

Meeting Minutes:

Behavioral Health Advisory Board Meeting

Monday March 7, 2022 from 3:00-4:30

Zoom meeting:

Link: <https://monocounty.zoom.us/j/7609241729>

Call in: +1 669 900 6833

Meeting ID: 760 924 1729

Attendees: Robin Roberts, Marcella Rose, Lauren Plum, **Sabrina (Dirk) Addis**, Ingrid Braun, **Stacy Corless**, Krista Cooper, **Lois Klein**, **Rolf Knutson**, **Carolyn Balliet**, Jacinda Croissant, Bruce ??

Board members are in bold.

Meeting called to order at 3:08pm

- I. Public Comment
 - a. None
- II. Approval of minutes from December 13, 2021
 - a. Motion to approve – C. Balliet
 - i. Second – I. Braun
 1. S. Corless – Yay
 2. D. Addis – Yay
 3. L. Klein – Yay
 4. R. Knutson – Yay
 5. C. Balliet – Yay
 - ii. Motion Carries! Minutes approved.
- III. AB 361 Resolution: Stacy (Action)
 - a. RR: We are designated by DHCS as a healthcare facility. We have strict restrictions in place regarding vaccinations and masking. Not sure how many people we can host for an in-person meeting at one time. We are going to go slow in understanding what reopening looks like.
 - i. LP: County is still working on the Mono Lake Room – where we would hold the meetings, so, need to wait for that too.
 - b. Motion to approve – L. Klein
 - i. Second – I. Braun
 1. S. Corless – Yay
 2. C. Balliet – Yay
 3. R. Knutson – Yay
 4. L. Klein – Yay
 5. I. Braun – Yay
 6. D. Addis – Yay
 - ii. Motion Carries! AB 361 Resolution approved.
- IV. Discuss Date Change – June Meeting

- a. **New date – Monday June 6th** (instead of Mon June 13th)
 - i. This is to better match up with the BOS meeting for the MHSA Plan review
 - ii. Motion to approve; Cancel 6/13 meeting, replace w/ 6/6 meeting – CB
 - 1. Second – D. Addis
 - a. S. Corless – Yay
 - b. I. Braun – Yay
 - c. L. Klein – Yay
 - d. R. Knudson – Yay
 - e. C. Balliet – Yay
 - f. D. Addis – Yay
 - iii. Motion carries! Meeting on 6/13 is cancelled; replaced with meeting on 6/6.
 - b. We would like to send out calendar invites for the rest of the year
 - i. Confirm date is the 2nd Monday of each month
 - 1. No objections
- V. Behavioral Health Department Updates: Robin, Lauren
- a. Community program update
 - i. Programming schedule on the website.
 - ii. June Lake and Bridgeport Socials this week
 - iii. Completed our first MAC/MCBH Event last week, another one at the end of the month. Registration is at capacity for the 3/31 event.
 - iv. Completed a Foro Latino (partnered with MAC and Maker Space) last Wednesday at Mammoth High School
 - v. Looking forward to in person programming, especially for Latinx
 - vi. Complete CPPP Survey period – advertised on FB, emailed to BHAB, given to wellness programming, given to staff. Part of the MHSA Annual plan update. 60+ responses!
 - vii. Seeking Board Approval for a harm reduction media campaign tomorrow; aimed at alcohol and marijuana use for transitional aged use.
 - viii. My Strength App launch – Wellness App; final contracting process between MHSA and MyStrength; free access code. Did a staff training to practice with the app.
 - ix. Robin & Lauren did a presentation on burn out last week
 - x. Partnered with the hospital and their Elevate program – how will we collaborate moving forward
 - xi. May is Mental Health Month – lots of events planned. Planning a suicide awareness walk tentative date of 5/22; will do adult wellness classes, wellness center open houses; MHFA,
 - xii. Beginning stages of June Pride month event; working with Inyo County to not pick the same date and do collaboration. BBQ at Shady Rest?
 - xiii. CB: The wellness newsletter was really great – cohesive and easy to read.
 - 1. LB: We are going to try to send that out quarterly.
 - b. New Staff
 - i. RR: We are filling a position, almost full staffed, but not quite. One issue we struggle with is figuring out capacity.
 - c. Mid-Year Budget: Robin

i. Budget Allocations

1. RR: No big budget changes anticipated. Forecast is that we may receive more MHSA and more realignment dollars; we will know more for the next meeting. Some cost savings because it has taken awhile to fill positions and we have proposals around adding to our Case Management, changing how we do oversight for clinical stuff, we are almost certified for Drug Medi-Cal (DMC) which means we need another Substance Use Disorder (SUD) Specialist. We are growing! Some of these mandates for the state may be pushed into the Community Partnership
2. IB – Custody setting – you can't do MediCare for people in custody; with CalAIM this may change. Super ambitious brainwork stuff at state level.
3. RR: Sheriff's dept and EMS and MCBH are working together on Mobile Crisis Unit Response; staff is getting trained up related to Early Psychosis Detection. Contracted w/ Susi Bains, working w/ Sheriff and EMS. We are close. We met with someone who used to work in dispatch, we have good ideas for training. Should be up to speed soonish.
 - a. RK: That is multi agency response team?
 - i. RR: It's called Mobile Crisis Response Team, but yes, Multi agency, and lends to greater response time.
 1. LK: is there any multi agency crisis response in Mammoth?
 - i. RR: Nothing formalized; Because of the location of the hospital the MLPD will sometimes call us directly in a way that the sheriffs might not. This will round it out so that everyone – PD, FD, EMS, will be involved. We are doing a pilot w/ Sheriff and medics first. Was it planned well, etc.
4. DA: Homeless Survey – With the PIT Homeless Count, was that sub sectioned into those who are within our care vs. those who are displaced due to just housing situation but have their full faculties. Ex. I am homeless by design. Does that get counted differently?
 - i. LP: That is a federal program – done every year for entire nation to count homeless in their communities. Always in the winter, so our numbers are a little lower, but it lends to a more accurate count. Not segregated into homeless by choice and not by choice. Just if you do not have an alternative address; EX. People who live in vans but have a house somewhere else are not counted.
 1. RK: What about the people live in cars but aren't at their cars during the survey?

- i. LP: Two types of surveys: Interview and observational survey – observational is people drive around and count what looks like homelessness. Interview survey is an in-depth survey.
- ii. SC: I might suggest that we put this on the agenda and get a report of the results.
- iii. LP: I will add it to April Agenda

d. Community Survey

e. Other updates

- i. RR: There is a lot happening with MH at the state level – trying to keep up and how it will affect Mono County and us. Met today with lawyers for housing project. Moving forward to the BOS on 3/15 or 4/5.
 - ii. Amanda had her baby – Baby Sam.
 - iii. FY 22-23 budget working on during leadership meetings this month. Keeping up with the demand by the state and the community.
 - iv. We are being asked to speak more. People are worried about themselves and others. What resources there are, are we doing OK, how to keep track of each other and maintain good mental health.
- f. EQRO: State comes and reviews our systems and paperwork. 5/4. **BHAB May be asked to participate.** They want to meet with you and talk to you . Invite Probation and Public Health (Jacinda) and SS (KC) for April Meeting.

VI. Full Service Partnership Update: Robin

a. Policy, quality improvement

- i. RR: Through the MHSA there is something called a Full Service Partnership (FSP). What it does it secures and makes available “Wrap around services” who meet certain criteria. Severe and persistent diagnosis + risk of homelessness. Allows us to spend money to make sure they are able to get stabilized for a period of time with the idea being they are able to transition into the world on their own.
 1. MR: Includes services from Probation, social services, etc.
 2. MR: MCBH is writing a P&P related to FSP protocols. New EHR to help with state reporting re: audits.
- ii. RR: There have been changes to MHSA that have added regulation. It makes it harder for a small county like us. One thing is the FSP program – one piece is creating a criteria that our Case Managers use to see if clients meet the criteria. All regulation that comes from the state related to Mental Health – make sure that people get what they need because somewhere else (ex. LA, San Bern) people don’t get what they need. Not the services for in timely fashion. In Mono – we don’t struggle with that because we are small, but we want to meet requirements and regulations and putting the internal controls in place for those who meet FSP.

- iii. SC: Our job as the advisory board is to get feedback and discuss ideas for this program.
- iv. RR: How much regulation we apply to the money – we have to meet the same amount of regulation as is for other counties.

VII. Quality Improvement Discussion Topic: Review of Consumer Perception Survey Results: Marcella & Robin

a. Short presentation: Marcella

- i. DA: Disheartening for the last 9 months – I’ve been holding space for outreach programs to reconnect the community. Sometimes there is where you say 40% of the people that are not connected with people. How do we connect people?
 - 1. RR: We need to really start tracking numbers now – these numbers came from a time where we were all still locked down. People weren’t receiving services in person. Next time we expect to have more results. Better distribution. We will be out in the community more. We just keep talking about the things that we have available. The presentation that LP and I gave last Thursday – there were 40 people – that was the most people they had ever. They got all the information. All programs that we have available. I think its just trying to get back into world.
 - 2. DA: To your point RR, yesterday for my senior breakfast I had 5 people come out for the looney bean. The previous month we had 11 people come out. It swings wildly. It’s the consistency.
 - 3. LK: That would be really interesting. (To compare temporally) Lets do that in the next presentation of CPS results. I commend you on addressing “maybe we can do this better” even with the small sample size.
 - 4. RR: I would want to know do people even know what they get when they come to MH services? That they will magically feel better after one session. Do we ask any questions on expectations?
 - 5. MR: We can write those in for next year
 - 6. DA: Stigma for MH services people don’t know what to expect. If you go to your regular Dr., you know what to expect, but maybe not for MH.
 - a. MR: Robin, do we explain that during intake? Scope, timeline, etc.
 - b. RR: Yes, but, is it uniform. Do we want to make scripting for this.

b. Lead discussion: Robin

VIII. Board Discussion

- a. Review current board member eligibility and terms
 - i. Ingrid and Carolyn up for reappointment
 - 1. SC we can do this offline and I will sponsor this for BOS.
- b. Any update on new recruits?
 - i. May is Mental Health month as a recruitment avenue?

IX. Board Member Reports

- a. SC: Board of Supervisors are going to resume in person in May.
- b. LK: I work with college students who are receiving scholarships from ML Foundation. This year the kids are so much happier and more successful in school. More motivated than last year. Combo of online and in-person classes, it is a relief to see young people coming back

and being more happy and doing better with their lives. We will be paying for this difficult time for quite awhile.

- i. RR: Thank you for saying that Lois. As I have been out and speaking more, talking about how people are feeling, its kind of like having a limb that is asleep, and as it comes back to life it tingles and hurts a little. I think we are in for a hard time. Speaking for Mono County staff, all staff are struggling and they are tired. Real life keeps going on around you. We are doing our best to get it out there but also suffering too. It's a difficult time.
 - ii. LK: Happy to hear about all the funding and the things that you are doing.
 - c. DA: This is the same week that we shut down two years ago.
 - d. CB: It has been a difficult time working with everything that is going on with IMACA and working with the bureaucracy and come up w/ solutions. Getting good help with Mammoth and Mono County. Enabling us to trade off some of the grants and things that we have. Appreciate the community support.
 - e. IB: This has been a hard week. One of our sergeant's wife killed herself last week. We are struggling. We do have [support] services for law enforcement. We brought in a grief counselor. It has been a coalescing time. We are a family. Robin has been here for us. She worked for Office of Education so it has been hard for that part of the county family. Be patient with Sheriff's office.
 - i. LK: She also worked with a lot of the school district folks; especially those in the district office. I'm sure she worked with ESUSD as well. It has been hard for a lot of people. Greatest sympathy and thoughts for you, your team and her husband.
 - ii. RR: LK - If you feel like there are people that I can reach out to – I spoke with MCOE recently. I am talking with Ingrid a lot. I will do what I can.
 - f. RK: Nothing to report. One thing I have noticed is there didn't seem to be a whole lot of advertising or larger scale (state or federal) on TV commenting on how people seek help. There is more help out there. I do talk to people a lot when I am out and about. There seems to be a general acceptance of the notion of "I am not quite right but I am good with where I am" the notion that MH is either crazy or fine – that is how it was dealt with and a gross misconception.
- X. Confirm date and adjourn to next meeting.
 - a. April 11th
 - i. Ok to send out calendar invites ahead of time.

In compliance with the Americans with Disabilities Act, anyone who needs special assistance to attend this meeting can contact the Behavioral Health Department at 760-924-1740 within 48 hours prior to the meeting in order to ensure accessibility (see 42 USCS 12132, 28CFR 35.130).
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