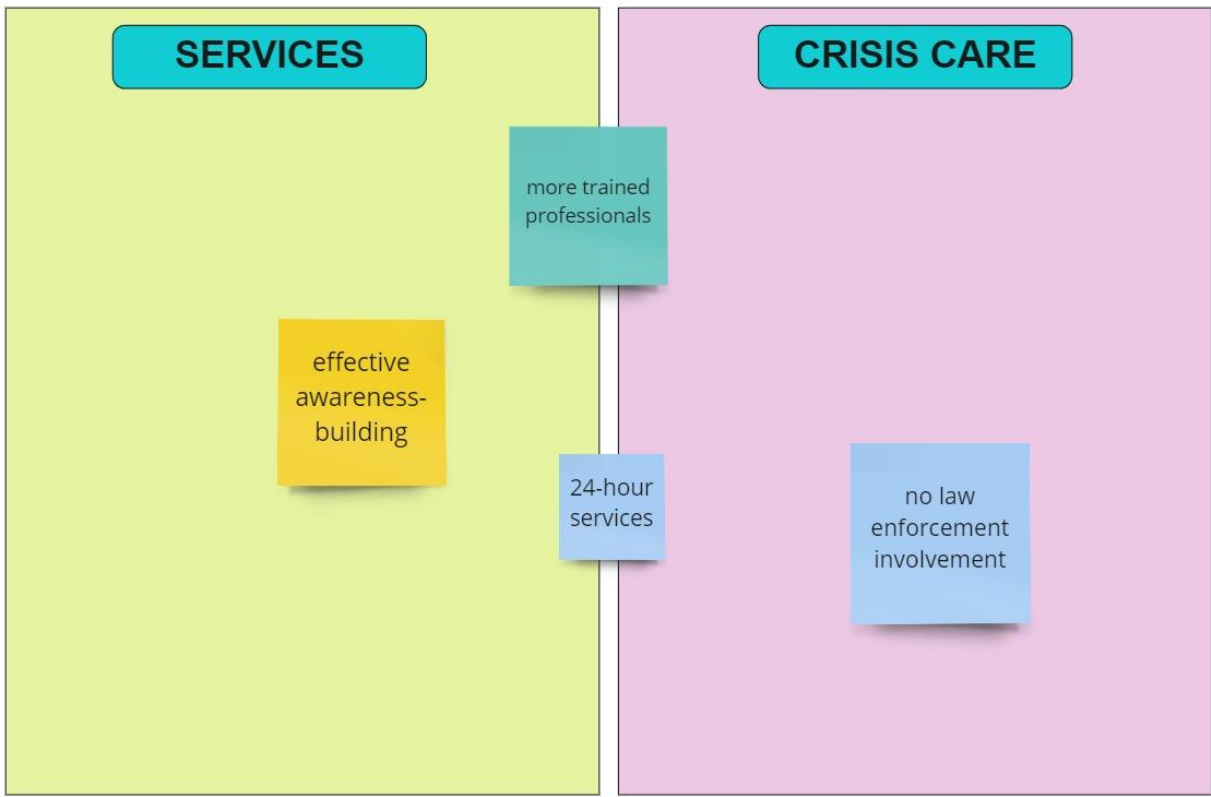
**Given what you know about our mental health services for people age 25 and under:**



**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**





# Public Stakeholder Meeting: Adults

May 12, 2022

---

## Meeting Information

- Total attendance: 21
- Total registered: 34
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 19
- Unknown ID participants: 2
- Number of School personnel: 7
- Number of Mental Health personnel:
- Parents/family members (self-ID): 0
- Other: 0

## Summary of Key Points

1. Consistent professional care, difficult for foster youth because of frequent moves (5 in miro)
2. Not knowing where to start
3. Lack of awareness on available resources
4. Navigating without parent support (2 in miro)
5. Services in appropriate locations
6. Long wait times (3 in miro)
7. Difficult to get families to follow through
8. Systemic challenges for serving persons without housing
9. PMRT not available
10. Feeling shame or embarrassment to reach out (2 in miro)
11. Training for police is a barrier
12. Frustrating as to what constitutes crises intervention
13. Meeting in homes and schools works (2 in miro)
14. Peer specialists with lived experience works
15. Improve communication regarding ongoing referrals (3 in miro)
16. Providers who are relatable and authentic with youth (4 in miro)
17. Collaboration with multiple community agencies/schools/partners works (6 in miro)
18. Transitional age youth specific services such as FSP-TAY, TAY Housing, TAY-led programming/think tank (3 in miro)
19. Counselors and dedicated response teams in high school campuses (2 in miro)
20. 24 hour hotline with trained person online

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Maria Servin, Karlo Marcelo)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

12:12:26 From Facilitator2 to Everyone:

Hi All! We will be using a collaboration tool called Miro today. Please click this link to participate with us: <https://miro.com/app/board/uXjVO4Sko4c=/> Please disregard the "Sign Up" pop-up on the bottom of the screen. You DO NOT need to register to use the tool today. All of your contributions will be anonymous.

12:12:36 From Facilitator2 to Everyone:

<https://miro.com/app/board/uXjVO4Sko4c=/>

12:19:03 From Pomona Youth Organization to Everyone:

How do we grab a sticky note?

- 12:20:58 From MH Personnel to Everyone:  
Hope
- 12:21:08 From Claremont School Professional to Everyone:  
Welcome
- 12:21:24 From MH Personnel to Everyone:  
Peace
- 12:21:42 From Pomona Youth Organization to Everyone:  
Participatory
- 12:22:15 From Pomona Youth Organization to Everyone:  
Inclusive!
- 12:23:21 From MH Personnel to Everyone:  
Thoughts, feelings behaviors, reactions, wellbeing
- 12:23:29 From Pomona Youth Organization to Everyone:  
Emotional & spiritual well-being
- 12:24:34 From Pomona Youth Organization to Everyone:  
WISE (welcoming, inclusive, supportive, encouraging) relationships
- 12:26:33 From Pomona Youth Organization to Everyone:  
Hard to find help at moments of crisis
- 12:26:52 From Pomona Youth Organization to Everyone:  
Thankful for a major hospital here with a psych unit
- 12:27:18 From Claremont School Professional to Everyone:  
Difficult to get families to follow through.
- 12:27:51 From Pomona School Professional to Everyone:  
Difficult, frustrating, not enough services, lack of follow through, lack of consistency
- 12:27:51 From MH Professional to Everyone:  
Foster youth have difficulty maintaining therapist relationships due to frequent moves
- 12:28:09 From Claremont School Professional to Everyone:  
Our families are having success with the help of Care Solace.
- 12:28:43 From LA County Professional to Everyone:  
Frustrating as to what constitutes crises intervention
- 12:30:33 From Claremont School Professional to Everyone:  
A crisis for schools is we have a large number of students refusing to return to school.
- 12:30:46 From Pomona School Professional to Everyone:  
Change in therapists, staffing shortages
- 12:30:48 From MH Professional to Everyone:  
Lack of awareness among youth about resources available
- 12:32:44 From Pomona School Professional to Everyone:  
Lack of support, PMRT not available, long waits
- 12:33:36 From Pomona School Professional to Everyone:

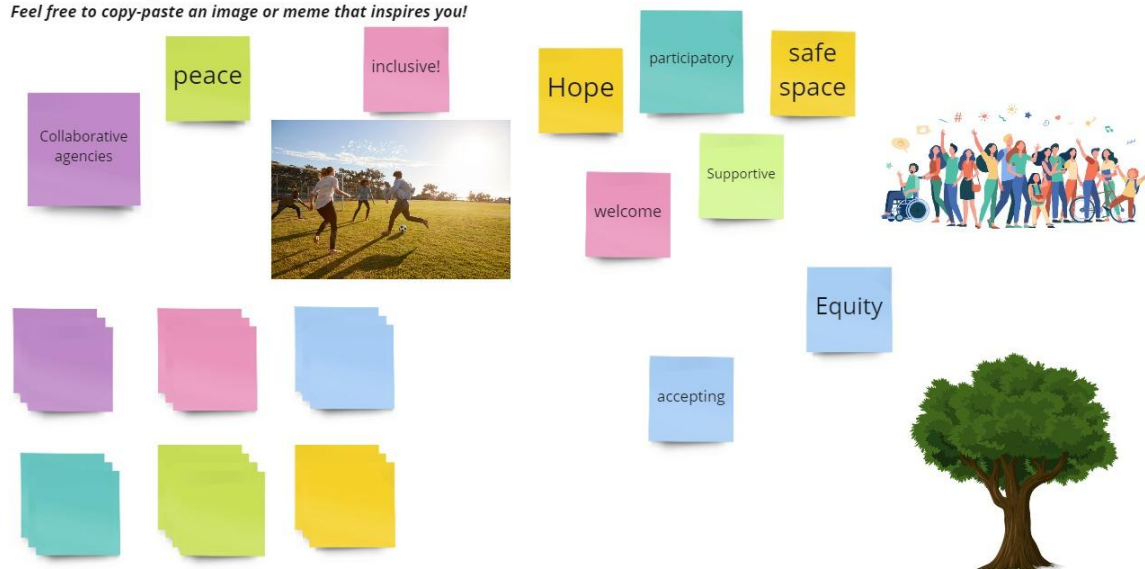
- lack of ambulance availability
- 12:33:36 From MH Professional to Everyone:  
Police officers who are not trained in mental health crisis intervention is a barrier
- 12:36:03 From Pomona Youth Organization to Everyone:  
Systemic challenges of serving persons who are without housing.
- 12:37:45 From Pomona School Professional to Everyone:  
Works...collaboration with multiple community agencies/partners
- 12:38:19 From MH Professional to Everyone:  
They like providers who are relateable and authentic with them
- 12:40:05 From Claremont School Professional to Everyone:  
Look at ways to improve communication regarding ongoing referrals.
- 12:40:13 From Pomona School Professional to Everyone:  
Services provided on school campus
- 12:41:00 From MH Professional to Everyone:  
Talking down to youth and or being fake
- 12:41:22 From Pomona Youth Organization to Everyone:  
Inadequate emergency housing for youth
- 12:42:37 From Claremont School Professional to Everyone:  
Frequently the family needs services
- 12:44:37 From MH Professional to Everyone:  
yes, I agree with Brad. Families also need services and more education about Mental Health
- 12:46:09 From MH Professional to Everyone:  
TAY specific services such as FSP-TAY
- 12:47:51 From Pomona Youth Organization to Everyone:  
CBOs that serve youth & have some if not all of the components for navigational & resource assistance
- 12:49:30 From Pomona Youth Organization to Everyone:  
Sensitivity to systemic biases (race, gender identity, even age of clients)
- 12:51:05 From Pomona Youth Organization to Everyone:  
Training opportunities for CBO service providers
- 12:54:26 From Pomona Youth Organization to Everyone:  
TAY housing!
- 12:55:13 From Claremont School Professional to Everyone:  
Immediate intervention with scheduled follow-up
- 12:55:20 From MH Professional to Everyone:  
Less stigma
- 12:55:22 From Pomona Youth Organization to Everyone:  
24-hour hotline
- 12:56:02 From Claremont School Professional to Everyone:  
Crisis team for schools

- 12:56:18 From Pomona School Professional to Everyone:  
Providers with openings!!!
- 12:56:49 From Pomona School Professional to Everyone:  
Yes!
- 12:58:01 From Pomona School Professional to Everyone:  
Dedicated school crisis response teams
- 12:58:37 From Claremont School Professional to Everyone:  
yes that is correct
- 12:58:40 From Pomona Youth Organization to Everyone:  
24-hour hotline with a trained person on the line
- 12:59:58 From Pomona Youth Organization to Everyone:  
Special thanks to facilitators and to whoever's typing comments onto sticky notes!
- 13:00:28 From Claremont Youth Organization to Everyone:  
Thank you 1
- 13:00:29 From Pomona Housing Organization to Everyone:  
Thank You!
- 13:00:32 From Pomona School Professional to Everyone:  
Thanks!

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

Feel free to copy-paste an image or meme that inspires you!



## What does Mental health mean to you?

non-linear recovery

well-being and safe space

emotional and spiritual well-being

thoughts, feelings, behaviors, reactions, wellbeing

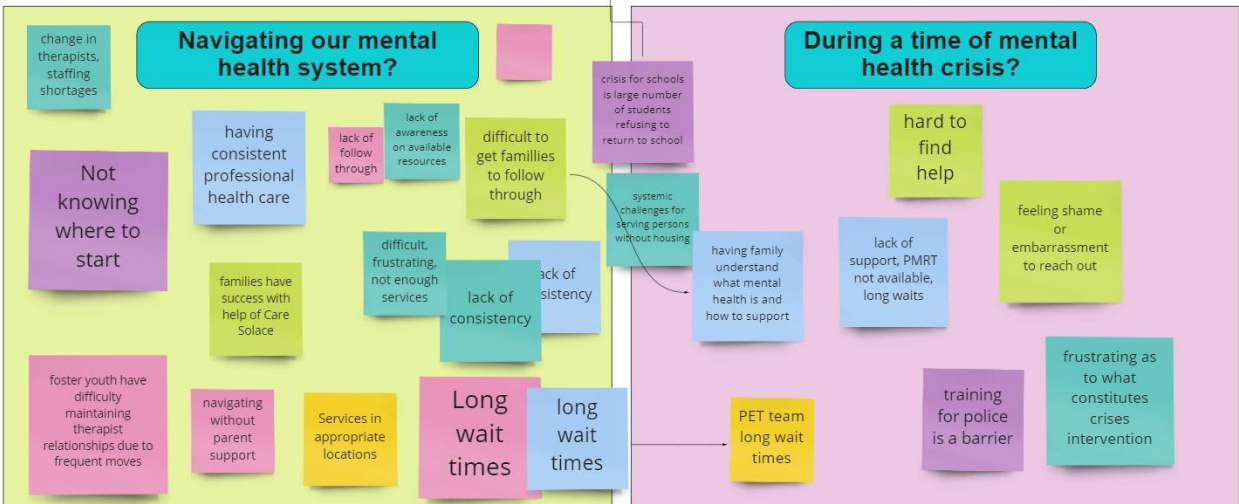
safety with self

welcoming, inclusive, supporting encouraging (WISE) relationships

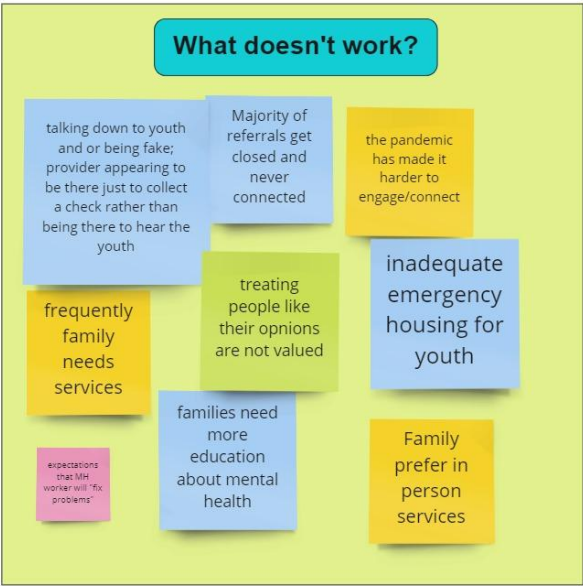
Balance

Inner Peace

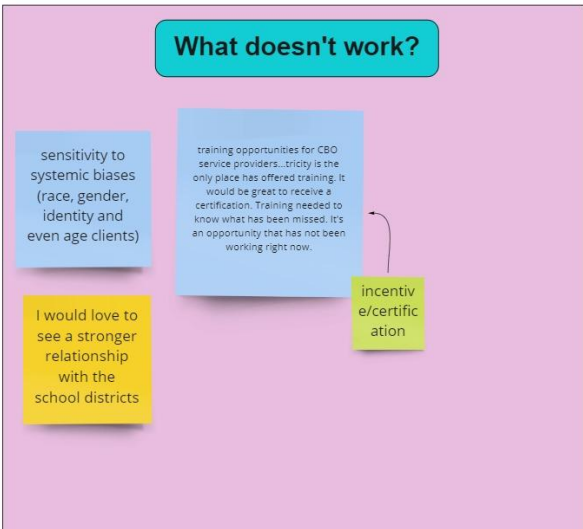
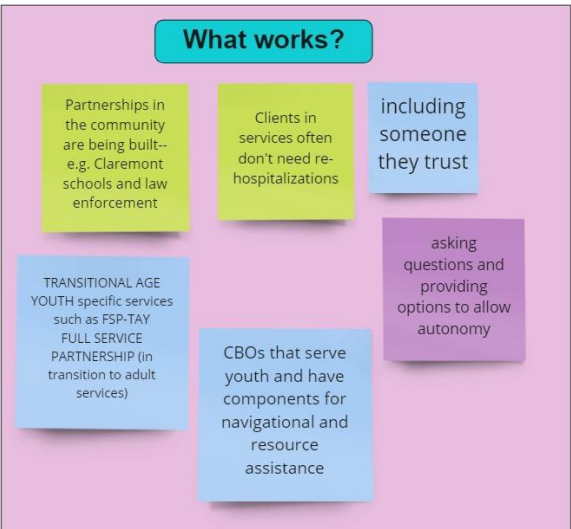
## What has been the experience of you or youth you know?



**Given what you know about our mental health services for people age 25 and under:**

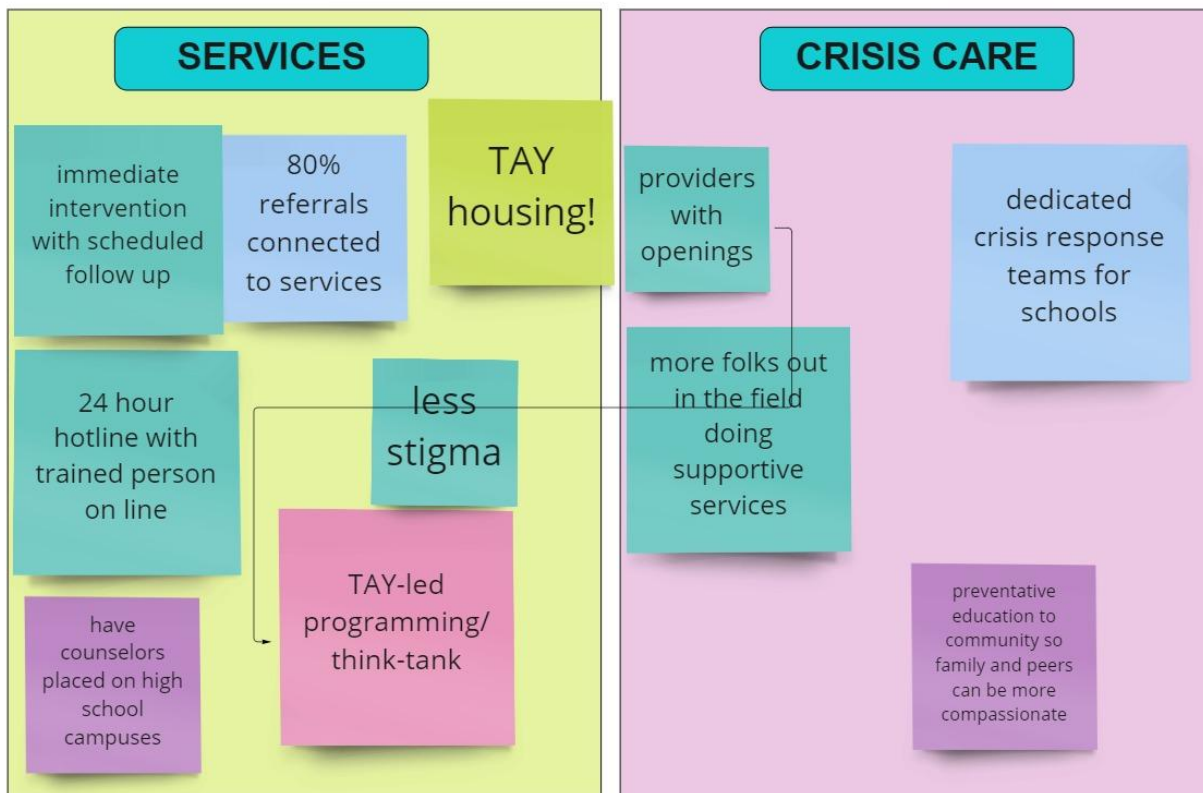


**Given what you know about our crisis care for people age 25 and under in this region:**





**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Open Session

May 18, 2022

---

## Meeting Information

- Total attendance: 16
- Total registered: 29
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2
- Number of adults: 15
- Number of School personnel: 3
- Number of Mental Health personnel: 4
- Parents/family members (self-ID): 2

## Summary of Key Points

1. Non-english speaking parents do not know where to look for mental health services, esp if they don't have health insurance (3 in miro)
2. Wait lists, long turn around times, canceled appointments barriers (7 in miro)
3. Scared and reluctant to seek help (2 in miro)
4. Distrust the system
5. Hard for parents to get youth the care they need
6. Lack of 24 hour trained response and help (7 in miro)
7. Community navigators work
8. Early psychosis program works
9. Having more culturally competent services help
10. Having staff member from TriCity join SARB intervention meetings works
11. Mental health workshop for parents and families (5 in miro)
12. Youth Support groups (3 in miro)
13. Professionals supporting individuals with development and intellectual disabilities
14. Treatment team meetings with school district and mental health staff work
15. DBT counselors and therapy for teens
16. CPD has been great with parents
17. More local hospital beds and follow up care for those hospitalized
18. Mobile crisis response team that doesn't include police is needed

## Featured Quotes/Lived Experiences

- *Daughter diagnosed with PTSD and told she needs EMDR therapy. However, her therapist is available only once a month and cancels often.*

- *On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offers. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.*

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Maria Servin, Karlo Marcelo)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

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bottom of the screen requesting that you sign up. You do not need to sign up to use Miro with us and all of your contributions will be anonymous.

18:12:03 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SvdoQ=?share\\_link\\_id=141083592951](https://miro.com/app/board/uXjVO4SvdoQ=?share_link_id=141083592951)

18:17:00 From Pomona Services Organization to Everyone:

Team M&M's

18:18:12 From Claremont School Professional to Everyone:

Team M&M's

18:19:56 From Claremont Resident to Everyone:

I feel like I represent students in the Claremont school district.

18:20:47 From Claremont Resident to Everyone:

I want to be on team Kit Kat. I'm here on behalf of Claremont students.

18:20:51 From Pomona Services Organization to Everyone:

Parent of 3 young adults and a Professional serving individuals served by the Regional Centers.

18:21:07 From Claremont School Professional to Everyone:

I support students and families in CUSD, team Kit Kat for sure (after-school program). I represent parents in our community.

18:21:15 From MH Professional to Everyone:

advocate for children

18:21:17 From Pomona Medical Student to Everyone:

Medical student at western university and actor

18:21:33 From Pomona Medical Student to Everyone:

Represent the arts and sciences

18:23:06 From MH Professional to Everyone:

wellness

18:23:12 From Claremont Resident to Everyone:

Parent of CHS students

18:23:25 From Pomona Medical Student to Everyone:

Constantly changing

18:23:53 From Pomona Services Organization to Everyone:

emotional wellbeing

18:24:22 From Pomona Services Organization to Everyone:

Balance

18:24:34 From Claremont Resident to Everyone:

Mental health is important for everyone, even if they don't know it.

18:24:35 From Pomona Medical Student to Everyone:

Sustenance

18:25:07 From Claremont School Professional to Everyone:

Social-Emotional Wellbeing

- 18:25:26 From Claremont Resident to Everyone:  
How we handle stress, relate to others...
- 18:26:32 From Facilitator3 to Everyone:  
just type 'stack' if you'd like to unmute and share
- 18:28:21 From Pomona Services Organization to Everyone:  
with tri city or in general?
- 18:28:38 From Claremont School Professional to Everyone:  
I think sometimes the mental health system can be very difficult for youth because it is hard for their parents to get them to the care they need.
- 18:28:48 From Pomona Medical Student to Everyone:  
Inaccessible. Distrust in the system.
- 18:29:24 From Pomona Medical Student to Everyone:  
Yes that's correct!
- 18:30:37 From Pomona Services Organization to Everyone:  
Cancellations
- 18:30:41 From Pomona Services Organization to Everyone:  
Working with many parents that do not speak English, often they do not know where to look for mental health services. Especially if they do not have medical insurance or even Medi-Cal.
- 18:32:14 From Claremont School Professional to Everyone:  
We know that when someone calls for help it is typically a crisis. When they are put on wait lists there is very little chance that you will actually be able to help.
- 18:36:57 From Pomona Services Organization to Everyone:  
I'm glad your daughter is doing well now. That's a tough crisis you went through.
- 18:37:31 From Claremont School Professional to Everyone:  
so very happy to know she is doing well.
- 18:37:32 From Pomona Services Organization to Everyone:  
Not knowing there are resources available. Not wanting to let others know what is happening inside our home.
- 18:37:56 From Pomona Services Organization to Everyone:  
Thank you for sharing,!
- 18:38:24 From MH Professional to Everyone:  
thank you so much for sharing, powerful story and very important point
- 18:38:53 From Pomona Medical Student to Everyone:  
Thank you for sharing your story!
- 18:38:55 From Facilitator1 to Everyone:  
Thank you - your perspective is so important!
- 18:39:01 From Claremont Resident to Everyone:  
Are "navigators" still available?
- 18:41:13 From Claremont School Professional to Everyone:

- Yes, I call our community navigator quite often, he is wonderful and very responsive.
- 18:43:22 From Pomona Services Organization to Everyone:  
Wonderful information! Thank you so much. I will share this with parents in our program.
- 18:44:08 From Claremont School Professional to Everyone:  
Early Psychosis Program is working!
- 18:44:35 From MH Professional to Everyone:  
if you send me an email I can email the brochures if you want more information
- 18:45:20 From Pomona Medical Student to Everyone:  
Having more open minded professionals providing services. Especially for people who are part of marginalized groups, such as LGBTQ
- 18:46:12 From Pomona School Professional to Everyone:  
Having mental health workshops for parents
- 18:46:30 From Claremont School Professional to Everyone:  
Your workshops are working
- 18:46:30 From Pomona Services Organization to Everyone:  
Support groups for young people
- 18:47:13 From Pomona Services Organization to Everyone:  
Education to break the stigma of mental health
- 18:47:46 From Claremont Resident to Everyone:  
Group Therapy for kids and workshops for parents
- 18:48:08 From Claremont School Professional to Everyone:  
Treatment team meetings are working. These meetings give school district staff and community mental health the opportunity to collaborate and support the student and family.
- 18:48:48 From Pomona Services Organization to Everyone:  
having professionals supporting individuals with developmental and intellectual disabilities
- 18:49:00 From Claremont Resident to Everyone:  
Good point
- 18:49:12 From MH Professional to Everyone:  
I second that communication in treatment team meetings is very helpful
- 18:50:10 From Claremont School Professional to Everyone:  
What isn't: Wait lists, cancelled appointments, therapists leaving, closing cases after just 3 calls.
- 18:51:02 From Pomona Services Organization to Everyone:  
Not having enough bilingual mental health professionals in our community.
- 18:52:59 From Pomona Services Organization to Everyone:  
Insurance companies limiting the number of therapy visits.
- 18:54:14 From Claremont School Professional to Everyone:  
Something else that works: Full Service Partnership
- 18:55:15 From Claremont Resident to Everyone:  
DBT counselors. DBT Group therapy for teens

18:57:18 From Pomona Resident to Everyone:

The crisis team takes to long to come out sometimes

18:59:41 From Claremont School Professional to Everyone:

Right now mental health is so impacted and it is hard for anyone to get timely care. We need more local hospital beds for mental health care. How many beds do we have at PVH in the ER? We then need all the follow up care for those who are hospitalized.

19:00:38 From Claremont School Professional to Everyone:

Timely accessible care on the complete continuum of care.

19:01:22 From MH Professional to Everyone:

Thank you everyone for your participation

19:01:32 From Claremont School Professional to Everyone:

Thank you all 😊

19:01:36 From Pomona Services Organization to Everyone:

Thank you! This has been great.

19:01:39 From Pomona Services Organization to Everyone:

My daughter was diagnosed with PTSD and was told she needs EMDR therapy. However, the therapist can only see her 1 per month and he cancels every other month. Therefore, this is ineffective.

19:01:48 From Facilitator1 to Everyone:

@tricitymhs

19:01:59 From Pomona Medical Student to Everyone:

Thank you so much!

19:02:50 From Claremont Resident to Everyone:

A local crisis center for our youth open 24 hours

19:03:47 From Pomona Services Organization to Everyone:

On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offer. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.

19:04:51 From Claremont School Professional to Everyone:

she may still benefit as I'm sure the whole experience was traumatic for her and you all. It's never too late 😊

19:05:32 From Pomona Services Organization to Everyone:

Yes! She is now receiving the necessary therapy.

19:05:46 From Claremont School Professional to Everyone:

Wonderful news 😊

19:05:57 From MH Professional to Everyone:

I agree with xxxx she can still benefit, we have also have support groups for you and her that you can attend now, please feel free to email me

19:06:09 From MH Professional to Everyone:

Great news xxxx

19:06:16 From Claremont School Professional to Everyone:

Thank you all for doing this work and parents for sharing your stories.

19:06:32 From Pomona Services Organization to Everyone:

Thank you all so much.

19:06:50 From MH Professional to Everyone:

thank you - muchas gracias buenas noches

19:06:53 From Claremont Resident to Everyone:

Thank you

19:07:04 From Pomona Services Organization to Everyone:

Thank you again!

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*

Students in  
Claremont  
School  
District

easier access to  
mental health  
for all

A future where  
there is no  
stigma  
surrounding  
mental health

easier  
access

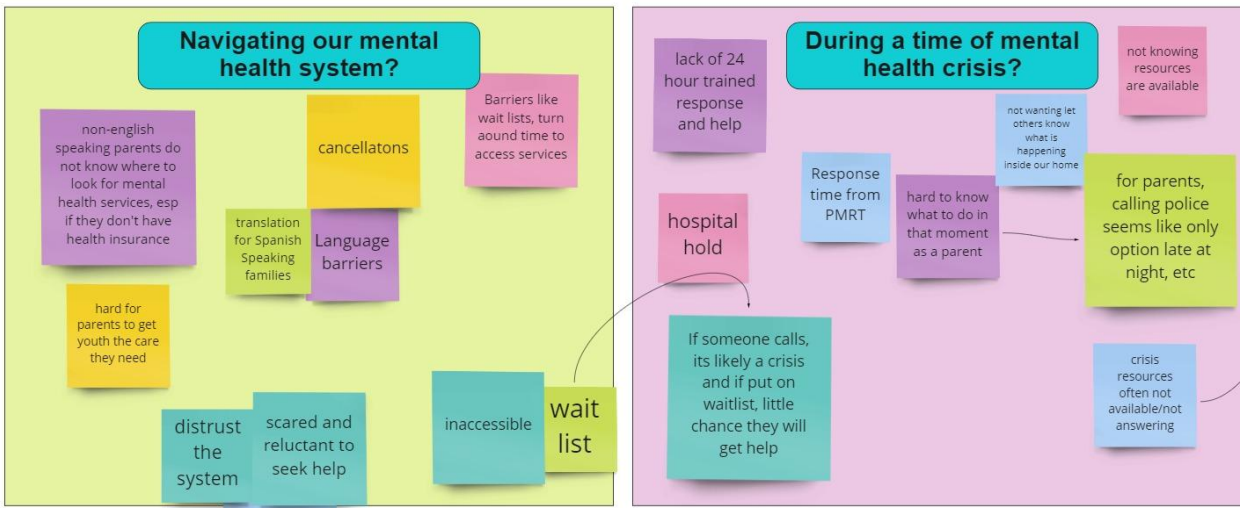
Parent of  
3 young  
adults

Empathy  
and  
kindness

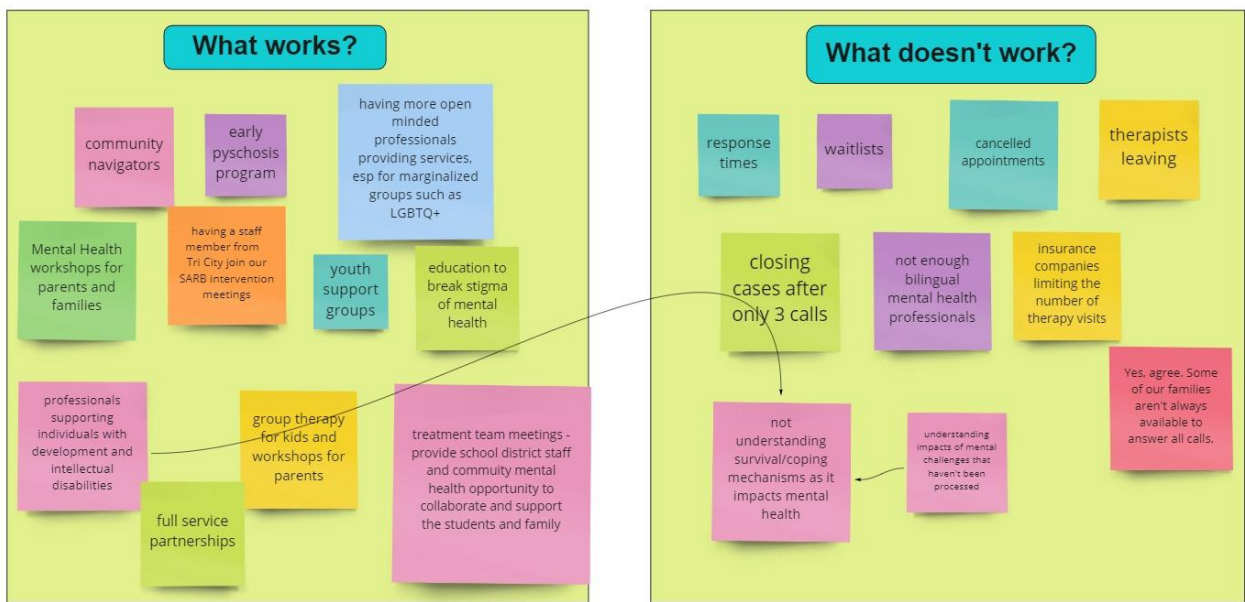




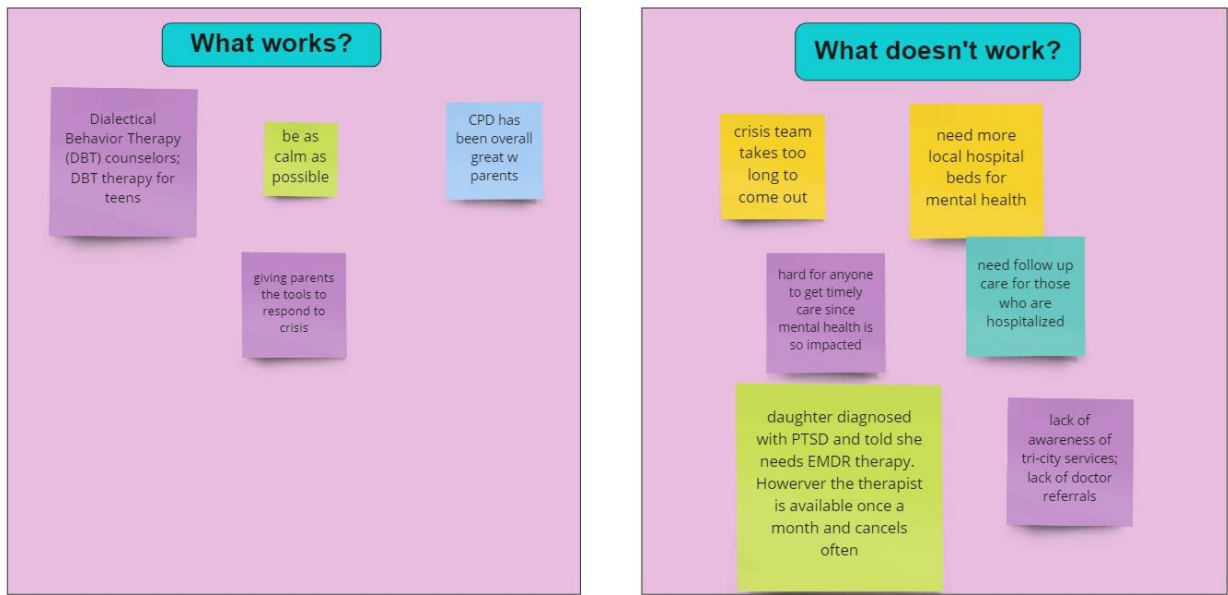
## What has been the experience of you or youth you know?



**Given what you know about our mental health services for people age 25 and under:**



**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**

**SERVICES**

Easier Access

timely accessible care on the complete continuum of care

**CRISIS CARE**

A mobile crisis response team that doesn't include the police.

local crisis center for youth open 24 hours

# Stakeholder Meeting: Pomona Police Dept

May 19, 2022

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## Meeting Information

- Total attendance: 8
- Law enforcement officers: 6
- Mental Health professionals: 2

## Summary of Key Points

1. Partnership between Pomona MET and PD has been beneficial to all citizens impacted by suicidal crisis and homelessness
2. Long-term holistic approach works (2 in miro)
3. New medical providers in hospital misunderstand HIPPA – don't share info
4. Partners are needed support and additional resources (3 in miro)
5. Mental health team works well
6. Need specialized services for specific groups (i.e. culturally competent, veterans, etc.) (2 in miro)
7. Taking issues more seriously now than before
8. Public/professional education works
9. Quick fixes do not work
10. Parents assume their child will be prescribed meds and sent home
11. PD is handed off at end of day without full context
12. Not clear who is best caretaker in situation
13. School admin do not want to stay after hours and call PD to handle even though admin knows students get triggered by PD
14. When District handles mental health crisis PD is not told what the outcome is
15. Parents don't want to accept services
16. Acknowledgment of crisis and connecting to resources works (5 in miro)
17. Trained resources and staff work (2 in miro)
18. Putting younger officers on MH team works
19. Making mental health apart of the culture works
20. More mental health clinicians needed (2 in miro)
21. Faster response times needed (2 in miro)
22. Educate and resource parents
23. Having more locations that will accept youth outside LA

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what would you want to see in our mental health system for youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitator** (Karlo Marcelo)

## Chat Transcript (*Identifying Information removed*)

07:58:03 From Facilitator1 to Everyone:

[https://miro.com/app/board/uXjV00FoGXY=?share\\_link\\_id=987642406559](https://miro.com/app/board/uXjV00FoGXY=?share_link_id=987642406559)

08:00:45 From Facilitator3 to Everyone:

Welcome! Good morning.

08:02:09 From MH Professional to Everyone:

Good morning!

08:05:09 From Pomona LEO to Everyone:

Good morning , apologize for no video from me but have daddy duty and getting son ready for school. I'm listening tho!

08:12:45 From Facilitator3 to Everyone:

Miro board: [https://miro.com/app/board/uXjV00FoGXY=?share\\_link\\_id=987642406559](https://miro.com/app/board/uXjV00FoGXY=?share_link_id=987642406559)

08:13:12 From Facilitator3 to Everyone:

Click above to join what you see on Neel's share screen

- 
- 08:13:23 From Facilitator3to Everyone:  
(You can use Miro or you can use the chat)
- 08:18:14 From MH Professional to Everyone:  
I am social worker
- 08:18:36 From MH Professional to Everyone:  
Latina Therapist
- 08:18:44 From Pomona LEO to Everyone:  
Caretaker
- 08:19:48 From Pomona LEO to Everyone:  
the mic in the chat is not working
- 08:20:31 From Pomona LEO to Everyone:  
Suicidal thoughts or actions
- 08:21:25 From Pomona LEO to Everyone:  
someone who is experiencing a mental crisis, could be personally affected and is causing them to not function normally or have suicidal thoughts
- 08:24:03 From Pomona LEO to Everyone:  
Thank you ! I can hear you loud and clear
- 08:25:10 From Pomona LEO to Everyone:  
Determining whether they fit the criteria.
- 08:25:19 From Pomona LEO to Everyone:  
If not, providing them with resources
- 08:26:19 From Pomona LEO to Everyone:  
when dealing with a minor, we always give them the most urgent attention and priority
- 08:26:29 From Pomona LEO to Everyone:  
She's trying to figure out the microphone
- 08:27:40 From Pomona LEO to Everyone:  
It depends on the call for service
- 08:28:30 From Facilitator 3 to Everyone:  
Dial above to get audio
- 08:28:45 From Karlo Marcelo to Everyone:  
Meeting ID: 822 3786 9731  
Passcode: 331478
- 08:28:56 From Facilitator 3 to Everyone:  
+16699006833,,82237869731#,,,,\*331478#
- 08:30:32 From Pomona LEO to Everyone:  
We work really well with our partners
- 08:31:53 From Pomona DMH LCSW to Everyone:  
Good Morning, I am one of the DMH LCSW with Pomona MET. Our partnership in the city has beneficial to all citizens impacted by suicidal crisis and homelessness with the city.

08:31:53 From Facilitator3 to Everyone:

follow up question: are other partners needed?

08:32:44 From Pomona DMH LCSW to Everyone:

Yes, partners are needed for support and additional resources

08:40:32 From Pomona LEO to Everyone:

the acknowledgement of their crisis

08:43:00 From Pomona LEO to Everyone:

when the district handles the mental health crisis we are not told what the outcome generally is. I personally don't know what works or doesn't work

08:44:00 From Pomona LEO to Everyone:

I some of the complains that I hear from administrators is that sometimes parents don't want to accept the services . other than that I don't know if the approach works or doesnt

08:44:14 From Pomona LEO to Everyone:

the stigma of mental health some parents hold. often they assume their child is just going to be prescribed medications and sent home.

08:46:24 From Pomona LEO to Everyone:

in the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer and having to deal with that while also not wanting to be in a position where we are trying to kiss it off

08:47:47 From Pomona LEO to Everyone:

I have not used your language services.

08:48:45 From Pomona DMH LCSW to Everyone:

What works: time. taking the time to listen and find common ground with the person who is in crisis.

08:48:47 From Pomona LEO to Everyone:

Trying to understand where they are coming from and connecting them with resources. Also connecting them with our Mental Health Unit so that they can follow up with them at a later date. I also check with our principals to make sure they connect the students with long term services

08:49:17 From Pomona LEO to Everyone:

yes PUSD

08:51:49 From MH Professional to Everyone:

Thank you for attending

08:52:53 From Pomona DMH LCSW to Everyone:

More Mental health Clinicians :)


08:53:33 From Pomona DMH LCSW to Everyone:

weekend access from Tri-City

08:54:18 From Pomona LEO to Everyone:

I believe that we have a process for those who do meet the criteria and the services they need. Having more locations that will accept juveniles and not having to drive all the way to LA. Having more mental health





clinicians for faster response times for school calls. It would be AWESOME if each school had one at each location

08:55:02 From Pomona DMH LCSW to Everyone:

Faster response time PMRT

08:55:37 From MH Professional to Everyone:

PMRT - psychiatric emergency response team

08:55:50 From Pomona LEO to Everyone:

Find some way to get the parents connected or informed of the services there are and signs to look for

08:58:35 From Facilitator3 to Everyone:

Thank you for your time this morning.

08:58:46 From MH Professional to Everyone:

thank you for your time and participation

08:59:01 From MH Professional to Everyone:

Thank you all for your insight!

08:59:24 From Pomona LEO to Everyone:

thank you

08:59:25 From Pomona DMH LCSW to Everyone:

thank yo! look forward to your partnership!

## Miro Boards



## How have you responded to mental health crises for youth?

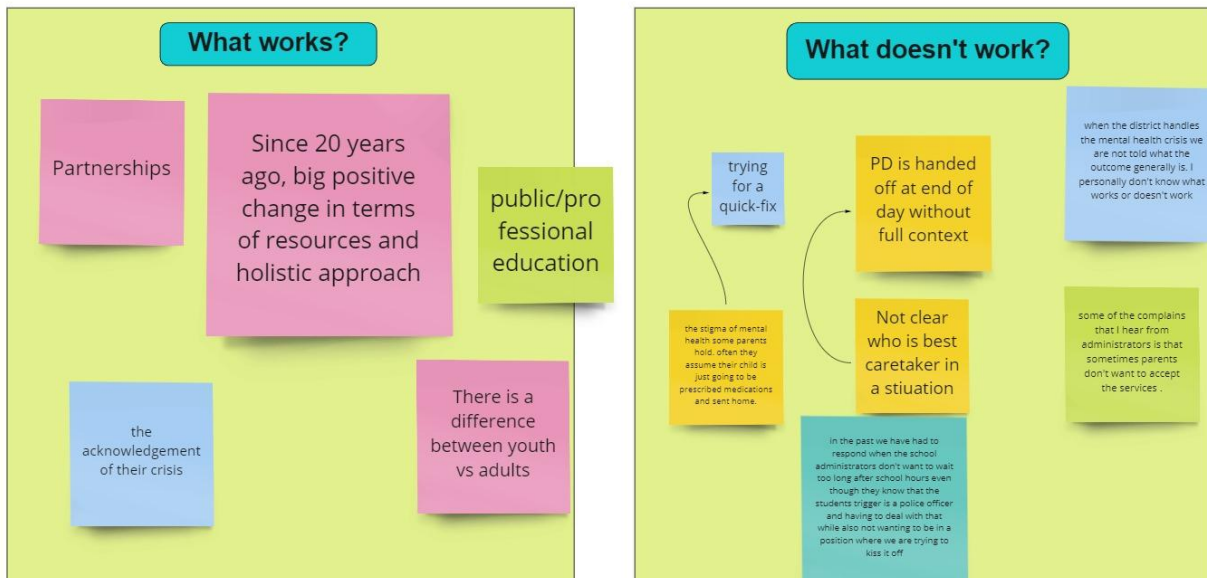
Determining whether they fit the criteria. If not, providing them with resources

when dealing with a minor, we always give them the most urgent attention and priority

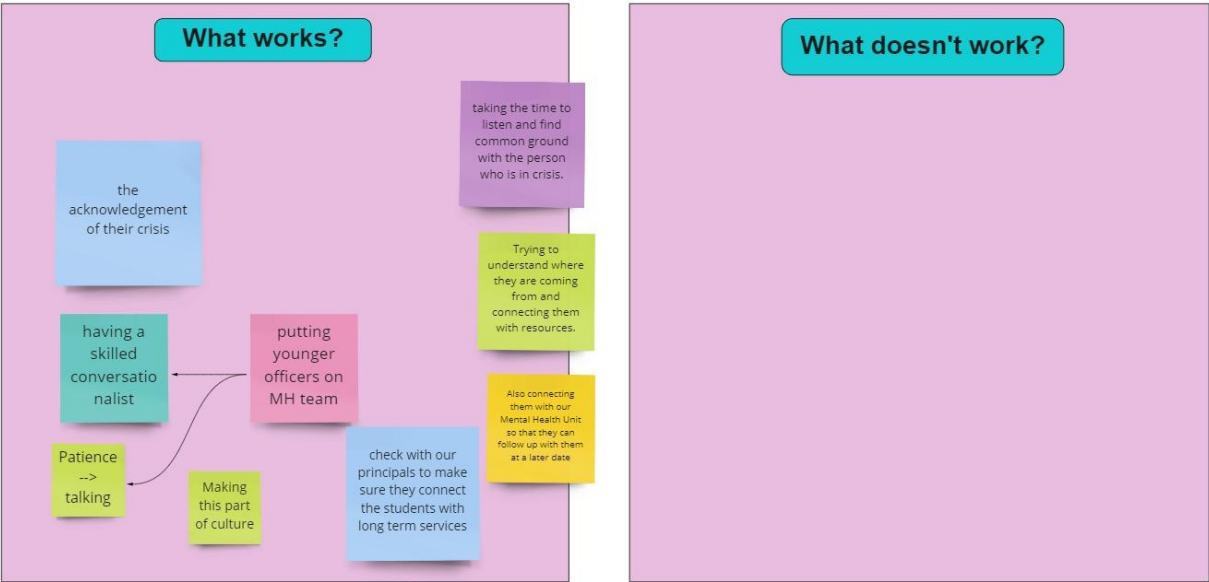
## What has been your experience been with different partners in mental health crisis response?



## Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Stakeholder Meeting: Claremont PD

May 26, 2022

---

## Meeting Information

- Total attendance: 2
- Number of Mental Health personnel: 1
- Law enforcement personnel: 1

## Summary of Key Points

*Facilitator's Note: Only one Claremont LEO was able to schedule a meeting with the Project Team. As such, the meeting was structured more as a 1:1 interview between the lead facilitator and the LEO, with TCMHS staff sitting in on the call. The notes below reflect major points covered during the meeting. The individual who was interviewed works during the graveyard shift, and shared comments that reflected that experience. They were not able to share many reflections regarding partnerships with schools and other organizations because of the hours they are on duty.*

- LEOs Don't have the immediate training for mental health
- Graveyard shift gets a lot of calls for service regarding mental health help needed for transient populations in the area- they don't have the PAC team at night – They often can't tell if the person is suffering a mental health crisis or is it a narcotics issue or something else?
- Guess is that more than half of parent calls for MH crisis in the home - they have reached the end of the rope - they don't know how to handle it - they haven't been through a training - they've just been living it - dealing with the anguish of what it does in the home
- Not a lot of parents will go the extra mile to find resources to find out how they can get help
- Claremont doesn't have a 24-7 crisis response team - graveyard even more limited and the fact that they sometimes need to provide transport makes it more complicated.
- Response and transportation issues vary across hospitals including Pomona Valley, Charter Oaks, InterCommunity, Monclair, Canyon Ridge, Kaisers, Loma Linda, BHC Alhambra.
- LEOs want to get the person into a facility get them professional help as quickly as possible so that they can get back to serving the community.
- If there is a mental health issue - usually when someone sees a uniform - walls go up - LEO doesn't have the luxury of taking off the uniform - it is more inviting to have someone who tells you they are not law enforcement.
- PACT Team or other services are more effective
- crisis de escalation for adolescents - would be beneficial.
- More trainings for both professional and personal portion - a lot of officers have children themselves and they are dealing with these things
- thinking about how the officers going home at night and how do they not internalize that - it can lead to spiral - it is heavy

- Transportation for youth is a major issue.
- Often between hospital and law enforcement it feels like the left hand doesn't know what the right hand is doing.
- Overall, very positive experiences working with Charter Oak. They offer clear communication if/when they are not able to provide a bed.
- Kaiser has been very positive to work with for individuals who have health coverage through Kaiser.
- Canyon Ridge has presented problems in communication and lack of clarity on availability. As a result, the department avoids using them.
- BHC Alhambra is another very good facility but it is a long drive both for LEOs and for individuals experiencing crisis.
- Claremont may not need a dedicated PACT team just for the City, but it may be beneficial to have a resource that is shared between cities.
- As an LEO, it is beneficial to share first-hand experience. Many LEOs in the field are very young in their careers. They don't have the same first-hand experience but they are open to training.
- LEO stated he was interested in developing a peer support team for the Claremont PD. Officers need to be able to take care of themselves before they can take care of others.
- LEOs and other first responders see traumatic experiences every day. There should be more mental health support for them in dealing with the impact of those experiences.
- LEO stated they would be open to the idea of having a counselor in every patrol car. It would benefit both the community and the LEO.



# Public Stakeholder Meeting: Pomona USD

June 1, 2022

## Meeting Information


- Total attendance: 8
- Number of adults: 8

## Summary of Key Points

1. Pomona PD has a great mental health team that is very helpful when needed. When they are not available, responding officers are not as helpful.
2. More training is needed for officers who are not mental health specialists
3. Would be helpful to get feedback from PD when utilized for wellness checks in evenings, crisis situations on weekends, and during school days use for students not in school
4. Shortage of providers at all mental health agencies now
5. Frequent and regular communication from agencies regarding openings, referral status, and linkage contact concerns is helpful
6. Premature discharge from hospitals, appointments not made prior to discharge
7. Weekly engagement, consistent regular appointments, timely responses, taking into account economic hardship/trauma
8. Less re-hospitalizations and progress with services instead
9. Consider transportation and other accommodations
10. More likely for youth to reach out if they have a good experience
11. Drug and Alcohol treatment, in-patient treatment and family therapy on campuses
12. Dedicated crisis intervention team
13. PMRT team and ambulance for Pomona only

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?



0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Analyst** (Rupal Patel)

## Miro Boards



# How have you responded to mental health challenges for youth?

Remaining calm, actively listen and show empathy

handling several crises a day & having the opportunity to de-brief

## What has your experience been with different partners in mental health care?

### Police

Police: Mostly helpful when needed. Their mental health team is great. If a non mental team shows up to a call not often as helpful.

more training for officers - who are not MH specialists

Justice the PD for Wellness: Checks in the evening and on the weekends for crisis situations. During the school day we use them for students who are not at school. It would be helpful to get the feedback from them, it is not as consistent.

### Mental health providers

Sober a shortage of providers at all agencies right now

Most of the agencies are not trained in crisis intervention. Some are trained in crisis intervention but not in the field.

As related to school emergency, parents or teachers are key participants

The biggest barrier to getting more services is the lack of funding. There are a lot of programs that are not funded and that are not being used.

### Medical providers

promotions discharge from hospital releases they are not ready at home without meeting

they get sent away when they ...

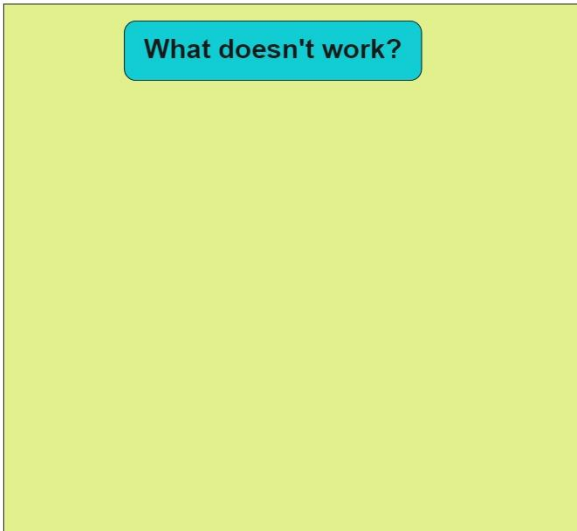
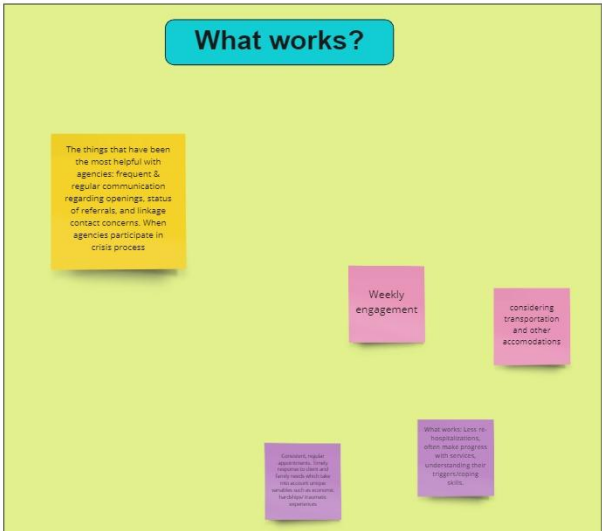
get connected to TC on discharge

people get discharged without needed medicine covered

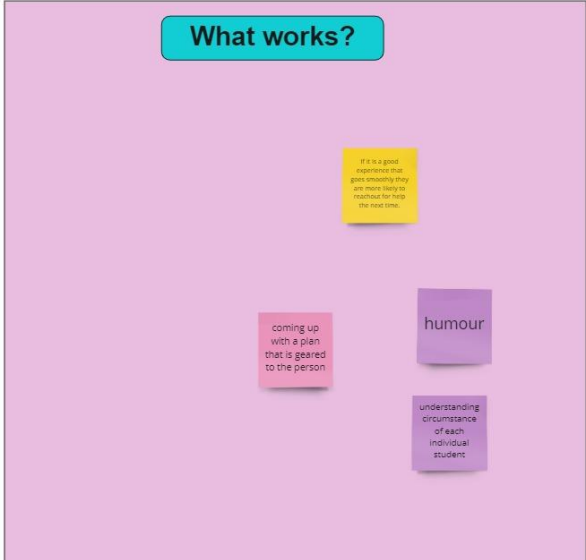
Appointments are not being made when they discharge. They are not being able to get to the appointments.

the kids are not in the emergency room or they are not being able to get to the appointments.

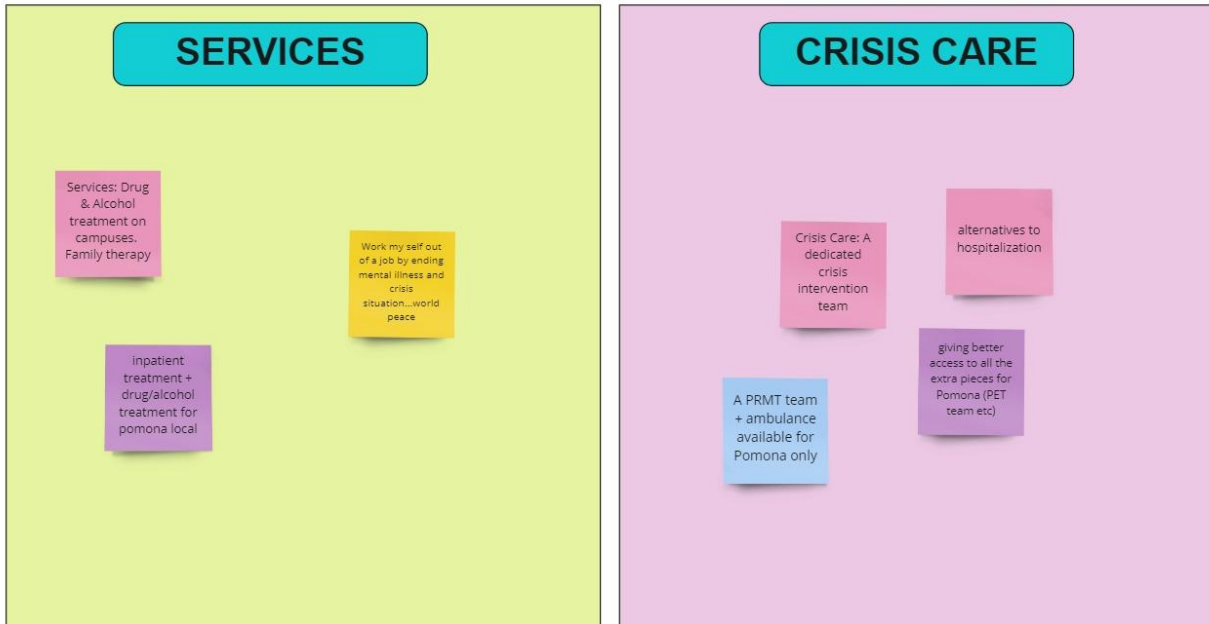
Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, What changes would you make at your institution to best respond to the needs of youth?**



# Stakeholder Meeting: La Verne PD

June 07, 2022

## Meeting Information

- Total attendance: 7
- Number of Law Enforcement personnel: 5
- Number of Mental Health personnel: 2

## Summary of Key Points


- Focus on importance of constant training opportunities
- Crisis at school site allows for more factors that can be controlled to ensure safety (as long as lines of communication are clear)
- Partnership with La Verne schools is focused on student relationships with counselors with understanding of progression before it reaches PD.
- Charter Oak is the preferred mental health/psychiatric facility for crisis care. When that facility is at capacity, it can create a cascading set of challenges around accessibility and transportation during a crisis.
- Importance of creating a personalized care plan and dealing with each youth as an individual.
- Officers encounter youth on more than one occasion so it is important to build trust within those interactions.

## Additional Facilitator Notes

- LEOs stressed the impact of a 5150/5585 order and the need to make decisions with the implications of those orders clearly understood by care team.
- LEOs expressed that they wanted to defer to school counselors whenever possible as first line of resort.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)



0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Karlo Marcelo)

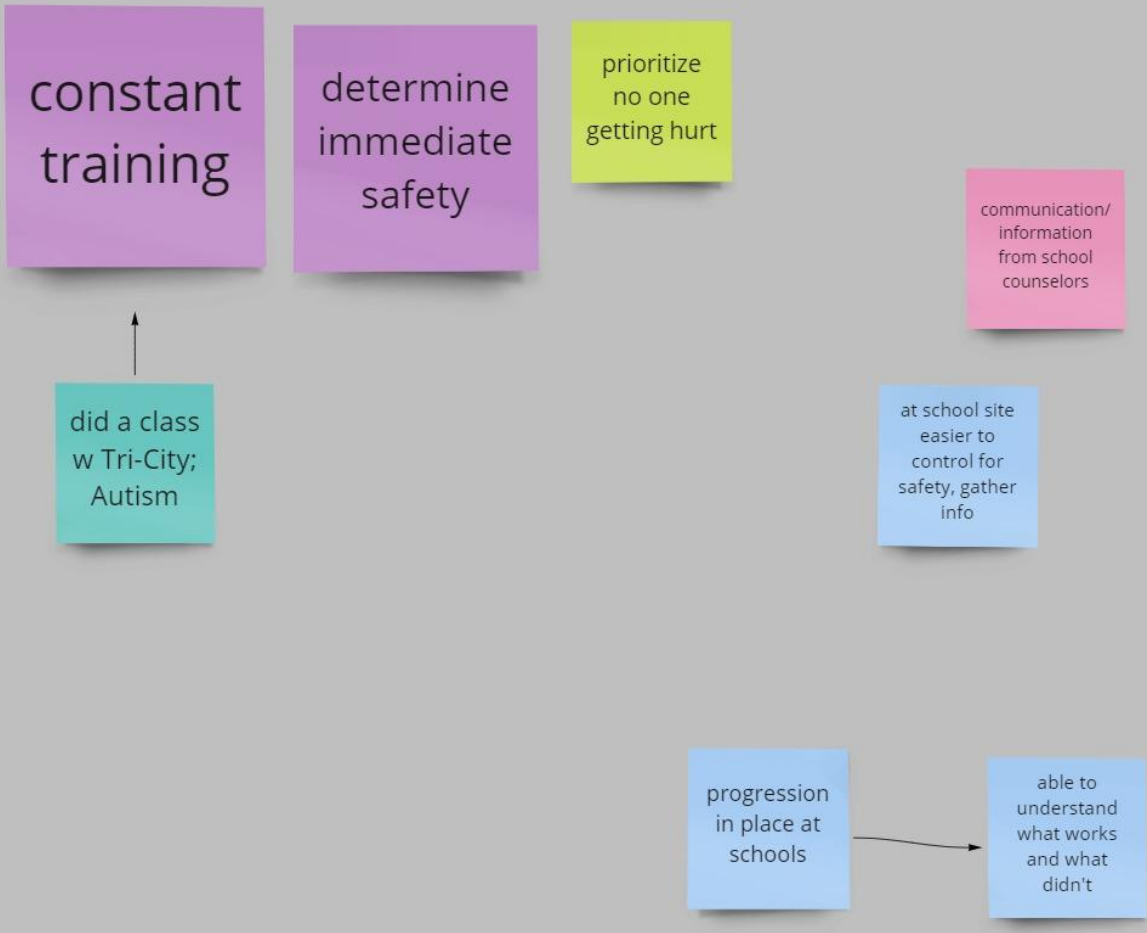


## Miro Boards

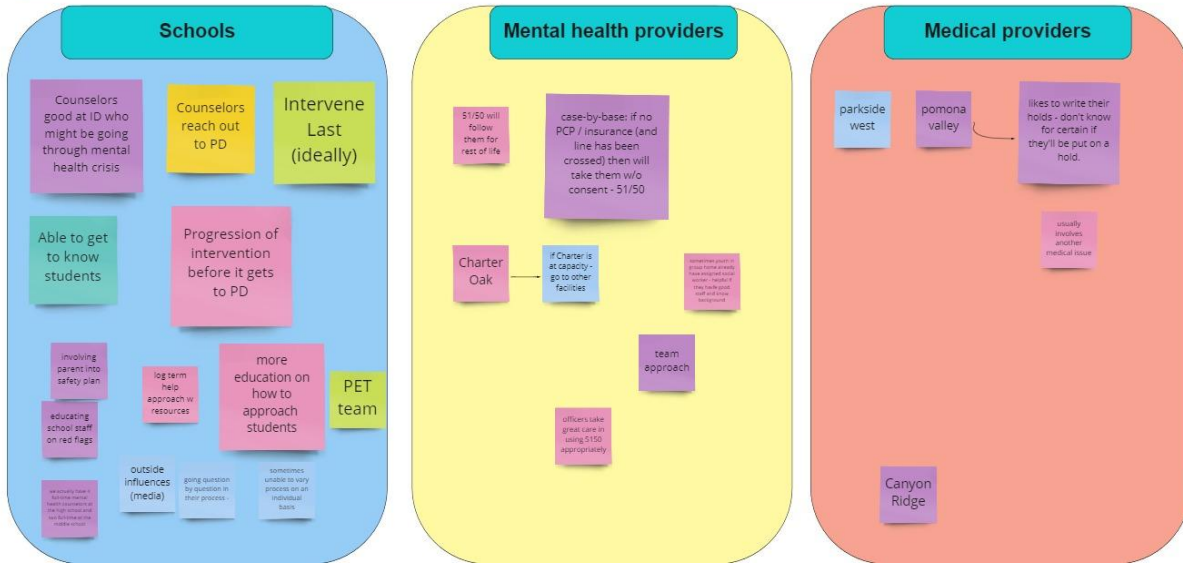




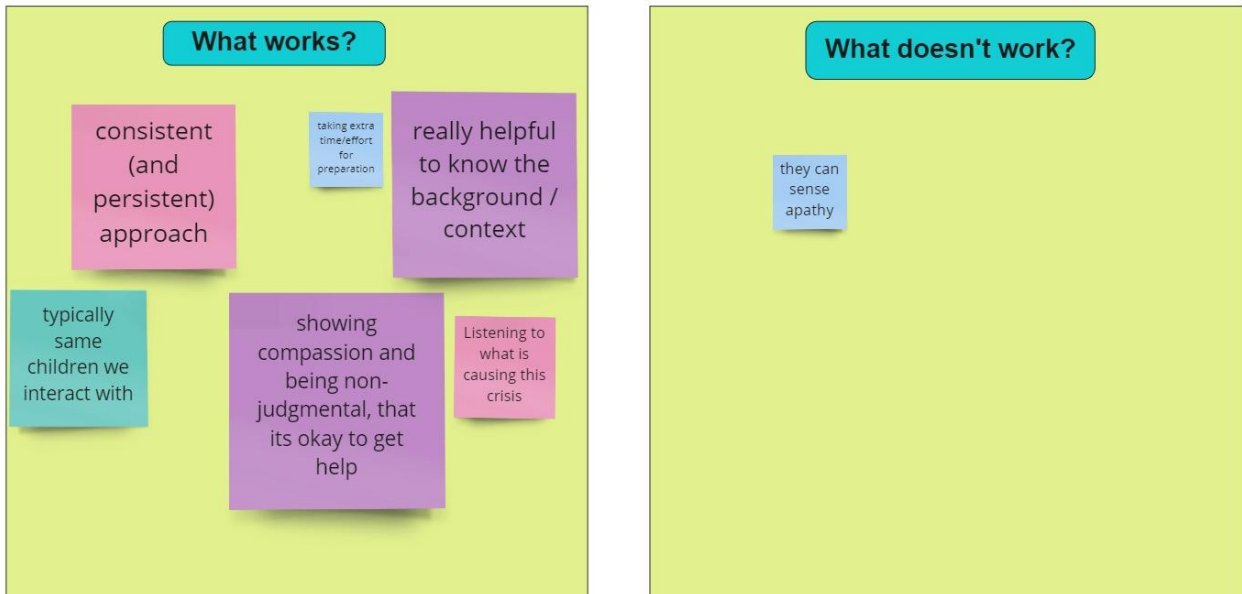
# How have you responded to mental health crises for youth?



## What has your experience been with different partners in mental health crisis response?



## Given what you know about our mental health services for people age 25 and under:



**Given what you know about our crisis care for people age 25 and under in this region:**

**What works?**

- showing compassion and being non-judgmental, that it's okay to get help
- listening/building rapport
- telling them I see a counselor, so they can see me as a normal person and not an officer
- Follow through / execution
- build trust b/c you will encounter these kids multiple times

**What doesn't work?**

**If you had a magic wand, what would you want to see in our mental health system for youth?**

**SERVICES**

- having a designated facility for youth closer to us

**CRISIS CARE**

- Mobile react team (get them help / not getting them in trouble)
- available 24/7 (most problems don't happen 9-5)

# Stakeholder Meeting: TCMHA staff

June 14, 2022

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## Meeting Information

- Total attendance: 22

## Summary of Key Points

- Focus on reducing stigma in approach to mental health care
- Importance of creating spaces where mental health professionals can approach youth with honesty and authenticity
- Collaboration across institutions and departments is critical
- PD sometimes have a different definition of what constitutes a crisis vs a behavioral or other issue
- Lack of clarity around which specific issues PD will respond to and which they won't regarding potential safety concerns
- Working with school districts, youth experience vary greatly from district to another.
- With school environments, much is dependent on trust and open-ness to mental health providers
- With health care facilities (i.e. Pomona Valley Hospital and Medical Center) - it can be challenging to find out information about youth who have been admitted or even availability of beds.
- Lack of beds in psychiatric hospitals and other facilities is a major choke point for the entire community and impacts all involved.
- Need for better collaborative treatment plans for youth upon discharge, along with continued follow-up.

Additional feedback emailed from a staff member:

Some suggestions:

- Available resources for youth experiencing crisis:
  - Youth Shelters
  - C.A.S.E or CSECY resource, if applicable.
  - Drop-In Centers/TAY Centers
  - Department of Public Social Services
    - CalWorks/Cash Aid
    - Food Stamps
  - Legal Services (issues with emancipation or immigration, VAWA, etc)
  - Education
  - Barriers to Care

- Transportation Access
  - Phone-CA Lifeline
  - Internet-help with signing up for Free Internet
- Faith Based/Spiritual Connection
  - Community churches
- Behavioral Health
  - NAMI
  - Support Groups
  - Behavioral Health Urgent Care Centers if needed
  - Create a packet like WRAP (Wellness Recovery Action Plan)
  - Access to Behavioral Health services
  - National Suicide Prevention Hotline
- Medical Services
  - CALAIM (Enhanced Care Management, Community Health Worker, Linkage to Community Resource Center)
  - Community Supports (In Lieu of Services-ILOS)
  - Planned Parenthood
  - Primary Care

Is there a specific area causing a crisis or exacerbating the crisis? How can we alleviate the crisis by connecting youth to getting their needs met? Approaching the crisis as a Whole Person Care lens. I hope this list is helpful.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:14	Welcome and Icebreaker #1 (Candy)
0:14 - 0:28	How would you describe your approach to mental health challenges for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 1:00	What works and What doesn't work?
N/A - ran out of time	If you had a magic wand, what changes would you make at TCMHA to best respond to the needs of youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

*Stakeholder Meeting Summary: TCMHA Staff 06.14.22*

**Co-Facilitators** (Kamina Smith)

## **Chat Transcript (*Identifying Information removed*)**

11:04:12 From Facilitator 2 to Everyone:

Hi All! We will be using a tool called Miro to collaborate together today:

[https://miro.com/app/board/uXjVOuwOh30=/?share\\_link\\_id=971279991849](https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849) Please click the link to jump in.

11:04:48 From Facilitator 2 to Everyone:

There is no need to sign up to use the tool. Disregard the note at the bottom of the screen asking you to sign up.

11:04:51 From Facilitator 2 to Everyone:

[https://miro.com/app/board/uXjVOuwOh30=/?share\\_link\\_id=971279991849](https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849)

11:12:43 From TCMHA Staff, she/her/hers to Everyone:

the green tea kit kats are good too!

11:13:26 From TCMHA Staff to Everyone:

I love frozen m&m's

11:16:38 From Facilitator 2 to Everyone:

[https://miro.com/app/board/uXjVOuwOh30=/?share\\_link\\_id=971279991849](https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849)

11:17:09 From Facilitator 2 to Everyone:

Feel free to jump into the Miro Board to add your ideas

11:23:22 From TCMHA Staff, (she/her/ella) to Everyone:

your experiences are important as we shape the grants and collaboration with police and schools

11:26:25 From TCMHA Staff, (she/her/ella) to Everyone:

sometimes its a mixed response - not understanding mental health

11:38:42 From TCMHA Staff to Everyone:

Collaboration with school staff to assist client in reaching goals

11:39:22 From TCMHA Staff to Everyone:

collaborating with staff to implement safety plans put in place with staff, school and parents

11:40:20 From TCMHA Staff to Everyone:

Sorry, going back to PD something came to mind about language barrier and parent's status. parents have a have fear of being deported and calling for support.

11:40:47 From Facilitator 2 to Everyone:

Thanks,! I'll add it to the board

11:40:49 From TCMHA Staff, (she/her/ella) to Everyone:

great point Genesis

11:41:20 From TCMHA Staff to Everyone:

Important to know who client has a good , comfortable relationship with at the school to provide support. Then contact can be made with therapist

11:42:46 From TCMHA Staff to Everyone:

Great questions

11:44:46 From TCMHA Staff to Everyone:

Checking bed availability can be difficult in getting ahold of intake department

11:47:25 From TCMHA Staff, (she/her/ella) to Everyone:

primary care doctors are hesitant to prescribe psychotropic meds or flat out refuse to prescribe

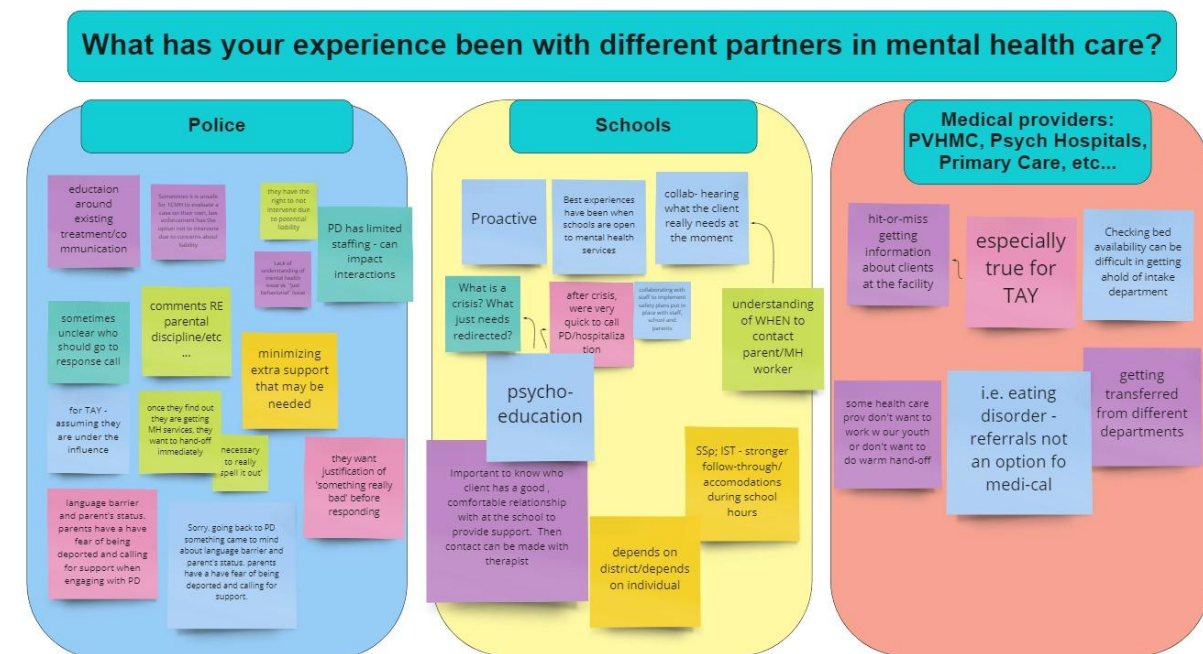
11:48:50 From TCMHA Staff to Everyone:

*Stakeholder Meeting Summary: TCMHA Staff 06.14.22*

- what works well is collaboration with schools, parents, treatment team
- 11:49:14 From TCMHA Staff to Everyone:  
treatment team meetings work well and help client's success
- 11:49:47 From TCMHA Staff to Everyone:  
Works-Working with crisis team mates that you can depend on/, reduces stress of being in a crisis.
- 11:52:58 From TCMHA Staff to Everyone:  
Doesn't work-How the staff treats the client is really important. Can either help them to seek admission or fear admission.
- 11:53:01 From TCMHA Staff to Everyone:  
Not working would be ONLY contacting the treatment team as opposed to contacting parents and other supports for clients
- 11:53:53 From TCMHA Staff to Everyone:  
staff at the psychiatric hospital
- 11:54:12 From TCMHA Staff to Everyone:  
Obtaining documentation from other providers
- 11:54:45 From Genesis A. MHS FSP/TAY to Everyone:  
yes great point Ilse!
- 11:56:17 From TCMHA Staff, she/her/hers to Everyone:  
Back in the day, we used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for those aren't happening. Everyone is moving so fast but missing some client care.
- 11:57:12 From TCMHA Staff to Everyone:  
something that is working : access to lock boxes and gunlocks for all of our clients to reduce access
- 11:57:50 From TCMHA Staff to Everyone:  
I don't know if it is realistic but not having the crisis phone for a week. Shortening the time we have the crisis phone.
- 11:57:54 From TCMHA Staff, she/her/hers to Everyone:  
Yes that is working. And allowing clients to voluntarily check in any protective weapons.
- 11:58:21 From TCMHA Staff, she/her/hers to Everyone:  
Also we do have a goal not to hospitalize. I think that helps a lot and builds trust with the clients/parents.
- 11:59:25 From TCMHA Staff, she/her/hers to Everyone:  
Our clients and community know we're here to work through tough moments and if hospitalization is recommended, it's because it's really needed...for the most part they trust us this.
- 12:00:36 From Facilitator 1 to Everyone:  
This board will stay open - please feel free to add additional thoughts:
- [https://miro.com/app/board/uXjVOuwOh30=?share\\_link\\_id=963219258294](https://miro.com/app/board/uXjVOuwOh30=?share_link_id=963219258294)
- 12:00:41 From TCMHA Staff to Everyone:  
Yes :)
- 12:00:45 From TCMHA Staff to Everyone:  
this was very productive, thanks for setting this up!



## Miro Boards



Given what you know about our crisis care for people age 25 and under in this region:

**What works?**

- getting contact person for TAY
- Having a crisis plan
- access to lock boxes and gunlocks for all of our clients to reduce access
- helping client ID supportive person
- skills development
- treatment team meetings work well and help client's success
- what works well is collaboration with schools, parents, treatment team
- Working with crisis team mates that you can depend on, reduces stress of being in a crisis.
- we do have a goal not to hospitalize. I think that helps a lot and builds trust with the clients/parents.
- Our clients and community know we're here to work through tough moments and if hospitalization is recommended, it's because it's really needed...for the m...st us this.
- And allowing clients to regularly check in any protective weapons.

**What doesn't work?**

- not enough bed/ lacking appropriate hospitals
- not enough local hospitals
- LAC-USC is a really far drive for families
- Obtaining documentation from other providers
- discharge plan - parents are not getting info they need
- we used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for those aren't happening. Everyone is moving so fast but missing some client care.
- before they would have an actual meeting w hospital staff - now it is a 2-3 minute check
- ONLY contacting the treatment team as opposed to contacting parents and other supports for clients
- staff at the psychiatric hospital
- How the staff treats the client is really important. Can either help them to seek admission or fear admission.
- I don't know if it is realistic but not having the crisis phone for a week. Shortening the time we have the crisis phone.

Given what you know about our mental health services for people age 25 and under:

**What works?**

- helping client ID supportive person
- skills development
- treatment team meetings work well and help client's success
- what works well is collaboration with schools, parents, treatment team

**What doesn't work?**

# TCMHA Project Outreach

## CCMU and MHSSA Planning Process

May - June 2022

AGENCY/INSTITUTION CONTACTED	ATTENDED
<b>EDUCATION</b>	
Pomona Unified School District	x
School of Arts and Enterprise	x
Bonita Unified School District	x
Ronyon Elementary School	x
Claremont Unified School District	x
University of La Verne	x
Cal Poly Pomona	x
The Claremont Colleges	x
Western University of Health Sciences	x
Mt. San Antonio College	x
<b>LAW ENFORCEMENT</b>	
Pomona Police Department	x
La Verne Police Department	x
Claremont Police Department	x
<b>HEALTH/WELFARE</b>	
National Alliance on Mental Illness	x
Pomona Valley Hospital and Medical Center	
PCS Family Services	
Sycamores (child welfare agency)	x
Behavioral Health Services, Inc	
<b>LA COUNTY DEPTS</b>	

Los Angeles County Office of Education	x
Los Angeles County Office of Probation	
LA County Dept of Child and Family Services	x
LA County Department of Mental Health	x
<b>FAITH-BASED ORGS</b>	
Brown Memorial Temple Church	
Sacred Heart Catholic Church	
Purpose Church	
<b>COMMUNITY ORGS</b>	
Fairplex	
Pomona Community Crisis Center	
The Club Pomona	
God's Pantry	x
PFLAG Claremont	x
Pomona Pride Center	x
Bright Prospect	
Gente Organizada	
Just Us 4 Youth	x
San Gabriel/Pomona Regional Center	x
Pomona Hope	x

# Help shape mental health services in our region!

## For Youth and Young adults age 25 and under in Pomona, Claremont and La Verne and everyone who supports their well-being!

We encourage you to participate in an important conversation and help shape the future of mental health services in our community. You can help design a more effective approach to youth-focused crisis intervention and mental health services that reflect the distinct cultural features and realities of our communities. The following is the schedule of stakeholder sessions, along with registration links. *Please choose one session.*

### **High School and Middle School Students (parent or legal guardian must also join for youth under age 18)**

**Counselors will be available if mental health support is needed**

- Tues. May 3: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]
- Tues. May 10: 5:00 PM to 6:00 PM [[Click here for Registration Link](#)]

### **Adults who support youth from early childhood onwards (teachers, parents, counselors, first responders, etc.)**

- Thurs. May 5: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]
- Thurs. May 12: 12:00 PM to 1:00 PM [[Click here for Registration Link](#)]

### **Youth ages 18 to 25; University students, staff and faculty**

- Weds. May 4: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]
- Weds. May 11: 12:00 PM to 1:00 PM [[Click here for Registration Link](#)]

### **Open Session: All community members welcome**

- Weds. May 18: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]

What does mental health mean to you?

What works? What doesn't work?

What do you want to see in our mental health system?



# ¡Ayude a definir los servicios de salud mental en nuestra región!

## Para jóvenes y jóvenes adultos de 25 años y menores en las ciudades de Pomona, Claremont y La Verne, así como para cualquier persona que apoye su bienestar.

Lo animamos a que participe en una conversación importante y ayude a definir el futuro de los servicios de salud mental en nuestra comunidad. Puede ayudar a diseñar un enfoque más adecuado para las intervenciones en caso de crisis y servicios de salud mental dirigidos para jóvenes que refleje las características y realidades culturales distintivas de nuestras comunidades. Abajo está el programa de las sesiones para personas interesadas y los enlaces para registrarse. *Elija una sesión.*

### Estudiantes de escuela secundaria y primaria (el padre o tutor legal deberá participar con jóvenes menores de 18 años). Habrá consejeros disponibles durante las sesiones en caso de que se necesite apoyo para salud mental

- Martes 3 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]
- Martes 10 de mayo: 5:00 p.m. a 6:00 p.m. [[Enlace para registrarse](#)]

### Adultos que apoyan a los jóvenes (maestros, padres, consejeros, responsables de primeros auxilios, etc.) desde la escuela para la primera infancia hasta niveles posteriores.

- Jueves 5 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]
- Jueves 12 de mayo: 12:00 p.m. a 1:00 p.m. [[Enlace para registrarse](#)]

### Jóvenes de 18 a 25 años, estudiantes universitarios, personal y profesores.

- Miércoles 4 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]
- Miércoles 11 de mayo: 12:00 p.m. a 1:00 p.m. [[Enlace para registrarse](#)]

### Sesión abierta: Bienvenida a todos los miembros de la comunidad

- Miércoles 18 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]

¿Qué significa la salud mental para usted?

¿qué cosa funciona?

¿Qué cosa no funciona?

¿qué le gustaría ver en nuestro sistema de salud mental?

# Giúp định hình các dịch vụ sức khỏe tâm thần trong khu vực của chúng ta!

## Thông điệp này dành cho thiếu niên và thanh niên từ độ tuổi 25 trở xuống ở các thành phố Pomona, Claremont và La Verne, cùng với tất cả những người hỗ trợ cho sức khỏe tinh thần của họ.

Chúng tôi khuyến khích quý vị tham gia vào cuộc trò chuyện quan trọng và giúp định hình tương lai cho các dịch vụ sức khỏe tâm thần trong cộng đồng chúng ta. Quý vị có thể hỗ trợ chúng tôi thiết kế phương án tiếp cận hiệu quả hơn đối với dịch vụ can thiệp khủng hoảng và sức khỏe tâm thần tập trung vào thanh thiếu niên, phản ánh thực tế và nét đặc trưng văn hóa riêng biệt của cộng đồng chúng ta. Phần sau đây cung cấp lịch trình các buổi họp của bên liên quan, cùng với liên kết để quý vị đăng ký. *Chọn một phiên họp.*

### **Học sinh Trung Học Cơ Sở và Trung Học Phổ Thông (thiếu niên dưới 18 tuổi phải cùng tham gia buổi họp với cha mẹ hoặc người giám hộ hợp pháp.) Chuyên viên cố vấn sẽ có mặt trong các buổi họp nếu cần hỗ trợ sức khỏe tâm thần**

- Thứ Ba, ngày 3 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]
- Thứ Ba, ngày 10 tháng 5: 5:00 chiều đến 6:00 chiều [[liên kết](#)]

### **Người lớn hỗ trợ thiếu niên (giáo viên, cha mẹ, chuyên viên cố vấn, nhân viên tuyến đầu, v.v.) – từ cấp mầm non trở đi**

- Thứ Năm, ngày 5 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]
- Thứ Năm, ngày 12 tháng 5: Trưa đến 1:00 chiều [[liên kết](#)]

### **Thanh niên từ 18 đến 25 tuổi; sinh viên đại học, giảng viên và nhân viên nhà trường**

- Thứ Tư, ngày 4 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]
- Thứ Tư, ngày 11 tháng 5: Trưa đến 1:00 chiều [[liên kết](#)]

### **Buổi họp công khai: Hoan nghênh mọi thành viên trong cộng đồng**

- Thứ Tư, ngày 18 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]

• Sức khỏe tâm thần có ý nghĩa gì đối với quý vị?

hoạt động nào có hiệu quả?  
Hoạt động nào không hiệu quả?

Draft Survey Questions (Survey to be formatted in SurveyMonkey).

### SCHOOL/CITY INFO

1. What city do you live in?
  - a. Pomona
  - b. La Verne
  - c. Claremont
  - d. Other \_\_\_\_\_

2. Are you a student?
  - a. Yes
  - b. No
  - c. Decline to state

If yes.

2a. If yes, What school are you enrolled in [blank for answer] \_\_\_\_\_

If no or decline to state,

2b. How do you support the involvement of youth in our community age 25 and under (check all that apply)?

- Parent/guardian/foster parent
- Educator
- First responder
- Medical provider
- Behavioral/mental health provider
- Law enforcement/justice system
- LGBTQ+ support/ally
- Faith/spiritual leader
- Community member
- Other \_\_\_\_\_

2c. If your job involves working with youth, please list your place of work: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION [TO BE COPIED FROM HMSA REFERRAL FORM]

3. Race [use checkboxes from HMSA Universal Referral form]
4. Ethnicity [use checkboxes from HMSA Universal Referral form]
5. Age [use checkboxes from HMSA Universal Referral form]

6. Gender Identity [use checkboxes from HMSA Universal Referral form]
7. Sexual Orientation [use checkboxes from HMSA Universal Referral form]
8. Disability [use checkboxes from HMSA Universal Referral form]
9. Veteran Status [use checkboxes from HMSA Universal Referral form]
10. I prefer not to answer demographic questions [checkbox if yes]

**MENTAL HEALTH SYSTEM QUESTIONS:**

1. What is one word or phrase that comes to mind in describing mental health services and crisis services for youth?
  - a. Short answer \_\_\_\_\_
  
2. How would you rate the experience of yourself or youth/young adults (ages 25 and under) you know with the mental health system and with crisis care systems?
  - a. [Ranking from 0 “extremely negative” to 10 “extremely helpful”]
  - b. Please share more detail about your ranking. \_\_\_\_\_
  
3. Given what you know about mental health services and crisis intervention for people ages 25 and under, what works well in our community? (check all that apply)
  - Individual therapy
  - Group therapy
  - Family therapy
  - School services
  - Support groups
  - Walk in Crisis Support
  - After hour Crisis line
  - Mental Health Trainings
  - Peer support
  - Drop in wellness center
  - Other \_\_\_\_\_
  
4. Given what you know about mental health services and crisis intervention for people ages 25 and under, what *doesn't* work in our community? (check all that apply)
  - Individual therapy
  - Group therapy
  - Family therapy
  - School services
  - Support groups
  - Walk in Crisis Support
  - After hour Crisis line



Tri-City Mental Health  
Stakeholder Engagement Survey  
May 2022  
Survey Questions

- Mental Health Trainings
  - Peer support
  - Drop in wellness center
  - Other \_\_\_\_\_
5. If you had a magic wand, what would you want to see in the mental health system (including crisis care) serving youth and young adults age 25 and under? (check all that apply)
- More services in the school setting
  - Increased therapy option in the school setting
  - Community mental health trainings
  - Other \_\_\_\_\_



# Consulting Team Bios

- Neel Garlapati, Project Lead
- Karlo Marcelo, Co-Facilitator
- Rupal Patel, Analyst
- Maria Servin, Co-Facilitator
- Kamina Smith, Co-Facilitator



## Neel Garlapati, Project Lead



Neel Garlapati is an independent consultant working at the intersection of fundraising and philanthropy, program design, project management and strategic planning. He has spent most of his career in the nonprofit sector in organizations ranging from social services to museums to higher education.

Neel has worked as an independent consultant for more than two years. In that time, he helped lead project management efforts with the Committee for Greater LA, a unique cross-sectoral collaboration of civic leaders focused on shaping the public narrative and influencing policy towards a Los Angeles that comes out of the COVID-19 pandemic with a greater focus on equity. He also facilitated a collaboration of nonprofits in partnership with the California Community Foundation to foster a network of regional COVID-19 recovery hubs across LA County. Neel recently worked with the Pomona Community Foundation to convene a broad swath of stakeholders in the region to help develop a framework for longer-term community collaborations and initiatives.

As Senior Director of Development at Fairplex, Neel helped the organization develop and amplify its culture of philanthropy and commitment to public benefit. He was one of the lead architects and facilitators of the planning phase of *Pomona Vision 2030*, an 18-month long planning grant from the Ballmer Group that is pulling together nonprofits, the Pomona Unified School District, businesses, local government and community groups to develop a set of metrics and indicators that will point to educational and economic success for Pomona residents in childhood, early adulthood and adulthood in the City.

Prior to joining Fairplex, Neel was Executive Director of Strategic Initiatives and Institutional Philanthropy at Claremont McKenna College where he worked on cross-college and community collaborative projects from program design to fundraising to implementation, evaluation and monitoring.

Neel loves being able to explore California's natural areas with his family camping, backpacking and biking, while also being able to enjoy the creativity and diversity of LA's unparalleled food scene.



## Karlo Marcelo, Co-Facilitator



Karlo Marcelo, an economist and social impact entrepreneur, is Principal and Founder of the Manager, Good Scout Capital LLC.

Karlo is a founding member of Star Insights, a social impact strategy firm based in Hollywood, California. He brings to the firm decades of direct leadership and organizational development experience in political campaigns, government, philanthropy, consulting, and for-profit ventures and start-ups. He is an intersectional resource hub who is a creative problem solver and idea generator for extraordinary leaders who seek to challenge the status quo.

At The Aspen Institute, he worked in the Economic Opportunities Program, analyzing and advising CEOs and Presidents of Community Development Finance Institutions nationwide on their business and social impact outcomes and those of their microfinance clients. His last stop in Washington, DC was as the Partnerships Director for the Truman National Security Project, advising local, state, and federal elected officials on national security policy and communications. He managed a public private partnerships portfolio of \$15M with the Mayor's Fund for Los Angeles, leading the organization's accelerator efforts on public safety and economic development. At the same time he was a Contributor to The Economist Intelligence Unit, producing business intelligence on market demand, labor markets, and regulatory policy for global corporations and leaders.

Karlo graduated with a double major in economics and government from the University of Maryland. As a Public Policy and International Affairs Fellow, he received a Master of Public Policy from the Ford School of Public Policy at the University of Michigan. He started his career at CIRCLE as the country's youth vote expert where he co-produced targeted research for brands with social impact angles such as Rock the Vote and WWE, increasing Millennial generation voter turnout to its highest levels in consecutive election cycles. He's a published author on civic participation in journals and higher education civics textbooks.



## Rupal Patel, Analyst



Rupal Patel is Principal and Founder of the Manager, Good Scout Capital LLC'. Prior to founding Good Scout Capital, Rupal was a Principal at RRG Capital Management, a capital and asset management firm investing in agriculture, water and renewable energy. During her 12 years at RRG, Rupal managed \$150 million in renewable energy and agricultural capital investments. Rupal's environmental and social impact portfolio includes developing the 579 MW Solar Star Project, ranked in the top 10 largest projects in the world; developing and managing an inaugural Corporate Social Responsibility program for Sun World International, one of RRG's largest agricultural operating companies; and originating the first employee benefit company in the U.S., California Harvesters, of which

Rupal is Co-founder and Board President. Just four years after launch, California Harvesters provides quality jobs to over 1,200 farmworkers in California's Central Valley.

Rupal takes great pride in developing her impact portfolio in collaboration with established environmental and social impact organizations, inviting increased accountability and transparency to the impact investment process. As a Public Policy and International Affairs fellow, Rupal received her B.A. in Sociology and M.P.P. from the University of Michigan, Ann Arbor. Rupal serves on the Board of Leading Harvest and serves as a Founding Member of the Integrated Capitals Investment Committee for San Joaquin Valley at The Heron Foundation.

Prior to joining RRG, Rupal gained extensive experience engaging with LGBTQ, environmental justice, labor, poverty, and immigration issues while working for organizations such as the Council of Michigan Foundations, NAACP Washington Bureau, Urban Justice Center, Liberty Hill Foundation, and the California Immigrant Policy Center.



**Maria Servin, Co-Facilitator**



Maria Servin works in case management through nonprofit organizations, assisting individuals with accessing services and resources to improve their daily life and needs.

Maria has worked in the nonprofit sector for the past 7 years, in different social areas such as Los Angeles School District, mental health, and developmental disabilities. She has worked with children, teenagers, and young adults with developmental disabilities. Maria has facilitated meetings with families and individuals to target goals and plans to advance different aspects

of the individual life.

Maria currently serves as a Case Manager with Crittenton Services for Children and Families in Norwalk, CA. She coordinates team meetings in order to identify and plan accordingly on how to better support client mental health goals. She has also served as a Case Manager at the Watts Labor Community Action Committee. Maria has a B.A. in Ethnic and Women’s Studies from Cal Poly Pomona.



## Kamina Smith, Co-Facilitator



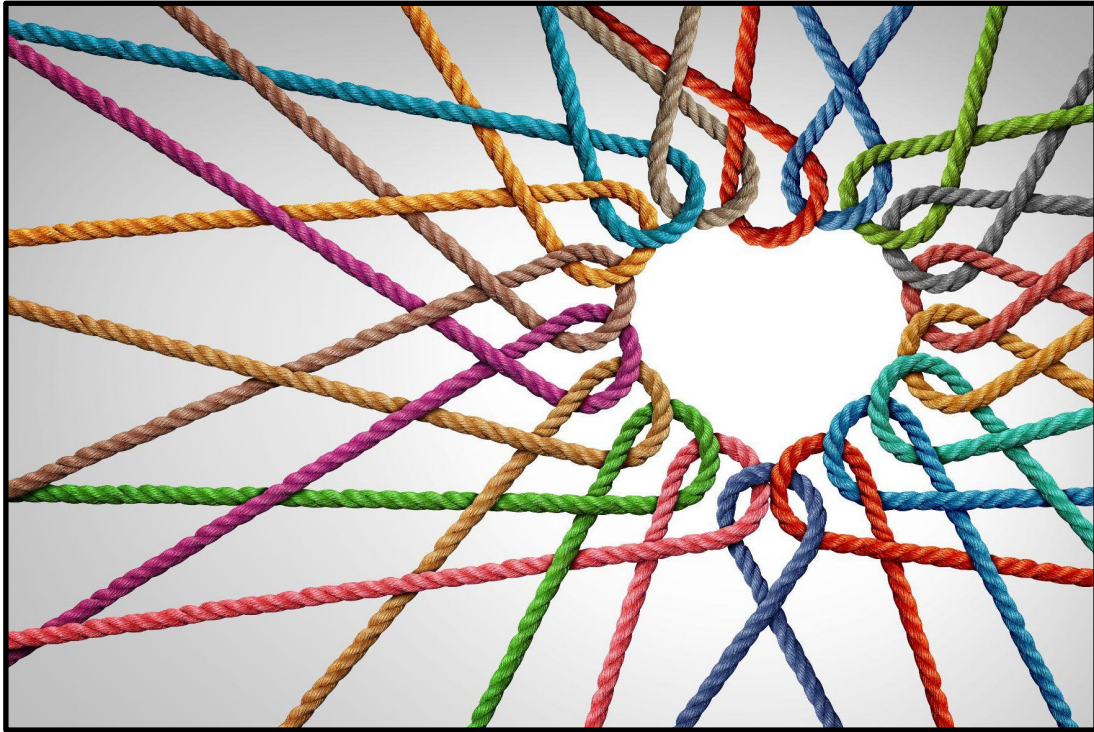
Kamina Smith is a talent transformation strategist specializing in organizational development, talent management, learning & development, and diversity, equity & inclusion.

She is driven to help clients harness the power of purpose, empathy, and insights to realize sustainable social impact and growth.

With over 15 years of experience gained through working with corporations such as Hewlett Packard & Sony Electronics, public sector organizations such as The New York City Department of Education & The Los Angeles County Department of Health Services, nonprofits such as Year Up, Inc. & FUSE Corps, and cross-sector Management Consulting with Slalom Consulting, Kamina has developed a truly diverse and unique perspective on tackling challenges and developing innovative solutions.

Kamina is certified in Integrated Talent Management and Instructional Design and leverages these skill sets to not only develop customized strategies for organizations but also partners directly with leaders to infuse diversity, equity & inclusion in every phase of the employee lifecycle. Previous project work includes designing recruitment & hiring processes; reimagining & restructuring performance management systems; developing comprehensive executive & management development programs; building and calibrating compensation & rewards approaches, and defining & redesigning job roles, departments and organizations.

Kamina is a California native and obtained her BS in Business Administration and MBA with a concentration in Management from Florida A&M University.



# Mental Health Student Services Act:

*Stakeholder Engagement Process: Consultant Report-out*

06.30.22

— Summary Report submitted to Tri-City Mental Health Authority —

Neel Garlapati

Octopod Solutions | [neel@octopodsolutions.com](mailto:neel@octopodsolutions.com)





## Overview

The consultant report enclosed provides more detail on the process, key findings, recommendations, next steps, and questions that emerged over the course of a roughly three-month stakeholder engagement process conducted from March 2022 through June 2022 for Tri-City Mental Health Authority (TCMHA). TCMHA will use the important data and insights gathered during this process as they continue to build-out the scope of their mental health service offerings for youth aged 25 and under.

### Major Themes

Over the course of dozens of public meetings, targeted group sessions, one-on-one interviews and strategy sessions, the Project Team was able to identify a set of major themes related to mental health service offerings in the Tri-City community. Major themes include:

- Need to make the mental health system more inclusive and accessible
- Prioritize culturally competent services
- Listen to and prioritize the perspectives of youth in treatment options
- Improve community outreach and awareness efforts
- Increase staffing supporting youth mental health and provide mental health support to existing staff.

### Next Steps

Octopod Solutions recommends that TCMHA use the analysis and data enclosed within this report to further explore the major themes with a broader swath of the community using surveys and in-depth planning sessions in partnership with school districts, law enforcement, first responders, health care providers and other mental health agencies.

*See sections titled "Key Findings" and "Plausible Next Steps" for more details on major themes that emerged and potential paths forward for TCMHA.*

## About Tri-City Mental Health Authority (TCMHA)

TCMHA was established in 1960 through a Joint Powers Authority (JPA) Agreement between the cities of Claremont, La Verne, and Pomona, to deliver mental health services to the residents of the three cities. Through this collaborative effort, TCMHA has been the designated mental health authority for local residents, serving children, youth, adults and older adults alike.

TCMHA offers a broad suite of comprehensive mental health services to support each person's goal for recovery:

- Children, Transition-age youth, and family services
  - **Outpatient Services:** Therapeutic and comprehensive outpatient services to meet the unique needs of children, youth, and their families.
  - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to children, youth, and families with the highest level of need.
- Adult and Older Adult Services
  - **Outpatient Services:** Comprehensive outpatient services for adults ages 18 and over in order to support and facilitate recovery for mental illness.
  - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to adults with the highest level of need.
  - **Field Capable Clinical Services:** Field Capable Clinical Services are intended for persons aged 60 and above who are experiencing barriers to traditional mental health services.
- Crisis Support Services
  - **Supplemental Crisis Services:** Crisis walk-in services, as well as after-hours and weekend phone support to individuals experiencing a crisis and who currently are not enrolled in TCMHA services.
- Prevention and Well-being Programs
  - **Wellness Center:** The Wellness Center is hub of community activities for people seeking improved mental health and wellbeing, including free peer-run groups and supportive services.
  - **Transition Age Youth (TAY) Resource Center:** The TAY Resource Center is an inclusive, welcoming place for teens and young adults and offers a variety of free activities and services to enhance overall wellbeing.
  - **Family Well-being Program:** Free specialized programming to support and address the unique needs of children, youth, and families as a whole, including groups and resources.
  - **Employment Vocational Services:** Community members in search of meaningful and gainful employment can access free programming including workshops and hiring events.
  - **Peer Mentoring Program:** Peer Mentoring is a free program that trains volunteers to listen to people who are looking for mental health support.

- **Therapeutic Community Gardening:** Individuals have the opportunity to plant, maintain and harvest garden produce in weekly garden groups for therapeutic purposes and symptom management.
- Community Support Programs
  - **Community Navigators:** Community Navigators provide free linkage and referral services to assist community members in accessing the services and support they need.
  - **Community Mental Health Trainings:** TCMHA offers free trainings to community members and organizations in the TCMHA service area that cover a variety of mental health and wellness topics.
  - **Community Well-being Program:** This program provides small grants and technical assistance to help local communities improve their capacity to support the wellbeing of their members.
  - **Stigma Reduction:** Stigma Reduction provides resources, events, trainings, and other free programming to reduce the stigma associated with mental illness and seeking help.


## Project Team

- TCMHA Core Project Team
  - Liz (Elizabeth) Renteria, Chief Clinical Officer
  - Debbie Johnson, Child & Family Services Program Manager
  - Erin Sapinoso, Program Analyst II
- TCMHA Support Staff
  - Jessica Arellano, Administrative Assistant
  - Octavio Hernandez, Clinical Supervisor I
- Octopod Solution Facilitation and Analysis Team (*see appendices for biographical information*)
  - Neel Garlapati, Project Lead
  - Kamina Smith, Facilitator: Education and Youth services
  - Karlo Marcelo, Facilitator: Law enforcement and emergency services
  - Maria Servin, Facilitator: Child welfare
  - Rupal Patel: Data and stakeholder analysis

## Stakeholder Process and Goals

### Purpose and Intent

In early 2022, TCMHA received a grant from the State of California to support Mental Health Services for youth in its region. This grant, titled the **Mental Health Student Services Act (MHSSA)** is overseen by the Mental Health Services and Oversight and Accountability Commission (MHSOAC). TCMHA has received a four-year grant totaling



roughly \$3.8 million to foster school-community partnerships, train staff in schools and clinics and provide and increase access to mental health services in locations where children, youth, young adults and families feel comfortable. This grant award included a clearly delineated service planning phase that required an inclusive stakeholder engagement process to ensure that planning activities were informed by community participation.

TCMHA reached out to Octopod Solutions shortly after receiving notification of the award to discuss a project involving gathering feedback from stakeholders in the community through interactive, participatory sessions.

As these conversations were under way, TCMHA received a separate \$200,000, year-long planning grant for the development of a **Crisis Care Mobile Unit (CCMU)** for youth in the community. The grant terms for the CCMU grant also dictated that the first stage of this planning process would require stakeholder feedback and participation to inform subsequent planning efforts.

Given the need for a participatory stakeholder planning process for both the MHSSA and CCMU grants, TCMHA negotiated services from Octopod Solutions to conduct stakeholder engagement efforts related to both grants during the same time frame. In March 2022, Octopod Solutions entered into two separate contracts with TCMHA, after approval by the TCMHA Governing Board on March 16, 2022.

The MHSSA grant is unique in the comprehensive approach it brings to mental health services for youth in the tri-city community. MHSSA funding was passed through the California State Legislature because there was a strong interest in supporting collaborative efforts between County health and mental health agencies and school districts, charter schools and officers of education. This is why a multi-sector, inclusive stakeholder planning process that helps to inform and foster collaboration was integral to kickstarting the first phase of MHSSA program activities for TCMHA. Given the role that TCMHA plays in the tri-city community, it serves as an ideal focal point for collaborative efforts.

Both grants require a community-focused planning process that integrates feedback and active participation from youth and youth-serving institutions including education, law enforcement, health care and community organizations. Octopod Solutions worked closely with TCMHA to identify key stakeholders and design a process that would engage individuals who were impacted by both the broader mental health systems (MHSSA) and crisis-specific care systems (CCMU).

## Methodology

*In order to minimize the burden on community members to participate in the stakeholder process, Octopod Solutions worked with TCMHA to design stakeholder engagement sessions that*

would allow for feedback to be gathered on **both** mental health services for youth and crisis-specific services for youth. This streamlined the information gathering process during the end of the school year – a time of year that was particularly busy for students, teachers, professional staff, and family. The process enabled participants to share their experiences and feedback relevant to both subject areas in one meeting, rather than asking them to attend two separate meetings.

Ultimately, the Stakeholder engagement sessions, along with additional targeted conversations, provided valuable insights into the experiences, priorities and suggestions that youth and families are concerned with in the Tri-City region. There is significant overlap between the scope of these two grants, but the design of the stakeholder process allowed the project team to differentiate between comments relevant to mental health services, comments relevant to crisis care, and comments relevant to both.

The goal of this process was to provide TCMHA with a clear understanding of the priorities, needs and major concerns of a broad cross-section of the community to help inform their planning process as they continue to build and design both broad mental health and crisis-specific services for youth age 25 and under.

The information enclosed reflects stakeholder feedback particularly relevant to the scope of the MHSSA program of mental health services that TCMHA does, or could in the future, provide to youth age 25 and under. Please see the separate report-out on the Crisis Care Mobile Unit stakeholder engagement process, for an overview of feedback that specifically pertains to crisis care for youth.

## Primary Stakeholder Identification

TCMHA began planning for mental health service improvements with a heavy focus on the way youth interact with mental health services through partnerships with local educational institutions. The process began with preparatory conversations with the three participating school districts: Pomona Unified, Claremont Unified and Bonita Unified (serving students from the City of La Verne), along with the School of Arts and Enterprise, a Charter School based in the City of Pomona. Additionally, TCMHA connected with colleagues at the University of La Verne and Cal Poly Pomona to get a better understanding of the most critical priorities and needs facing the students in a higher education setting. Law Enforcement, and health care providers were also engaged, though these agencies are more likely to engage into mental health support when a crisis situation is at hand.

In addition to education-based institutions, Octopod Solutions also facilitated targeted conversations with each of the three law enforcement agencies that serve the Tri-City Area: The Claremont Police Department, Pomona Police Department and the La Verne Police Department.

TCMHA was clear with the project team that a concerted effort would be required to gather perspectives directly from the youth most affected by the availability of mental health services. The broad outreach strategy to gather the perspectives and opinions of these youth was to work through the institutions, including youth-serving community agencies, that they most often engaged with. In addition to gathering information directly from school counselors and higher education administrators, the project team worked with them to help spread the word and encourage their students to attend the sessions and participate in whatever way they could. Garnering any direct student participation was a challenge because most of the sessions took place in the month of May, when many students at both the K-12 and post-secondary levels were preparing for final exams and the end of the school year. Despite this situation, the project team was able to gather significant, substantive direct feedback from youth at both the K-12 and postsecondary levels.

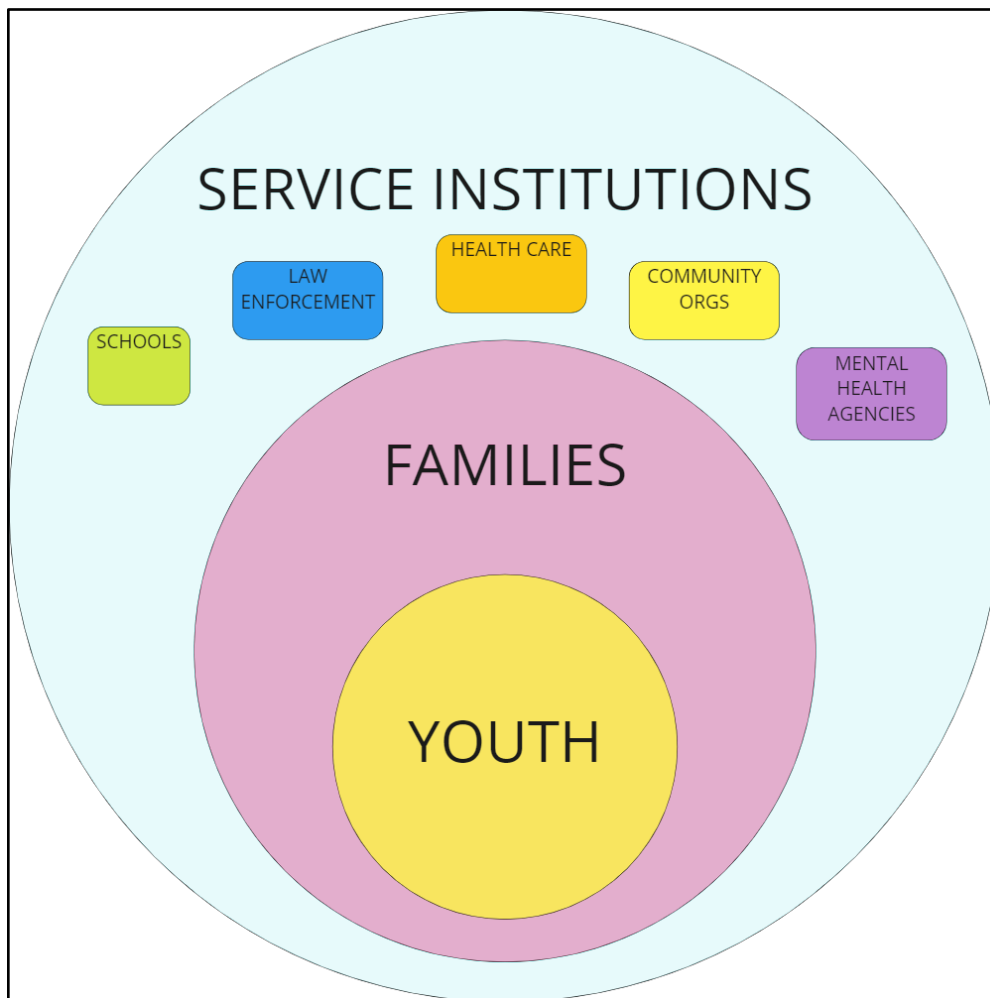



Figure 1: diagram showing key stakeholder outreach priorities

By placing the mental health needs of youth and their families in the community at the center of the project team's focus, they were able to work through a broad cross-section of



service providers from school districts and youth-serving agencies to law enforcement and health care institutions to gather as many different perspectives as possible. See Appendix 2 for a full list of organizations that were contacted as part of this process.

## Virtual engagement sessions

Upon approval of the grant receipt and contract for stakeholder engagement in March 2022, TCMHA worked with Octopod Solutions to plan a series of stakeholder engagement sessions that could be completed by late Spring - before most school-age and college-age youth began their summer holiday. Octopod helped create an engagement plan that would fast-track feedback from youth and the people who most closely interacted with them including parents, teachers, counselors, law enforcement officers, mental health professionals and others.

### Virtual Session Mechanics


Due to the unpredictable nature of the COVID-19 pandemic, along with a spike of cases in the Spring of 2022, the project team decided to hold all of the stakeholder sessions virtually. The Octopod Solutions facilitation team is highly skilled and experienced in virtual facilitation and was able to use a number of tools to allow participants multiple avenues for participation. Each session was conducted using the Zoom video conferencing platform. Participants could “raise their hand” to speak and share their perspectives, or they could type responses directly into the chat. Additionally, Octopod employed an advanced collaboration tool known as Miro to allow for another avenue for input from participants. Miro functions like a “digital whiteboard” allowing participants to make notes, post digital sticky notes, and give comments or “thumbs-up” to the comments of other participants. The Octopod team has found, over time, that virtual sessions like this actually allow for more diverse participation and greater feedback gathering in a shorter amount of time by creating opportunities for individuals to participate in whatever way feels most comfortable for them.

### Public Sessions: Inclusivity and Privacy

For the public sessions, held in May, Octopod Solutions engaged the services of live interpreters in both Spanish and Vietnamese. Additionally, all of the promotional materials, flyers and emails were translated into both languages.

A virtual consent was read aloud and shared with participants (in all three languages) at the start of each session. This helped to set the stage for the type of issues each session would cover, and also reinforced that all youth under age 18 who were participating would need to have a parent or guardian present.

Responses from participants have been stripped of personal information for all of the event summaries and data gathering in this report. Additionally, participants who provided



feedback through Miro were able to do so without sharing any identifying information about themselves.

After starting each public session with the verbal consent statement, Octopod Solutions shared a short video presentation (with subtitles in Spanish and Vietnamese) that provided a brief overview of TCMHA: its history, mission, services, and the purpose of that day's session.

### **Approach to Virtual Stakeholder Sessions**

The virtual stakeholder sessions were designed to be engaging for a diverse audience with widely different life and professional experiences and backgrounds. The project team accomplished this by posing broad, open-ended questions that would transition into specific topics to encourage engaging conversation throughout each session. Each conversation was structured to encourage participants to think critically about what mental health means to them and to think about the services, resources, and characteristics of what they would consider a “healthy” community.

With this conceptual grounding, the facilitators encouraged participants to dive further into specific mental health-related experiences that they or friends and families had undergone in the educational, law enforcement, and health systems. Drawing upon these experiences, the facilitation team posed broad, open-ended questions that transitioned into more specific topics, to help encourage engaging conversation through each session. Finally, each session closed by asking participants to synthesize the conversation and draw upon their own experiences to share specific suggestions and ideas for a future of mental health services that meets the needs of youth in the community.

*Please see appendix 1 for a listing and detailed summary of each of the stakeholder engagement sessions.*





*Figure 2: Facilitation approach to stakeholder sessions*

### **Targeted sessions**

In addition to the seven public sessions that were offered to community members in May 2022, the project team conducted a series of targeted stakeholder engagement sessions with both school district officials, including mental health professionals, and with law enforcement agencies, focused on officers who serve as school resource officers and who respond to calls dealing with youth mental health issues.

A key focus of these calls was on the level of partnership and collaboration that existed between different types of agencies including K-12 schools, colleges and universities, law enforcement, hospitals and mental health facilities. These targeted sessions were structured differently from the public sessions, with slightly less focus on establishing the conceptual framework of mental health work, and more focused on diving into details of partnerships, collaborations, and specific mental health interventions.

*Please see appendix 1 for a listing and detailed summaries of targeted stakeholder sessions.*

### **Survey tool development**

In addition to a series of both public and targeted stakeholder engagement sessions, Octopod Solutions worked closely with the Project Team to put together a survey of residents of the cities of Pomona, Claremont, and La Verne. This survey can serve as a

suitable follow-up for participants of the stakeholder sessions and a way to engage individuals who were not able to participate in those meetings. **Octopod Solutions recommends launching and distributing this survey as the immediate next phase of stakeholder engagement.** Leveraging the relationships and trust established by many close collaborators of TCMHA will be helpful in ensuring wide distribution and participation in the survey. The survey can also help to verify, provide additional detail, or challenge many of the findings that emerged from the stakeholder sessions. A survey will be particularly useful for the needs of the MHSSA project, allowing TCMHA to gather information and perspectives on a wide range of mental health services and resources available to youth.

## Key Findings from Stakeholder Engagement

A key principle established by TCMHA in partnership with the facilitation team was to prioritize and elevate the lived experiences of youth and families whenever possible. Though the majority of the total participants in stakeholder sessions were adults, the youth and parents who did participate shared extremely substantive, powerful perspectives which the project team has sought to highlight. We anticipate these perspectives will be critical to TCMHA in helping to determine priorities and identify areas for improvement.

*Please see appendix 1: Meeting summaries, for detailed notes on the feedback received in each of the public and targeted meetings.*

### Lived experiences of youth in the Tri-City region

Significant themes from youth comments over the course of the stakeholder engagement sessions included the following, along with direct quotes from youth:

- **Lack of understanding/stigma from adults around mental health issues**
  - “I feel like mental health for youth is getting WAY better, but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings”
  - “Classes for parents to actually make their children feel safe and how to work through stuff together and or as a family”
- **Ineffective and inadequate outreach regarding availability of mental health services**
  - “We need something other than flyers in the school bathrooms.”
- **Systems are either inaccessible due to cost or other barriers or too busy to serve students in times of need**
  - “Free crisis lines are sometimes full, and they can't help fast enough”
  - “I would also make therapy free for at least on session, then you can see how money will work out.”

### Lived experiences of parents and families in the Tri-City region

Significant themes from parents and families of youth including the following, along with direct quotes from parents and families:

- **Challenges navigating the mental health system, including accessing regular services**
  - “My daughter was diagnosed with PTSD and told she needs EMDR therapy. However, a therapist is available once a month and cancels every other month. Therefore, this is ineffective”
- **Lack of awareness of potential support or treatment options**
  - “On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offers. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.”

## Key reflections and quotes from other community members

In addition to youth and their parents, significant feedback was gathered from K-12 teachers and administrators, counselors and support staff working in colleges and universities, health care providers and law enforcement officers. Key themes emerging included the following:

- **Difficulty of navigating the mental health system**
  - “The system is hard to navigate when you're well and have the patience to learn the process, but we know most start the process when they're in crisis and tend to get frustrated and give up or not get help they need.” - Mental Health professional
- **The need for improved support for professional staff working directly with youth (including mental health professionals, school staff and counselors, and law enforcement).**
  - “Cops are human. Sometimes they want to talk about what they see with their partner, but they also don't want to burden them ...It is still very taboo for an officer to reach out and say that they need help.” - Law enforcement officer
- **The stigma around accessing mental health services is still a deterrent for many youth.**
  - “Many youth hesitate, thinking ‘something is wrong with me,’ so they don't do anything.” - Mental health professional

## Community Perspectives: What works? What doesn't work?

During the varied slate of stakeholder engagement sessions, Octopod Solutions encouraged participants to be specific with their feedback. Participants spoke about their own experiences and how those experiences informed their opinions about what approaches, processes and interventions were effective, and which ones were ineffective.

The list below highlights the most common themes, including any topics where youth themselves shared opinions:

**Process Note:**

Each time a topic was raised verbally, by a participant in the digital Miro board, or by using the zoom “chat” feature, Octopod Solutions logged it as a “mention.” The data below represents all of the “mentions” tracked by the consultant team over the project period. At times, even though a subject was “mentioned” only once, it is noted as significant in the report because of the quality and length of discussion that followed it.

Additionally, Octopod Solutions made sure to note whenever a comment, question or suggestion was raised by a youth participant. These figures are also noted in the data below. This is likely an under-reporting of youth participation, because anyone who participated directly using the Miro tool was able to do so anonymously without any attribution to their identity.

## What works?

- **Validating the experience of youth** (16 mentions, including one youth)
- **Culturally relevant care** (14 mentions, including one youth)
- **Peer support** (10 mentions, including one youth)
- **Clear community connections** (8 mentions)
- **Stigma reduction** (5 mentions, including one youth)
- **Transparency around process and procedures** (3 mentions)

## What doesn't work?

- **Lack of information/awareness** (11 mentions, including one youth)
- **Not explaining interventions that occur/poor communication** (5 mentions)
- **Poor handoff/communication between schools, PD, Health care** (4 mentions)
- **Talking down to or patronizing youth** (2 mentions)

## Community-supported Initiatives and Interventions

Session participants provided a wealth of suggestions and ideas for programs, interventions and resources that could best serve the needs of the community's youth. Some of these suggestions were made by multiple different individuals, on multiple occasions. Those are listed below:

### Peer-mentoring and co-located services

*(18 mentions, including one youth)*

Youth and families in the community see many of the mental health offerings as inaccessible, hard to understand or untrustworthy. Many participants, including youth themselves, gravitated towards the idea of services that were co-located with school sites, along with youth centers and youth-serving organizations. Additionally, the idea of peer-mentoring programs was highlighted as an opportunity to help reduce the stigma and to provide mental health support to youth through trusted messengers. One youth participant, who had overcome mental health challenges of their own, was particularly eager to serve as and help build a peer mentoring program.

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

*(10 mentions)*

The need for increased levels of staffing for mental health professionals, increased access to in-patient and out-patient treatment services and greater availability of 24/7 services was echoed in nearly every public and targeted meeting that was held. Existing staffing and resource levels are simply not enough to meet the needs of youth in the community, resulting in exorbitant wait times, cancellations, and inability to access care as mental health issues escalate. Community members, nearly universally, wanted to see higher levels of staffing and resources for mental health practitioners with a focus on those directly serving youth.

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

*(7 mentions)*

Mental health professionals, medical staff, school staff, law enforcement and emergency personnel all encounter and address significant trauma on a regular basis. In addition to the harm these experiences serve to youth and families, repeated exposure to this trauma can have a significant impact on the professionals who are tasked with responding to these situations, potentially limiting or inhibiting their ability to serve their communities. Many participants in the sessions called for a methodical approach to ensuring that service providers have access to regular mental health check-ins to ensure that their own well-being is supported.

## Support Campaign for Intra-family and Inter-generational communication

*(3 mentions)*

The challenges that exist between youth and their parents and families around access to mental health services and support for mental health interventions were well-documented in the sessions. Several participants felt that clear opportunities for intergenerational communication and understanding would be helpful to youth in the community struggling with acceptance or perceived stigma attached to their desire or need to access mental

health services. A community-wide program, targeted at youth, parents, and even grandparents, serving to educate and inform families about the availability, benefits and critical need for mental health services could serve to help bridge this inter-generational divide.

## Community-wide campaigns to reduce stigma around mental health issues

*(2 mentions)*

Stigma reduction was a commonly cited need to encourage youth to access mental health services before they reached a crisis point. Several participants suggested wide-scale, professional communications campaigns specifically targeted around reducing stigma to access to mental health care. Youth, in particular, suggested the youth of social media campaigns, instead of traditional flyers and emails, to help spread this message.

## Plausible Next Steps

Over the course of stakeholder engagement sessions, there were certain challenges and opportunities that came up repeatedly, regardless of the specific groups that were participating. The project team drew heavily upon these conversations to pull out the community-supported initiatives and interventions listed above, along with perspectives on what works and what doesn't work. The MHSSA grant is still in a planning phase, and further planning and collaborative work will need to be done before specific programs are ready for implementation. Octopod Solutions offers a set of plausible next steps, drawing upon the stated priorities of community stakeholders, to help advance these collaborative planning efforts:

## Wide distribution of mental health access surveys

Octopod Solutions worked closely with the core TCMHA project team to develop a set of survey questions that could help determine the usage, trust and experiences of youth and families with the crisis care systems in the region. Octopod Solutions recommends distributing the existing survey draft to as broad a list as possible in Q3, 2022. Following that survey distribution, a follow-up survey focused just on survey respondents and participants in the stakeholder process can help to provide more detailed experiences and constructive criticism of existing systems. The audience for the second survey, to be distributed in late 2022, would be focused on individuals who have already expressed willingness to share their opinions about mental health services in the region and more likely to provide detailed, action-oriented feedback.

## Further evaluation and inventory of culturally relevant care options available to youth in the region

For youth and families grappling with mental health challenges, the importance of culturally relevant care was a subject that came up repeatedly in stakeholder engagement sessions. TCMHA already has a set of wellness advisory councils that specifically focus on the needs of AAPI clients, Latinx clients, African American clients, LGBTQ+ clients and Transitional-Age Youth. These councils are a critical resource in assessing the ongoing effectiveness and cultural relevance of the care provided by TCMHA. Octopod Solutions recommends resourcing a more in-depth analysis of the cultural competency of the care offered using in-depth surveys, interviews and focus groups with individuals who have experienced the crisis care system specifically and the broader mental health system. In this instance, the surveys, interviews and focus groups would be focused on the caregiver's awareness of culturally relevant aspects of their situation (language, immigration status, gender identity, etc.), and caregivers' ability to deliver adequate care in the moment.

### **Examine the viability of a youth peer-to-peer support program**

The establishment of a trusting relationship is one of the most critical aspects to successful mental health interventions. Over the course of the stakeholder engagement sessions, multiple participants, including youth themselves expressed that they felt more trusting of their peers as stewards and co-navigators of mental health services. TCMHA already offers a successful peer mentor program, but only youth age 18 and over can serve as peer mentors and youth must be at least 16 years to be mentored by a peer. Octopod Solutions recommends that TCMHA works closely with local school administrators and local youth-serving nonprofits to examine the possibility of expanding the reach and scope of programs like this. Many youth are enthusiastic about supporting their peers and a successful program could create a solid off-ramp for youth seeking a specific type of support. Youth can also serve as an advisory council to help provide direction on the most effective forms of outreach (social media vs. in-person) and specific messaging. In addition to providing peer-support services, youth can advise on potential venues and programs for new co-located services. A potential pilot expanded program would be about co-designing services with a small set of youth and testing the viability of the services and answering the most critical question: Is this something that youth would actually take advantage of when they need it?

### **Develop a broad, multi-targeted campaign around stigma reduction**

TCMHA already offers a stigma reduction campaign through its ROOM4EVERYONE campaign. Despite this, stakeholder engagement revealed that many youth and families still expressed the ongoing stigma associated with receiving mental health care. Youth, in particular, expressed a generational divide between themselves and the generation of their parents that often manifested in feelings of stigma. Octopod Solutions recommends TCMHA examines existing stigma reduction efforts and determine if they adequately address the concerns raised about intergenerational stigma, particularly for youth who live at home. In these efforts, TCMHA can work with a youth advisory council and parents who have helped their children recover from mental health crises to create a broad messaging



campaign through in-person ambassadors, events, social media, and traditional media to help de-stigmatize mental health care in a way that actually resonates with both youth and their families.

## Multi-sectoral initiatives focused on the well-being of front-line staff and caregivers.

The work of TCMHA sits at the intersection of many different career fields including health care, education, and law enforcement. At each of these institutions, the staff often face a day-to-day barrage of trauma, uncertainty, and ongoing mental health challenges. TCMHA could offer peer-to-peer counseling services as a community benefit, or work with local agencies to free up time for this important caregiver benefit. In addition to offering the services, TCMHA can recruit a pilot “class” of law enforcement officers, school counselors and health care providers to take part in the program, on a trial basis. The results of this pilot program could be used to seek funding for a more expansive, region-wide program that can serve all law enforcement, education, and health care staff, along with the staff of other nonprofits and community organizations. TCMHA already uses the Community Resiliency Model to offer training in wellness skills that community members can use to help deal with the day-to-day realities of stress and trauma. Octopod Solutions recommends that TCMHA examine the effectiveness of this curriculum and consider adapting and scaling it to serve a broad cross-section of front-line care workers.

## A Vision for the Future

### What does a supportive community look like?

Early in each session, participants were asked how they define mental health within their communities. At the end of each session, participants were asked to determine what resources, services, and tools they would add to their communities if they had a “magic wand.” Comparing the answers to these two questions is instructive because it ties together people’s vision for a healthy community with the actual resources needed to achieve it.

These comments tie back to themes raised in the broader question of how participants define mental health and what the idealized healthy community they imagine is:

- Wellness: emotional and spiritual
- Self-care
- Composure
- Peace
- Balance
- Recovery
- Welcome



- Low barriers to access
- Equitable and just
- Interconnected
- The ability to thrive

Over the course of the meetings, these ideas evolved into specific, targeted concepts that can be applied as TCMHA continues on a planning process to guide future mental health programming.

- Whole family healing
- Culturally aligned support
- Services when and where they are needed
- Art and healing
- Adequate housing - particularly for transitional-age youth
- Youth-led programming, presence, feedback, and guidance

## Appendices

- List of Stakeholder meetings, including summaries with chat transcripts and Miro Board from each meeting
- Outreach list
- Outreach flyer and materials
- Suggested survey template for continued feedback
- Octopod Solutions, Project Team bios



# Appendices

- **Appendix 1:** Stakeholder Engagement session summaries with chat transcript and Miro virtual white boards.
- **Appendix 2:** List of organizations and institutions invited to participate in stakeholder engagement process.
- **Appendix 3:** Three-language flyers distributed as part of outreach for stakeholder engagement
- **Appendix 4:** Suggested survey template for continued feedback and engagement.
- **Appendix 5:** Octopod Solutions, Project Team Bios



# TCMHA Stakeholder Meetings

## CCMU and MHSSA Planning Process

May - June 2022

### Public Stakeholder Meetings:

- 05.03.22: K-12 Students, staff, teachers
- 05.04.22: Higher education communities
- 05.05.22: Adults who support youth (counselors, first responders, teachers, etc...)
- 05.10.22: K-12 Students, staff, teachers
- 05.11.22: Higher education communities
- 05.12.22: Adults who support youth (counselors, first responders, teachers, etc...)
- 05.18.22: Open community session

### Targeted Stakeholder Meetings:

- 05.19.22: Pomona Police Department
- 05.26.22: Claremont Police Department
- 06.01.22: Pomona Unified School District Mental Health team
- 06.07.22: La Verne Police Department
- 06.14.22: Tri-City Mental Health Services internal staff

# Public Stakeholder Meeting: K-12

May 3, 2022

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## Meeting Information

- Total attendance: 6
- Total registered: 7
- Number of youth age 12-17: 1
- Number of adults: 6
- Number of School personnel: 1
- Number of Mental Health personnel: 5
- Parents/family members (self-ID): 1
- Other: Student participant from School of Arts and Enterprise

## Summary of Key Points

1. Very challenging for parents and youth to navigate and access mental health system (from 4 mentions from MH personnel and 1 student in zoom chat)
2. Lack of education/awareness around mental health and available mental health services (from 3 MH personnel and 1 student in zoom chat, 1 note in Miro)
3. Long wait times and inaccessible appointment times for youth (from 3 MH personnel and 1 student in zoom chat, 5 in Miro)
4. Cultural or other external stigma in accessing mental health services (1 MH personnel and 1 student in zoom, 1 in Miro)
5. Money prevents access to care (1 student in zoom, 1 in Miro)
6. Doesn't work when youth are shamed (1 MH personnel and 1 student in zoom, 4 in Miro)
7. Mental health staff also need mental health services (i.e. burn out) (1 MH personnel in zoom, 2 in Miro)
8. Shortage of resources (i.e. hospital beds, hotline staff, (4 in Miro)
9. Challenge for minors without supportive adults (5 in Miro)
10. What works: when youth feel heard and when staff have good connections with community partners (5 in Miro)
11. Lack of control or communication of outcomes when accessing mental health services (1 MH personnel in zoom, 3 in Miro)
12. Need more staff with lived experiences (1 in Miro)

## Featured Quotes/Lived Experiences

- *Mental health is a muscle you have to work, and as a teenager from my perspective it's super important to find something that works that muscle, and while it's hard I'll keep trying.*
- *I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings*
- *Free crisis lines sometimes are full and they cant help fast enough*

- *I do understand they [police] just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.*
- *I would also make therapy free for at least one session, then you can see how money will work out.*

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Maria Servin)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Rafael Nieves

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

17:36:41 From Facilitator1 to Everyone:

[https://miro.com/app/board/uXjVO4SlbXc=?share\\_link\\_id=464130110481](https://miro.com/app/board/uXjVO4SlbXc=?share_link_id=464130110481)

18:11:22 From Facilitator1 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

18:12:01 From Facilitator2 to Everyone:

Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us:  
[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:12:14 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:12:39 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:17:19 From Pomona Student with Parent to Everyone:

Hello my name is XXX, Im with my mom and we are both team kitkat

18:17:21 From Facilitator2 to Everyone:

Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us:  
[https://miro.com/app/board/uXjVO4SibXc=?share\\_link\\_id=20478639576](https://miro.com/app/board/uXjVO4SibXc=?share_link_id=20478639576)

18:20:18 From MH Personnel, she/her/hers to Everyone:

balance

18:20:40 From MH Personnel to Everyone:

Balance and Joy

18:20:48 From Pomona Student to Everyone:

I wrote happy lol

18:21:02 From MH Personnel to Everyone:

positive energy

18:21:26 From MH Personnel to Everyone:

Participation

18:22:02 From MH Personnel to Everyone:

Whole person wellness

18:22:44 From MH Personnel to Everyone:

mental health is all of us, wellness quality of life

18:23:03 From Pomona Student to Everyone:

Mental health is a muscle you have to work and as a teenager from my perspective its super important to find something that works that muscle, and while its hard Ill keep trying.

18:23:27 From MH Personnel , she/her/hers to Everyone:

having a support system to turn to

18:23:49 From MH Personnel to Everyone:

Right now mental health care a very complicated system, that is hard to navigate and challenging to work in

18:24:14 From Pomona Student to Everyone:

Yes!

18:24:48 From MH Personnel to Everyone:

lack of information, access, education

18:25:13 From Pomona Student to Everyone:

Outside forces like people and anxiety

18:25:35 From MH Personnel to Everyone:

willingness to talk about it with out fear of judgement

18:26:15 From MH Personnel , she/her/hers to Everyone:

Stigma whether that be family, culture, community

18:28:32 From MH Personnel to Everyone:

Difficulty accessing care without a supportive adult

18:28:46 From MH Personnel to Everyone:

limited, unaware of services, minors who don't have parents who are understand/support

18:29:07 From MH Personnel to Everyone:

Time doesn't meet youth schedule

18:29:10 From Pomona Student to Everyone:

I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings

18:29:22 From MH Personnel to Everyone:

Technology underutilized

18:29:36 From MH Personnel to Everyone:

some youth are aware of their MH and are open to discuss/disclose their struggles

18:30:53 From Pomona Student to Everyone:

Money

18:30:57 From MH Personnel to Everyone:

other youth don't know enough about MH to understand what they're going through

18:31:33 From MH Personnel to Everyone:

don't trust professional health or adults

18:31:40 From MH Personnel , she/her/hers to Everyone:

reliant on others to access

18:32:09 From MH Personnel , she/her/hers to Everyone:

Don't want parents to know what they are discussing

18:33:29 From MH Personnel , she/her/hers to Everyone:

I have heard youth and families not wanting police involvement and this often deters them.

18:35:28 From Pomona Student to Everyone:

And free crisis lines sometimes are full and they cant help fast enough

18:35:56 From MH Personnel , she/her/hers to Everyone:

lack of resources for those who may need more care like hospitalizations.

18:37:58 From MH Personnel , she/her/hers to Everyone:

I know parents and children are often frustrated that someone cannot provide in person response as often or quick enough

18:40:53 From MH Personnel to Everyone:

long waits

18:41:26 From MH Personnel to Everyone:

the system is hard to navigate when you're well and have the patience to learn the process, but we know most start the process when they're in crisis and tend to get frustrated and give up or not get help they need.

18:42:14 From MH Personnel , she/her/hers to Everyone:

in a mental health crises: I know youth and family often feel like they don't have a choice or say regarding outcomes

- 
- 18:42:28 From MH Personnel to Everyone:  
the wait period was already long before covid and now it's even longer
- 18:43:59 From MH Personnel to Everyone:  
difficult to understand, scary
- 18:44:30 From Pomona Student to Everyone:  
Stressful its makes the brain do backflips and your mind just thinks about too much
- 18:48:18 From MH Personnel to Everyone:  
Works: when the youth's voice is heard and their strengths are highlighted
- 18:49:02 From MH Personnel to Everyone:  
doesn't work : when youth are shamed
- 18:52:40 From Pomona Student to Everyone:  
I do understand they just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.
- 18:57:21 From MH Student to Everyone:  
More people on life or crisis lines, and if not like amazingly well AI. I would also make therapy free for at least one session, then you can see how money will work out.
- 18:58:00 From MH Personnel , she/her/hers to Everyone:  
to add to the question about what doesn't work is that we also have staff who are burnt out taking crises calls. SO staff well being is also important in making sure the best crises services are provided and mental helath services.
- 18:58:16 From Pomona Student to Everyone:  
And classes for parents to actually make their children feel safe and how to work through stuff together and or as a family.
- 18:58:58 From Facilitator1 (he/him) to Everyone:  
[neel@octopodsolutions.com](mailto:neel@octopodsolutions.com)
- 18:59:21 From MH Personnel , she/her/hers to Everyone:  
more resources, crises specific teams
- 19:00:08 From Facilitator1 (he/him) to Everyone:  
[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)



## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

Feel free to copy-paste an image or meme that inspires you!

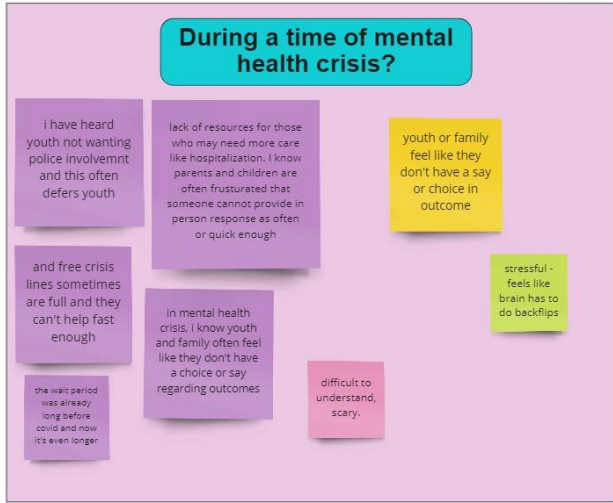
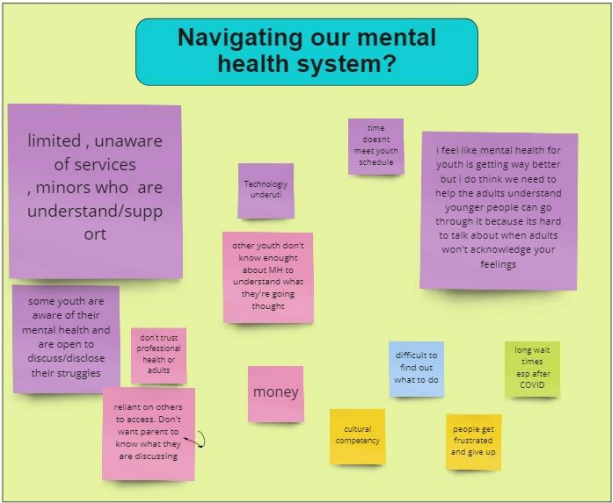
A Miro board featuring several sticky notes with the following text: Chicana, Hope, happy, Social Worker, work, Gen X, participation, balance, positive energy, balance and joy, and open green/park space!!!. There is also an image of a tree with a yellow sticky note that says "open green/park space!!!".

A Miro board titled "What does Mental health mean to you?" with the following sticky notes: disparities of access, all of us, lack of information, challenge to work in - underresourced, Under-resourced and under-managed, outside forces like people & anxiety, no continuity, support system, fear of judgment, challenging requirements, whole person wellness, stigmatized by family, culture, community, wellness quality of life, muscle you have to work, complicated system, peace, hard to navigate, lack of access, and lack of education.

## What words come to mind in describing:



## What has been the experience of you or youth you know in our region?



**Given what you know about our mental health services for people age 25 and under:**

### What works?

- works when the youths voice is heard and their strengths are highlighted
- having providers that clients can relate to and understand them, having a connection, they will return
- when the youth's voice is heard and their strengths are highlighted
- staff have good connections with community partner and staff really care about clients they serve, thinking of ways to do more around engagement and outreach, its a tricity strength
- mental health professional embedded where youth are. Having someone skilled on site to take action.
- father appreciated everyone in tricity, he felt comfortable

### What doesn't work?

- wait times
- I just wanted to talk to somebody
- mobile crisis unit is housed under police dept and youth gets detained/arrested instead of heard
- youth are shamed
- I do understand they just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it. I feel like it can be handled better to make the person feel better.
- rush to problem solve rather than hearing what the other person has to say. What people go through now often differs from what older generation experience
- don't have enough individuals that have experience mental health crisis respond or support someone.
- lack of communication on outcome, just talking to th child and not the parent

**Given what you know about our crisis care for people age 25 and under in this region:**

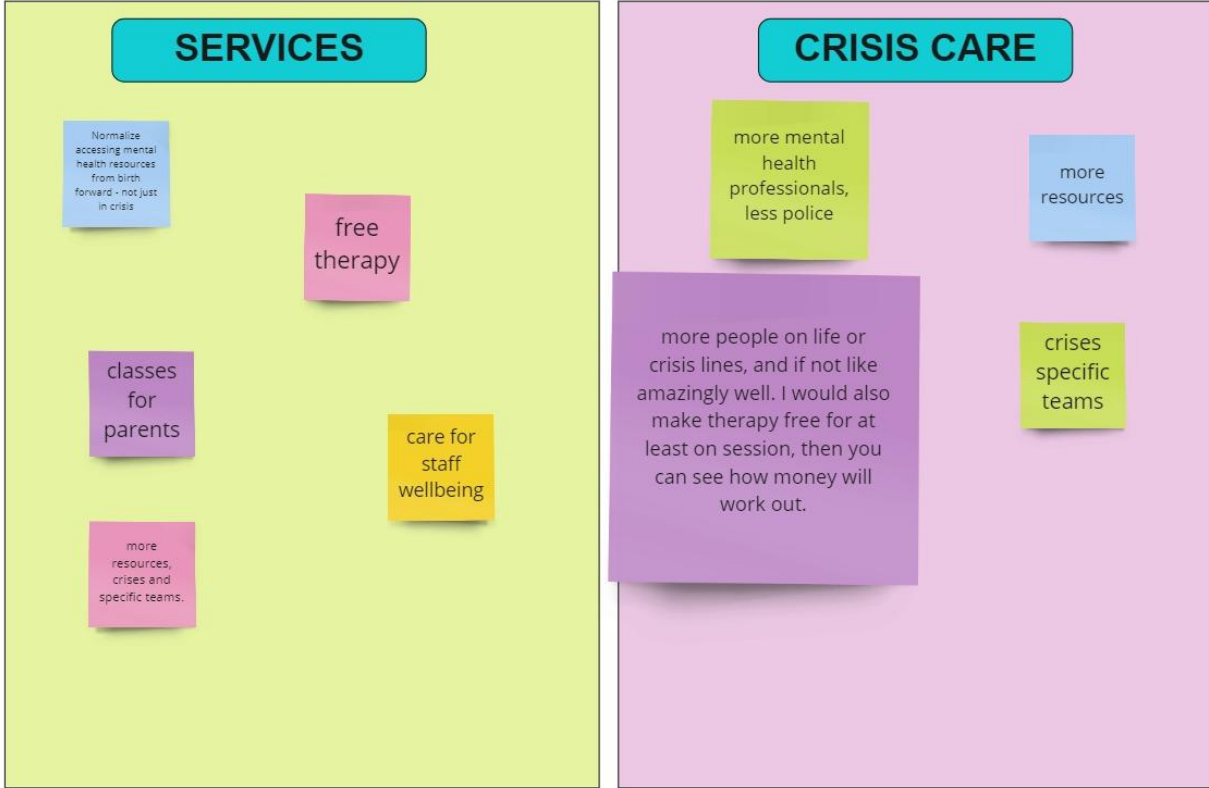
### What works?

- appreciated meeting every tri-cities team member and they were not judgmental
- mental health professionals and training programs available to spot & respond to crises

### What doesn't work?

- can't control outcome - shame to be arrested or handcuffed; doesn't make you feel safe
- Need more people w lived experiences helping navigate crisis
- not enough training or experience in crisis team for youths vs adults
- when poeple don't communicate about the outcome/process to parents
- staff who are burnt out taking crises calls. So staff well being is also important in making sure the best crisis services are provided and mental health services.
- care for staff responding to crises

**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Higher Education

May 4, 2022

## Meeting Information

- Total attendance: 9
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2 registered
- Number of adults: 9
- Number of School personnel: 4
- Number of Mental Health personnel: 5

## Summary of Key Points

1. Challenging, overwhelming, confusing to access mental health services (4 in miro)
2. Staff mental health should be included (1 in miro)
3. Validating and acknowledging client's mental health experience works (3 in miro)
4. Integrating culturally competent care works (2 in miro)
5. Lack of awareness of process or resources (2 in miro)
6. Lack of housing interventions (1 in miro)
7. Having trained professionals respond works (3 in miro)
8. Collaboration and col-locating services with libraries, schools, hospitals, etc. works (1 in miro, 1 School Professional in zoom)
9. Criminalizing crisis doesn't work (1 in miro)
10. Staff also need mental health support (1 School Professional in zoom)

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?

0:52 - 1:00	If you had a Magic Wand
-------------	-------------------------

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

18:10:55 From Facilitator1 (he/him) to Everyone:

bit.ly/3LiFE0r

18:11:47 From Facilitator2 to Everyone:

Hi Everyone! We will be using a tool called Miro to collaborate together this evening.

Please click the link to join in the conversation:

[https://miro.com/app/board/uXjVO4Sucs0=?share\\_link\\_id=743903368044](https://miro.com/app/board/uXjVO4Sucs0=?share_link_id=743903368044)

18:12:09 From Facilitator2 to Everyone:

There is no need to register

18:12:13 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4Sucs0=?share\\_link\\_id=743903368044](https://miro.com/app/board/uXjVO4Sucs0=?share_link_id=743903368044)

18:20:06 From Claremont School Employee to Everyone:

College Students; High School Students - Underrepresented, underprivileged youth/adults in Claremont and in LA and the Inland Empire

18:20:27 From Pasadena Unhoused Services Employee to Everyone:

Represent unhoused, unstably housed youth and youth adults throughout San Gabriel Valley

18:21:13 From Walnut School Employee to Everyone:

Healthy ,

18:21:27 From Claremont School Education to Everyone:

College students who work with other college students and underaged youths.

18:22:31 From MH Personnel to Everyone:

LGBTQ+ services

18:29:17 From Claremont School Employee to Everyone:

It's hard to practice what we preach... sometimes we ask our students/scholars to practice it when we ourselves have a difficult time to balance our own mental health (with all the responsibilities that we may have)



18:34:06 From Claremont School Employee to Everyone:

It's also hard to practice taking care of our mental health when societal norms are to do more, add more on your plate and/or just push through these challenges.

18:57:15 From Claremont School Employee to Everyone:

I'm not how to say this coherently but to somewhat lessen expectations of a "successful" student/scholar - thinking about students - they are constantly expected to perform and perform well to do the next thing (in life)

18:57:29 From Claremont School Employee to Everyone:

I'm not sure\* how

18:59:45 From Walnut School Employee to Everyone:

Co-locating? Establishing spaces in different programs/part of towns like colleges? Libraries?

19:00:32 From Facilitator1 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

19:00:33 From Claremont School Employee to Everyone:

And to take a step back even further, challenge the systems which create oppressive situations which fracture our mental health.

19:01:11 From Claremont School Employee to Everyone:

Thank you so much for this "round table" discussion!

19:01:27 From Claremont School Employee to Everyone:

Thank you! 🙏

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

Feel free to copy-paste an image or meme that inspires you!



## What does Mental health mean to you?



## What has been the experience of you or youth you know?

### Navigating our mental health system?

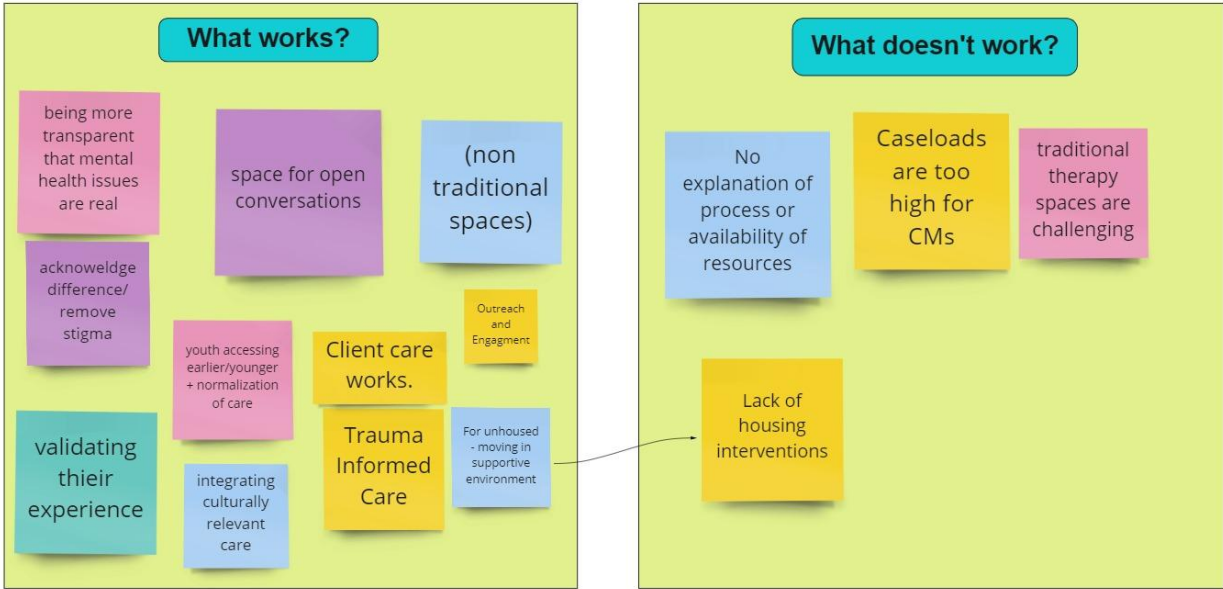


### During a time of mental health crisis?

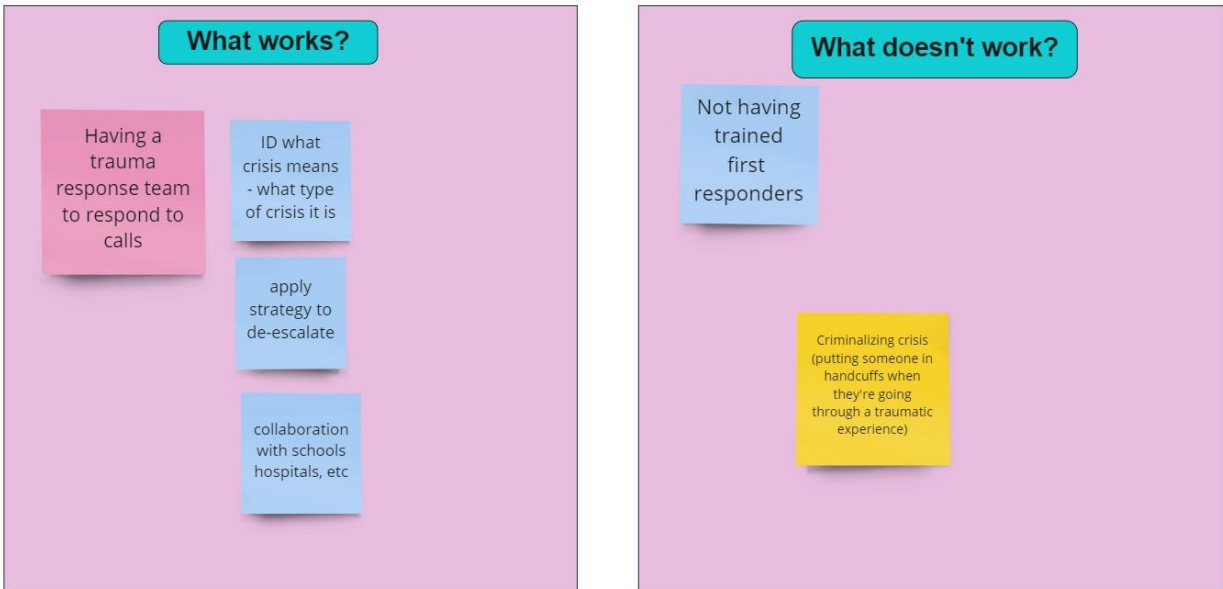




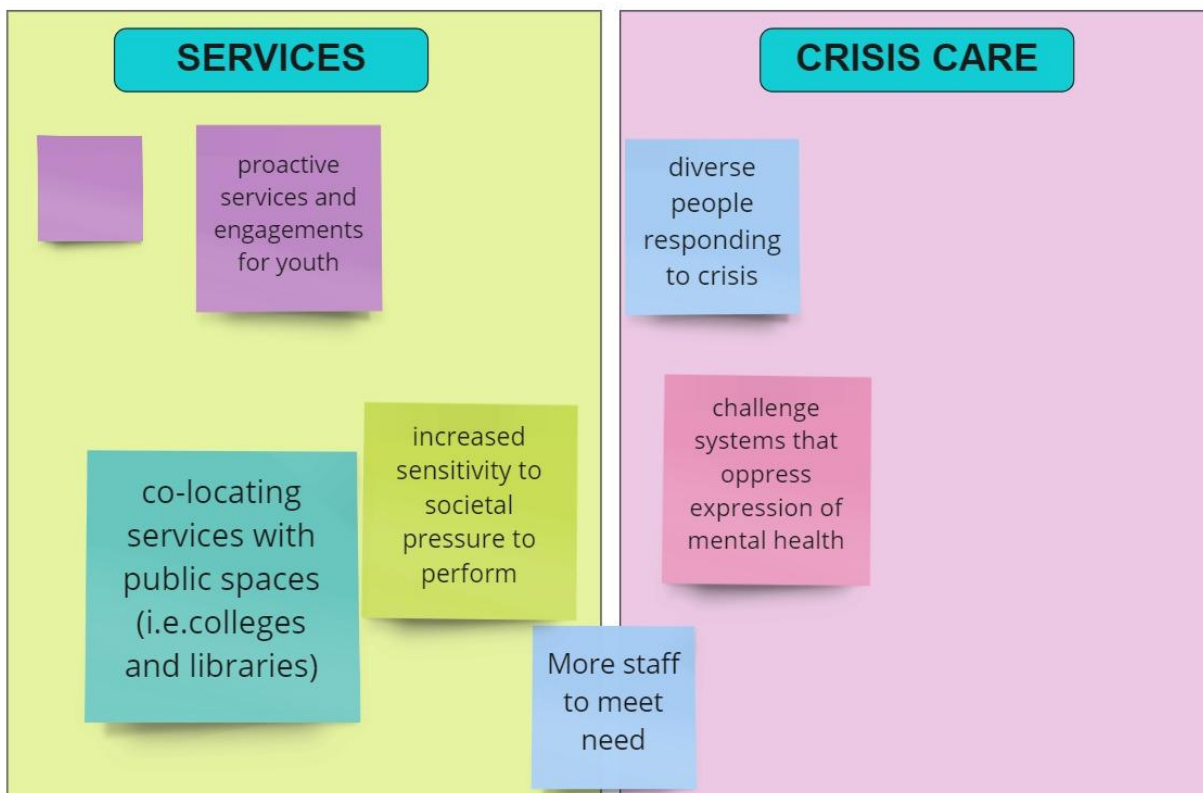
**Given what you know about our mental health services for people age 25 and under:**



**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Adults

May 5, 2022

## Meeting Information

- Total attendance: 7
- Total registered: 8
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 7
- Number of School personnel: 2
- Number of Mental Health personnel: 5

## Summary of Key Points

1. Challenging to navigate mental health services – complicated, not knowing where to go, insurance) (3 in miro)
2. Peer mentors, navigators, wellness center and services that don't require insurance work (1 from MH professional in zoom, 4 in miro)
3. Need more public info on how to access services in areas where youth and community spend time (6 in miro)
4. Need more adult support for youth to navigate services (2 in miro)
5. Police involvement doesn't work, lack of safe transportation (2 in miro)
6. Need education on what to report to 911 or other emergency help (1 in miro)
7. Bridge generational divide around mental health awareness and access to services (3 in miro)
8. Make more beds available (1 in miro)

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?

0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Karlo Marcelo)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Thanh Erway

## Chat Transcript *(Identifying Information removed)*

18:10:26 From Facilitator1 to Everyone:

bit.ly/3LiFE0r

18:10:49 From Facilitator2 to Everyone:

Hi Everyone! We will be using a tool called Miro to collaborate together today. Please click this link to participate:

[https://miro.com/app/board/uXjVO4SuzZA=?share\\_link\\_id=780486403273](https://miro.com/app/board/uXjVO4SuzZA=?share_link_id=780486403273) — You do not need to sign up to use the Miro Board. Disregard the notification at the bottom of the screen.

18:11:31 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SuzZA=?share\\_link\\_id=780486403273](https://miro.com/app/board/uXjVO4SuzZA=?share_link_id=780486403273)

18:23:12 From Claremont Youth Professional to Everyone:

My word is Health! Mentally, physically & emotionally

I couldn't use the website on my phone

18:23:49 From Miro Share to Everyone:

Thanks xxxx we will make sure that is included!

18:24:31 From Claremont Youth Professional to Everyone:

Regulation

18:39:08 From MH Personnel to Everyone:

supportive services that don't require medical information/insurance like our Wellness Center, Peer Mentor Program, Navigators

18:42:20 From Claremont Youth Professional to Everyone:

Yes! I love what she said

18:42:54 From MH Personnel to Everyone:

thanks xxxxx ☺

19:01:35 From MH Personnel to Everyone:

Thank you! This was fun! I look forward to seeing what we (Tri-City) does with this feedback in the future! :-)

19:01:54 From Analyst to Everyone:

Thank you for all your great feedback

19:02:00 From Facilitator1 to Everyone:

- [bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

19:02:22 From Claremont Youth Professional to Everyone:

Thank you! I appreciated everyone's input !

19:02:29 From La Verne School Professional to Everyone:

Thank you!

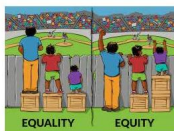
19:03:36 From Spanish Interpreter to Everyone:

Thank you

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*



## What does Mental health mean to you?

acknowledge  
the struggles

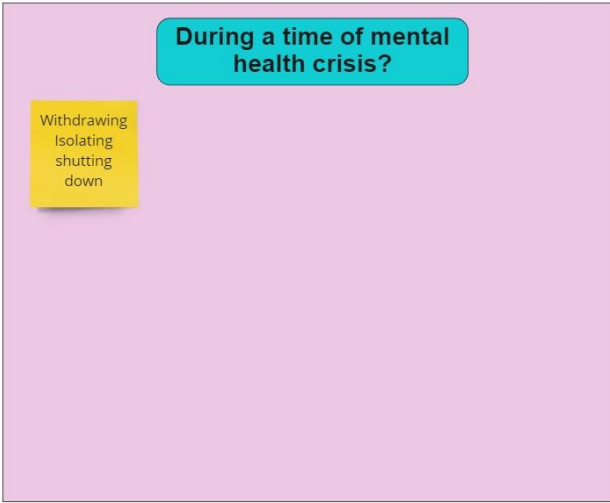
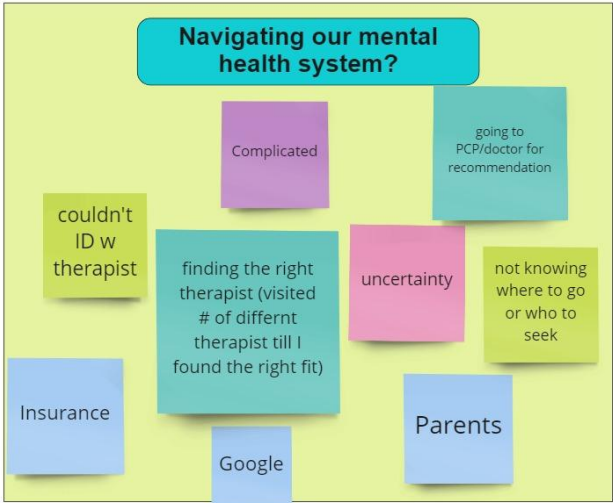
Calm,  
Happiness,  
Satisfaction

Having ability  
to cope with  
different  
situations

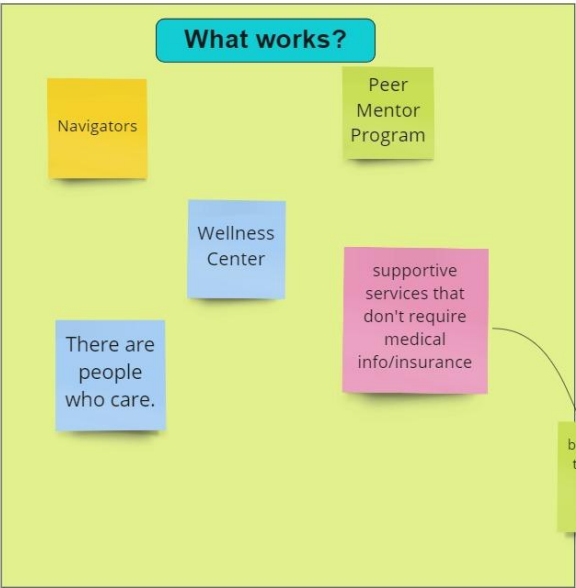
Regulation  
- physical,  
bodies  
included

Health!  
Mentally,  
physcially,  
emotionally

**What has been the experience of you or youth you know?**

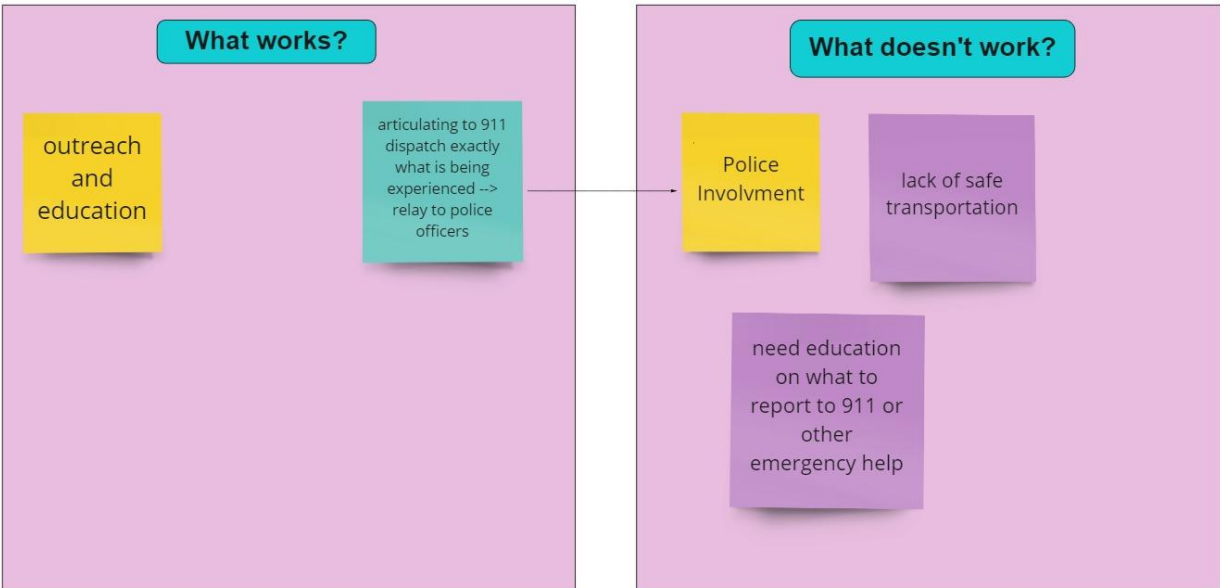


**Given what you know about our mental health services for people age 25 and under:**

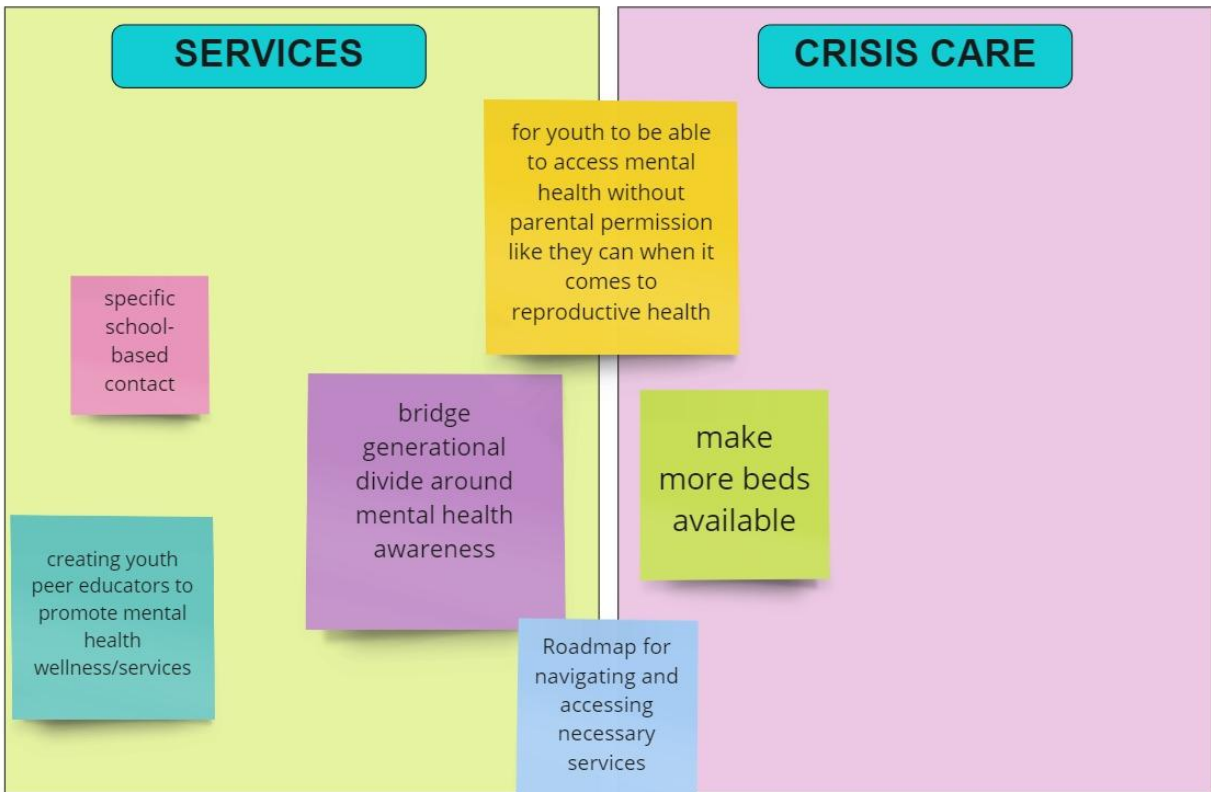




**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**





# Public Stakeholder Meeting: K-12

May 10, 2022

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## Meeting Information

- Total attendance: 3
- Total registered: 3
- Number of youth age 12-17: 1
- Number of adults: 2
- Number of School personnel: 0
- Number of Mental Health personnel: 2

## Summary of Key Points

1. All of the points below came from a high-school student participant:
  - a. Existing outreach efforts are not effective enough
  - b. There is a need for outreach that reaches youth in ways they can identify with
  - c. Youth tend to be most receptive to receiving help from their peers
  - d. Youth should be a guiding force in determining what services are established and how they are delivered.
  - e. There is a deep need for culturally aligned support, both for mental health care and for crisis-specific care
  - f. If there were more opportunities for peers to help each other, there would be great interest in participation.

## Additional Facilitator Notes

- This was a very small meeting, but it allowed for extensive feedback to be received from one High School student. This individual was very enthusiastic about the opportunity to improve mental health services. Specifically, the individual highlighted a few areas for consideration:
  - Existing outreach/information efforts are not effective for youth. Specifically, things like posters and flyers in restrooms as generally ignored.
  - The individual recommended investing more heavily in communications through social media - particularly around de-stigmatizing mental health care.
  - The individual expressed great enthusiasm for the idea of peer-training and peer-support for both mental health services and crisis. They expressed that they would be happy to serve as a peer support person if the opportunity was available.
  - They also expressed that peer support could provide a trusted alternative to police response and could help youth who are concerned with privacy issues.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

17:14:24 From Facilitator 2 to Everyone:

Hi All, We will be using Miro today:

[https://miro.com/app/board/uXjVO4Sldfs=?share\\_link\\_id=486672293768](https://miro.com/app/board/uXjVO4Sldfs=?share_link_id=486672293768)

17:14:49 From Facilitator 2 to Everyone:

Please disregard the "Sign Up" notification at the bottom of the screen

17:15:01 From Facilitator 2 to Everyone:

There is no need to register to use the tool

17:15:16 From Facilitator 2 to Everyone:

Feel free to jump in as you are comfortable

17:15:27 From Facilitator 2 to Everyone:

We'll also be using the Zoom chat today as well

17:15:30 From Facilitator 2 to Everyone:

[https://miro.com/app/board/uXjVO4Sldfs=?share\\_link\\_id=486672293768](https://miro.com/app/board/uXjVO4Sldfs=?share_link_id=486672293768)

17:19:27 From Claremont HS Student to Everyone:

In my community i represent the Claremont Teen Committee and a youth leader who also struggles with anxiety.

17:19:52 From Mental Health Professional, she/her/hers to Everyone:

I am a women of an immigrant family and a mental health professional.

17:52:45 From Claremont HS Student to Everyone:

Yes, I agree and would loved to be trained in peer support/ help develop a program

17:56:14 From Mental Health professional to Everyone:

XXXXXX if you share your email we would love to have you be part of the development of programs and trainings

18:00:36 From Facilitator 2 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*

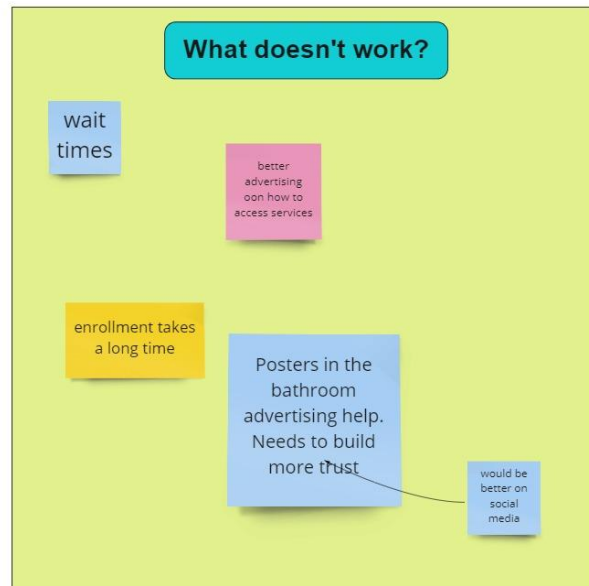
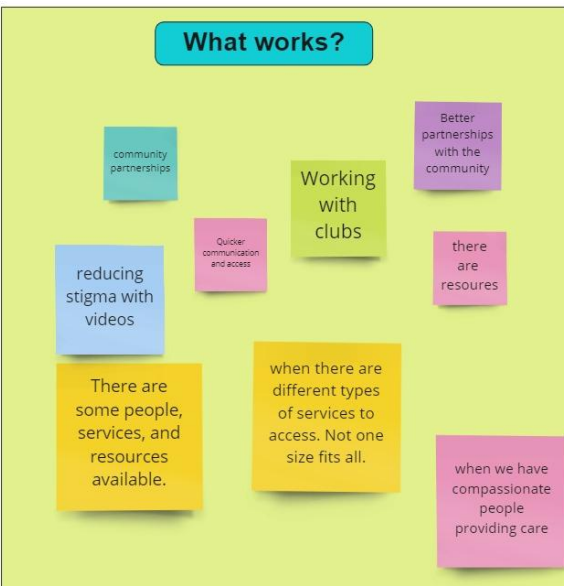




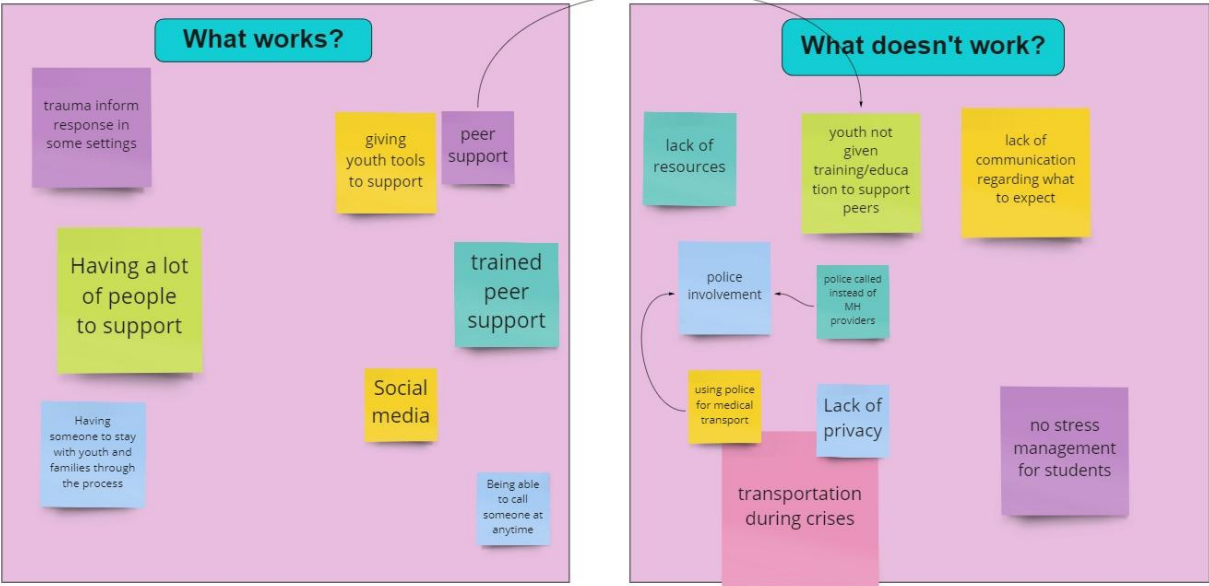
## What has been the experience of you or youth you know?



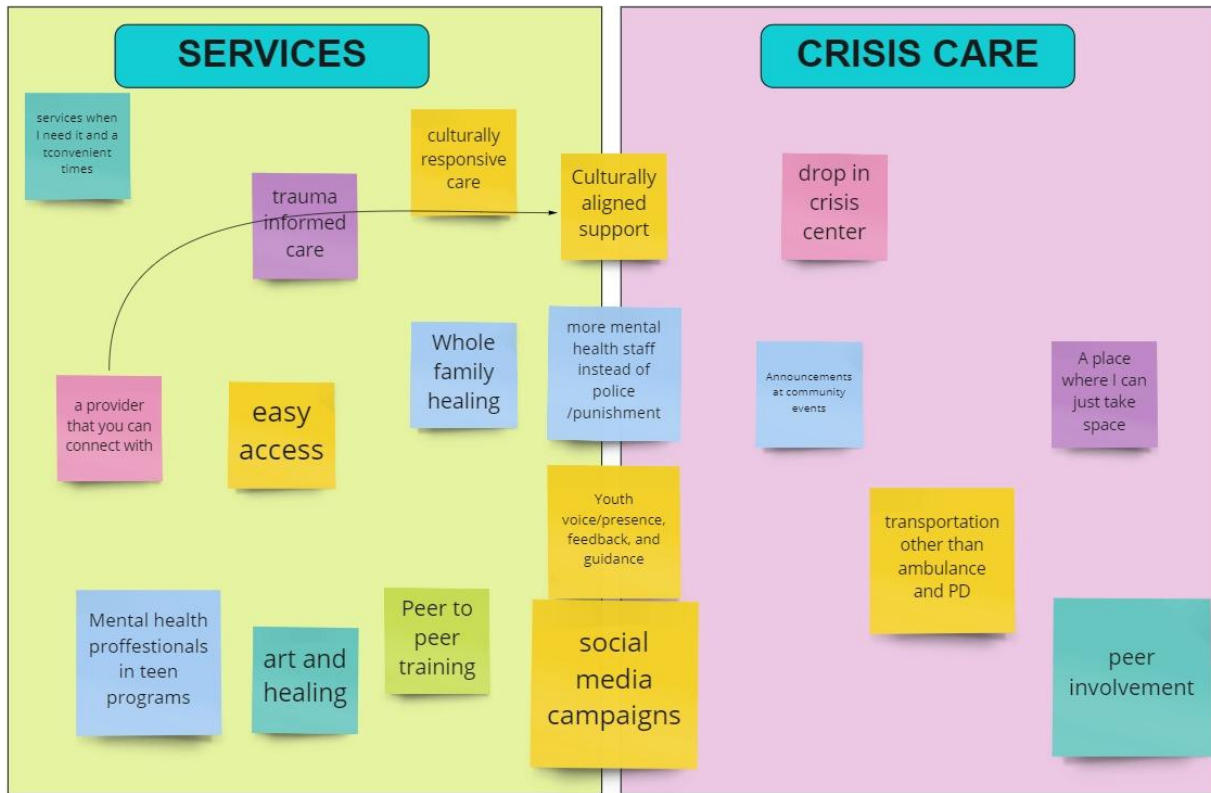
## Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Higher Education

May 11, 2022

---

## Meeting Information

- Total attendance: 5
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 1 registered
- Number of adults: 5
- Number of Mental Health personnel: 2

## Summary of Key Points

1. Too embarrassed to start to navigate mental health
2. Services too short (2 in miro)
3. Accessible hours (2 in miro)
4. Don't know how to use insurance
5. Confusion, overwhelming, difficult to find right place (4 in miro)
6. Need to create a culture of mental health awareness on campus (4 in miro)
7. Cultural stigma on seeking services
8. Unsure if resource will help or be trustworthy
9. Video calls for busy people and/or in person sessions works (2 in miro)
10. Respect identity in service provision
11. Access to internet for telehealth is challenging
12. Supportive, competent, trained resources available to navigate crisis works (3 in miro)
13. Having calm trusted person to support person in crisis works (2 in miro)
14. Communication with each step taken works (2 in miro)
15. Law enforcement and lack of trained response professionals doesn't work (5 in miro)

## Additional Facilitator Notes

- One participant from the University of La Verne made the point that there is an ongoing issues where students are hesitant to share their struggles with each other.
- The participant stated that there is a general discomfort around the University around the idea of being vulnerable, but that they want to work to create a climate on campus where people can share their experiences and vulnerabilities beyond a surface level.



## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

12:11:48 From Facilitator2 to Everyone:

Hello All! We will be using a tool called Miro to collaborate together today. Please click this link to participate:

[https://miro.com/app/board/uXjVO4SvSw0=?share\\_link\\_id=183882564029](https://miro.com/app/board/uXjVO4SvSw0=?share_link_id=183882564029) Please disregard the notification at the bottom of the screen asking you to sign up. You DO NOT need to register to use Miro.

12:12:16 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SvSw0=?share\\_link\\_id=183882564029](https://miro.com/app/board/uXjVO4SvSw0=?share_link_id=183882564029)

12:14:24 From Facilitator1 (he/him) to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

12:14:58 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SvSw0=?share\\_link\\_id=183882564029](https://miro.com/app/board/uXjVO4SvSw0=?share_link_id=183882564029)

12:18:30 From La Verne School Professional to Everyone:

I am a social worker at the University of La Verne. I work to support student well-being on campus.

12:26:16 From Pomona Youth Organization to Everyone:

self care

12:28:30 From Pomona Youth Organization to Everyone:

box breathing

12:44:23 From Pomona Youth Organization to Facilitator1 (Direct Message):

video calls for busy people and in-person sessions.

12:49:56 From Pomona Youth Organization to Facilitator 1 (Direct Message):

Speaking to them directly and taking them to a health provider that can assist. Trust is a must to keep them calm.

12:50:45 From Pomona Youth Organization to Facilitator1 (Direct Message): Calling law enforcement does not help because they most likely will get arrested.

12:59:13 From Facilitator1 to Everyone:

[bit.ly/3LiFE0r](https://bit.ly/3LiFE0r)

12:59:48 From La Verne School Professional to Everyone:

Thank you! This was a great session.

12:59:54 From Pomona Youth Organization to Everyone:

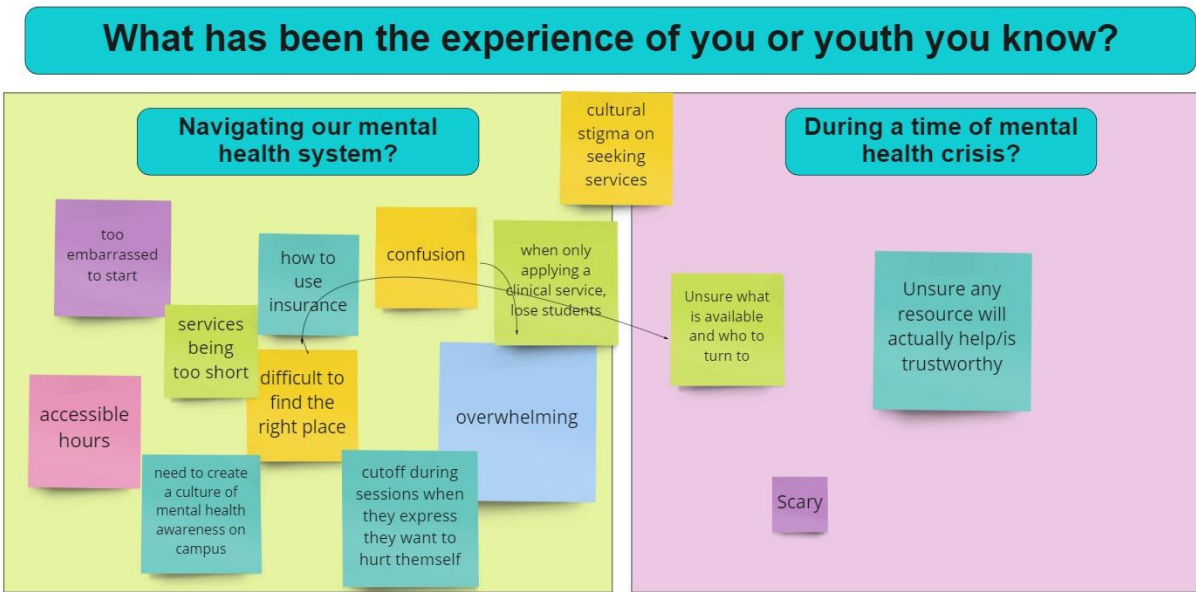
Thank you!

## Miro Boards

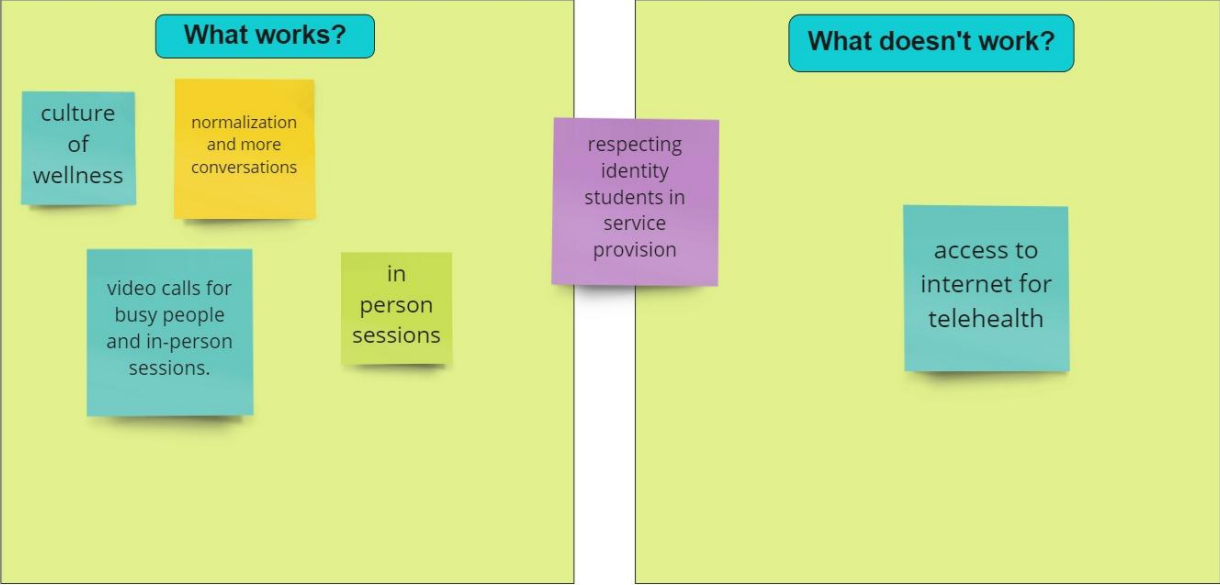
Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*

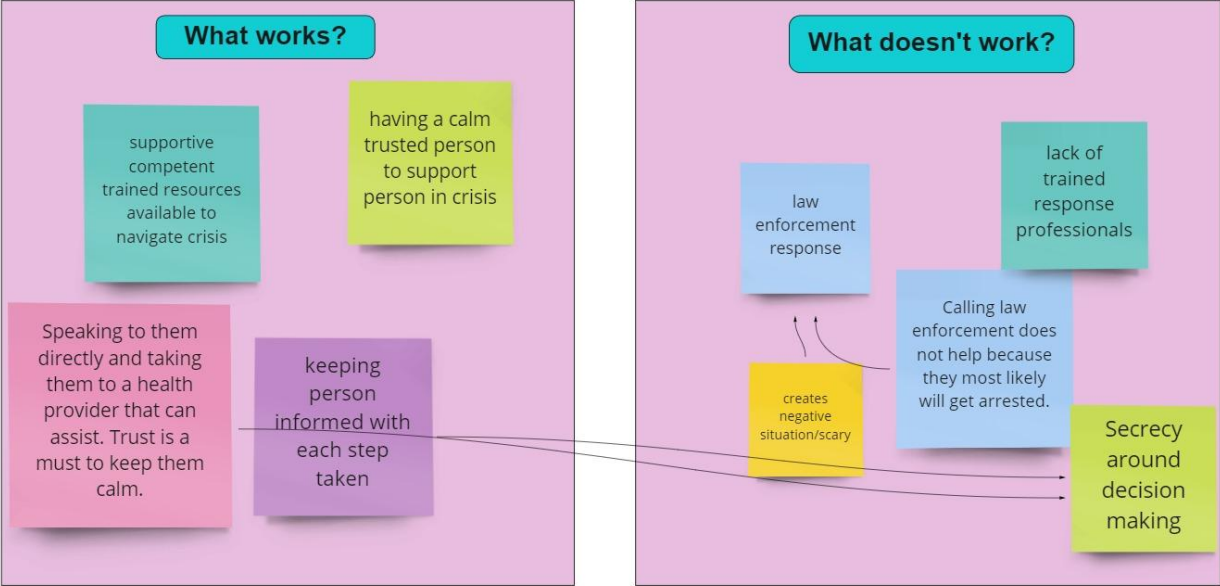




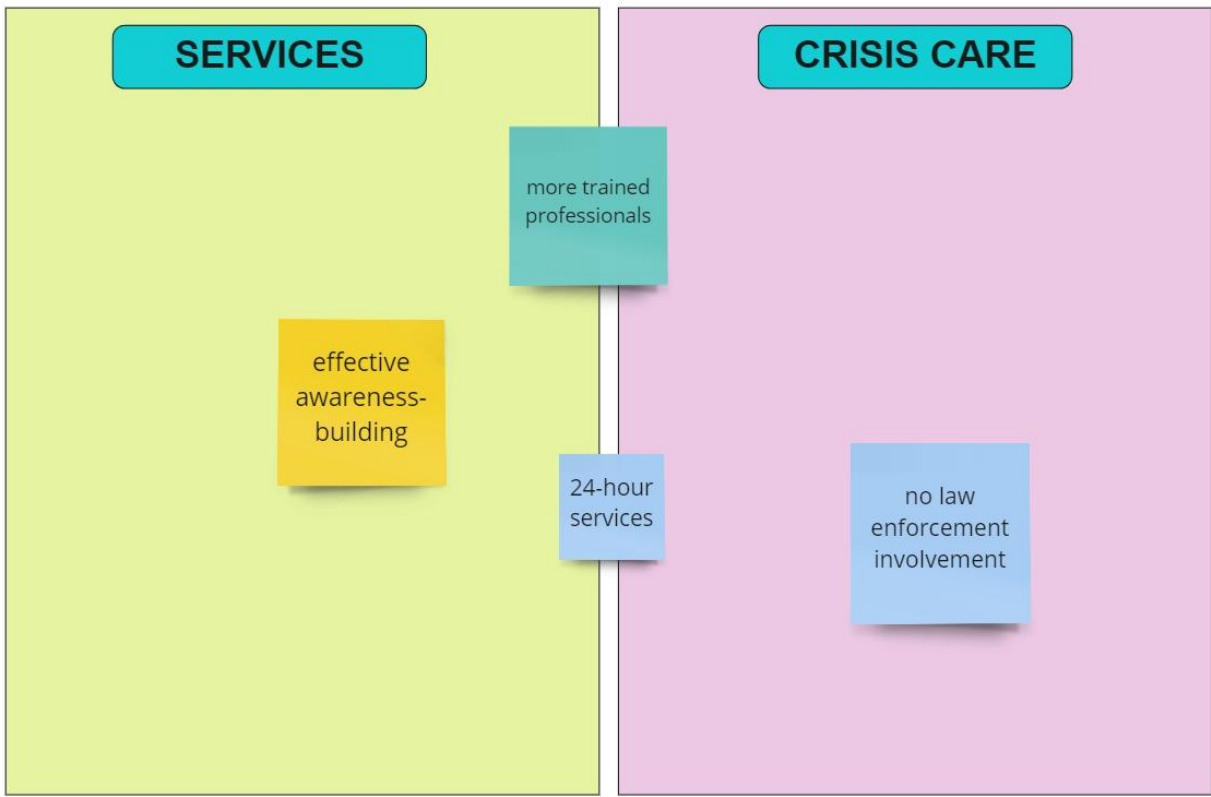
Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Adults

May 12, 2022

---

## Meeting Information

- Total attendance: 21
- Total registered: 34
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 19
- Unknown ID participants: 2
- Number of School personnel: 7
- Number of Mental Health personnel:
- Parents/family members (self-ID): 0
- Other: 0

## Summary of Key Points

1. Consistent professional care, difficult for foster youth because of frequent moves (5 in miro)
2. Not knowing where to start
3. Lack of awareness on available resources
4. Navigating without parent support (2 in miro)
5. Services in appropriate locations
6. Long wait times (3 in miro)
7. Difficult to get families to follow through
8. Systemic challenges for serving persons without housing
9. PMRT not available
10. Feeling shame or embarrassment to reach out (2 in miro)
11. Training for police is a barrier
12. Frustrating as to what constitutes crises intervention
13. Meeting in homes and schools works (2 in miro)
14. Peer specialists with lived experience works
15. Improve communication regarding ongoing referrals (3 in miro)
16. Providers who are relatable and authentic with youth (4 in miro)
17. Collaboration with multiple community agencies/schools/partners works (6 in miro)
18. Transitional age youth specific services such as FSP-TAY, TAY Housing, TAY-led programming/think tank (3 in miro)
19. Counselors and dedicated response teams in high school campuses (2 in miro)
20. 24 hour hotline with trained person online

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Maria Servin, Karlo Marcelo)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

12:12:26 From Facilitator2 to Everyone:

Hi All! We will be using a collaboration tool called Miro today. Please click this link to participate with us: <https://miro.com/app/board/uXjVO4Sko4c=/> Please disregard the "Sign Up" pop-up on the bottom of the screen. You DO NOT need to register to use the tool today. All of your contributions will be anonymous.

12:12:36 From Facilitator2 to Everyone:

<https://miro.com/app/board/uXjVO4Sko4c=/>

12:19:03 From Pomona Youth Organization to Everyone:

How do we grab a sticky note?

- 12:20:58 From MH Personnel to Everyone:  
Hope
- 12:21:08 From Claremont School Professional to Everyone:  
Welcome
- 12:21:24 From MH Personnel to Everyone:  
Peace
- 12:21:42 From Pomona Youth Organization to Everyone:  
Participatory
- 12:22:15 From Pomona Youth Organization to Everyone:  
Inclusive!
- 12:23:21 From MH Personnel to Everyone:  
Thoughts, feelings behaviors, reactions, wellbeing
- 12:23:29 From Pomona Youth Organization to Everyone:  
Emotional & spiritual well-being
- 12:24:34 From Pomona Youth Organization to Everyone:  
WISE (welcoming, inclusive, supportive, encouraging) relationships
- 12:26:33 From Pomona Youth Organization to Everyone:  
Hard to find help at moments of crisis
- 12:26:52 From Pomona Youth Organization to Everyone:  
Thankful for a major hospital here with a psych unit
- 12:27:18 From Claremont School Professional to Everyone:  
Difficult to get families to follow through.
- 12:27:51 From Pomona School Professional to Everyone:  
Difficult, frustrating, not enough services, lack of follow through, lack of consistency
- 12:27:51 From MH Professional to Everyone:  
Foster youth have difficulty maintaining therapist relationships due to frequent moves
- 12:28:09 From Claremont School Professional to Everyone:  
Our families are having success with the help of Care Solace.
- 12:28:43 From LA County Professional to Everyone:  
Frustrating as to what constitutes crises intervention
- 12:30:33 From Claremont School Professional to Everyone:  
A crisis for schools is we have a large number of students refusing to return to school.
- 12:30:46 From Pomona School Professional to Everyone:  
Change in therapists, staffing shortages
- 12:30:48 From MH Professional to Everyone:  
Lack of awareness among youth about resources available
- 12:32:44 From Pomona School Professional to Everyone:  
Lack of support, PMRT not available, long waits
- 12:33:36 From Pomona School Professional to Everyone:



- lack of ambulance availability
- 12:33:36 From MH Professional to Everyone:  
Police officers who are not trained in mental health crisis intervention is a barrier
- 12:36:03 From Pomona Youth Organization to Everyone:  
Systemic challenges of serving persons who are without housing.
- 12:37:45 From Pomona School Professional to Everyone:  
Works...collaboration with multiple community agencies/partners
- 12:38:19 From MH Professional to Everyone:  
They like providers who are relateable and authentic with them
- 12:40:05 From Claremont School Professional to Everyone:  
Look at ways to improve communication regarding ongoing referrals.
- 12:40:13 From Pomona School Professional to Everyone:  
Services provided on school campus
- 12:41:00 From MH Professional to Everyone:  
Talking down to youth and or being fake
- 12:41:22 From Pomona Youth Organization to Everyone:  
Inadequate emergency housing for youth
- 12:42:37 From Claremont School Professional to Everyone:  
Frequently the family needs services
- 12:44:37 From MH Professional to Everyone:  
yes, I agree with Brad. Families also need services and more education about Mental Health
- 12:46:09 From MH Professional to Everyone:  
TAY specific services such as FSP-TAY
- 12:47:51 From Pomona Youth Organization to Everyone:  
CBOs that serve youth & have some if not all of the components for navigational & resource assistance
- 12:49:30 From Pomona Youth Organization to Everyone:  
Sensitivity to systemic biases (race, gender identity, even age of clients)
- 12:51:05 From Pomona Youth Organization to Everyone:  
Training opportunities for CBO service providers
- 12:54:26 From Pomona Youth Organization to Everyone:  
TAY housing!
- 12:55:13 From Claremont School Professional to Everyone:  
Immediate intervention with scheduled follow-up
- 12:55:20 From MH Professional to Everyone:  
Less stigma
- 12:55:22 From Pomona Youth Organization to Everyone:  
24-hour hotline
- 12:56:02 From Claremont School Professional to Everyone:  
Crisis team for schools

- 12:56:18 From Pomona School Professional to Everyone:  
Providers with openings!!!
- 12:56:49 From Pomona School Professional to Everyone:  
Yes!
- 12:58:01 From Pomona School Professional to Everyone:  
Dedicated school crisis response teams
- 12:58:37 From Claremont School Professional to Everyone:  
yes that is correct
- 12:58:40 From Pomona Youth Organization to Everyone:  
24-hour hotline with a trained person on the line
- 12:59:58 From Pomona Youth Organization to Everyone:  
Special thanks to facilitators and to whoever's typing comments onto sticky notes!
- 13:00:28 From Claremont Youth Organization to Everyone:  
Thank you 1
- 13:00:29 From Pomona Housing Organization to Everyone:  
Thank You!
- 13:00:32 From Pomona School Professional to Everyone:  
Thanks!

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*



## What does Mental health mean to you?

non-  
linear  
recovery

well-being  
and safe  
space

emotional  
and  
spiritual  
well-being

thoughts,  
feelings  
behaviors,  
reactions,  
wellbeing

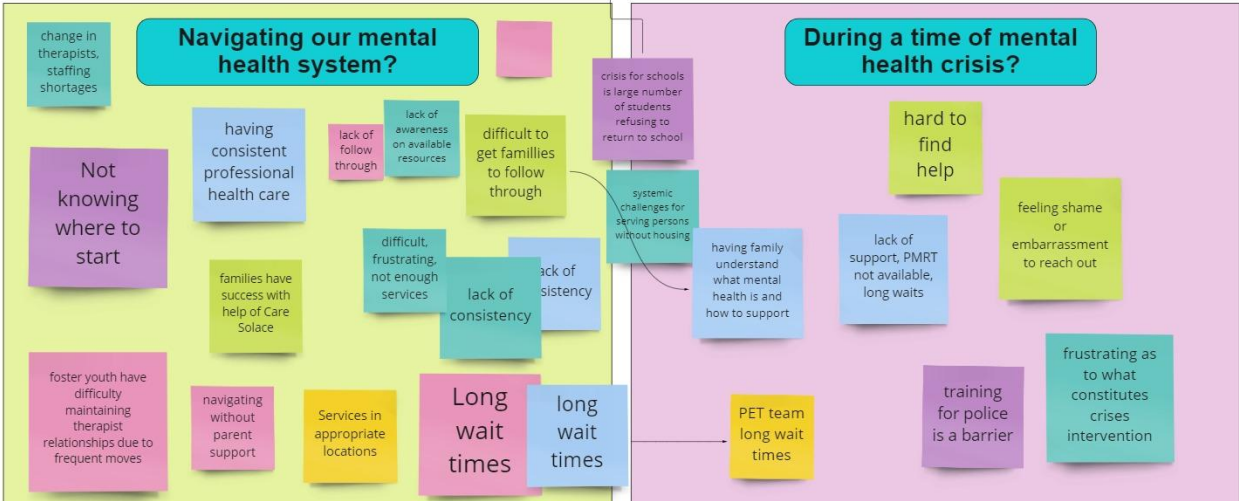
safety  
with self

welcoming,  
inclusive,  
supporting  
encouraging  
(WISE)  
relationships

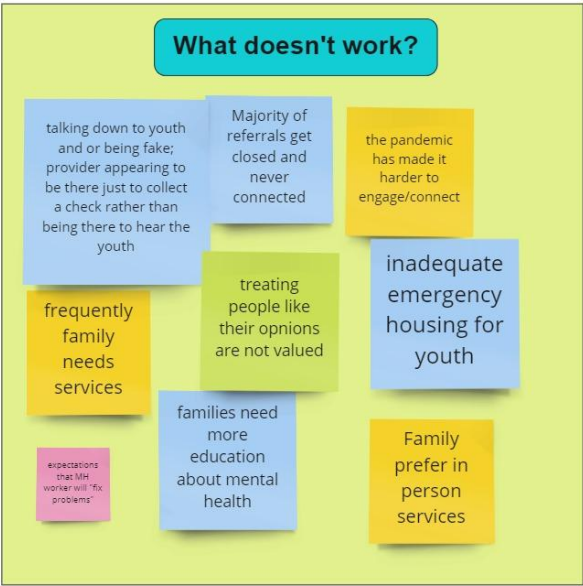
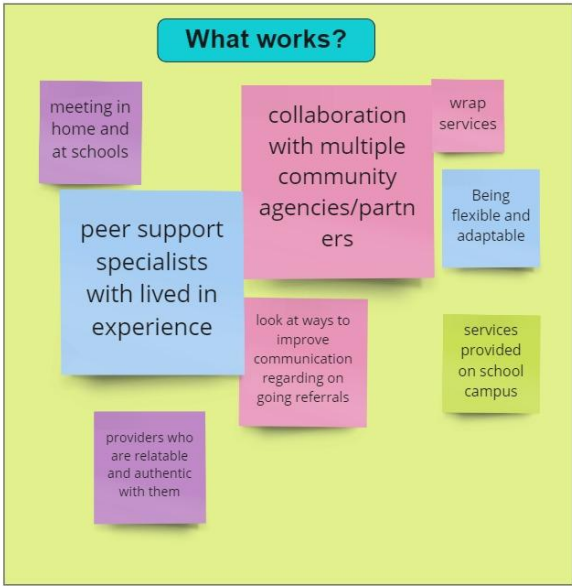
Balance

Inner  
Peace

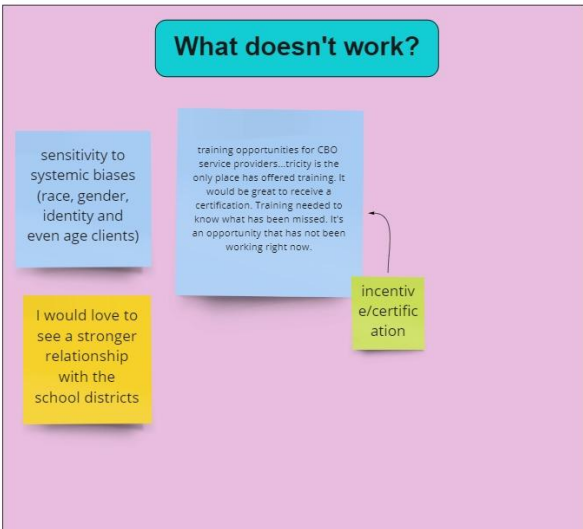
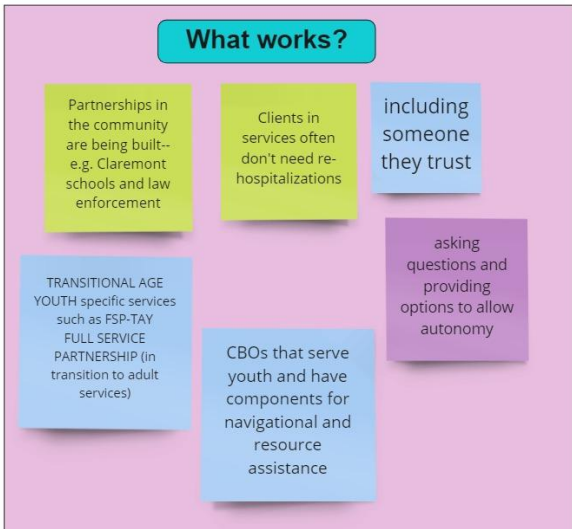
# What has been the experience of you or youth you know?



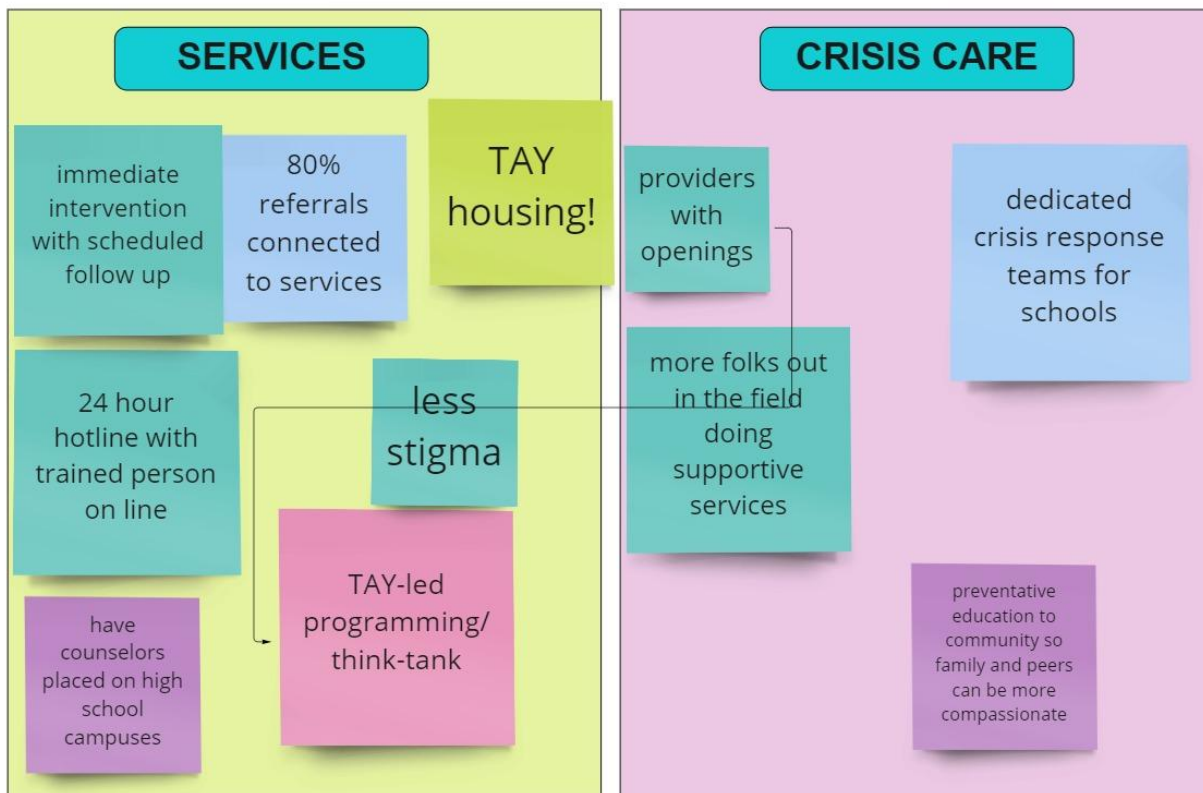
**Given what you know about our mental health services for people age 25 and under:**



**Given what you know about our crisis care for people age 25 and under in this region:**



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Public Stakeholder Meeting: Open Session

May 18, 2022

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## Meeting Information

- Total attendance: 16
- Total registered: 29
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2
- Number of adults: 15
- Number of School personnel: 3
- Number of Mental Health personnel: 4
- Parents/family members (self-ID): 2

## Summary of Key Points

1. Non-english speaking parents do not know where to look for mental health services, esp if they don't have health insurance (3 in miro)
2. Wait lists, long turn around times, canceled appointments barriers (7 in miro)
3. Scared and reluctant to seek help (2 in miro)
4. Distrust the system
5. Hard for parents to get youth the care they need
6. Lack of 24 hour trained response and help (7 in miro)
7. Community navigators work
8. Early psychosis program works
9. Having more culturally competent services help
10. Having staff member from TriCity join SARB intervention meetings works
11. Mental health workshop for parents and families (5 in miro)
12. Youth Support groups (3 in miro)
13. Professionals supporting individuals with development and intellectual disabilities
14. Treatment team meetings with school district and mental health staff work
15. DBT counselors and therapy for teens
16. CPD has been great with parents
17. More local hospital beds and follow up care for those hospitalized
18. Mobile crisis response team that doesn't include police is needed

## Featured Quotes/Lived Experiences

- *Daughter diagnosed with PTSD and told she needs EMDR therapy. However, her therapist is available only once a month and cancels often.*



- *On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offers. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.*

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with ... ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitators** (Kamina Smith, Maria Servin, Karlo Marcelo)

**Analyst** (Rupal Patel)

INTERPRETERS

**Spanish:** Daniela Morales

**Vietnamese:** Nhu Le

## Chat Transcript (*Identifying Information removed*)

18:12:00 From Facilitator2 to Everyone:

Hello All! Thank you for joining us this evening. We will be using an anonymous tool called Miro to collaborate together during our session. Please click this link to join us:

[https://miro.com/app/board/uXjVO4SvdoQ=?share\\_link\\_id=141083592951](https://miro.com/app/board/uXjVO4SvdoQ=?share_link_id=141083592951). Please disregard the notice at the



bottom of the screen requesting that you sign up. You do not need to sign up to use Miro with us and all of your contributions will be anonymous.

18:12:03 From Facilitator2 to Everyone:

[https://miro.com/app/board/uXjVO4SvdoQ=?share\\_link\\_id=141083592951](https://miro.com/app/board/uXjVO4SvdoQ=?share_link_id=141083592951)

18:17:00 From Pomona Services Organization to Everyone:

Team M&M's

18:18:12 From Claremont School Professional to Everyone:

Team M&M's

18:19:56 From Claremont Resident to Everyone:

I feel like I represent students in the Claremont school district.

18:20:47 From Claremont Resident to Everyone:

I want to be on team Kit Kat. I'm here on behalf of Claremont students.

18:20:51 From Pomona Services Organization to Everyone:

Parent of 3 young adults and a Professional serving individuals served by the Regional Centers.

18:21:07 From Claremont School Professional to Everyone:

I support students and families in CUSD, team Kit Kat for sure (after-school program). I represent parents in our community.

18:21:15 From MH Professional to Everyone:

advocate for children

18:21:17 From Pomona Medical Student to Everyone:

Medical student at western university and actor

18:21:33 From Pomona Medical Student to Everyone:

Represent the arts and sciences

18:23:06 From MH Professional to Everyone:

wellness

18:23:12 From Claremont Resident to Everyone:

Parent of CHS students

18:23:25 From Pomona Medical Student to Everyone:

Constantly changing

18:23:53 From Pomona Services Organization to Everyone:

emotional wellbeing

18:24:22 From Pomona Services Organization to Everyone:

Balance

18:24:34 From Claremont Resident to Everyone:

Mental health is important for everyone, even if they don't know it.

18:24:35 From Pomona Medical Student to Everyone:

Sustenance

18:25:07 From Claremont School Professional to Everyone:

Social-Emotional Wellbeing

- 18:25:26 From Claremont Resident to Everyone:  
How we handle stress, relate to others...
- 18:26:32 From Facilitator3 to Everyone:  
just type 'stack' if you'd like to unmute and share
- 18:28:21 From Pomona Services Organization to Everyone:  
with tri city or in general?
- 18:28:38 From Claremont School Professional to Everyone:  
I think sometimes the mental health system can be very difficult for youth because it is hard for their parents to get them to the care they need.
- 18:28:48 From Pomona Medical Student to Everyone:  
Inaccessible. Distrust in the system.
- 18:29:24 From Pomona Medical Student to Everyone:  
Yes that's correct!
- 18:30:37 From Pomona Services Organization to Everyone:  
Cancellations
- 18:30:41 From Pomona Services Organization to Everyone:  
Working with many parents that do not speak English, often they do not know where to look for mental health services. Especially if they do not have medical insurance or even Medi-Cal.
- 18:32:14 From Claremont School Professional to Everyone:  
We know that when someone calls for help it is typically a crisis. When they are put on wait lists there is very little chance that you will actually be able to help.
- 18:36:57 From Pomona Services Organization to Everyone:  
I'm glad your daughter is doing well now. That's a tough crisis you went through.
- 18:37:31 From Claremont School Professional to Everyone:  
so very happy to know she is doing well.
- 18:37:32 From Pomona Services Organization to Everyone:  
Not knowing there are resources available. Not wanting to let others know what is happening inside our home.
- 18:37:56 From Pomona Services Organization to Everyone:  
Thank you for sharing,!
- 18:38:24 From MH Professional to Everyone:  
thank you so much for sharing, powerful story and very important point
- 18:38:53 From Pomona Medical Student to Everyone:  
Thank you for sharing your story!
- 18:38:55 From Facilitator1 to Everyone:  
Thank you - your perspective is so important!
- 18:39:01 From Claremont Resident to Everyone:  
Are "navigators" still available?
- 18:41:13 From Claremont School Professional to Everyone:

- Yes, I call our community navigator quite often, he is wonderful and very responsive.
- 18:43:22 From Pomona Services Organization to Everyone:  
Wonderful information! Thank you so much. I will share this with parents in our program.
- 18:44:08 From Claremont School Professional to Everyone:  
Early Psychosis Program is working!
- 18:44:35 From MH Professional to Everyone:  
if you send me an email I can email the brochures if you want more information
- 18:45:20 From Pomona Medical Student to Everyone:  
Having more open minded professionals providing services. Especially for people who are part of marginalized groups, such as LGBTQ
- 18:46:12 From Pomona School Professional to Everyone:  
Having mental health workshops for parents
- 18:46:30 From Claremont School Professional to Everyone:  
Your workshops are working
- 18:46:30 From Pomona Services Organization to Everyone:  
Support groups for young people
- 18:47:13 From Pomona Services Organization to Everyone:  
Education to break the stigma of mental health
- 18:47:46 From Claremont Resident to Everyone:  
Group Therapy for kids and workshops for parents
- 18:48:08 From Claremont School Professional to Everyone:  
Treatment team meetings are working. These meetings give school district staff and community mental health the opportunity to collaborate and support the student and family.
- 18:48:48 From Pomona Services Organization to Everyone:  
having professionals supporting individuals with developmental and intellectual disabilities
- 18:49:00 From Claremont Resident to Everyone:  
Good point
- 18:49:12 From MH Professional to Everyone:  
I second that communication in treatment team meetings is very helpful
- 18:50:10 From Claremont School Professional to Everyone:  
What isn't: Wait lists, cancelled appointments, therapists leaving, closing cases after just 3 calls.
- 18:51:02 From Pomona Services Organization to Everyone:  
Not having enough bilingual mental health professionals in our community.
- 18:52:59 From Pomona Services Organization to Everyone:  
Insurance companies limiting the number of therapy visits.
- 18:54:14 From Claremont School Professional to Everyone:  
Something else that works: Full Service Partnership
- 18:55:15 From Claremont Resident to Everyone:  
DBT counselors. DBT Group therapy for teens

18:57:18 From Pomona Resident to Everyone:

The crisis team takes to long to come out sometimes

18:59:41 From Claremont School Professional to Everyone:

Right now mental health is so impacted and it is hard for anyone to get timely care. We need more local hospital beds for mental health care. How many beds do we have at PVH in the ER? We then need all the follow up care for those who are hospitalized.

19:00:38 From Claremont School Professional to Everyone:

Timely accessible care on the complete continuum of care.

19:01:22 From MH Professional to Everyone:

Thank you everyone for your participation

19:01:32 From Claremont School Professional to Everyone:

Thank you all 😊

19:01:36 From Pomona Services Organization to Everyone:

Thank you! This has been great.

19:01:39 From Pomona Services Organization to Everyone:

My daughter was diagnosed with PTSD and was told she needs EMDR therapy. However, the therapist can only see her 1 per month and he cancels every other month. Therefore, this is ineffective.

19:01:48 From Facilitator1 to Everyone:

@tricitymhs

19:01:59 From Pomona Medical Student to Everyone:

Thank you so much!

19:02:50 From Claremont Resident to Everyone:

A local crisis center for our youth open 24 hours

19:03:47 From Pomona Services Organization to Everyone:

On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offer. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.

19:04:51 From Claremont School Professional to Everyone:

she may still benefit as I'm sure the whole experience was traumatic for her and you all. It's never too late 😊

19:05:32 From Pomona Services Organization to Everyone:

Yes! She is now receiving the necessary therapy.

19:05:46 From Claremont School Professional to Everyone:

Wonderful news 😊

19:05:57 From MH Professional to Everyone:

I agree with xxxx she can still benefit, we have also have support groups for you and her that you can attend now, please feel free to email me

19:06:09 From MH Professional to Everyone:

Great news xxxx

19:06:16 From Claremont School Professional to Everyone:

Thank you all for doing this work and parents for sharing your stories.

19:06:32 From Pomona Services Organization to Everyone:

Thank you all so much.

19:06:50 From MH Professional to Everyone:

thank you - muchas gracias buenas noches

19:06:53 From Claremont Resident to Everyone:

Thank you

19:07:04 From Pomona Services Organization to Everyone:

Thank you again!

## Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?

*Feel free to copy-paste an image or meme that inspires you!*

Students in  
Claremont  
School  
District

easier access to  
mental health  
for all

A future where  
there is no  
stigma  
surrounding  
mental health

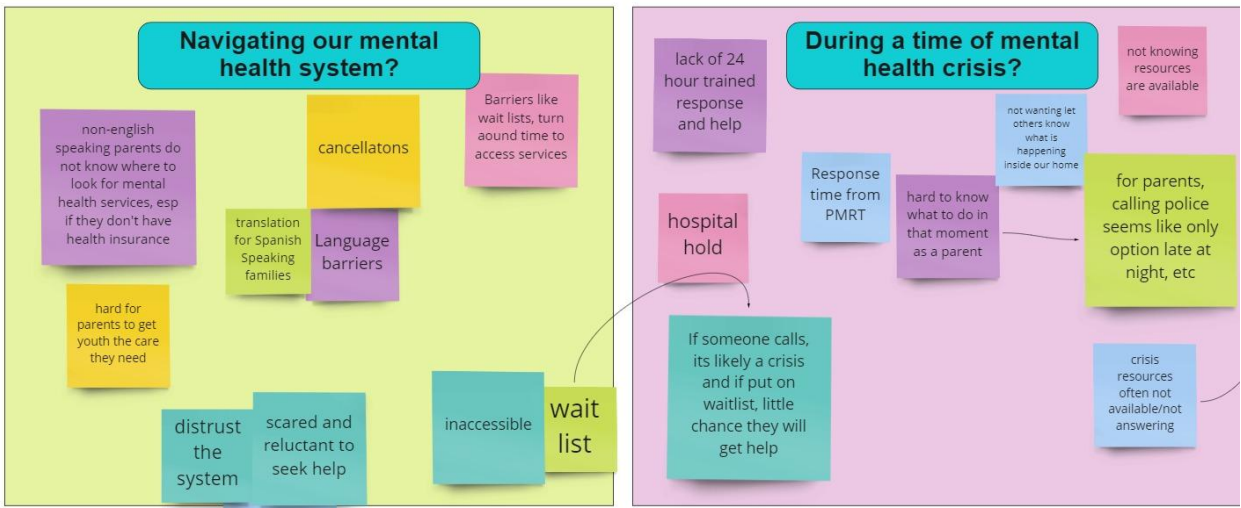
easier  
access

Parent of  
3 young  
adults

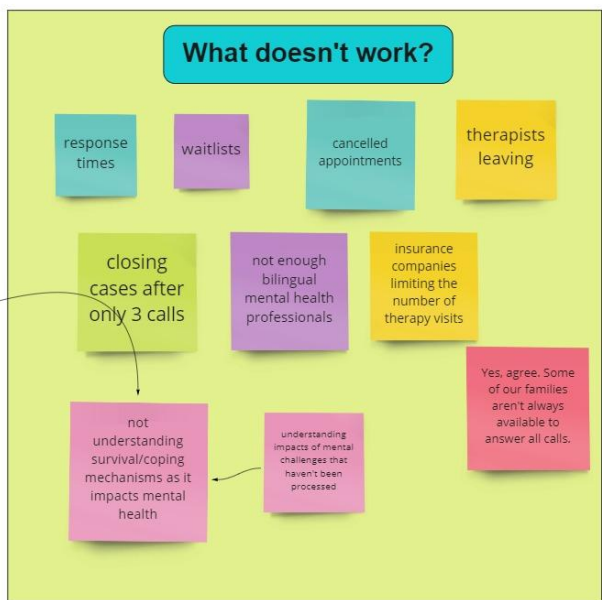
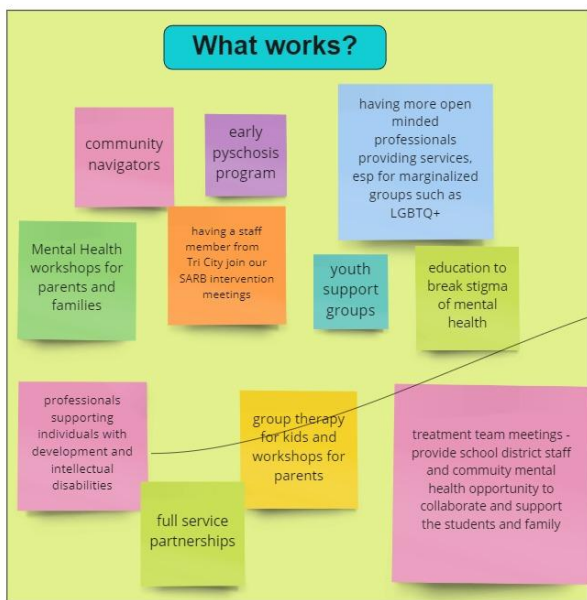
Empathy  
and  
kindness



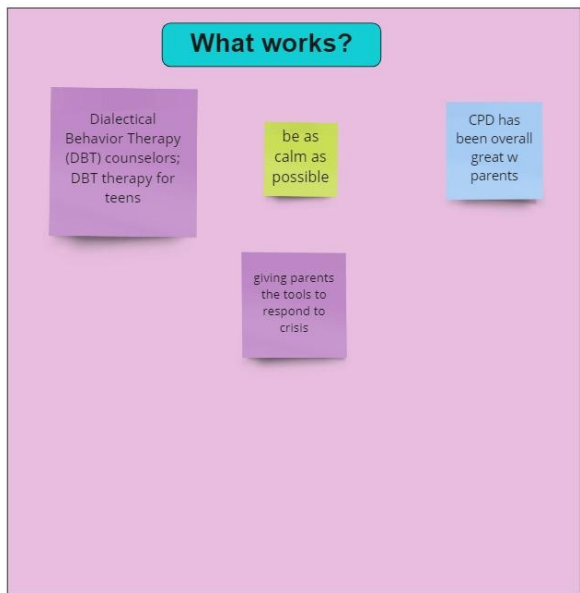
## What has been the experience of you or youth you know?



**Given what you know about our mental health services for people age 25 and under:**



**Given what you know about our crisis care for people age 25 and under in this region:**





**If you had a magic wand, what would you want to see in our mental health system for youth?**

**SERVICES**

Easier Access

timely accessible care on the complete continuum of care

**CRISIS CARE**

A mobile crisis response team that doesn't include the police.

local crisis center for youth open 24 hours

# Stakeholder Meeting: Pomona Police Dept

May 19, 2022

---

## Meeting Information

- Total attendance: 8
- Law enforcement officers: 6
- Mental Health professionals: 2

## Summary of Key Points

1. Partnership between Pomona MET and PD has been beneficial to all citizens impacted by suicidal crisis and homelessness
2. Long-term holistic approach works (2 in miro)
3. New medical providers in hospital misunderstand HIPPA – don't share info
4. Partners are needed support and additional resources (3 in miro)
5. Mental health team works well
6. Need specialized services for specific groups (i.e. culturally competent, veterans, etc.) (2 in miro)
7. Taking issues more seriously now than before
8. Public/professional education works
9. Quick fixes do not work
10. Parents assume their child will be prescribed meds and sent home
11. PD is handed off at end of day without full context
12. Not clear who is best caretaker in situation
13. School admin do not want to stay after hours and call PD to handle even though admin knows students get triggered by PD
14. When District handles mental health crisis PD is not told what the outcome is
15. Parents don't want to accept services
16. Acknowledgment of crisis and connecting to resources works (5 in miro)
17. Trained resources and staff work (2 in miro)
18. Putting younger officers on MH team works
19. Making mental health apart of the culture works
20. More mental health clinicians needed (2 in miro)
21. Faster response times needed (2 in miro)
22. Educate and resource parents
23. Having more locations that will accept youth outside LA

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what would you want to see in our mental health system for youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Co-Facilitator** (Karlo Marcelo)

## Chat Transcript (*Identifying Information removed*)

07:58:03 From Facilitator1 to Everyone:

[https://miro.com/app/board/uXjV00FoGXY=?share\\_link\\_id=987642406559](https://miro.com/app/board/uXjV00FoGXY=?share_link_id=987642406559)

08:00:45 From Facilitator3 to Everyone:

Welcome! Good morning.

08:02:09 From MH Professional to Everyone:

Good morning!

08:05:09 From Pomona LEO to Everyone:

Good morning , apologize for no video from me but have daddy duty and getting son ready for school. I'm listening tho!

08:12:45 From Facilitator3 to Everyone:

Miro board: [https://miro.com/app/board/uXjV00FoGXY=?share\\_link\\_id=987642406559](https://miro.com/app/board/uXjV00FoGXY=?share_link_id=987642406559)

08:13:12 From Facilitator3 to Everyone:

Click above to join what you see on Neel's share screen

- 
- 08:13:23 From Facilitator3to Everyone:  
(You can use Miro or you can use the chat)
- 08:18:14 From MH Professional to Everyone:  
I am social worker
- 08:18:36 From MH Professional to Everyone:  
Latina Therapist
- 08:18:44 From Pomona LEO to Everyone:  
Caretaker
- 08:19:48 From Pomona LEO to Everyone:  
the mic in the chat is not working
- 08:20:31 From Pomona LEO to Everyone:  
Suicidal thoughts or actions
- 08:21:25 From Pomona LEO to Everyone:  
someone who is experiencing a mental crisis, could be personally affected and is causing them to not function normally or have suicidal thoughts
- 08:24:03 From Pomona LEO to Everyone:  
Thank you ! I can hear you loud and clear
- 08:25:10 From Pomona LEO to Everyone:  
Determining whether they fit the criteria.
- 08:25:19 From Pomona LEO to Everyone:  
If not, providing them with resources
- 08:26:19 From Pomona LEO to Everyone:  
when dealing with a minor, we always give them the most urgent attention and priority
- 08:26:29 From Pomona LEO to Everyone:  
She's trying to figure out the microphone
- 08:27:40 From Pomona LEO to Everyone:  
It depends on the call for service
- 08:28:30 From Facilitator 3 to Everyone:  
Dial above to get audio
- 08:28:45 From Karlo Marcelo to Everyone:  
Meeting ID: 822 3786 9731  
Passcode: 331478
- 08:28:56 From Facilitator 3 to Everyone:  
+16699006833,,82237869731#,,,,\*331478#
- 08:30:32 From Pomona LEO to Everyone:  
We work really well with our partners
- 08:31:53 From Pomona DMH LCSW to Everyone:  
Good Morning, I am one of the DMH LCSW with Pomona MET. Our partnership in the city has beneficial to all citizens impacted by suicidal crisis and homelessness with the city.

08:31:53 From Facilitator3 to Everyone:

follow up question: are other partners needed?

08:32:44 From Pomona DMH LCSW to Everyone:

Yes, partners are needed for support and additional resources

08:40:32 From Pomona LEO to Everyone:

the acknowledgement of their crisis

08:43:00 From Pomona LEO to Everyone:

when the district handles the mental health crisis we are not told what the outcome generally is. I personally don't know what works or doesn't work

08:44:00 From Pomona LEO to Everyone:

I some of the complains that I hear from administrators is that sometimes parents don't want to accept the services . other than that I don't know if the approach works or doesnt

08:44:14 From Pomona LEO to Everyone:

the stigma of mental health some parents hold. often they assume their child is just going to be prescribed medications and sent home.

08:46:24 From Pomona LEO to Everyone:

in the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer and having to deal with that while also not wanting to be in a position where we are trying to kiss it off

08:47:47 From Pomona LEO to Everyone:

I have not used your language services.

08:48:45 From Pomona DMH LCSW to Everyone:

What works: time. taking the time to listen and find common ground with the person who is in crisis.

08:48:47 From Pomona LEO to Everyone:

Trying to understand where they are coming from and connecting them with resources. Also connecting them with our Mental Health Unit so that they can follow up with them at a later date. I also check with our principals to make sure they connect the students with long term services

08:49:17 From Pomona LEO to Everyone:

yes PUSD

08:51:49 From MH Professional to Everyone:

Thank you for attending

08:52:53 From Pomona DMH LCSW to Everyone:


More Mental health Clinicians :)

08:53:33 From Pomona DMH LCSW to Everyone:

weekend access from Tri-City

08:54:18 From Pomona LEO to Everyone:

I believe that we have a process for those who do meet the criteria and the services they need. Having more locations that will accept juveniles and not having to drive all the way to LA. Having more mental health



clinicians for faster response times for school calls. It would be AWESOME if each school had one at each location

08:55:02 From Pomona DMH LCSW to Everyone:

Faster response time PMRT

08:55:37 From MH Professional to Everyone:

PMRT - psychiatric emergency response team

08:55:50 From Pomona LEO to Everyone:

Find some way to get the parents connected or informed of the services there are and signs to look for

08:58:35 From Facilitator3 to Everyone:

Thank you for your time this morning.

08:58:46 From MH Professional to Everyone:

thank you for your time and participation

08:59:01 From MH Professional to Everyone:

Thank you all for your insight!

08:59:24 From Pomona LEO to Everyone:

thank you

08:59:25 From Pomona DMH LCSW to Everyone:

thank yo! look forward to your partnership!

## Miro Boards



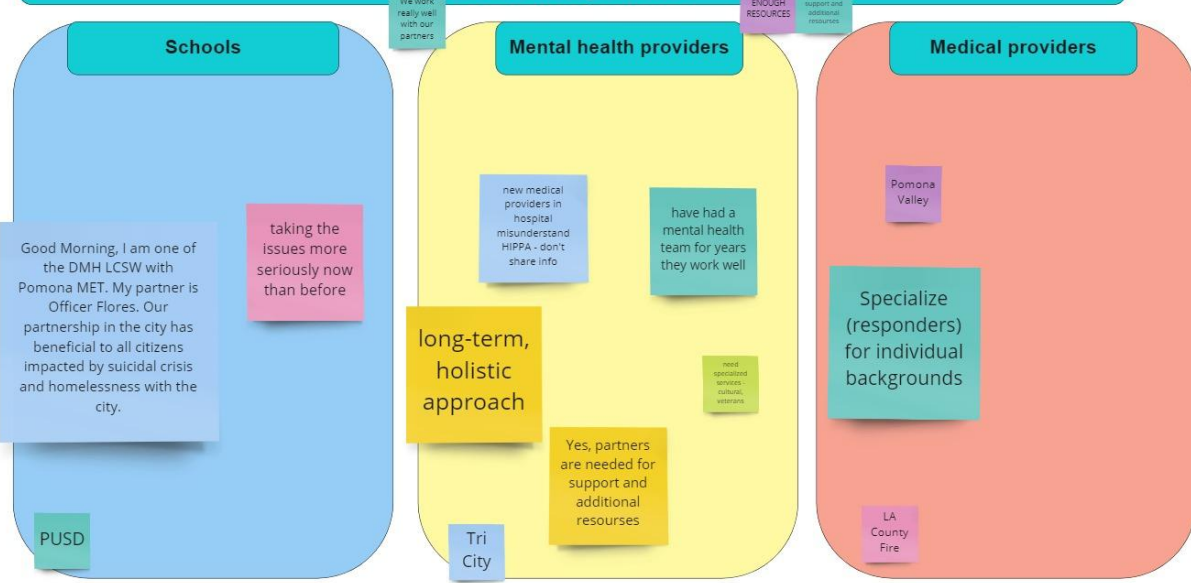
## How have you responded to mental health crises for youth?

Determining whether they fit the criteria. If not, providing them with resources

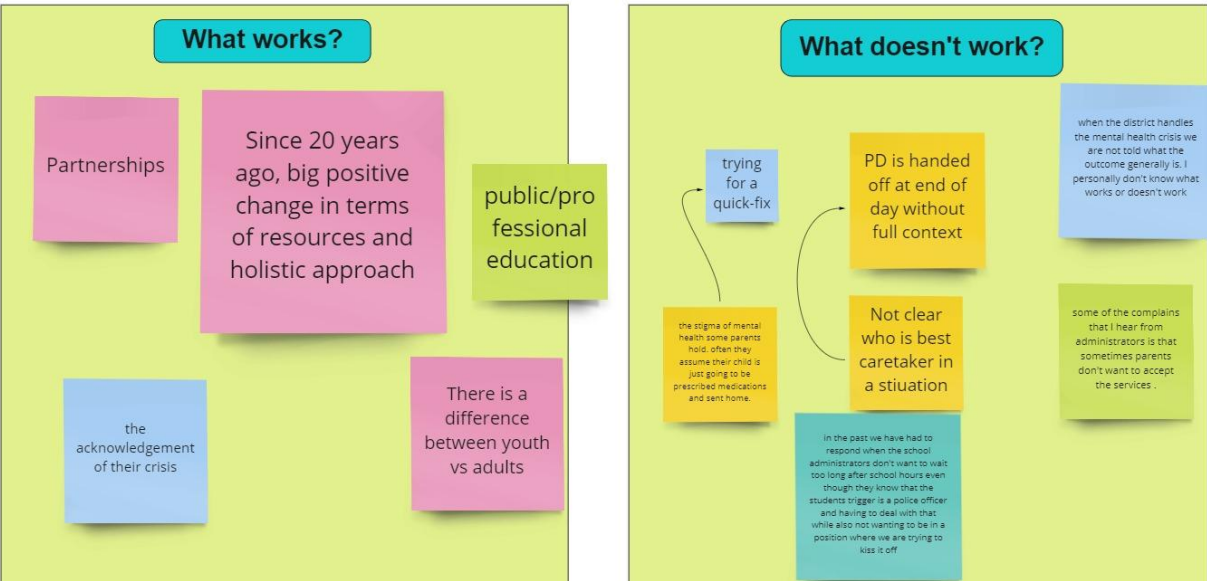
when dealing with a minor, we always give them the most urgent attention and priority



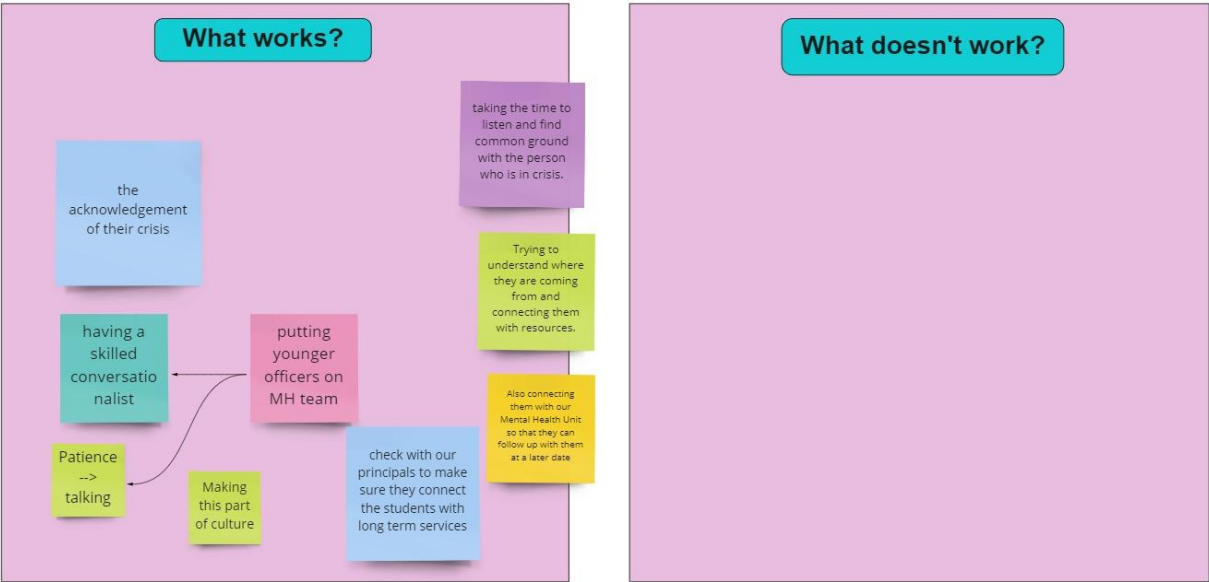
## What has been your experience been with different partners in mental health crisis response?



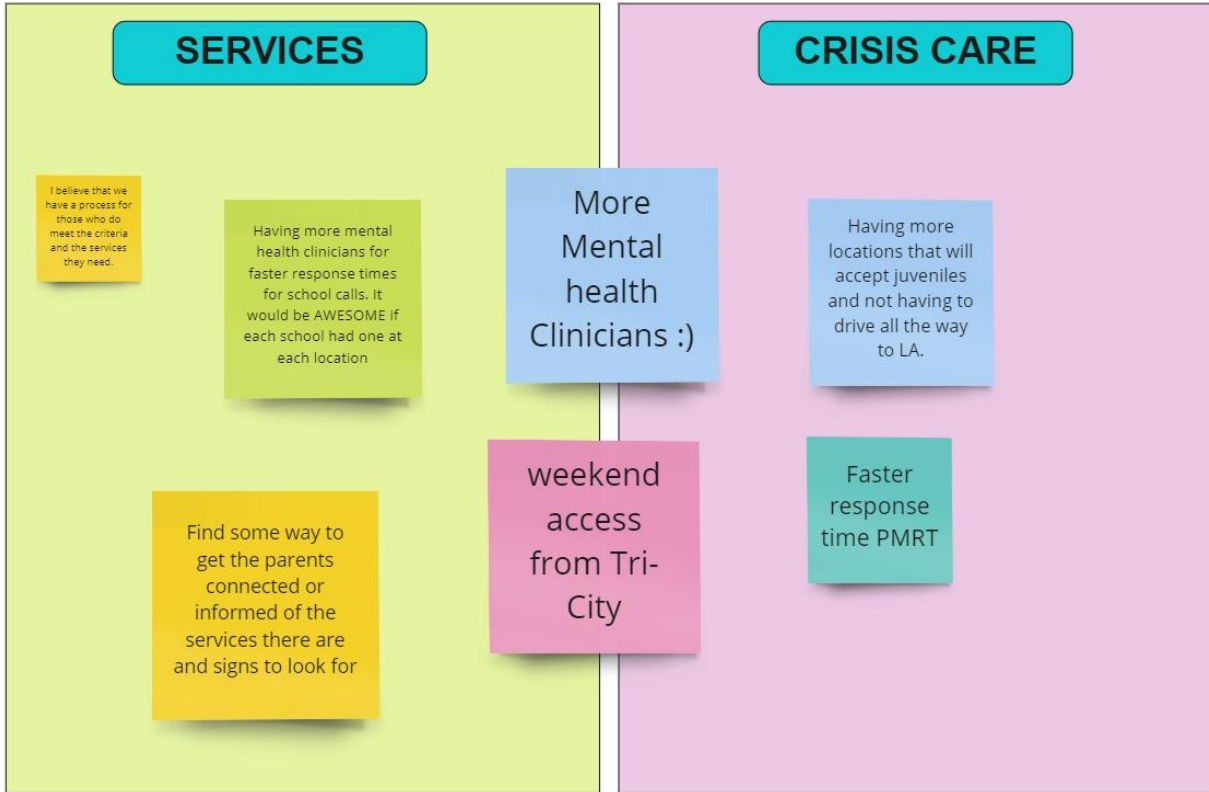
## Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, what would you want to see in our mental health system for youth?**



# Stakeholder Meeting: Claremont PD

May 26, 2022

## Meeting Information

- Total attendance: 2
- Number of Mental Health personnel: 1
- Law enforcement personnel: 1

## Summary of Key Points

*Facilitator's Note: Only one Claremont LEO was able to schedule a meeting with the Project Team. As such, the meeting was structured more as a 1:1 interview between the lead facilitator and the LEO, with TCMHS staff sitting in on the call. The notes below reflect major points covered during the meeting. The individual who was interviewed works during the graveyard shift, and shared comments that reflected that experience. They were not able to share many reflections regarding partnerships with schools and other organizations because of the hours they are on duty.*

- LEOs Don't have the immediate training for mental health
- Graveyard shift gets a lot of calls for service regarding mental health help needed for transient populations in the area- they don't have the PAC team at night – They often can't tell if the person is suffering a mental health crisis or is it a narcotics issue or something else?
- Guess is that more than half of parent calls for MH crisis in the home - they have reached the end of the rope - they don't know how to handle it - they haven't been through a training - they've just been living it - dealing with the anguish of what it does in the home
- Not a lot of parents will go the extra mile to find resources to find out how they can get help
- Claremont doesn't have a 24-7 crisis response team - graveyard even more limited and the fact that they sometimes need to provide transport makes it more complicated.
- Response and transportation issues vary across hospitals including Pomona Valley, Charter Oaks, InterCommunity, Monclair, Canyon Ridge, Kaisers, Loma Linda, BHC Alhambra.
- LEOs want to get the person into a facility get them professional help as quickly as possible so that they can get back to serving the community.
- If there is a mental health issue - usually when someone sees a uniform - walls go up - LEO doesn't have the luxury of taking off the uniform - it is more inviting to have someone who tells you they are not law enforcement.
- PACT Team or other services are more effective
- crisis de escalation for adolescents - would be beneficial.
- More trainings for both professional and personal portion - a lot of officers have children themselves and they are dealing with these things
- thinking about how the officers going home at night and how do they not internalize that - it can lead to spiral - it is heavy

- Transportation for youth is a major issue.
- Often between hospital and law enforcement it feels like the left hand doesn't know what the right hand is doing.
- Overall, very positive experiences working with Charter Oak. They offer clear communication if/when they are not able to provide a bed.
- Kaiser has been very positive to work with for individuals who have health coverage through Kaiser.
- Canyon Ridge has presented problems in communication and lack of clarity on availability. As a result, the department avoids using them.
- BHC Alhambra is another very good facility but it is a long drive both for LEOs and for individuals experiencing crisis.
- Claremont may not need a dedicated PACT team just for the City, but it may be beneficial to have a resource that is shared between cities.
- As an LEO, it is beneficial to share first-hand experience. Many LEOs in the field are very young in their careers. They don't have the same first-hand experience but they are open to training.
- LEO stated he was interested in developing a peer support team for the Claremont PD. Officers need to be able to take care of themselves before they can take care of others.
- LEOs and other first responders see traumatic experiences every day. There should be more mental health support for them in dealing with the impact of those experiences.
- LEO stated they would be open to the idea of having a counselor in every patrol car. It would benefit both the community and the LEO.

# Public Stakeholder Meeting: Pomona USD

June 1, 2022

## Meeting Information


- Total attendance: 8
- Number of adults: 8

## Summary of Key Points

1. Pomona PD has a great mental health team that is very helpful when needed. When they are not available, responding officers are not as helpful.
2. More training is needed for officers who are not mental health specialists
3. Would be helpful to get feedback from PD when utilized for wellness checks in evenings, crisis situations on weekends, and during school days use for students not in school
4. Shortage of providers at all mental health agencies now
5. Frequent and regular communication from agencies regarding openings, referral status, and linkage contact concerns is helpful
6. Premature discharge from hospitals, appointments not made prior to discharge
7. Weekly engagement, consistent regular appointments, timely responses, taking into account economic hardship/trauma
8. Less re-hospitalizations and progress with services instead
9. Consider transportation and other accommodations
10. More likely for youth to reach out if they have a good experience
11. Drug and Alcohol treatment, in-patient treatment and family therapy on campuses
12. Dedicated crisis intervention team
13. PMRT team and ambulance for Pomona only

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?



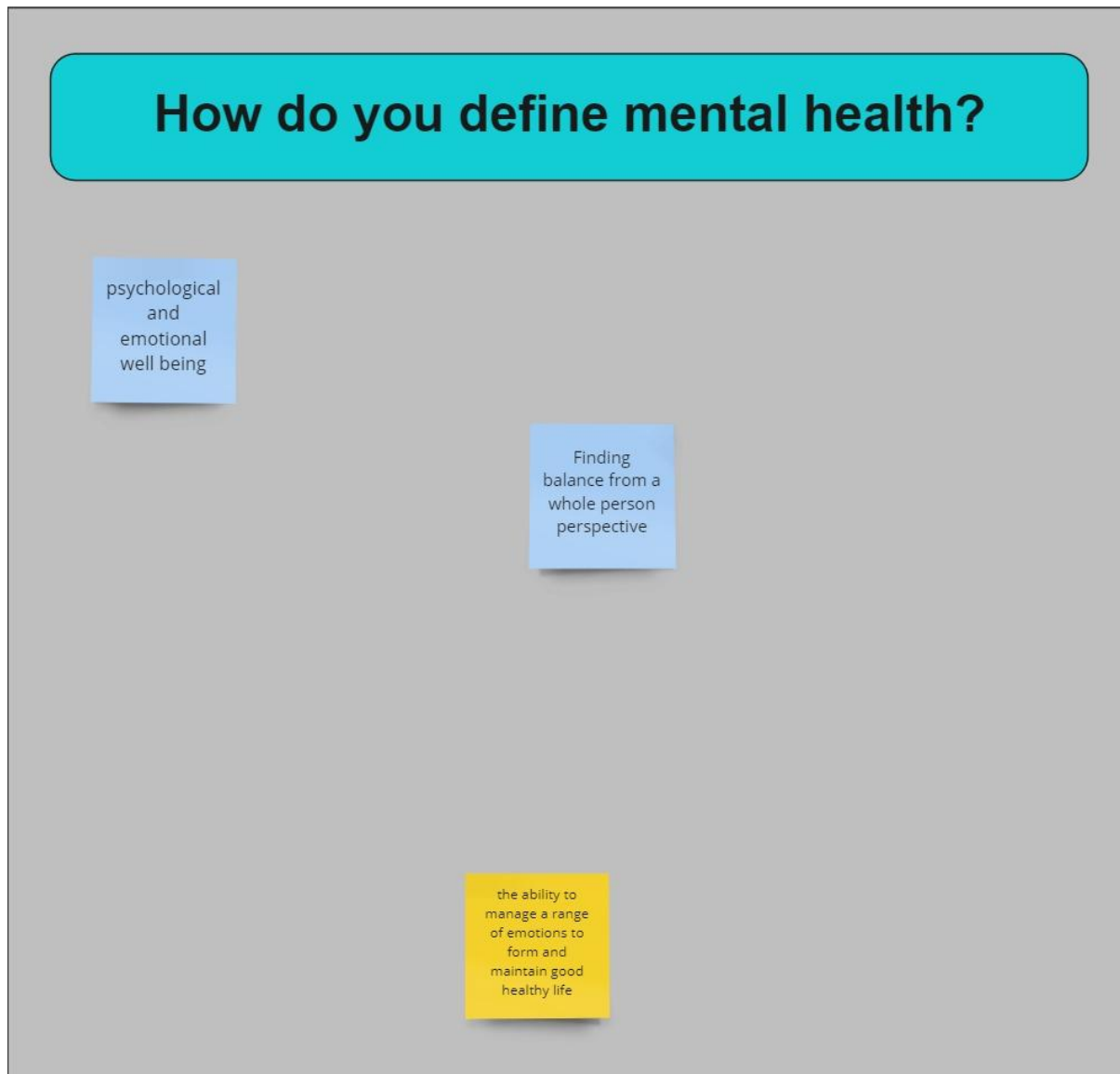
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

**Analyst** (Rupal Patel)

## Miro Boards





# How have you responded to mental health challenges for youth?

Remaining calm, actively listen and show empathy

handling several crises a day & having the opportunity to de-brief

## What has your experience been with different partners in mental health care?

**Police**

Police: Mostly helpful when needed. Their mental health team is great. If a non mental team shows up to a call not often as helpful.

more training for officers - who are not MH specialists

Just use the PD for Wellness Checks in the evening and on the weekends for crisis situations. During the school day we use them for students who are not at school. It would be helpful to get the feedback from them, it is not as consistent.

**Mental health providers**

Sally a shortage of providers at all agencies right now

lots of the agencies are not trained in crisis intervention

As well as school meetings, parents or teachers are key participants

The biggest barrier to getting more services is the lack of funding and staff

**Medical providers**

promote discharge from hospital whenever they are not ready at home or school meeting

they get sent away when they ...

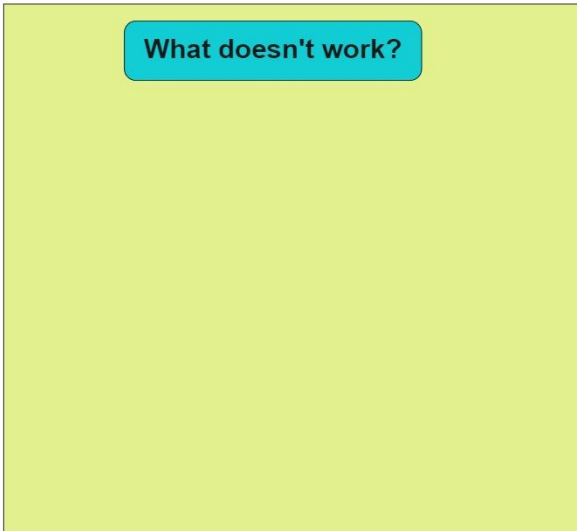
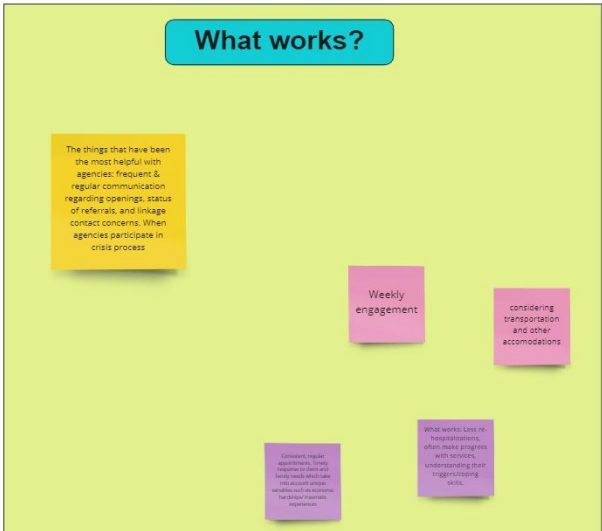
get connected to TC on discharge

people get discharged without needed medicine covered

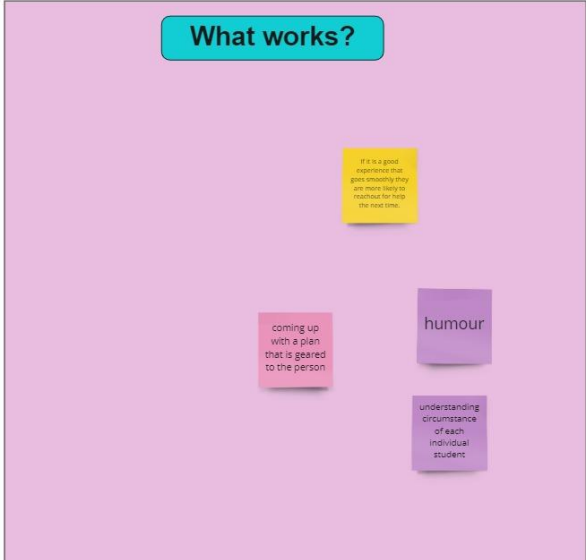
Appointments are not being made until the discharge call so the family has to make appointments.

the kids are sent to the emergency room or to the hospital and then they have to wait

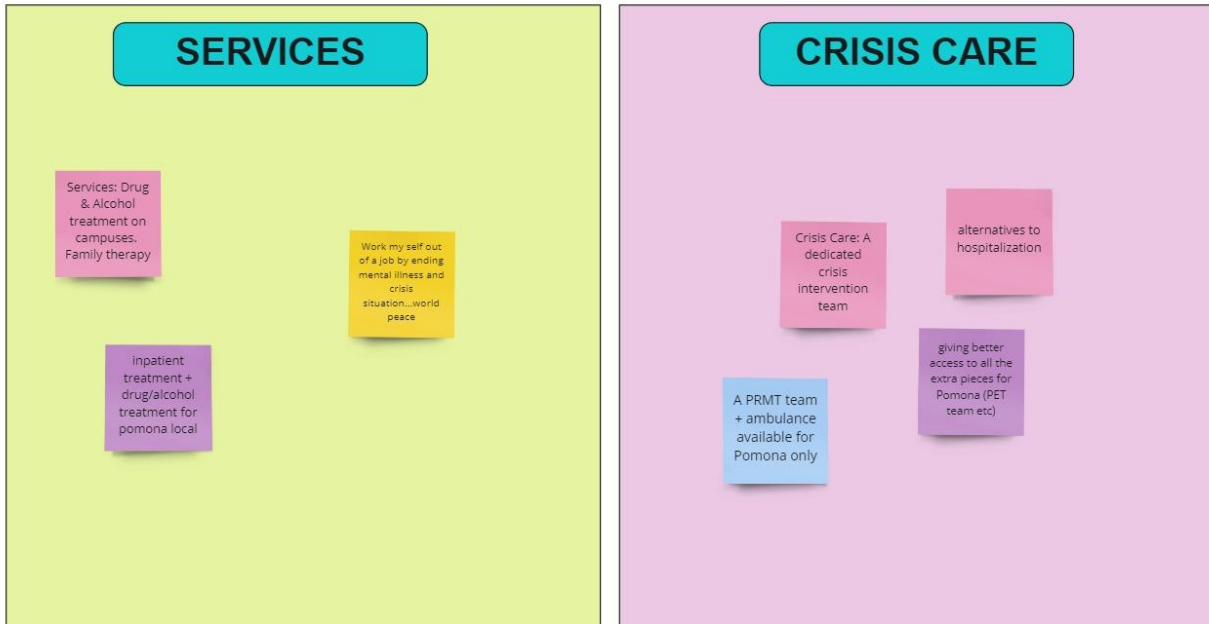
Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:



**If you had a magic wand, What changes would you make at your institution to best respond to the needs of youth?**



# Stakeholder Meeting: La Verne PD

June 07, 2022

## Meeting Information

- Total attendance: 7
- Number of Law Enforcement personnel: 5
- Number of Mental Health personnel: 2

## Summary of Key Points


- Focus on importance of constant training opportunities
- Crisis at school site allows for more factors that can be controlled to ensure safety (as long as lines of communication are clear)
- Partnership with La Verne schools is focused on student relationships with counselors with understanding of progression before it reaches PD.
- Charter Oak is the preferred mental health/psychiatric facility for crisis care. When that facility is at capacity, it can create a cascading set of challenges around accessibility and transportation during a crisis.
- Importance of creating a personalized care plan and dealing with each youth as an individual.
- Officers encounter youth on more than one occasion so it is important to build trust within those interactions.

## Additional Facilitator Notes

- LEOs stressed the impact of a 5150/5585 order and the need to make decisions with the implications of those orders clearly understood by care team.
- LEOs expressed that they wanted to defer to school counselors whenever possible as first line of resort.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)



0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

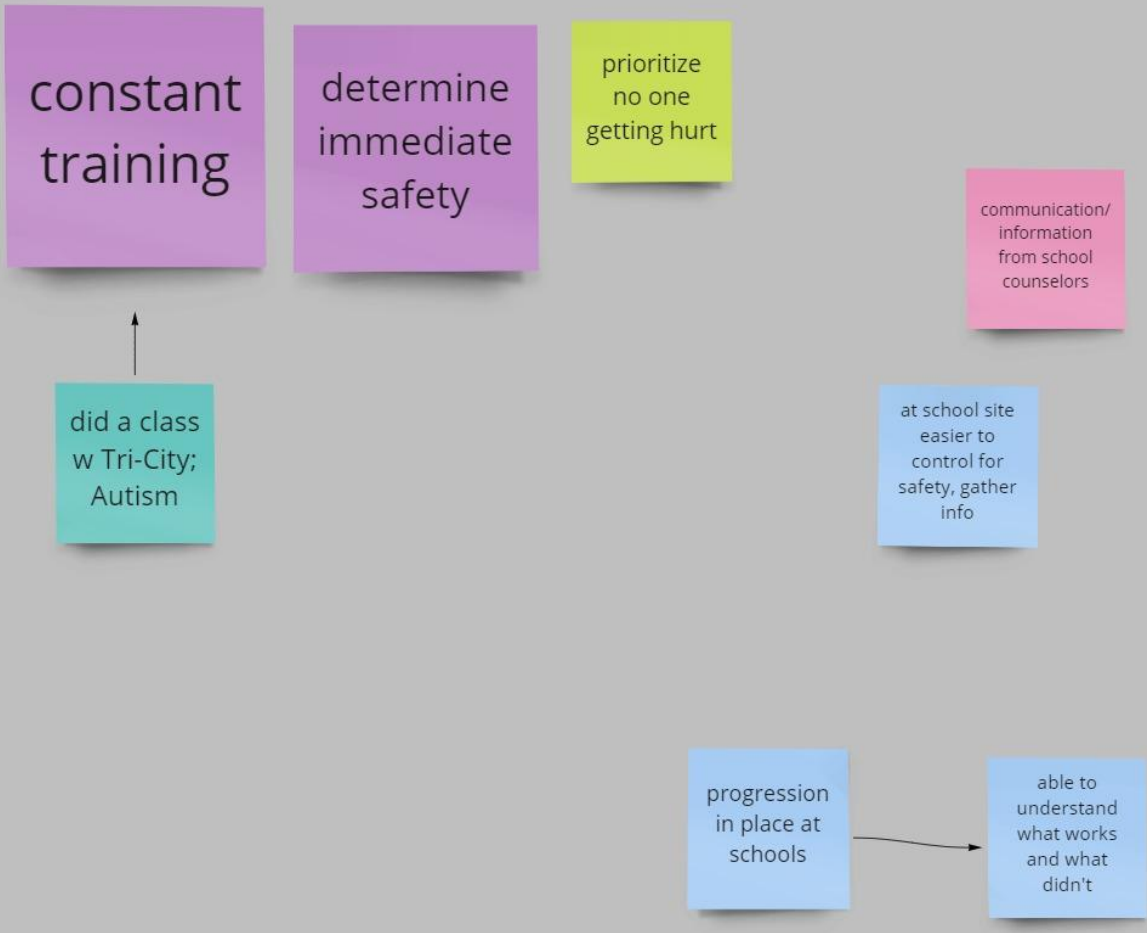
**Co-Facilitators** (Karlo Marcelo)

## Miro Boards

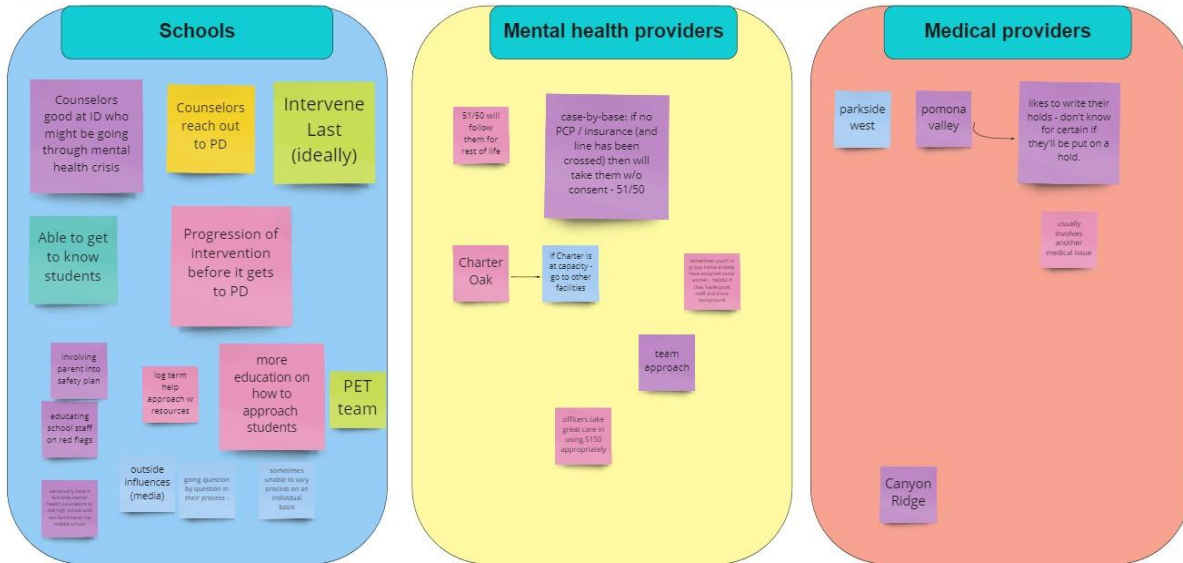




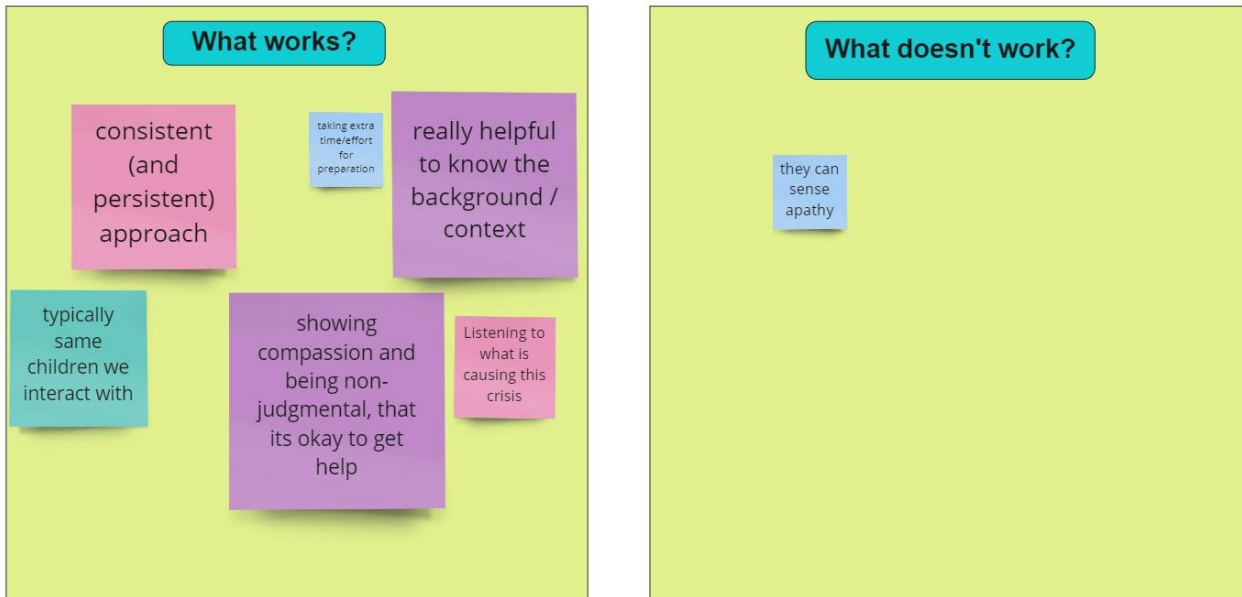
# How have you responded to mental health crises for youth?



## What has your experience been with different partners in mental health crisis response?



## Given what you know about our mental health services for people age 25 and under:





**Given what you know about our crisis care for people age 25 and under in this region:**

**What works?**

- showing compassion and being non-judgmental, that it's okay to get help
- listening/building rapport
- telling them I see a counselor, so they can see me as a normal person and not an officer
- Follow through / execution
- build trust b/c you will encounter these kids multiple times

**What doesn't work?**

**If you had a magic wand, what would you want to see in our mental health system for youth?**

**SERVICES**

- having a designated facility for youth closer to us

**CRISIS CARE**

- Mobile react team (get them help / not getting them in trouble)
- available 24/7 (most problems don't happen 9-5)

# Stakeholder Meeting: TCMHA staff

June 14, 2022

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## Meeting Information

- Total attendance: 22

## Summary of Key Points

- Focus on reducing stigma in approach to mental health care
- Importance of creating spaces where mental health professionals can approach youth with honesty and authenticity
- Collaboration across institutions and departments is critical
- PD sometimes have a different definition of what constitutes a crisis vs a behavioral or other issue
- Lack of clarity around which specific issues PD will respond to and which they won't regarding potential safety concerns
- Working with school districts, youth experience vary greatly from district to another.
- With school environments, much is dependent on trust and open-ness to mental health providers
- With health care facilities (i.e. Pomona Valley Hospital and Medical Center) - it can be challenging to find out information about youth who have been admitted or even availability of beds.
- Lack of beds in psychiatric hospitals and other facilities is a major choke point for the entire community and impacts all involved.
- Need for better collaborative treatment plans for youth upon discharge, along with continued follow-up.

Additional feedback emailed from a staff member:

Some suggestions:

- Available resources for youth experiencing crisis:
  - Youth Shelters
  - C.A.S.E or CSECY resource, if applicable.
  - Drop-In Centers/TAY Centers
  - Department of Public Social Services
    - CalWorks/Cash Aid
    - Food Stamps
  - Legal Services (issues with emancipation or immigration, VAWA, etc)
  - Education
  - Barriers to Care

- Transportation Access
  - Phone-CA Lifeline
  - Internet-help with signing up for Free Internet
- Faith Based/Spiritual Connection
  - Community churches
- Behavioral Health
  - NAMI
  - Support Groups
  - Behavioral Health Urgent Care Centers if needed
  - Create a packet like WRAP (Wellness Recovery Action Plan)
  - Access to Behavioral Health services
  - National Suicide Prevention Hotline
- Medical Services
  - CALAIM (Enhanced Care Management, Community Health Worker, Linkage to Community Resource Center)
  - Community Supports (In Lieu of Services-ILOS)
  - Planned Parenthood
  - Primary Care

Is there a specific area causing a crisis or exacerbating the crisis? How can we alleviate the crisis by connecting youth to getting their needs met? Approaching the crisis as a Whole Person Care lens. I hope this list is helpful.

## Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:14	Welcome and Icebreaker #1 (Candy)
0:14 - 0:28	How would you describe your approach to mental health challenges for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 1:00	What works and What doesn't work?
N/A - ran out of time	If you had a magic wand, what changes would you make at TCMHA to best respond to the needs of youth?

## Meeting Personnel

**Project Lead** (Neel Garlapati)

*Stakeholder Meeting Summary: TCMHA Staff 06.14.22*

**Co-Facilitators** (Kamina Smith)

## **Chat Transcript (*Identifying Information removed*)**

11:04:12 From Facilitator 2 to Everyone:

Hi All! We will be using a tool called Miro to collaborate together today:

[https://miro.com/app/board/uXjVOuwOh30=?share\\_link\\_id=971279991849](https://miro.com/app/board/uXjVOuwOh30=?share_link_id=971279991849) Please click the link to jump in.

11:04:48 From Facilitator 2 to Everyone:

There is no need to sign up to use the tool. Disregard the note at the bottom of the screen asking you to sign up.

11:04:51 From Facilitator 2 to Everyone:

[https://miro.com/app/board/uXjVOuwOh30=?share\\_link\\_id=971279991849](https://miro.com/app/board/uXjVOuwOh30=?share_link_id=971279991849)

11:12:43 From TCMHA Staff, she/her/hers to Everyone:

the green tea kit kats are good too!

11:13:26 From TCMHA Staff to Everyone:

I love frozen m&m's

11:16:38 From Facilitator 2 to Everyone:

[https://miro.com/app/board/uXjVOuwOh30=?share\\_link\\_id=971279991849](https://miro.com/app/board/uXjVOuwOh30=?share_link_id=971279991849)

11:17:09 From Facilitator 2 to Everyone:

Feel free to jump into the Miro Board to add your ideas

11:23:22 From TCMHA Staff, (she/her/ella) to Everyone:

your experiences are important as we shape the grants and collaboration with police and schools

11:26:25 From TCMHA Staff, (she/her/ella) to Everyone:

sometimes its a mixed response - not understanding mental health

11:38:42 From TCMHA Staff to Everyone:

Collaboration with school staff to assist client in reaching goals

11:39:22 From TCMHA Staff to Everyone:

collaborating with staff to implement safety plans put in place with staff, school and parents

11:40:20 From TCMHA Staff to Everyone:

Sorry, going back to PD something came to mind about language barrier and parent's status. parents have a have fear of being deported and calling for support.

11:40:47 From Facilitator 2 to Everyone:

Thanks,! I'll add it to the board

11:40:49 From TCMHA Staff, (she/her/ella) to Everyone:

great point Genesis

11:41:20 From TCMHA Staff to Everyone:

Important to know who client has a good , comfortable relationship with at the school to provide support. Then contact can be made with therapist

11:42:46 From TCMHA Staff to Everyone:

Great questions

11:44:46 From TCMHA Staff to Everyone:

Checking bed availability can be difficult in getting ahold of intake department

11:47:25 From TCMHA Staff, (she/her/ella) to Everyone:

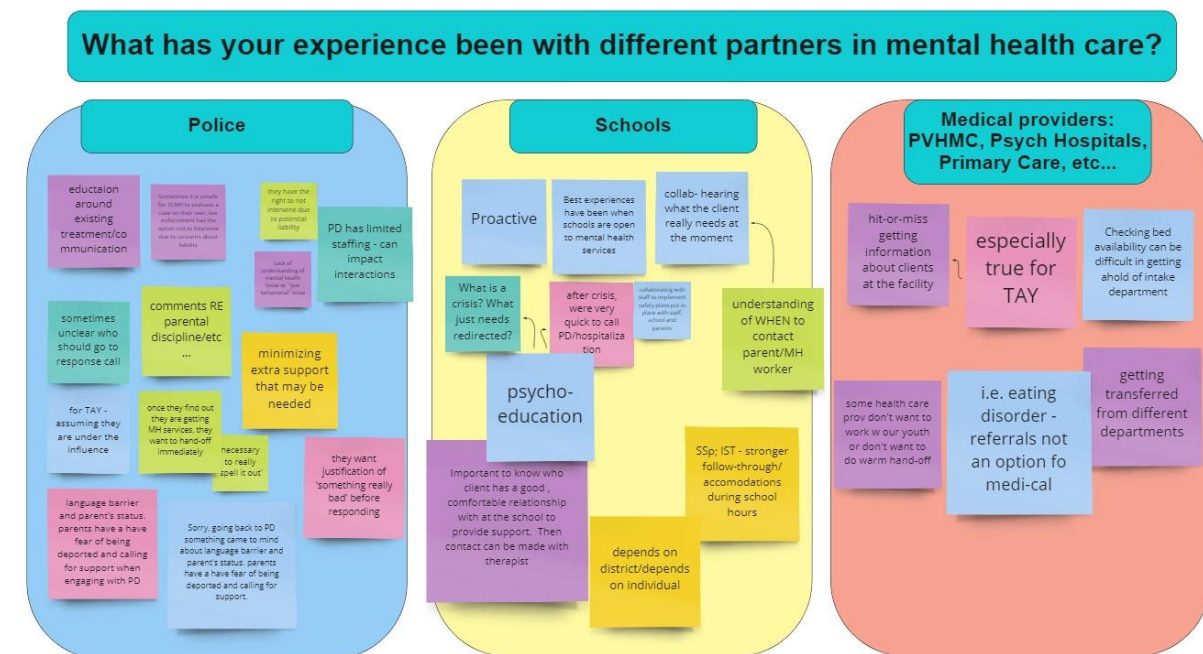
primary care doctors are hesitant to prescribe psychotropic meds or flat out refuse to prescribe

11:48:50 From TCMHA Staff to Everyone:

*Stakeholder Meeting Summary: TCMHA Staff 06.14.22*

- what works well is collaboration with schools, parents, treatment team
- 11:49:14 From TCMHA Staff to Everyone:  
treatment team meetings work well and help client's success
- 11:49:47 From TCMHA Staff to Everyone:  
Works-Working with crisis team mates that you can depend on/, reduces stress of being in a crisis.
- 11:52:58 From TCMHA Staff to Everyone:  
Doesn't work-How the staff treats the client is really important. Can either help them to seek admission or fear admission.
- 11:53:01 From TCMHA Staff to Everyone:  
Not working would be ONLY contacting the treatment team as opposed to contacting parents and other supports for clients
- 11:53:53 From TCMHA Staff to Everyone:  
staff at the psychiatric hospital
- 11:54:12 From TCMHA Staff to Everyone:  
Obtaining documentation from other providers
- 11:54:45 From Genesis A. MHS FSP/TAY to Everyone:  
yes great point Ilse!
- 11:56:17 From TCMHA Staff, she/her/hers to Everyone:  
Back in the day, we used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for those aren't happening. Everyone is moving so fast but missing some client care.
- 11:57:12 From TCMHA Staff to Everyone:  
something that is working : access to lock boxes and gunlocks for all of our clients to reduce access
- 11:57:50 From TCMHA Staff to Everyone:  
I don't know if it is realistic but not having the crisis phone for a week. Shortening the time we have the crisis phone.
- 11:57:54 From TCMHA Staff, she/her/hers to Everyone:  
Yes that is working. And allowing clients to voluntarily check in any protective weapons.
- 11:58:21 From TCMHA Staff, she/her/hers to Everyone:  
Also we do have a goal not to hospitalize. I think that helps a lot and builds trust with the clients/parents.
- 11:59:25 From TCMHA Staff, she/her/hers to Everyone:  
Our clients and community know we're here to work through tough moments and if hospitalization is recommended, it's because it's really needed...for the most part they trust us this.
- 12:00:36 From Facilitator 1 to Everyone:  
This board will stay open - please feel free to add additional thoughts:
- [https://miro.com/app/board/uXjVOuwOh30=?share\\_link\\_id=963219258294](https://miro.com/app/board/uXjVOuwOh30=?share_link_id=963219258294)
- 12:00:41 From TCMHA Staff to Everyone:  
Yes :)
- 12:00:45 From TCMHA Staff to Everyone:  
this was very productive, thanks for setting this up!

## Miro Boards





**Given what you know about our crisis care for people age 25 and under in this region:**

**What works?**

- getting contact person for TAY
- helping client ID supportive person
- skills development
- Having a crisis plan
- access to lock boxes and gunlocks for all of our clients to reduce access
- treatment team meetings work well and help client's success
- what works well is collaboration with schools, parents, treatment team
- Working with crisis team mates that you can depend on, reduces stress of being in a crisis.
- we do have a goal not to hospitalize. I think that helps a lot and builds trust with the clients/parents.
- Our clients and community know we're here to work through tough moments and if hospitalization is recommended, it's because it's really needed...for the most part. And allowing clients to voluntarily check in any protective weapons.

**What doesn't work?**

- not enough bed/ lacking appropriate hospitals
- not enough local hospitals
- LAC-USC is a really far drive for families
- Obtaining documentation from other providers
- discharge plan - parents are not getting info they need
- we used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for those aren't happening. Everyone is moving so fast but missing some client care.
- before they would have an actual meeting w hospital staff - now it is a 2-3 minute check
- staff at the psychiatric hospital
- ONLY contacting the treatment team as opposed to contacting parents and other supports for clients
- How the staff treats the client is really important. Can either help them to seek admission or fear admission.
- I don't know if it is realistic but not having the crisis phone for a week. Shortening the time we have the crisis phone.

**Given what you know about our mental health services for people age 25 and under:**

**What works?**

- helping client ID supportive person
- skills development
- treatment team meetings work well and help client's success
- what works well is collaboration with schools, parents, treatment team

**What doesn't work?**

# TCMHA Project Outreach

## CCMU and MHSSA Planning Process

May - June 2022

AGENCY/INSTITUTION CONTACTED	ATTENDED
<b>EDUCATION</b>	
Pomona Unified School District	x
School of Arts and Enterprise	x
Bonita Unified School District	x
Ronyon Elementary School	x
Claremont Unified School District	x
University of La Verne	x
Cal Poly Pomona	x
The Claremont Colleges	x
Western University of Health Sciences	x
Mt. San Antonio College	x
<b>LAW ENFORCEMENT</b>	
Pomona Police Department	x
La Verne Police Department	x
Claremont Police Department	x
<b>HEALTH/WELFARE</b>	
National Alliance on Mental Illness	x
Pomona Valley Hospital and Medical Center	
PCS Family Services	
Sycamores (child welfare agency)	x
Behavioral Health Services, Inc	
<b>LA COUNTY DEPTS</b>	

Los Angeles County Office of Education	x
Los Angeles County Office of Probation	
LA County Dept of Child and Family Services	x
LA County Department of Mental Health	x
<b>FAITH-BASED ORGS</b>	
Brown Memorial Temple Church	
Sacred Heart Catholic Church	
Purpose Church	
<b>COMMUNITY ORGS</b>	
Fairplex	
Pomona Community Crisis Center	
The Club Pomona	
God's Pantry	x
PFLAG Claremont	x
Pomona Pride Center	x
Bright Prospect	
Gente Organizada	
Just Us 4 Youth	x
San Gabriel/Pomona Regional Center	x
Pomona Hope	x



# Help shape mental health services in our region!

## For Youth and Young adults age 25 and under in Pomona, Claremont and La Verne and everyone who supports their well-being!

We encourage you to participate in an important conversation and help shape the future of mental health services in our community. You can help design a more effective approach to youth-focused crisis intervention and mental health services that reflect the distinct cultural features and realities of our communities. The following is the schedule of stakeholder sessions, along with registration links. *Please choose one session.*

### **High School and Middle School Students (parent or legal guardian must also join for youth under age 18)**

**Counselors will be available if mental health support is needed**

- Tues. May 3: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]
- Tues. May 10: 5:00 PM to 6:00 PM [[Click here for Registration Link](#)]

### **Adults who support youth from early childhood onwards (teachers, parents, counselors, first responders, etc.)**

- Thurs. May 5: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]
- Thurs. May 12: 12:00 PM to 1:00 PM [[Click here for Registration Link](#)]

### **Youth ages 18 to 25; University students, staff and faculty**

- Weds. May 4: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]
- Weds. May 11: 12:00 PM to 1:00 PM [[Click here for Registration Link](#)]

### **Open Session: All community members welcome**

- Weds. May 18: 6:00 PM to 7:00 PM [[Click here for Registration Link](#)]

What does mental health mean to you?

What works? What doesn't work?

What do you want to see in our mental health system?

# ¡Ayude a definir los servicios de salud mental en nuestra región!

## Para jóvenes y jóvenes adultos de 25 años y menores en las ciudades de Pomona, Claremont y La Verne, así como para cualquier persona que apoye su bienestar.

Lo animamos a que participe en una conversación importante y ayude a definir el futuro de los servicios de salud mental en nuestra comunidad. Puede ayudar a diseñar un enfoque más adecuado para las intervenciones en caso de crisis y servicios de salud mental dirigidos para jóvenes que refleje las características y realidades culturales distintivas de nuestras comunidades. Abajo está el programa de las sesiones para personas interesadas y los enlaces para registrarse. *Elija una sesión.*

### Estudiantes de escuela secundaria y primaria (el padre o tutor legal deberá participar con jóvenes menores de 18 años). Habrá consejeros disponibles durante las sesiones en caso de que se necesite apoyo para salud mental

- Martes 3 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]
- Martes 10 de mayo: 5:00 p.m. a 6:00 p.m. [[Enlace para registrarse](#)]

### Adultos que apoyan a los jóvenes (maestros, padres, consejeros, responsables de primeros auxilios, etc.) desde la escuela para la primera infancia hasta niveles posteriores.

- Jueves 5 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]
- Jueves 12 de mayo: 12:00 p.m. a 1:00 p.m. [[Enlace para registrarse](#)]

### Jóvenes de 18 a 25 años, estudiantes universitarios, personal y profesores.

- Miércoles 4 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]
- Miércoles 11 de mayo: 12:00 p.m. a 1:00 p.m. [[Enlace para registrarse](#)]

### Sesión abierta: Bienvenida a todos los miembros de la comunidad

- Miércoles 18 de mayo: 6:00 p.m. a 7:00 p.m. [[Enlace para registrarse](#)]

• ¿Qué significa la salud mental para usted?

• ¿qué cosa funciona?

• ¿Qué cosa no funciona?

• ¿qué le gustaría ver en nuestro sistema de salud mental?

# Giúp định hình các dịch vụ sức khỏe tâm thần trong khu vực của chúng ta!

## Thông điệp này dành cho thiếu niên và thanh niên từ độ tuổi 25 trở xuống ở các thành phố Pomona, Claremont và La Verne, cùng với tất cả những người hỗ trợ cho sức khỏe tinh thần của họ.

Chúng tôi khuyến khích quý vị tham gia vào cuộc trò chuyện quan trọng và giúp định hình tương lai cho các dịch vụ sức khỏe tâm thần trong cộng đồng chúng ta. Quý vị có thể hỗ trợ chúng tôi thiết kế phương án tiếp cận hiệu quả hơn đối với dịch vụ can thiệp khủng hoảng và sức khỏe tâm thần tập trung vào thanh thiếu niên, phản ánh thực tế và nét đặc trưng văn hóa riêng biệt của cộng đồng chúng ta. Phần sau đây cung cấp lịch trình các buổi họp của bên liên quan, cùng với liên kết để quý vị đăng ký. *Chọn một phiên họp.*

**Học sinh Trung Học Cơ Sở và Trung Học Phổ Thông (thiếu niên dưới 18 tuổi phải cùng tham gia buổi họp với cha mẹ hoặc người giám hộ hợp pháp.) Chuyên viên cố vấn sẽ có mặt trong các buổi họp nếu cần hỗ trợ sức khỏe tâm thần**

- Thứ Ba, ngày 3 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]
- Thứ Ba, ngày 10 tháng 5: 5:00 chiều đến 6:00 chiều [[liên kết](#)]

**Người lớn hỗ trợ thiếu niên (giáo viên, cha mẹ, chuyên viên cố vấn, nhân viên tuyến đầu, v.v.) – từ cấp mầm non trở đi**

- Thứ Năm, ngày 5 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]
- Thứ Năm, ngày 12 tháng 5: Trưa đến 1:00 chiều [[liên kết](#)]

**Thanh niên từ 18 đến 25 tuổi; sinh viên đại học, giảng viên và nhân viên nhà trường**

- Thứ Tư, ngày 4 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]
- Thứ Tư, ngày 11 tháng 5: Trưa đến 1:00 chiều [[liên kết](#)]

**Buổi họp công khai: Hoan nghênh mọi thành viên trong cộng đồng**

- Thứ Tư, ngày 18 tháng 5: 6:00 chiều đến 7:00 tối [[liên kết](#)]

• Sức khỏe tâm thần có ý nghĩa gì đối với quý vị?

hoạt động nào có hiệu quả?  
Hoạt động nào không hiệu quả?

Draft Survey Questions (Survey to be formatted in SurveyMonkey).

**SCHOOL/CITY INFO**

1. What city do you live in?
  - a. Pomona
  - b. La Verne
  - c. Claremont
  - d. Other \_\_\_\_\_

2. Are you a student?
  - a. Yes
  - b. No
  - c. Decline to state

If yes.

2a. If yes, What school are you enrolled in [blank for answer] \_\_\_\_\_

If no or decline to state,

2b. How do you support the involvement of youth in our community age 25 and under (check all that apply)?

- Parent/guardian/foster parent
- Educator
- First responder
- Medical provider
- Behavioral/mental health provider
- Law enforcement/justice system
- LGBTQ+ support/ally
- Faith/spiritual leader
- Community member
- Other \_\_\_\_\_

2c. If your job involves working with youth, please list your place of work: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION [TO BE COPIED FROM HMSA REFERRAL FORM]**

3. Race [use checkboxes from HMSA Universal Referral form]
4. Ethnicity [use checkboxes from HMSA Universal Referral form]
5. Age [use checkboxes from HMSA Universal Referral form]



6. Gender Identity [use checkboxes from HMSA Universal Referral form]
7. Sexual Orientation [use checkboxes from HMSA Universal Referral form]
8. Disability [use checkboxes from HMSA Universal Referral form]
9. Veteran Status [use checkboxes from HMSA Universal Referral form]
10. I prefer not to answer demographic questions [checkbox if yes]

**MENTAL HEALTH SYSTEM QUESTIONS:**

1. What is one word or phrase that comes to mind in describing mental health services and crisis services for youth?
  - a. Short answer \_\_\_\_\_
  
2. How would you rate the experience of yourself or youth/young adults (ages 25 and under) you know with the mental health system and with crisis care systems?
  - a. [Ranking from 0 “extremely negative” to 10 “extremely helpful”]
  - b. Please share more detail about your ranking. \_\_\_\_\_
  
3. Given what you know about mental health services and crisis intervention for people ages 25 and under, what works well in our community? (check all that apply)
  - Individual therapy
  - Group therapy
  - Family therapy
  - School services
  - Support groups
  - Walk in Crisis Support
  - After hour Crisis line
  - Mental Health Trainings
  - Peer support
  - Drop in wellness center
  - Other \_\_\_\_\_
  
4. Given what you know about mental health services and crisis intervention for people ages 25 and under, what *doesn't* work in our community? (check all that apply)
  - Individual therapy
  - Group therapy
  - Family therapy
  - School services
  - Support groups
  - Walk in Crisis Support
  - After hour Crisis line

Tri-City Mental Health  
Stakeholder Engagement Survey  
May 2022  
Survey Questions

- Mental Health Trainings
  - Peer support
  - Drop in wellness center
  - Other \_\_\_\_\_
5. If you had a magic wand, what would you want to see in the mental health system (including crisis care) serving youth and young adults age 25 and under? (check all that apply)
- More services in the school setting
  - Increased therapy option in the school setting
  - Community mental health trainings
  - Other \_\_\_\_\_



# Consulting Team Bios

- Neel Garlapati, Project Lead
- Karlo Marcelo, Co-Facilitator
- Rupal Patel, Analyst
- Maria Servin, Co-Facilitator
- Kamina Smith, Co-Facilitator



## Neel Garlapati, Project Lead



Neel Garlapati is an independent consultant working at the intersection of fundraising and philanthropy, program design, project management and strategic planning. He has spent most of his career in the nonprofit sector in organizations ranging from social services to museums to higher education.

Neel has worked as an independent consultant for more than two years. In that time, he helped lead project management efforts with the Committee for Greater LA, a unique cross-sectoral collaboration of civic leaders focused on shaping the public narrative and influencing policy towards a Los Angeles that comes out of the COVID-19 pandemic with a greater focus on equity. He also facilitated a collaboration of nonprofits in partnership with the California Community Foundation to foster a network of regional COVID-19 recovery hubs across LA County. Neel recently worked with the Pomona Community Foundation to convene a broad swath of stakeholders in the region to help develop a framework for longer-term community collaborations and initiatives.

As Senior Director of Development at Fairplex, Neel helped the organization develop and amplify its culture of philanthropy and commitment to public benefit. He was one of the lead architects and facilitators of the planning phase of *Pomona Vision 2030*, an 18-month long planning grant from the Ballmer Group that is pulling together nonprofits, the Pomona Unified School District, businesses, local government and community groups to develop a set of metrics and indicators that will point to educational and economic success for Pomona residents in childhood, early adulthood and adulthood in the City.

Prior to joining Fairplex, Neel was Executive Director of Strategic Initiatives and Institutional Philanthropy at Claremont McKenna College where he worked on cross-college and community collaborative projects from program design to fundraising to implementation, evaluation and monitoring.

Neel loves being able to explore California's natural areas with his family camping, backpacking and biking, while also being able to enjoy the creativity and diversity of LA's unparalleled food scene.





## Karlo Marcelo, Co-Facilitator



Karlo Marcelo, an economist and social impact entrepreneur, is Principal and Founder of the Manager, Good Scout Capital LLC.

Karlo is a founding member of Star Insights, a social impact strategy firm based in Hollywood, California. He brings to the firm decades of direct leadership and organizational development experience in political campaigns, government, philanthropy, consulting, and for-profit ventures and start-ups. He is an intersectional resource hub who is a creative problem solver and idea generator for extraordinary leaders who seek to challenge the status quo.

At The Aspen Institute, he worked in the Economic Opportunities Program, analyzing and advising CEOs and Presidents of Community Development Finance Institutions nationwide on their business and social impact outcomes and those of their microfinance clients. His last stop in Washington, DC was as the Partnerships Director for the Truman National Security Project, advising local, state, and federal elected officials on national security policy and communications. He managed a public private partnerships portfolio of \$15M with the Mayor's Fund for Los Angeles, leading the organization's accelerator efforts on public safety and economic development. At the same time he was a Contributor to The Economist Intelligence Unit, producing business intelligence on market demand, labor markets, and regulatory policy for global corporations and leaders.

Karlo graduated with a double major in economics and government from the University of Maryland. As a Public Policy and International Affairs Fellow, he received a Master of Public Policy from the Ford School of Public Policy at the University of Michigan. He started his career at CIRCLE as the country's youth vote expert where he co-produced targeted research for brands with social impact angles such as Rock the Vote and WWE, increasing Millennial generation voter turnout to its highest levels in consecutive election cycles. He's a published author on civic participation in journals and higher education civics textbooks.



## Rupal Patel, Analyst



Rupal Patel is Principal and Founder of the Manager, Good Scout Capital LLC'. Prior to founding Good Scout Capital, Rupal was a Principal at RRG Capital Management, a capital and asset management firm investing in agriculture, water and renewable energy. During her 12 years at RRG, Rupal managed \$150 million in renewable energy and agricultural capital investments. Rupal's environmental and social impact portfolio includes developing the 579 MW Solar Star Project, ranked in the top 10 largest projects in the world; developing and managing an inaugural Corporate Social Responsibility program for Sun World International, one of RRG's largest agricultural operating companies; and originating the first employee benefit company in the U.S., California Harvesters, of which

Rupal is Co-founder and Board President. Just four years after launch, California Harvesters provides quality jobs to over 1,200 farmworkers in California's Central Valley.

Rupal takes great pride in developing her impact portfolio in collaboration with established environmental and social impact organizations, inviting increased accountability and transparency to the impact investment process. As a Public Policy and International Affairs fellow, Rupal received her B.A. in Sociology and M.P.P. from the University of Michigan, Ann Arbor. Rupal serves on the Board of Leading Harvest and serves as a Founding Member of the Integrated Capitals Investment Committee for San Joaquin Valley at The Heron Foundation.

Prior to joining RRG, Rupal gained extensive experience engaging with LGBTQ, environmental justice, labor, poverty, and immigration issues while working for organizations such as the Council of Michigan Foundations, NAACP Washington Bureau, Urban Justice Center, Liberty Hill Foundation, and the California Immigrant Policy Center.



### **Maria Servin, Co-Facilitator**



Maria Servin works in case management through nonprofit organizations, assisting individuals with accessing services and resources to improve their daily life and needs.

Maria has worked in the nonprofit sector for the past 7 years, in different social areas such as Los Angeles School District, mental health, and developmental disabilities. She has worked with children, teenagers, and young adults with developmental disabilities. Maria has facilitated meetings with families and individuals to target goals and plans to advance different aspects

of the individual life.

Maria currently serves as a Case Manager with Crittenton Services for Children and Families in Norwalk, CA. She coordinates team meetings in order to identify and plan accordingly on how to better support client mental health goals. She has also served as a Case Manager at the Watts Labor Community Action Committee. Maria has a B.A. in Ethnic and Women's Studies from Cal Poly Pomona.



## Kamina Smith, Co-Facilitator



Kamina Smith is a talent transformation strategist specializing in organizational development, talent management, learning & development, and diversity, equity & inclusion.

She is driven to help clients harness the power of purpose, empathy, and insights to realize sustainable social impact and growth.

With over 15 years of experience gained through working with corporations such as Hewlett Packard & Sony Electronics, public sector organizations such as The New York City Department of Education & The Los Angeles County Department of Health Services, nonprofits such as Year Up, Inc. & FUSE Corps, and cross-sector Management Consulting with Slalom Consulting, Kamina has developed a truly diverse and unique perspective on tackling challenges and developing innovative solutions.

Kamina is certified in Integrated Talent Management and Instructional Design and leverages these skill sets to not only develop customized strategies for organizations but also partners directly with leaders to infuse diversity, equity & inclusion in every phase of the employee lifecycle. Previous project work includes designing recruitment & hiring processes; reimagining & restructuring performance management systems; developing comprehensive executive & management development programs; building and calibrating compensation & rewards approaches, and defining & redesigning job roles, departments and organizations.

Kamina is a California native and obtained her BS in Business Administration and MBA with a concentration in Management from Florida A&M University.



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

**DATE:** September 13, 2022  
**TO:** Mental Health Commission of Tri-City Mental Health Authority  
**FROM:** Rimmi Hundal, Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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## **SUICIDE PREVENTION AWARENESS MONTH**

September is National Suicide Prevention Awareness Month which takes place in September. This is a time when people and organizations across the nation come together to spread the message that everyone can help prevent suicide and to honor loved ones who have died by suicide. Here are some events that Tri-City is hosting.

### **Wednesday, September 7<sup>th</sup>**

#### **Know the Signs Webinar | 3:30pm - 4:30pm**

In this webinar, participants learned how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources.

This webinar was free and open to all!

### **Tuesday, September 13<sup>th</sup>**

#### **Teen Hour Trivia Game | 4pm-5pm**

Join us virtually for a fun trivia game where you can meet other teens, learn more about suicide prevention, and win fun prizes!! This event is geared towards 13–15-year-old youth and RSVP is required. To RSVP for this event, please call 1-888-593-4448 or e-mail us at [wellness@tricitymhs.org](mailto:wellness@tricitymhs.org)

### **September 14<sup>th</sup>-16<sup>th</sup>**

#### **LA Suicide Prevention Network Summit | Virtually**

Come join us for Los Angeles Suicide Prevention Network's 12<sup>th</sup> Annual Suicide Prevention Summit: Healing Pathways for Support and Connection. Each day has a different track: September 14 (Community Track), September 15 (Clinical Track), and September 16 (First Responders & Veterans Track). To register, start here: <https://tinyurl.com/2022LASPNCONFERENCE>

### **Tuesday, September 20<sup>th</sup>**

#### **Loteria Game Night | 4pm-5pm**

Join us in collaboration with Latino/a Roundtable for a virtual Loteria Game Night! This is not your traditional Loteria night as the cards are designed with a theme promoting suicide prevention, but the fun game spirit is still the same! Fun prizes will be awarded to our winners as well! Please see website for registration.

**Tuesday, September 27<sup>th</sup>**

**Directing Change Film Screening | 4pm – 5pm**

Come join and celebrate youth filmmakers from Tri-City who stepped up to take action for mental health, suicide prevention, and other social justice topics! Directing Change is part of statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. To register for the event, start [HERE](#).

**Wednesday, September 28<sup>th</sup> | 3:30pm-4:30pm**

**SmartyPants Storytime at the Pomona Public Library (in person)**

Come join us in collaboration with Pomona Public Library where we will be reading a book and have a live discussion about mental health and its importance to suicide prevention!

*These events and more can be found on our website at [www.tricitymhs.org](http://www.tricitymhs.org).*

## **HISPANIC HERITAGE MONTH**

Hispanic Heritage Month is also observed every year between September 15th and October 15th. It is a nationwide celebration that honors the cultural contributions, achievements, and identities of Hispanic and Latino/a/e/x people in the United States. This month, we shed light on the multitude of mental health experiences within the Hispanic and Latino communities, including those who identify as Afro-Latino, Black, Indigenous, as well as the disproportionate inequities they face due to systemic barriers and historical adversity. The Diversity, Equity, and inclusion committee developed a newsletter with helpful terms and resources that are specific to Latino/a/e/x communities.

## **CERNER UPDATE**

Tri-City Mental Health has officially implemented the Cerner Electronic Health Record as of August 16, 2022. The majority of client related clinical operation activities have been transferred to Cerner, including Scheduling, Client Registration, Clinical Chart Documentation, Electronic Prescribing, Billing, and DMH IBHIS Integration. During the first two weeks of 'go-live', the project core team focused on providing intensive support to agency end users and triaged anywhere from 250 to over 300 reported support requests. Since going live, end users have demonstrated great flexibility and adaptability – AND – have shown great determination to expand their knowledge and practice with navigating the system. As we near the 1-month mark, post 'go live', end-users are beginning to require less support to perform basic system functions each day and have anecdotally begun to report feeling more confident with using the system. In looking beyond the first 30 days, into the next phase of the project, we plan to continue to prioritize:

- 1) Triaging end-user support needs,
- 2) Providing key follow-up training and learning opportunities,
- 3) Delving deeper into process optimization. This next phase of the project will likely continue over the next several months, and is critical in order to continue to ensure a successful transition.