

MINUTES REGULAR MEETING OF THE MENTAL HEALTH COMMISSION FEBRUARY 11, 2014 – 3:30 P.M.

The Mental Health Commission met in a regular meeting on Tuesday, February 11, 2014 at 3:30 p.m. in the Administration Building, 1717 N. Indian Hill Blvd. # B, Claremont, California.

CALL TO ORDER Chair Bloom called the meeting to order at 3:30 p.m.

ROLL CALL A visual roll call was taken.

PRESENT: Arny Bloom, Chair

Cheryl Berezny

Joseph M. Lyons, Ph.D. (arrived at 3:36 p.m.)

Ashley Nielsen, MSW Donald R. Perez Toni L. Watson

Davetta Williams

ABSENT: Paul Capraro

Betsy MacLaren, Secretary

Twila L. Stephens

Sylvia Whitlock, Ph.D., Vice-Chair

STAFF: Jesse H. Duff, Executive Director

Toni Navarro, LMFT, Director of Clinical Program Services

Rimmi Hundal, MHSA Manager

Toshi Kuramatsu, Adult Services Program Manager Shawn Smith, Medication Support Team Supervisor

Mica Olmos, Executive Assistant

I. APPROVAL OF MINUTES FROM THE JANUARY 14, 2014 MENTAL HEALTH COMMISSION MEETING

There being no comments, Commissioner Nielsen moved, and Commissioner Perez seconded, to approve the Minutes of January 14, 2014. The motion was carried by the following vote: AYES: Commissioners Berezny, Nielsen, Perez, and Watson. NOES: None. ABSTAIN: Commissioners Lyons and Williams; and Chair Bloom. ABSENT: Commissioners Capraro, MacLaren, Stephens; and Vice-Chair Whitlock.

Item No. III was taken out of order.

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III. REPORTS

A. EXECUTIVE DIRECTOR

Executive Director Duff reported that Tri-City did not receive the grant it had applied for to increase the availability of crisis services, noting that 47 Counties submitted grant applications and only 25 were funded and that staff is trying to obtain information about the scoring process to learn from this grant submittal. He then announced that the 3-Year Integration Plan and Annual MHSA Public Hearing had been scheduled for Thursday, May 22, 2014, wherein the Mental Health Commission will conduct the Public Hearing and thereafter, will make a recommendation to the Governing Board. He then stated that Tri-City had asked the Cities of Claremont, La Verne, and Pomona to declare the week of March 17th *Green Ribbon Week*, noting that the City of Claremont had already done it and that the Cities of La Verne and Pomona will do the same on February 18th and on February 24th, respectively. He indicated several community activities will take place during *Green Ribbon Week* to raise consciousness about mental health issues and mental wellness.

At 3:36 p.m. Governing Board Liaison Joseph Lyons arrived at the meeting.

Executive Director Duff then announced that on February 18th Tri-City will be an active participant in the upcoming "Stop the Violence Summit" to be held in Pomona and encouraged the Commissioners to attend. He added that the Pomona Police Chief retired and Commissioner Paul Capraro had been appointed the Acting-Police Chief. He then reported that Tri-City has received in writing the final results of the recent chart audit, noting that it mirrored what the County has said during the exit interview, that we passed the audit.

B. HOUSING PROJECT MANAGER

Executive Director Duff reported that on January 29th, the Related Project was approved unanimously by the Pomona Planning Commission; that it is for City Council consideration at its meeting on February 24th; that it is scheduled for March 5th to be presented before the Pomona Historical Commission to review the required demolition of an existing structure on the site; and that an application was submitted for Federal Tax Credit funding and MHSA housing funding. He then talked about Cedars Springs Project, stating that the new project developer Community of Friends is also applying for Federal Tax Credit funds and MHSA housing funding with Tri-City and the L.A. County, and also for an additional grant that will assist with the financing of the property. Regarding the Clifford Beers Housing Project, he stated that a majority of the City Council wanted to discuss the reconsideration of the project and had asked the City Attorney for his opinion if whether or not they can legally do so, and that said opinion still has not been received. He then indicated that Tri-City staff will not continue the discussion of the Garey Avenue project until all the other housing projects are in place.

Commissioner Berezny reported that she had watched a television segment about housing for the homeless in Nashville, noting that it was a very successful program and suggested presenting an excerpt of this documentary to the Pomona City Council. Director of Clinical Program Services Navarro replied that the housing for the homeless program in Nashville is called Housing First, which requires participants to only qualify for housing without having to receive services; however, this program did not work here in California because it did not engage participants in treatment.

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Governing Board Liaison Lyons reported that he is trying to move through the City of Claremont an initiative modeled on the creation of sense of community and ownership of those individuals within the city that are very low income or have special needs. He explained that the initiative will look at building the community component first; then integrate all of the other programs that are required for those individuals that are very poor to those that need transitional housing; and then identify areas within the City where pocket neighborhoods can be built. He noted that this initiative also offers an opportunity to meet the low income housing requirement along with meeting special needs and homelessness in the City. Executive Director Duff stated that when the City of Claremont is ready, Tri-City is ready because it has money set aside for housing in the City of Claremont.

II. PRESENTATION

A. CRISIS SERVICES IN THE TRI-CITY AREA

Director of Clinical Program Services Navarro stated that the Tri-City Mental Health Authority is not a Mental Health Plan; however, it has the funding to provide direct services to its clients without the burden to pay for hospitalization; in-patient psychiatric treatment of those who are referred from jails into institutes of mental disease; nor having to be responsible for 24/7 crisis service for the larger community of non-clients. She indicated that Tri-City has had in place for three years supplemental crisis services funded through the CSS Program under MHSA, which include crisis intervention by licensed clinicians through phone support or maybe a face-to-face meeting for anyone living in the Tri-City area to prevent them from having to go to a hospital or Emergency Room (ER). She then highlighted in general the crisis services that are provided by the Los Angeles County Department of Mental Health which is called Access Line, an all access community crisis line, available from 6 pm - 2 am, noting that respondents are not clinicians or therapists and, if a call sounds like a psychiatric emergency, they will call their Psychiatric Emergency Team or 911; if it is not an immediate crisis, people are asked to call the following day when mental services are available. Between the hours of 2:00 am and 8:00 am, time during which Access Line is not available, someone in crisis must go to the ER. She added that Tri-City relies on the Los Angeles County to serve the non-clients in the Tri-City area; and for all clients that have an open treatment case at Tri-City, Tri-City provides 24/7 care. Lastly, per Tri-City's negotiation with the Los Angeles County, during hours of operation Tri-City continues to provide crisis intervention services for non-clients who walk-in or are brought to our clinic by the police department.

Governing Board Liaison Lyons stated that because we distinguished ourselves as not being a Health Plan, his concern is not having in this region a credible handoff location which is a responsibility that the Los Angeles County is not meeting. Director of Clinical Program Services Navarro stated that, pursuant to the contract that the Federal Government has with the State, Tri-City cannot be considered a Mental Health Plan because Tri-City does not have the funding or infrastructure to handle all the responsibilities that go along with it. She added that the Los Angeles County is trying to meet its obligations the best they can with the reduction of millions of dollars in realignment funds, noting that this lead to the creation of the Mental Wellness Act of 2013. Governing Board Liaison Lyons stated that the Los Angeles County had failed to establish a reliable handoff system in this service area, regardless of good times or bad, noting that in good times they could have established it. Dr. Lyons added that even though Tri-City is not a Mental Health Plan, still has an obligation to the greater community in addition to its clients; however, Tri-City should not be the target of

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any criticism for the absence of services for non-clients in the Tri-City region, noting that it was important to make this distinction. He then suggested to the Commission to consider solutions that would address this issue.

Executive Director Duff stated that Dr. Marvin Southard of the LAC DMH, has acknowledged that crisis services in the East San Gabriel Valley is lagging behind and they both had discussions regarding how to address this situation, one of them was the grant, and also the Los Angeles County is planning to place a crisis care center in this area which is an initial step to address the issue.

Director of Clinical Program Services Navarro stated that in terms of crisis services not available after hours, Tri-City has not been the target of any criticism; on the contrary, the Pomona Valley Hospital is aware of the Los Angeles County responsibilities.

Commissioner Watson inquired how the Affordable Care Act is affecting crisis services. Adult Services Program Manager Kuramatsu replied that hospitals have been impacted by accepting more people since now more qualify under Covered California insurance.

Commissioner Nielsen inquired how long is the average wait time for services provided by the Los Angeles County PET and what is being done to lower those waiting times. Director of Clinical Program Services Navarro replied that when the urgent crisis centers are built the wait time at the hospitals will be reduced, noting that 16 will be located in the Los Angeles County including one in the City of Pomona. Ms. Navarro indicated that at this time there is not much to reduce the 72-hour wait; however, Tri-City will help by focusing on outreaching to the community and getting people in to obtain services in whatever programs Tri-City has available. Ms. Navarro explained that data shows that when people are open in care with Tri-City, they are less likely to be in crisis and having the need to access the ER; and if they do, Tri-City staff responds to the hospital and do the 5150.

Adult Services Program Manager Kuramatsu distributed a flow-chart describing how crisis calls and walk-ins are handled. She then explained the process, noting that staff has to make a distinction between the existing clients and non-clients.

Governing Board Liaison Lyons sought clarification regarding who has the responsibility of obtaining a hospital bed for a Tri-City client in crisis that has been designated 5150. Adult Services Program Manager Kuramatsu replied that Tri-City writes the hold; however, after a client is admitted to the ER, it is the hospital physician's responsibility to find a psychiatric bed for that patient, noting that it becomes a physician-to-physician communication and agreement between the ER and a psychiatric hospital. Governing Board Liaison Lyons then inquired if there was the possibility that the hospital can "hand off" the patient to Tri-City staff to facilitate the patient hospitalization. MHSA Manager Hundal replied in the negative because Tri-City is not a LPS designated site to hold an individual. Director of Clinical Program Services Navarro added that the hospital can only release a patient to psychiatric care center or to an urgent care center, noting that Tri-City used to run an urgent care center that cost \$1 million which lead to bankruptcy.

Discussion ensued about the proposed mental urgent care centers to be developed by the Los Angeles County in the region and how they will work with Tri-City.

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Shawn Smith talked about the process Tri-City follows to find hospital beds; about the relationship that Tri-City has with the Los Angeles crisis services; and about how this partnership has been helpful to Tri-City when a client has to be admitted to a psychiatric hospital.

Discussion ensued regarding different types of insurance coverage; the availability of psychiatric hospital beds; and the distinction between crisis services provided to clients, non-clients, LA County residents, non-LA County residents, and veterans.

The Mental Health Commission thanked Toni Navarro, Toshi Kuramatsu, and Shawn Smith for their presentation.

Executive Director Duff reported that today's presentation was at the request of Commissioner Nielsen and encouraged all Commissioners to make a presentation request on a topic they might be interested on learning about.

COMMISSION ITEMS AND REPORTS

Commissioner Nielsen stated that she would like learn about the programs available for older adults.

Director of Clinical Program Services Navarro announced that Tri-City will be conducting a specific targeted outreach to the seniors in the Tri-City area beginning in the next couple of weeks. She stated that in the last six months referrals for seniors have been reduced drastically and Tri-City needs to let them know that it is here to help. She also stated that the Field Capable Services Program will be adding programs that seniors are typically interested in doing to create community and socialization.

At 4:50 pm Commissioner Toni Watson left the meeting.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 4:50 p.m., on consensus of the Mental Health Commission its meeting of February 11, 2014 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on **Tuesday, March 11, 2014 at 3:30 p.m.** in the Administration Building, 1717 North Indian Hill Boulevard #B, Claremont, California.

Micaela P. Olmos. Executive Assistant