



**MINUTES  
REGULAR MEETING OF THE  
MENTAL HEALTH COMMISSION  
JANUARY 9, 2018 – 3:30 P.M.**

The Mental Health Commission met in a regular meeting on Tuesday, January 9, 2018 at 3:43 p.m. in the Administration Building, 1717 N. Indian Hill Blvd. # B, Claremont, California.

**CALL TO ORDER** Chair Watson called the meeting to order at 3:43 p.m.

**ROLL CALL** A visual roll call was taken.

**PRESENT:** Toni L. Watson, Chair  
Arny Bloom  
Cheryl Berezny  
Rubio R. Gonzalez  
Anne Henderson  
Elmer Vidaña

**ABSENT:** Donald R. Perez, Vice-Chair  
Twila L. Stephens  
Alfonso "Al" Villanueva  
Davetta Williams

**STAFF:** Toni Navarro, Executive Director  
Rimmi Hundal, Director of MHSA and Ethnic Services  
Christopher Anzalone, Community Capacity Organizer  
Mica Omos, JPA Administrator/Clerk

**I. APPROVAL OF MINUTES FROM THE DECEMBER 20, 2017 GOVERNING BOARD / MENTAL HEALTH COMMISSION JOINT MEETING**

There being no comment, Board Liaison Gonzalez moved, and Commissioner Henderson seconded, to approve the Minutes of December 20, 2017. The motion was carried by the following vote: AYES: Commissioners Berezny, Gonzalez, and Henderson; and Chair Watson. NOES: None. ABSTAIN: Commissioners Bloom and Vidaña. ABSENT: Commissioners Stephens, Villanueva and Williams; and Vice-Chair Perez.

**II. PRESENTATION**

**AN OVERVIEW OF THE COMMUNITY AND TRAUMA RESILIENCY MODEL**

Executive Director Navarro spoke about the time when the Mental Health Services Act (MHSA) was adopted by legislature, noting that during this time period discussion began about the recovery model that had a frame of philosophy on strength based services focusing on positivity and hope, which has been well established throughout the country.

Now, the new philosophy framework model being added to treatment is Trauma Informed Services, focusing on what agencies are doing to educate their staff and their community on early trauma that people experience which stays with them and impact them for their lifetime; not only so that it can be treated, but hopefully being implemented in a pediatric program to start to prevent this impacted trauma; pointing out that this is the reason this model had been implemented in Tri-City.

Christopher Anzalone, Community Capacity Organizer, provided an overview of Tri-City's Community and Trauma Resiliency Model. He indicated that Tri-City began implementing this model two years ago; that this model refers to trauma and resiliency and it is an important distinction because individuals do have some control about how to react to trauma; and that Elaine Miller Karas developed the program and provided her definition for Resiliency, the ability of identifying strengths to use and being able to handle the stresses of life. He pointed out that Tri-City brought two programs together Trauma Resilience Model (TRM) and Community Resiliency Model (CRM); and that TRM is designed specifically for clinicians to help deepen their resiliency and to reprocess some of that trauma. He then discussed the goals of TRM: to deepen the "Resilient Zone", so one is better able to adapt to the stressors of life with flexibility and decreased traumatic stress reactions; to reset the nervous system which is designed to react to stress; and to reprocess traumatic memories. He said that at the community level, the CRM is offered so that anyone can use regardless of having a clinical background; that the goals for CRM are to create a force of CRM trained community members who are informed by the biology of trauma/stress reactions, the biology of resiliency; and to deepen the "resilient zone" for self, family and extended community; that the CRM philosophy is to focus on strength, not weakness, noting that the brain acts to protect the individual and it can also be used to heal the individual and that by tracking what the body is doing, the individual can relearn how he/she responds and, thus increase his/her "resilient zone". He then talked about what can happen when someone experiences a traumatic/stressful event and/or triggers and do not stay within the resiliency zone; about the six skills of the CRM which all can be taught depending on the length of the training each participant choose to do that vary from 4 and up to 12 hours of training; about the 9 Skills of TRM which are adapted from some methods of Somatic Experiencing®, noting that uses all the same skills of CRM with three additional skills; and about the successes of TRM/CRM since its inception at Tri-City which include providing 10 classes since May of 2017 resulting in training 116 persons, including 85 staff members and 31 community members; and distributed a flyer for an upcoming CRM training in January 18th.

Commissioner Bloom commented that it will be difficult to provide CRM training to young children at school when discussing trauma and physiological reactions because they do not have cortical skills; and inquired how the CRM training relates to young children. Community Capacity Organizer Anzalone stated that when teaching CRM, there is no distinction of the nature of trauma and it is rather about teaching skills to adults, as there are no children present in the training; noting that the majority of those attending the CRM training are parents who in turn can teach their children using their own language; similarly, the CRM training can be for teachers who are taught how to teach children in a way that they can understand about coping mechanisms to reach their resiliency zone and be present in the moment.

Executive Director Navarro stated that the Trauma Resiliency Institute is a model that has been patented and they are located in the City of Claremont; that cofounder Elaine Karas, teaches an evidence based research informed practice all over the world; follows major national disasters and traumatic events; and teaches others how to teach TRM & CRM.

She then pointed out that when Ms. Karas trained Tri-City staff, the Family and Children Department staff focused on TRM & CRM that was child oriented; now Ms. Karas is developing a new module to teach that is just focused on children. In the interim, Tri-City's Family and Children Department has implemented, and have trained its entire staff on, TRM & CRM; indicating that they have data that demonstrate that they have reduced hospitalizations and crisis in their clients by a significant number as they have successfully learned to adapt the language with the knowledge on how to work with children. She then showed a 16-minute video of Dr. Nadine Burke Harris speaking about Adverse Childhood Experiences (ACE), a research study conducted in the early 90's by Kaiser Permanente Southern California in San Diego and Centers for Disease Control, which demonstrates that 10 categories of childhood trauma occurring before age of 18 have a significant impact in our lives and can lead into premature death; and that the video will explain why TRM and CRM is so important in Tri-City. At the conclusion of the video, Executive Director Navarro stated that TRM and CRM are a way, not only to address adversity for Tri-City's patients who are under 18 but also, to help with the resilience for those that already have a trauma; noting that Tri-City will train staff on ACEs to be trauma informed, and to create a healthy community from the ground up.

Discussion ensued regarding the ACE movement across the nation.

### **III. EXECUTIVE DIRECTOR REPORT**

Executive Director Navarro spoke about the Community Wellbeing Grant and announced that there will be an upcoming bidder's conference. Community Capacity Organizer provided detailed information about the bidder's conference and recommended to the Commission to invite any community or social group from the three cities area that might be interested on hearing more about the Grant.

Executive Director Navarro then reported that Tri-City had received the No Place Like Home technical assistance funds which will help Tri-City move forward with permanent supportive housing projects; that the Act itself, and the money to create permanent supportive housing, still in court validation process; that staff will meet at the end of the month with Consultant Elizabeth Sadlon who will create a proposal indicating how she will conduct a housing stakeholder process to develop a Tri-City wide homeless strategic plan relevant to all three cities; that staff will do its best efforts have a YINBY (Yes In My Back Yard) process, by bringing people who are NIMBY (Not In My Back Yard) and those with different viewpoints on the issue of permanent supportive housing, to identify a common ground, build consensus, and be prepared when Tri-City is ready to build more permanent supportive housing.

Discussion ensued regarding the intent of the stakeholder process for permanent supportive housing.

Governing Board Liaison Gonzalez stated that District 1, which he represents in the City of Pomona, supports permanent supportive housing.

Executive Director Navarro said that Commissioners Bloom and Henderson have reviewed data about seniors statewide; that Director of MHSA Hundal and MHSA Projects Coordinator Barford will coordinate a meeting with Tri-City staff providers of senior programming to meet with them; and that the senior population is the fastest growing homeless population in California, including the three cities area.

### **COMMISSION ITEMS AND REPORTS**

Board Member Liaison Gonzalez reported that the opening date for the year-round shelter in the City of Pomona has been moved from March 2018 to June 2018; and that in the next couple of months the Pomona City Council will be discussing the issue of rent control in the city.

Executive Director Navarro reported that Tri-City will contribute to the on-going operations of the shelter in Pomona by securing beds ahead of time; that Tri-City will be asking for 20 beds on a daily basis for Tri-City clients; that the City of Pomona is drafting an MOU on this partnership; and that Tri-City staff will present the MOU to the Board as soon as it is ready.

Commissioner Berezny commented that she and Commissioner Perez had attended a NAMI meeting wherein Darlene Scafiddi, a Pomona Valley Hospital (PVH) representative, announced that a psych unit will be opened in March 2018 and that a Tri-City employee would have an office space on site.

Executive Director Navarro reported that approximately 45% of the people who attend the emergency room live in the three cities area which Tri-City wants to help getting them into on-going mental health services and stop using the emergency room as a psych facility. Therefore, recently a meeting had been scheduled with Darlene Scafiddi, who was not able to attend, and instead the Executive Director met with two of Scafiddi's staff members who had some ideas how the program would be structured, but had not communicated PVH's intent to have a Tri-City staff on site. She added that she will be attending a meeting taking place next month with the President of PVH, PVH Rep Darlene Scaffini, LACDMH Area Representative Lisa Wong, Governing Board Member Vera, who is also serves on the PVH Board, to discuss this matter. She also stated that she had talked with LACDMH representative Wong about how the two teams, Tri-City and LACDMH, will interphase to help the PVH; noting that she also had already communicated to PVH Tri-City's desire to have staff accessible to them on site Monday through Friday, to enroll people into Tri-City services.

### **PUBLIC COMMENT**

There was no public comment.

### **ADJOURNMENT**

At 4:41 p.m., on consensus of the Mental Health Commission its Regular Meeting of January 9, 2018 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, February 13, 2018, in the Administration Building, 1717 North Indian Hill Boulevard #B, Claremont, California.



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Micaela P. Olmos, JPA Administrator/Clerk