



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION SEPTEMBER 12, 2023 – 3:30 P.M.

The Mental Health Commission held on Tuesday, September 12, 2023 at 3:30 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Chair Henderson called the meeting to order at 3:34 p.m.

ROLL CALL Roll call was taken by Chief Clinical Officer Renteria.

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Carolyn Cockrell, GB Member Liaison
Toni L. Watson
Nichole Perry
Joan M. Reyes
Twila L. Stephens

ABSENT: Wray Ryback, Vice-Chair
Clarence D. Cernal
Isabella A. Chavez

STAFF

PRESENT: Rimmi Hundal, Executive Director
Elizabeth Renteria, Chief Clinical Officer
Dana Barford, Director of MHSA & Ethnic Services
Jessica Arrellano, Administrative Assistant

REGULAR BUSINESS

I. APPROVAL OF MINUTES FROM THE JULY 11, 2023 MENTAL HEALTH COMMISSION REGULAR MEETING

Commissioner Watson moved, and Commissioner Reyes seconded, to approve the Mental Health Commission Minutes of their Regular Meeting of July 11, 2023. The motion was carried by the following vote: AYES: Commissioner Watson, Commissioner Stephens, Commissioners Reyes, Commissioner Perry, GB Liaison Cockrell; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Cernal, Commissioner Chavez, and Vice-Chair Ryback.

II. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Hundal gave an update regarding Behavioral Health Reform, also known as the Mental Health Services Act (MHSA). She shared that in March of 2023 Governor Newsom's administration announced their plan for behavioral health reform; that the initiative, Senate Bill 326, is known as the modernization of the Mental Health Services Act; that it is designed to improve how California treats mental illness, substance abuse, and the homeless; that this bill will lead to at least one billion every year in local assistance for housing and residential services for people experiencing mental illness and substance abuse disorders; that it will allow MHSA funds to serve people with substance abuse disorders; that it will no longer be called Mental Health Services Act (MHSA) but Behavioral Health Services Act (BHSA). She added that over the past month, the initiative has gone through several amendments and revisions, with additional amendments to come; that Tri-City Mental Health Authority Staff has been on calls with the State; that County Behavioral Health Directors Association (CBHDA) has been lobbying for TCMHA and recommending their amendments to the State. Executive Director Hundal explained that due to the expansion to cover substance abuse disorders, the bill updates the name from MHSA to BHSA; that if the bill passes there are going to be three buckets of funding; that 30% of the funding will go for housing intervention for children and families, 35% will go for full service partnerships, which will also help with the implementation of CARE Court, 35% of the funding will support behavioral health services and supports, which includes early intervention, outreach and engagement, Workforce Education and Training (WET), Capital Facilities and Technology Needs, as well as innovative pilots that they have. She shared that the initiative is scheduled to go on the ballot on March 5th; that if it is approved, we have enough time to make the changes; that changes go into effect in 2026; that until then, services will continue as is; that staff is on the calls listening to the most up to date information; that staff is waiting for the final draft of the bill; that TCMHA will continue to provide programming and services, although structure and funding allocation may change to meet the new requirements. She assured the Commission that they will still receive an annual update each year; that they are still in their three-year plan phase; that the next two years will be business as usual; that once the bill is passed, TCMHA will host a community forum in March of 2024 to provide an update regarding the changes that will take place. Executive Director Hundal concluded by saying that whatever changes come, staff will be ready.

COMMISSION ITEMS AND REPORTS

Commissioner Reyes shared about a new bill that will be placed on the ballot regarding the shift from restitution for the State that juveniles pay when there is a crime to the State; that it is Assembly Bill 1186 and it proposes an end to youth being charged restitution fines, an amount owed by those who are found to have committed the crime and then paid to victims of the crime; that if this is something that TCMHA can weigh in on. She added another item regarding mental health and gun violence; that the link between the mentally ill and crime is very low; that a few months back, there was discussion about contacting behavioral health agencies about a Public Service announcement that would destigmatize the link between the mentally ill and gun violence; that those who are mentally ill might be reluctant to seek care since it stigmatizes them further.

Chair Henderson mentioned that she received information about this year's Data Notebook and inquired if any other Commissioners received information about it as well. Executive Director Hundal responded that staff received information regarding the data notebook once the meeting agenda was already posted but it will be presented at next month's Mental Health Commission meeting.

PUBLIC COMMENT

There was no public comment.

PUBLIC HEARING – MENTAL HEALTH SERVICES ACT (MHSA)

Chair Henderson opened the Public Hearing for the Mental Health Services Act (MHSA). She referred to MHSA Projects Manager, Sarah Rodriguez, who is the facilitator for the Public Hearing. Director of MHSA and Ethnic Services Barford expressed her gratitude to the Commission and the community members for attending; that the public hearing is for a new innovation proposal; that the proposal is regarding the community planning process for innovations; that this was developed out of a need; that there was a desire to strengthen community engagement and stakeholder involvement which evolved into this project.

MHSA Project Manager Rodriguez introduced herself and began a land acknowledgement. She recognized that Tri-City Mental Health Authority operates on Tonga Land; that they honor the Tonga ancestors; that they are thankful for the opportunity to continue to identify ways to serve the Tonga people, support the preservation of their culture and partner with this historically underrepresented people. She continued to present about the background of the Mental Health Services Act, also known as MHSA Act; that in 2004, California voters passed the Mental Health Services Act, Proposition 63; that in 2005, the new funding began, and it was a huge overhaul for mental health services; that back in the 1960's a lot of the State hospitals closed down and it continued through the 1990's; that MHSA is funded from the Millionaires tax, which is a one percent tax that comes from anyone whose personal income exceeds a million dollars. She continued to share that MHSA funding is robust; that the funding originally accounted for 10% of California community mental health budget, which has grown to 24%, almost a quarter of all funding in California. She explained that there are five components of MHSA: Community Service Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CFTN), and Workforce Training and Education (WET). MHSA Project Manager Rodriguez shared a quote, thanked the community members in attendance, and added that it is essential to involve the voice and input of community members in the creation of programs and services. She stated that the initiative is focused on stakeholder involvement and impact; that a stakeholder can be anyone who has an investment, an interest, or experience with mental and behavioral health services in the community of Claremont, La Verne, or Pomona; that stakeholder input acts as one of the pillars that determines how funds are spent; that public funds cannot be spent without public input; that every community is unique and the diverse perspectives of various individuals and cultures that live in the community are necessary. She expressed that Tri-City Mental Health Authority desires the community to be involved in the process of building something for them to serve the community.

Workforce Education and Training Supervisor Colt shared that she was recently promoted to a new position as Workforce Education and Training Supervisor; that she is still overseeing Innovation; that she started this project and continues to be a part of it; she introduced two new members on the Innovation team, Paulina, the Program Coordinator and Rachel, the Clinical Wellness Advocate. She continued to explain how the plan came to fruition; that it began with a proposed Restorative Practices for Improving Mental Health Plan, a community and stakeholder involved plan that was proposed in 2021; that the plan was denied at the State level by the Mental Health Services and Oversight Accountability Commission; that one of the reasons they did not approve it was because they did not believe that there was enough stakeholder involvement in the process. She shared that staff went back to the drawing board with work groups and held five

Innovation work groups over the course of 2020-2023; that with each meeting, attendance declined; that staff was led to discuss and brainstorm how to increase stakeholder involvement to gather community input; that the process eventually led to creating the community planning process for Innovation projects. She explained that the project involves taking the Innovation funds and putting them toward the community planning process; that the community planning process is implemented every year during the creation of the annual plan or when there is a three year update; that there are stakeholder meetings and work groups where ideas and issues in the community are brought to the forefront, which then inform new plans or projects; that Tri-City Mental Health Authority would really like to focus on getting the community involved; that they would like to hold focus groups with diverse community demographics; that they would like to develop relationships with cultural brokers; that they want to increase peer involvement. She defined peers as those who know how the services are being used, those who use the services, and those who can provide feedback on the services. She shared that for this project, there is an estimated cost of 675,000 dollars over the course of three years; that the goals for the community planning process is to increase community participation; that they have already started by sharing the flyers for the public hearing and talking about it at every outreach event and meeting that staff attends; that a lot of effort is being put forth to increase participation in the community; that they would like feedback from the target populations; that they want to know their awareness of mental health and services that TCMHA provides, the best way to reach them, the type of resources they need, any areas of concern; that they also want to gain a better understanding of the issues faced by persons with substance abuse disorders, as well as people experiencing homelessness. Workforce Education and Training Supervisor Colt referred to the new legislation, SB 326, stating that it will benefit the program if it passes. She mentioned that they also want to increase their marketing and communication through marketing materials and social media, since they know a lot of community members are on social media; that they would like to apply all the knowledge that is learned through the process to develop new ideas for the Innovation plan, the three-year plan and the annual updates. She shared the learning questions for the project that inquire about the effects of peer-led focus groups, peer involvement, longevity of peer involvement, in-person meetings, marketing strategies and more; that they would like to focus on the target populations which are African American Adults and Youth, Spanish Speaking Adults and Youth, Older Adults, People experiencing homelessness and Substance Abuse Disorders, LGBTQ+, Transitioning Adolescent Youth and Adults, Family/Loved ones of persons served by Tri-City and Law Enforcement and First Responders. She explained a breakdown of the budget for the project; that over the course of three years, the budget includes direct salaries for staff; that they like to hire peer consultants who are local to the community; that it is someone who can help build the peer base; that they will also be hiring a marketing team; that they would like to provide stipends and meals as an incentive for those who participate in the stakeholder meetings; that supplies and transportation vouchers are also included in the budget, which totals out to \$675,000.

Workforce Education and Training Supervisor Colt concluded by sharing a roadmap of how the project started and where it is going; that the Restorative Practices for Mental Health was denied in June 2021; that workgroups were held from 2022-2023; that the plan was drafted at the beginning of 2023, then it was sent to the Mental Health Services Oversight Accountability Commission for technical support and make sure the project was on the right track; that they offered some input to add substance abuse disorder and homelessness to the plan; that the plan was sent to the TCMHA executive team for their review and input; that it is now coming to the Mental Health Commission for approval and it will be going to the Governing Board for approval the following week; that it will be going to MHSOAC in October and that it should be approved.

Workforce Education and Training Supervisor Colt opened it up for public comment.

Commissioner Reyes inquired about the target populations listed, specifically about adding the Asian American and Native American groups. Workforce Education and Training Supervisor Colt responded in the affirmative, stating that she will add those groups to the list. Chair Henderson added that the disabled population is also missing from the list. Workforce Education and Training Supervisor Colt responded in the affirmative, stating that she will add them as well.

Commissioner Stephens inquired about the plan that was previously denied and if this one is different.

A member of the public made a comment stating that it is possible that the community may hear about events but they may not remember and might need more support.

Another member of the public, Trent West, inquired about the \$675,000 budget and if that is for the entire Innovation plan or if there are other innovation projects being funded. Director of MHSA and Ethnic Services Barford responded by saying that there are two projects that are ongoing; that they have this dollar amount for this specific project and they receive 5% on an annual basis of the MHSA funding that come to them for Innovation funding. Member of the public, Trent West, inquired about the total budget for the project, more specifically, the annual budget for innovation projects for Tri-City Mental Health Authority. Executive Director Hundal responded by saying that whatever number they get from the State, that 5% of that will always go towards Innovation, but it is difficult to give an exact dollar amount due to the fluctuating nature of the Millionaires tax. Director of MHSA and Ethnic Services Barford responded by directing Mr. West to the budget in the 2 year plan that is posted on the website. Mr. West gave suggestions to increase participation; that TCMHA should attempt to include input from caregivers; that if there is a way to reach out to them, it would be helpful to hear their feedback regarding programs for their loved ones that might need a community; that the caregivers may be more high functioning than the clients.

Director of MHSA and Ethnic Services responded by sharing that TCMHA has a close relationship with a program called Family that is designed for caregivers; that they support the program that they have the opportunity to let them know what the needs are, the needs of their clients and the person they are working with.

Mr. West inquired about where to get more information about services that are available for clients who need transportation assistance to get to appointments and etc. Workforce Education and Training Supervisor Colt responded by sharing about the Community Navigators; that there are flyers about the Community Navigators on the table.

Commissioner Perry inquired about the peers and where they are coming from. Workforce Education and Training Supervisor Colt responded by stating that peers are those who are receiving services or who have graduated from services and know Tri-City Mental Health Authority well; that it is one of the reasons they would like to work with a peer support consultant in the area; that going through the wellness center to work with peers who have received services would be the people that they want involved. She then acknowledged that everyone in the room is also a stakeholder.

Commissioner Watson moved, and Commissioner Stephens seconded, to close the Public Hearing. The motion was carried by the following vote: AYES: Commissioner Watson, Commissioner Stephens, Commissioners Reyes, Commissioner Perry, GB Liaison Cockrell; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Cernal, Commissioner Chavez, and Vice-Chair Ryback.

Commissioner Watson moved, and Commissioner Reyes seconded, to approve the Community Planning Process for Innovation Projects and using the \$675,000 of Mental Health Services Act Innovation Plan Funds. The motion was carried by the following vote: AYES: Commissioner Watson, Commissioner Stephens, Commissioners Reyes, Commissioner Perry, GB Liaison Cockrell; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Cernal, Commissioner Chavez, and Vice-Chair Ryback.

ADJOURNMENT

At 4:17 p.m., on consensus of the Mental Health Commission its meeting of September 12, 2023 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, October 10, 2023 at 3:30 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Elizabeth Renteria, Chief Clinical Officer