



MONO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

COUNTY OF MONO

P.O. Box 2619, Mammoth Lakes, CA 93546 PHONE: 760-924-1740

Meeting Minutes

August 12, 2019, 3-4:30 PM

Behavioral Health Department Conference Room
Third Floor, Sierra Center Mall, 452 Old Mammoth RD
Mammoth Lakes, CA

- i) Attendees:
 - (1) Matthew, Susi Bains, Amanda Greenberg, Jennifer Kreitz, Tom Boo, Robin Roberts, Ingrid Braun, Lois Klein, Stacy Corless, Julie Jones, Salvador Montanez, Al Davis, Carolyn Balliet
- ii) Public Comment
 - (1) None
- iii) Approval of Minutes from 6/10 (action)
 - (1) Delayed until next meeting
- iv) Behavioral Health Dept. & Housing Update
 - (1) Integrity Housing
 - (a) Finalized Exclusive Negotiating Agreement with Integrity Housing and we are currently looking for a site – there is some promise on one site and we are working with Town staff and Town Manager to determine next steps, feasibility, and potential barriers
 - (2) Davison
 - 1. SC and JK met with Town Manager today re: density issues needed to “seal the deal” for the proposed affordable housing developer
 - (3) Transitional housing
 - (a) We have one person in our new transitional housing, which we are renting from a local property owner. A case manager checks in at the house daily.

This project is funded through the Homeless Mentally Ill Outreach and Treatment program.

- (4) Carolyn mentioned that the Glass Mountain Waitlist is currently at 33
- (5) Robin and Ingrid are doing a presentation on crisis services to the BOS tomorrow. The proposed new system is modeled after Kern County, which uses tablets as part of their mobile crisis unit. Robin and Ingrid are considering a proposal in which Deputies and Medics would respond to wellness check calls and would have a tablet with MCBH staff on the other side. This could be funded through the Community Corrections Partnership (CCP). The pilot would happen during work hours. If the person needs to go to the ER, there would be a discussion about best mode of transport.
- (6) We are also looking into a new crisis stabilization response in terms of facility: there is a crisis stabilization unit in Ridgecrest, which is a step down from 5150, that frequently operates below capacity and would have beds for us when needed. Paramedics could drive individuals to this facility when needed.
- (7) Jail health: There are a few people in the jail – gravely disabled and decompensating, and we currently lack a system of evaluation and medication. Propose contracting with a company that works in jails via telemed. We are also considering using this company for child telepsychiatry instead of current company.
- (8) Robin met with the new Superintendent of MUSD and new librarian. Amanda met with new ESUSD superintendent.
- (9) Sal: They have started working more closely with Toiyabe’s Elder Services Department for the Benton Social and it’s been going really well – lots of attendance. They are now co-hosting Bingo as part of the Social.
- (10) Mono County Public Health and Mammoth Hospital are hosting a series of Community Health Improvement Planning Workshops. BHAB members are strongly encouraged to attend the Behavioral Health and the Substance Use workshops if you’re available.
 - (a) Dental Care Oral Health: September 17 from 1-4 pm Mammoth Hospital Conference Room A/B

- (b) Substance Use: September 16 from 1-4 pm Mammoth Hospital Conference Room A/B
 - (c) Behavioral Health: September 18 from 8 am – 12 pm Mammoth Hospital Conference Room A/B
 - (d) Clinical Care Access/Prevention: September 18 from 1-4 pm Mammoth Hospital Conference Room A/B
- v) MHSa Community Program Planning Process (CPPP) - Amanda
- (1) Training: Amanda provided an overview of the MHSa more generally and then described the CPPP, including information on what the CPPP is, who the stakeholders are, the information that is asked during the CPPP, how we've done our CPPP in past years, and how we are planning to do our CPPP this year. Information covered is included in the attached infographic entitled: "Mental Health Services Act (MHSa) & the Community Program Planning Process (CPPP)." BHAB members weighed in suggesting collaboration with other agencies (like Public Health) who do needs assessments and supported the current CPPP plan to participate in back to school nights and other community events. They also suggested minor changes to the infographic for future use. See final copy below.
 - (2) Exercise: Amanda introduced a dot exercise, which included the six questions listed below. Each participant received a set of dots and was invited to put three dots on the top three issues on each page. See the table below to view the options provided for each question and the number of dots received for each question.
 - (a) When you think about yourself, what do you think are the top 3 issues related to your mental health?
 - (b) When you think about your community, what do you think are the top 3 issues related to mental health?
 - (a) When you think about youth ages 0-15, what do you think are the top 3 issues related to mental health? Finding access to mental health providers
 - (c) When you think about transition age youth ages 16-25, what do you think are the top 3 issues related to mental health?
 - (d) When you think about adults ages 26-59, what do you think are the top 3 issues related to mental health?
 - (e) When you think about older adults ages 60+, what do you think are the top 3 issues related to mental health?

	Yourself	Community	Youth Ages 0-15	Transition Age Youth Ages 16-25	Adults Ages 26-59	Older Adults Ages 60+
Cost of services	7	5	0	1	6	6
Finding access to mental health providers	3	7	0	0	6	5
Drugs or alcohol	0	5	0	7	7	2
Feeling a lack of social support or isolation	5	1	4	0	1	8
Finding housing	1	7	0	2	4	1
Experiencing bullying	1	0	6	5	0	0
Family relationships	1	1	7	2	0	1
Feeling a lack of purpose/meaning	3	0	0	1	2	6
Experiencing stigma/prejudice	1	1	2	5	3	0
Social media problems	3	0	4	5	0	0
Knowledge of mental health issues	0	0	3	2	3	1
Lack of culturally appropriate programs and services	4	1	1	0	0	3
Experiencing racism	1	2	1	2	0	0
Securing stable employment	0	2	0	0	1	0
Feeling Suicidal	0	0	1	1	0	0
Getting into fights/experiencing anger management issues	0	0	0	1	1	0
Experiencing homophobia	1	0	0	0	0	0

(3) Program ideas/Discussion based on dot exercise

- (a) It seems as though there are people falling through the cracks because of the cost of services, whether that's Medi-Cal share of cost or that people with Medi-Cal don't know they can access mental health services
- (b) Family relationships are a big challenge in our communities
 - Occasionally find that parents don't want the kids to get services, especially those with domestic violence in the family
 - It's just generally very stressful to be a parent especially living in a resort community with having multiple jobs and the pressures of mountain life
- (c) Would be nice to do more family wellness events that are alcohol-free and provide food – i.e. even at the bowling alley
 - Discussion of parenting classes, which are useful for certain audiences but likely not as wide-reaching as family events
 - Could re-brand parenting classes as parent support and education classes or “raising successful children”
- (d) Are there some evidence-based interventions related to ACEs? Would be nice to learn more about potential activities
 - How can we use the 40 Developmental Assets in connection with ACEs?
 - Best to start young with ACE education – helps provide language for when adverse events happen and creates relationships with caring adults
 - Would like to have an ACE training for the BHAB
- (e) Would like to see a community infrastructure that really puts resources together
- (f) Discussion around behavioral issues/mental health issues that relate to stressful home environments
- (g) Important to guide parents to understand trauma and how it impacts their child(ren)
- (h) Important to start as young as possible in terms of working with parents and creating a positive home environment – Mono County recently increased its funding allocation to First Five for home visiting programs

- It will take a generation of prevention education to make a difference with the cycles of stressful home environments
- Starting with new parents is huge – they can be totally overwhelmed and it's important to have support in such a critical time period

- (i) Great concern around kids from immigrant families
- (j) There is a lot of generalized stress around climate change – how can Behavioral Health be part of the County's crisis response plans – and within that, how do we make sure that we take care of our own staff as we are taking care of those impacted by a crisis (focus out, then focus in)
- (k) Still a lot of stigma around mental health and substance use in our community – need to be using more strengths-based language across agencies and focusing on resilience

(4) Feedback on exercise

- (a) More space on the sheets, space to write other things, private space for feedback
- (b) Collaborating agencies take on other needs
- (c) Change FSP verbiage to be more layman's terms

vi) Data Notebook Review and Discussion

(1) Stacy briefly reviewed the purpose of the Data Notebook and this year's theme of trauma. The BHAB suggested that a subcommittee or interested individual work with staff to provide an initial response to the full BHAB. Lois volunteered to work with Amanda on the Notebook. Amanda will begin by doing a brief review with Robin.

(2) During its October meeting, the BHAB will review the work done by Amanda and Lois and discuss and approve.

vii) New Board Member Recruitment

(1) Efforts were made to recruit new members via advertising on social media channels, by asking BHAB members to spread the word, by handing out English/Spanish postcards to all clients, and by asking MCBH staff to talk to

clients about this opportunity. Unfortunately, no potential new members joined this meeting.

- (2) Sal has a client who is interested in learning more about BHAB and potentially joining.
- (3) Discussion about doing an open house as part of the MHSA Annual Update Public Hearing late November or early December.

viii) Board Member Reports

- (1) Tom: Narcan training video on Public Health's website. He is currently looking for a date for the inaugural substance use taskforce meeting.
- (2) Ingrid: nothing to report
- (3) Carolyn: IMACA is part of an LLC that is in escrow with LADWP for a vacant parcel that will be developed for affordable housing (Silver Peaks project). Executive Director, Charlie Broten, is retiring end of December.
- (4) Matthew: Inyo County recently completed a CHNA. Wild Iris is offering PPP parenting classes in Bishop by partnering with First Five. They are hoping to do the same thing up here, but will need a partner agency to trade off. Wild Iris has a transitional housing program in Bishop and can take Mono County residents. They offer full services with therapists on staff – the grant only requires some history of DV or sexual assault; 5 units available: mix of 1 BRs and Studios.
- (5) Lois: nothing to report
- (6) Al: They recently had one officer approved and will have one more in January.
- (7) Jennifer: She is submitting an application to NACO to be part of a learning cohort related to rural housing and health equity.

ix) Adjourn to next meeting – October 21, 2019

- (a) Data Notebook

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).

MENTAL HEALTH SERVICES ACT (MHSA) & THE COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

WHAT IS THE MHSA?

California voters passed the MHSA (Proposition 63) in 2004. MHSA places a 1% tax on personal incomes over \$1,000,000.

The goal of the MHSA is to transform the public mental health system into one that is consumer & family driven, recovery oriented, accessible, & culturally competent.



Every year MCBH receives \$1.2 to \$1.8 million, which covers some client services, Prevention and Early Intervention programs like North Star, housing projects, innovative projects, trainings, and much more.



Locally, we have some flexibility with our MHSA funds, and to determine how we use them we are required to go through a CPP Process.

WHAT IS THE CPPP?

The CPPP is a stakeholder process in which we seek input on community mental health needs, innovative ideas, and perceptions of existing programs.

Every year as part of our MHSA Plan, we do a CPPP, which includes surveying or talking to clients, family members, members of underserved groups, and a wide variety of community stakeholders/partner agencies.

We also use data gathered from other sources, like the Community Health Needs Assessment, the CA Healthy Kids Survey, and the External Quality Review Focus Group.

When the plan is finished, we post it for 30 days then hold a public meeting for feedback.



THIS YEAR'S CPPP



Community Health Needs Assessment, Community Health Improvement Plan, June Lake Wellness Dinner/Focus Group, meetings with school officials, CA Healthy Kids Survey, Behavioral Health Advisory Board planning exercises, client planning exercises, community planning exercises, public comment period and public hearing