



MINUTES

GOVERNING BOARD AND MENTAL HEALTH COMMISSION REGULAR JOINT MEETING DECEMBER 18, 2024 – 5:00 P.M.

The Governing Board and the Mental Health Commission Regular Joint Meeting was held on Wednesday, December 18, 2024, at 5:01 p.m. in the MHSA Administrative Office located at 2001 North Garey Avenue, in Pomona, California.

CALL TO ORDER Chair Leano called the meeting to order at 5:01 p.m.

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

GOVERNING BOARD

PRESENT: Jed Leano, City of Claremont, Chair
Vacant, City of Pomona, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
Wendy Lau, City of La Verne, Board Member
Ronald T. Vera, City of Claremont, Board Member
Beverly Johnson, City of Pomona, Alternate Board Member

ABSENT: Elizabeth Ontiveros-Cole, City of Pomona, Board Member

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Clarence D. Cernal, Commissioner
Sandra Christensen, Commissioner
Frank Guzman, Commissioner
Laura Mundy, Commissioner
Twila L. Stephens, Commissioner
Danette E. Wilkerson, Commissioner

ABSENT: Mildred Garcia, Commissioner
Ethel Gardner, Commissioner
Janet R. Roy, Commissioner
Toni L. Watson, Commissioner

STAFF

PRESENT: Ontson Placide, Executive Director
Steven Flower, General Counsel

Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer
Seeyam Teimoori, Medical Director
Dana Barford, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Mica Olmos, JPA Administrator/Clerk

PRESENTATION

1. AN AWARD OF RECOGNITION PRESENTED TO OUTGOING GOVERNING BOARD VICE-CHAIR JOHN NOLTE, ESQ., FOR HIS LEADERSHIP AND DEDICATED SERVICE TO TRI-CITY MENTAL HEALTH AUTHORITY SINCE JANUARY 2021

Outgoing Governing Board Vice-Chair John Nolte was in attendance and received accolades for his contributions and support of mental health and TCMHA.

Mental Health Commissioner Mundy expressed gratitude for Mr. Nolte's support in the Pomona area.

Mental Health Commissioner Guzman thanked Mr. Nolte for his active service and being an integral part of TCMHA.

Mental Health Commission Chair Henderson thanked Mr. Nolte for his service in mental health.

Board Member Lau stated it was a pleasure working with Mr. Nolte and that he is a great example to the community, noting that he has a lot to offer.

Board Member Vera thanked Mr. Nolte for his service as Vice-Chair of the Governing Board.

Board Member Cockrell praised Mr. Nolte for his humility and kindness and thanked him for always advocating for the community.

Board Member Lantz expressed gratitude for Mr. Nolte's service here with TCMHA and for the many hours of service he puts in the City of Pomona, noting that he will continue working on helping the disadvantaged and underserved because that is his passion. She added that she will continue to see him working actively, but he still will be missed.

Chair Leano stated that TCMHA Governing Board is the best board he serves on, and John Nolte was part of this Board. He then praised Mr. Nolte for his attention and focus to policy details, noting that the issues that he championed for when he was on this Board and in the City Council are not going away, and that TCMHA will still count on his leadership. Lastly, he presented an award recognizing Mr. Nolte for his service to Tri-City Mental Health Authority from January 2021 to December 2024.

John Nolte thanked the Board for its kind words, and stressed the Board's importance in this region for the great work it does around mental health; for the history and strength of the staff; the knowledge that is here at TCMHA; for the constant desire to improve, innovate, and to move with the times and stay on track with everything. He also stated that TCMHA is a great organization, which brings together the three cities; that if there is anything that we need to do here in the region

and all over the country, is to breakdown borders between entities so that there is more cooperation across city lines. Lastly, he stated that he will be following the work that TCMHA does and that he is happy to help wherever he can, noting that this is something that he really treasures.

2. OVERVIEW OF EARLY PSYCHOSIS PROGRAM

Chair Leano recognized this was the first meeting with newly appointed Executive Director Ontson Placide.

Clinical Program Supervisor Zuleta reported that the National Institute of Mental Health reports in the United States, approximately 100,000 adolescents and young people experience what is known as a first episode psychosis yearly; and that according to a 2016 assessment by the American College Health Association, 3 in 1,000 college students reported being diagnosed with schizophrenia.

Clinical Program Manager Filamore talked about the Why? of the psychosis program and explained that per the Substance Abuse and Mental Health Services Administration, mental health clinicians find that individuals with first episode psychosis experience warning signs of illness during adolescence and early adulthood, the average time for an individual to seek and obtain treatment for psychosis is over a year, and research shows that early intervention leads to better outcomes for individuals experiencing psychosis.

Clinical Program Supervisor Zuleta explained that the term psychosis describes conditions that affect the mind, causing a loss of contact with reality or trouble deciding what is real and what is not; that the symptoms of psychosis make it harder or impossible for a person to know what is real, think clearly, communicate, and relate to other's feelings and emotions; and that since psychosis affects a person's mind, each person experiences it differently.

Clinical Program Manager Filamore stated that psychosis is experienced on a continuum; thus, many people experience the middle part of the spectrum, and that the concern is when the experiences impact a person's functioning. Therefore, the goal is to catch it toward the beginning or middle of the spectrum to offer intervention and support and discussed the warning signs of psychosis. She stated the start of mild psychosis symptoms may be preceded by weeks, months, or years of unusual behavior, which family members are usually the first to notice an individual thinking and acting differently, noting that these signs can be indicators of individuals that are at risk of developing a psychosis disorder; and that these individuals are identified as Clinically High Risk. She added that individuals with first degree relatives with a psychotic disorder who are experiencing mental health challenges can also be identified as Clinically High Risk.

Clinical Program Supervisor Zuleta discussed a list of early warning signs of psychosis, including increased difficulty at school or work, withdrawal from friends or family, difficulty concentrating or thinking clearly, suspiciousness or mistrust of others, changes in the way things look or sound, off thinking or behavior, emotional outbursts or lack of emotion, and poor personal hygiene. Clinical Program Manager Filamore added that these are things others may notice, not what an individual will self-report, noting that these are warning signs but do not necessarily mean that an individual will develop a disorder.

Clinical Program Manager Filamore then discussed resiliency and hope through early intervention, stating that the research produced by the National Institute of Mental Health demonstrated that coordinated specialty care treatments and supports can help prevent the full-onset of illness for high-risk persons and improve the long-term outcomes for individuals who have already experienced a first episode of psychosis. She then talked about the reasons early intervention is helpful, such as having less treatment resistance and lower risk of relapse, reduced risk of suicide, reduced disruption to work or school attendance, retention of social skills and support, decreased need for hospitalization, more rapid recovery and better prognosis, and reduced family disruptions and distress. She also explained how early psychosis treatment looks like, stating that the coordinated specialty care is evidence-based recovery oriented, and a team approach to treating early psychosis that promotes easy access to care and shared decision making among specialists, the person experiencing psychosis and family members. She then reported that Tri-City Mental Health Authority has implemented a Coordinated Specialty Care Program based on the Portland Identification and Early Referral (PIER) model, which is an evidence-based model that focuses on outreach and community education, in depth screening and assessment, supportive education and employment services, peer support, intensive case management, medication management, occupational therapy, and multifamily groups because family involvement is key.

Clinical Program Supervisor Zuleta explained who is eligible for the program, stating the program is catered to early intervention and identification, such as those individuals experiencing a first episode of psychosis within two years, individuals experiencing early warning signs of psychosis with mental health distress, individuals with a first degree relative with a psychotic disorder who are experiencing mental health challenges, ages 12 – 25, residing in Pomona, La Verna and Claremont, and with IQs over 70. She then displayed a photo of the Early Psychosis team and listed their names and positions.

Clinical Program Manager Filamore then shared 2023/24 data points, stating the team conducted three psychoeducation workshops for participant and families in both Spanish and English. She stated they also held one community outreach even for local school districts and hopes within the next year it will increase. She stated they serviced 24 individuals in the EP program, primarily in the TAY age group. She stated they closed twelve cases, ten of which were positive closures with two withdrawing from treatment.

Clinical Program Supervisor Zuleta shared success stories. The first one explained the EP team hosted an event for families to build a sense of community with 11 families participating. She said one family member has enrolled and all participants built positive bonds. She shared the next story, stating a client experienced major depressive disorder, generalized anxiety disorder, PTSD, and ADHD. The client was referred to the program received services and connected to the community. The client informed staff that he felt Tri-City was a safe place. LMFT Clinical Program Manager Filamore then shared another client shared she was recently accepted to Cal State LA and gave hope that progress is possible.

She then explained that each person can do by communicating with family and the community, connection families with TCMHA, making a referral, learning about upcoming webinars, or hosting workshops, and noticing early warning signs. She then displayed the access phone line or email for referrals.

Vice-Chair Ryback inquired about what education is being done in schools. LMFT Clinical Program Manager stated the goal is to increase the frequency of community outreach. They have a 2-hour presentation and offer more in-depth information.

Christina Vera, a member of the public, inquired for a breakdown of the disorders of the ten families that did well in the family. LMFT Clinical Program Supervisor Zuleta stated bipolar disorder, major depression disorder, PTSD, unspecified psychotic disorder, generalized anxiety disorder, and more. LMFT Clinical Program Manager Filamore stated the goal is to treat unspecified psychotic disorder. Mrs. Vera, then asked how the two families that withdrew from the program measured their success. LMFT Clinical Program Manager Filamore felt they didn't need the level of support offered in the program. Chief Clinical Officer Renteria stated it was also completion of treatment goals. Mrs. Vera, then urged the team to connect with the office of disabled students in the school districts.

Commissioner Wilkerson asked what connection was done with the families that withdrew. LMFT Clinical Program Manager Filamore stated she would need to investigate the breakdown on why specifically they left. Commissioner Wilkerson inquired what happens if the clients score an IQ below 70. LMFT Clinical Program Manager Filamore stated they would be linked to a more fitting program to their needs.

Commissioner Cernal asked what future plans for outreach the team had. LMFT Clinical Program Manager Filamore stated on February 25, 2025, there will be a webinar and information will be released. She stated they are also partnering with schools to spread awareness.

MENTAL HEALTH COMMISSION

3. APPROVAL OF MINUTES FROM THE NOVEMBER 12, 2024, MENTAL HEALTH COMMISSION REGULAR MEETING

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

There being no discussion, Commissioner Mundy moved, and Commissioner Christensen seconded, to approve the Minutes from the November 12, 2024 Mental Health Commission Regular Meeting. The motion was carried by the following vote: AYES: GB Liaison Cockrell; Commissioners Cernal, Christensen, Guzman, Mundy, Stephens, and Wilkerson; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Garcia, Gardner, Roy, and Watson.

CONSENT CALENDAR

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

There being no further comment, Board Member Lau moved, and Board Member Vera seconded to approve the Consent Calendar. The motion was carried by the following vote: Alternate Board Member Johnson; Board Members Cockrell, Lantz, Lau, and Vera; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

4. APPROVAL OF MINUTES FROM THE NOVEMBER 20, 2024, GOVERNING BOARD REGULAR MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of November 20, 2024.”

5. CONSIDERATION OF RESOLUTION NO. 765 ESTABLISHING THE 2025 MEETING SCHEDULE OF THE TRI-CITY MENTAL HEALTH AUTHORITY GOVERNING BOARD AND MENTAL HEALTH COMMISSION

Recommendation: “A motion to adopt Resolution No. 765 establishing the dates, time, and place where the Governing Board and the Mental Health Commission Meetings are held.”

6. CONSIDERATION OF RESOLUTION NO. 766 ADOPTING CLASSIFICATION AND SALARY SCHEDULE TO COMPLY WITH THE NEW HEALTH CARE WORKER MINIMUM WAGE REQUIREMENTS EFFECTIVE JANUARY 1, 2025

Recommendation: “A motion to adopt Resolution No. 766 establishing a revised Classification and Salary Schedule for Tri-City Mental Health Authority effective January

NEW BUSINESS

7. REVIEW OF THE ISSUANCE OF THE AUDITED FINANCIAL STATEMENTS FOR FISCAL YEAR ENDED JUNE 30, 2024

Nigro & Nigro Audit Services Partner Paul Kaymark joined the meeting virtually and provided an overview Audited Financial statements for FY ended June 30, 2024. He stated no material issues arose to be reported to the Governing Board/Management, any minor issues were discussed orally and corrected by management. He stated operating revenue had a total increase in operating revenues of \$2.2 million and non-operating revenues of over \$987,000. He stated there was an increase of \$2.1 million in investment earnings. He further stated expenditures did decrease. He stated there was a nearly 2 million dollars change in revenues and expenditures.

He stated cash and investments increased by 8.7 million. He stated the biggest change in the amount is the 4.8 million increases in MHSA revenues for future with a nearly 5% investment earnings.

Board Member Vera asked about the difference in MHSA revenues. Chief Financial Officer Acosta stated the revenue was recognized but not necessary income and can't be recognized until an MHSA plan has been approved. Board Member Vera asked if the money is being held on in cash reserves. Chief Financial Officer Acosta stated they are not being held in cash reserves as there is a limit, they are earmarked for programs.

Board Member Vera asked if there were any other management comments. Paul Kaymark stated there was none.

Chair Leano asked if there will be further discussion on the funds. Chief Financial Officer Acosta stated all funds are accounted for and will be discussed.

There being no further comment, Board Member Vera moved, and Board Member Lau seconded, to approve and file the Authority's final issued audited Financial Statements for Fiscal Year ended June 30, 2024. The motion was carried by the following vote: Alternate Board Member Johnson; Board Members Cockrell, Lantz, Lau, and Vera; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

8. CONSIDERATION OF RESOLUTION NO. 767 APPROVING AN AMENDMENT TO THE MHSA ANNUAL UPDATE FY 2024-25 AUTHORIZING THE USE OF UNSPENT COMMUNITY SERVICES AND SUPPORTS (CSS) FUNDING TO SUPPORT THE COMPLETION OF THE CLAREMONT GARDENS SENIOR HOUSING PROJECT IN THE AMOUNT NOT TO EXCEED \$3,000,000

Board Member Vera asked if the three million is from MHSA money. Chief Financial Officer Acosta stated it is CSS dollars. She stated it is the only plan where dollars can be used for this. Board Member Vera asked if the aggregate MHSA amount is 36.4 million. And if the CSS money is reflected in that amount. Chief Financial Officer Acosta responded in the affirmative.

General Counsel Flower said the item will be brought back in January with an updated agreement.

There being no further comment, Board Member Lantz moved, and Board Member Vera seconded to approve the adopt Resolution No. 767 authorizing the Mid-Year Update to the MHSA Annual Update FY 2024-2025 to allow the use of existing unspent CSS Funds in amount not to exceed \$3,000,000, to support the completion of the Claremont Gardens Senior Housing Project. The motion was carried by the following vote: Alternate Board Member Johnson; Board Members Cockrell, Lantz, Lau, and Vera; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

9. STUDY SESSION ON MENTAL HEALTH SERVICES ACT (MHSA) FUNDING

Controller Bogle and Chief Financial Officer Acosta distributed a waterfall chart to the Board and Commission displaying the funding and when it needs to be spent by. He stated the pace of money being spent isn't keeping up with the money that is being received. He explained that Prop 1 would change the funding buckets and how they can be spent. Chief Financial Officer Acosta stated the focus is on CSS programs.

Board Member Vera asked if the 5.2 million needs to be spent by 2027, when does the MHS need to approve ideas. Controller Bogle stated as soon as possible. Board Member Vera asked if the process only includes MHS approval. Controller Bogle stated it also needs to go through the stakeholder process.

Chair Leano asked if we still face reversion regardless of Prop 1. Controller Bogle stated the strategies and transfers are already included in projections.

Chair Leano asked if the cap to transfer funds has been met and if the funds can be absorbed in preexisting programs. Controller Bogle stated the maximum amount that can be transferred has

been met and for the FSP programs would not absorb fast enough and would generate revenue, exacerbating the problem.

Board Member Vera stated other agencies are facing the same problem in excess funding and invited the Mental Health Commission to think of ideas for the funding. Chair Leano stated it's a good problem to have and the biggest responsibility is figuring out how to best utilize the funding. He highlighted there are no wrong answers or ideas. Executive Director Placide advised strategic planning so whatever the funding is used for becomes a long-term investment.

Vice-Chair Ryback inquired what happened if the funding is not spent in the three-year time frame. Chief Financial Officer Acosta stated the money is then redistributed to all counties. Controller Bogle explained TCMHA would receive a fraction of the original amount.

Commissioner Cernal asked what the parameters are for spending. Controller Bogle stated they are unspent CSS dollars and must be spent within CSS.

Board Member Lantz stated she believes money should be spent on outreach, educating the community on all TCMHA's services. She also stated she believes a focus should be placed on housing, specifying purchasing housing and not construction.

Board Member Lau emphasized the need to spend the money wisely. She then asked if the funding could be used for salaries. Controller Bogle stated it can be used for staff within the CSS programs, explaining 80% of current agency-wide costs are salaries and benefits. Board Member Lau asked if the funding could be used to create incentives, trainings, and recruit new staff due to the industry-wide lack of staffing. Chair Leano expressed his support for this idea and asked if a training or residency program could be developed to draw interest in the agency. Board Member Lantz added outreach to schools both local and further away.

Chair Leano asked what is allowable within CSS. Controller Bogle stated it's hard to specifically define and TCMHA can be broader than county partners but stated he will compile a list.

Chair Leano stated when Prop 1 goes into effect, the emphasis on housing will be a priority. He stated he wanted to see TCMHA become nimbler in housing, having the freedom to purchase buildings like duplexes or single-family homes. He emphasized the agency's small size is an advantage and the Board and Staff's knowledge of the area could be used in favor.

Board Member Vera asked if the money can be used to fund other agencies. Controller Bogle stated no but he would investigate to verify.

At 6:27 p.m., Commissioner Wilkerson left the meeting.

Board Member Lau recommended emailing any ideas to TCMHA staff and reconvening for another study session to further discuss. Board Member Lantz asked if the discussing was being recorded. Controller Bogle confirmed he was taking notes.

Commissioner Stephens suggested purchasing transitional housing for individuals, especially for individuals struggling to meet the restrictive guidelines of current transitional housing. Chair Leano offered bridging the gap between transitional housing and permanent placement.

Commissioner Christensen suggested offering more training to schools, particularly general education teachers about warning signs for students.

Vice Chair Ryback suggested a community needs assessment. Chair Henderson suggested developing better relationships with the hospitals. Commissioner Guzman suggested providing a safe space for the community to share their thoughts and concerns.

Executive Director Placide stated he is honored to be a part of TCMHA. He suggested focusing on housing and treatment. Board Member Lantz supported the focus on housing, highlighting the need to bridge the gap between housing and treatment and building relationships with other supportive services. Commissioner Stephens stated the Housing Department does have relationships with supportive services but stated funding is an issue for the department. She suggested hosting groups in the community to draw and unite community partners and offering stipends or incentives to attract them.

Commissioner Guzman suggested alternate programs or trainings for clinical staff. Controller Bogle offered a brief overview of what CSS covers, including: FSP programs, Access to Care, Transitional Age Youth, Wellness Center, Mobile Crisis Care Unit, and housing.

Board Member Lau asked for a list of what can be offered within those programs. Controller Bogle stated in the future, BHSa will have its own funding bucket.

Director of MHSa & Ethnic Services Barford asked if any funding can be moved to WET. Controller Bogle stated money has already been allotted to WET. Chair Leano asked if WET included professional development. Executive Director Placide stated that is where it takes creativity in the program.

Chair Leano opened the discussion to Public Comment and asked former Board Vice-Chair John Nolte for his ideas.

John Nolte stated 7.25% of the money received can be used for capital and the rest for service. He suggested offering support services to landlords and low-income housing as a last step before homelessness. He highlighted helping people keep housing before it's lost. Commissioner Stephens stated PEI offers eviction protection and landlord programs; and that staff educates landlords on mental health services and assistance with tenants. Mr. Nolte suggested expanding outreach, suggesting a staff office the community can attend.

Chief Clinical Officer Renteria suggested in addition to housing looking into training, filling vacancies, and focusing on support and supervision and prioritizing retention. Controller Bogle stated he will look more into the budget and what can be allowed to vacancies. Chief Clinical Officer Renteria stated the importance of attracting people to work for TCMHA. Board Member Lantz asked if dollar amounts could be added to all mentioned ideas.

Chair Leano opened the meeting to Public Comment.

Audience Member Christina Vera urged the Board to look at any prior ideas that had been sent to the Board and Commission but were returned for revision. She also suggested RFPs to provide services through third-party providers with a focus on people who are mentally ill and not people who are feeling unwell. She then suggested reaching out to organizations that specifically deal

with people who are unwell. She suggested TCMHA meet with Pomona Valley Hospital and informing the hospital of the available funding. She stressed the need for the CEO of the hospital and the executive director of TCMHA to meet and discuss options. She then asked who must answer for the excess funding. Controller Bogle stated it was a delay in state tax returns, resulting in large amounts being received consecutively. Audience Member Vera suggested informing the public of that, so they do not blame TCMHA. She suggested funding public relations. She then stressed funding ideas that are research based and not evidence based. She concluded by suggesting Executive Director Placide have an interview to familiarize the public with him.

Chair Leano closed Public Comment. He then requested continuing the study session to the January meeting and asked that a list of ideas be compiled with estimate dollar amounts to each idea. Board Member Lantz asked that staff also include their ideas. Chair Leano requested another joint meeting with the Mental Health Commission.

Executive Director Placide stated that ideas or recommendations be emailed to him and JPA Administrator/Clerk Olmos.

MONTHLY STAFF REPORTS

10. ONTSON PLACIDE, EXECUTIVE DIRECTOR REPORT

Executive Director Placide thanked Chief Financial Officer Acosta for her service as Interim Executive Director. He stated he looks forward to getting to know everyone. He then deferred to Chief Financial Officer Acosta for the monthly staff report.

At 7:04 p.m., Commissioner Guzman left the meeting.

Chief Financial Officer Acosta stated several executives are engaged in CBHDA meetings and are regularly communicating with each other to engage in as many meetings as possible. She stated TCMHA is ensuring to remain up to date on anything new.

11. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta thanked Controller Bogle for completion of the monthly report. She stated the Annual Audit has been completed and was presented and attention is now shifting to the report for next month's study session and reports due to the state, the MHSA Annual Revenue and Expenditure Report, MHSA Annual update, and the agency-wide budget.

She stated the five-year lease for the Royalty location is coming to an end in June 2025, she will be presenting a renewal to the board shortly.

Board Member Vera asked if this is the first year in the contract with auditing firm Nigro & Nigro and there are two years left in the contract. Chief Financial Officer Acosta stated it is a three-year contract with an option to extend up to five years.

Board Member Vera asked about the building that had previously been considered for purchase. Chief Financial Officer Acosta stated the building ultimately had insufficient parking, but other options are being considered.

Board Member Lantz expressed appreciation for the early distribution of the audit report.

12. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Renteria stated the team is working to remain up to date on any CBHDA changes. She stated the Housing Team has received 263 housing referrals and most have now been placed. She stated the occupancy of TCMHA's units is currently full. She then stated that the Housing Division was invited to visit the Chris Hartmire Plaza by the Cesar Chavez Foundation and were able to see the skeleton of the building and identified where the TCMHA office will be located.

13. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Medical Director Teimoori stated education and access to Naloxone is being made available.

Board Member Vera inquired how many Psychiatrists there currently are. Medical Director Teimoori stated currently TCMHA is fully staffed.

14. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

Director of MHSA and Ethnic Services Barford talked about seasonal events arranged by the Community Navigators including providing hot meals, food boxes, grocery gift cards, and holiday events the community can attend. She then highlighted the holiday events that will be hosted during the holidays by the Wellness Center.

15. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart discussed the Assessment of Needs and Capacity. She stated her assessments is to prepare for BHSA by collecting demographic profiles to identify who TCMHA needs to serve. She said the assessment will take place through the end of February and will consult with staff to identify staff needs to meet the needs of the community. She stated after the assessment, the programs will be redesigned and implemented.

Board Member Vera asked if the guidelines are out of draft form and if they are posted to the TCMHA website. Director of MHSA and Ethnic Services Barford replied they are in draft form but are not posted on the website, they need to go through final approval. Board Member Vera asked if the next six months will be anticipating the changes. Chief Compliance Officer Majors-Stewart replied in the affirmative. Board Member Vera asked if there have been significant changes to what is currently being done. Chief Compliance Officer Majors-Stewart stated there have been significant changes and that is why they are ensuring they are meeting guidelines.

GOVERNING BOARD/MENTAL HEALTH COMMISSION COMMENTS

Chair Henderson stated the Data Notebook has been submitted with an extension, she stated there will be a report next month.

Vice-Chair Ryback stated Pomona Valley Hospital has a receptacle outside of the emergency department and can obtain Naloxone and testing strips for Fentanyl.

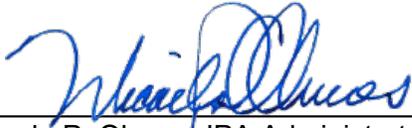
Board Member Vera stated the community needs access to care.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 7:23 p.m., on consensus of the Governing Board and Mental Health Commission, its Regular Joint Meeting of December 18, 2024, was adjourned. The Governing Board will meet next in a Special Joint Meeting with the Mental Health Commission to be held on Wednesday, January 15, 2025, at 5:00 p.m. in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.



Micaela P. Olmos, JPA Administrator/Clerk