

MARIN MENTAL HEALTH BOARD MEETING

Tuesday, October 13, 2020

6:00pm-7:30pm

Zoom Meeting

M-I-N-U-T-E-S

Join Zoom Meeting

<https://us02web.zoom.us/j/87054605946?pwd=RlpIQ0ZhbDZGVVkycFE1amtla1JJUT09>

Meeting ID: 870 5460 5946 / Passcode: 584711

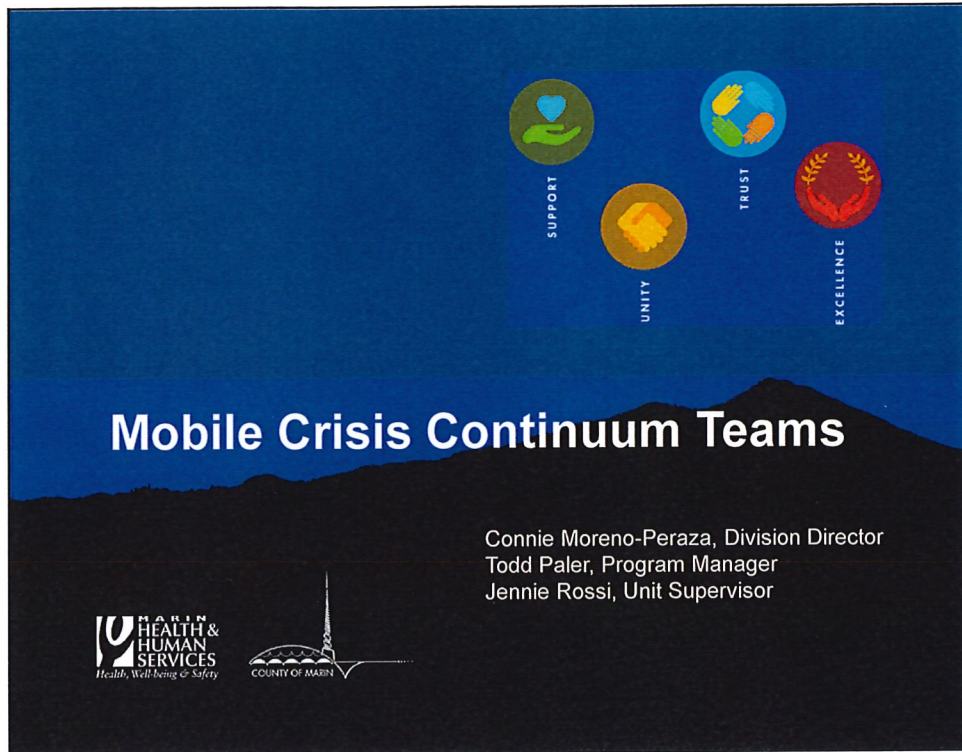
Dial in: 1 669 900 6833

6:00 p.m.	<p>Call to Order 6:00 p.m. Introductions Call for Quorum: Yes (8)</p> <p>In attendance: Rachel Farac, Maya Gladstern, Stephen Marks, Katie Rice, Jaime Yan Faurot, Everett Brandon, Heather Johnson, Aida-Cecilia Castro Garcia</p> <p>Absent: Patricia Carillon</p> <p>Staff: Jei Africa, Taffy Lavié, Galen Main, Todd Paler</p> <p>Public: David Ruth and Lisa Leavitt</p>
6:05 p.m.	<p>Review and approval of Agenda / Review and approval of Minutes for September meeting</p> <ul style="list-style-type: none">➤ Agenda: Maya G. made motion to approve agenda / seconded by Heather J. – APPROVED➤ Minutes: Maya G. made motion to approve October minutes / seconded by Heather J. – APPROVED
6:10 p.m.	<p>Correspondence, Announcements and Public Comments (please limit to 3 minutes per speaker)</p> <p>None</p>
6:15 p.m.	<p>BHRS Director's Report – Jei Africa</p> <ul style="list-style-type: none">➤ Most of our services are in Telehealth right now➤ HHS is preparing for Tier 3 and paying attention to staff and client safety➤ DHCS will be doing Triennial audit the first week in November. All of our efforts have been preparing for this audit➤ MHSA plan will be submitted to the OAC. Galen is preparing the final plan.
6:25 p.m.	<p>Legislative Updates (if any)</p> <ul style="list-style-type: none">➤ SB 803 (Beall) – Peer support specialist certification has been signed by the governor and will now go through appropriations (figure out the funding). DHCS will start thinking about regulations and compliance to be implemented by the counties. This means the ability for peer work to be able to be billed to Medi-Cal.➤ AB 2112 (Ramos) - Creation of Office of Suicide Prevention in CA DPH. There has never been an entity where the primary focus is Suicide Prevention. This is a huge step forward. Marin is one of the first counties to create a 3-5 year Suicide Prevention Strategic Plan. We hired a Suicide Prevention Coordinator who is moving forward with key steps in the action plan. Jei encouraged board members to attend these meetings in the suicide prevention collaborative.

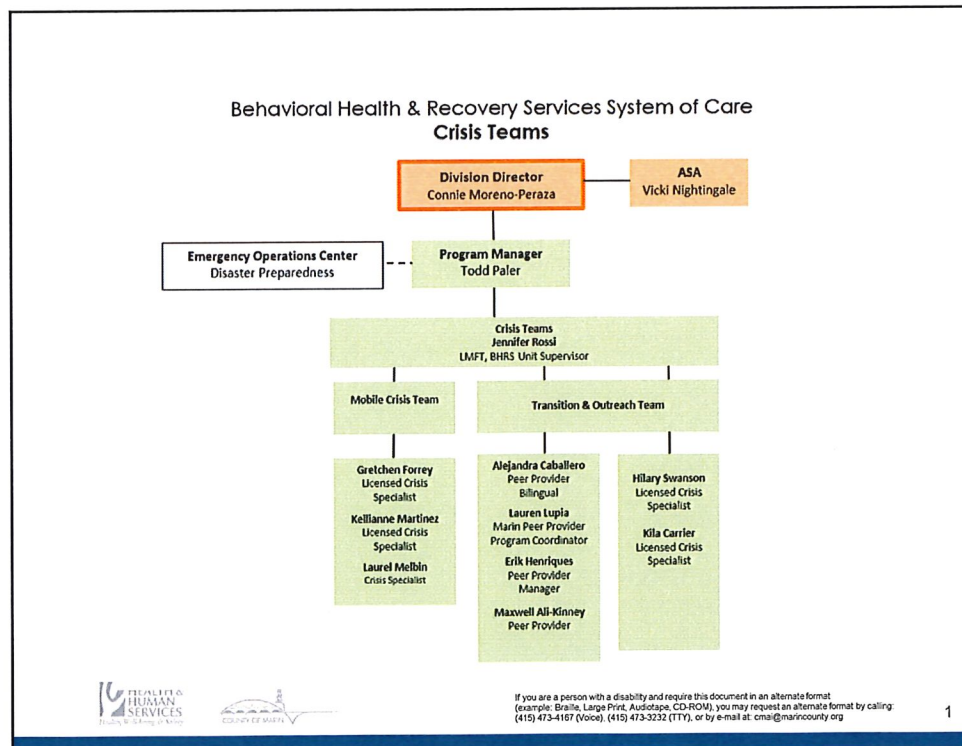
	<ul style="list-style-type: none"> ➤ SB 855 (Wiener) – Health coverage: MH and SUD. We’ve worked on this in Behavioral Health. This requires every health plan policy to also provide mental health and substance use coverage. ➤ AB 1976 (Eggman) - Mental Health services: AOT. If the counties are opting out of AOT, they will have to go through a process.
6:30 p.m.	Presentation: Todd Paler – Mobile Crisis: <i>Power Point presentation attached</i>
7:00 p.m.	<p>Committee Liaisons, Task Force Updates</p> <ul style="list-style-type: none"> • MHSA – Galen Main (MHSA Coordinator) <ul style="list-style-type: none"> ➤ Last month we did MHSA Public Hearing and it was approved by the BOS on 9/22/2020 ➤ Suicide Prevention Collaborative – there are 5 different subcommittees that you can join. The teams are 1. Communication 2. Postvention 3. Training 4. Schools 5. Data. All subcommittees are welcoming new members. ➤ Completed our first full assessment of fidelity with the assertive community treatment model. We are looking at all our full services partnerships and how much fidelity there are on all the different metrics – weaknesses and strengths. ➤ Community Planning process about the next innovation project; MHSA innovation – trying something new for a short period of time • Cultural Competency Board / WET – Maya Gladstern <ul style="list-style-type: none"> ➤ They met today; had a presentation on what’s happening with COVID; Kara Connors presented about the Suicide Prevention Collaborative; They discussed having more focus on peers. • AOD Board Liaison – Heather Johnson <ul style="list-style-type: none"> ➤ Mark Karandang from the National Guard National Drug Task Force. This is a partnership between law enforcement and mental health ➤ Marin is part of Northern California’s high drug trafficking area ➤ Methamphetamine, heroin and fentanyl are the biggest threats to the USA • CALBHB/C (as needed) <ul style="list-style-type: none"> ➤ Mental Health Board annual report is due soon • Events that MHB members will attend/have attended <ul style="list-style-type: none"> ➤ Stephen Marks attended a 4 hour Hearing Voices training ➤ Rachel Farac attended the Marin Prevention Suicide Collaborative. She will join the schools committee and encourages everyone to join a team if you can.
7:10 p.m.	<p>New Business</p> <ul style="list-style-type: none"> • MHB brochures <ul style="list-style-type: none"> ➤ Reviewed brochure and approved with 2 changes: 1. Add contact phone number under application website 2. Under the Looking For title, move “people with diverse racial / ethnic backgrounds to the top of this list. Motion to approve made by Maya Gladstern; Seconded by Heather Johnson. APPROVED • Discussion: Recruitment / Membership / Future Presentations <ul style="list-style-type: none"> ➤ Hoping everyone can bring an idea to the next meeting of where these brochures could be effectively distributed to a diverse set of potential board members.
7:20 p.m.	<p>Action Items:</p> <ul style="list-style-type: none"> • Vote to appoint David Ruth to the board <ul style="list-style-type: none"> ➤ Motion to appoint by Stephen Marks; Seconded by Everett Brandon; APPROVED

	<ul style="list-style-type: none"> • Vote to approve new MHB brochure <ul style="list-style-type: none"> ➤ Motion to approve by Maya Gladstern; Seconded by Heather Johnson; APPROVED
7:30 p.m.	ADJOURN
Next Meeting Dates	Next MHB meeting- Tues. November 10, 2020 @ 6 pm Location to be determined Next Executive Committee meeting – 12:15 pm Tues. Oct. 27, 2020 – Conference Call

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Mobile Crisis Response Team (MCRT)

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Who makes up the Crisis Continuum Mobile Teams?

- **Program Manager:** Todd Paler, LMFT
- **BHRS Unit Supervisor:** Jennifer Rossi, LMFT
- **Clinical Staff:** Kila Carrier, LCSW; Brett Dahlberg, ACSW; Gretchen Forrey, LMFT; Kellianne Martinez, LMFT; Laurel Melbin, LMFT; Hilary Swanson, LMFT;
- **MHASF Peer provider Staff:** Erik Henriques, Director of peer services; Lauren Lupia, Peer Supervisor; Maxwell Ali-Kinney; Alejandra Caballero

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Mobile Crisis Response Team (MCRT)

Hours: Monday through Friday
11am to 9:00pm and Saturdays
1pm-9pm.

Where do we work: Based out of 250 Bon Air, however, we try to respond in person as much as possible to best meet the needs of the consumers with whom we work. This helps us to gain a broader understanding of a person's baseline for any future calls for service

Team Members: licensed or license-eligible mental health clinicians

- Brett Dahlberg, ACSW *
- Gretchen Forrey, LMFT
- Kellianne Martinez, LMFT *
- Laurel Melbin, LMFT *

Referrals: Anyone can call us at 415-473-6392

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Mobile Crisis Response Team (MCRT)

- **Who we serve:** Anyone currently in Marin county: A resident, someone here visiting, or someone just passing through **regardless of age or ability to pay. Our services are free.**
- **Objective:** provide an alternative to law enforcement response for individuals experiencing a behavioral health crisis in the community where we can intervene utilizing a therapeutic approach and spend additional time resolving the crisis in the least restrictive manner. We can, and do, provide follow-up on an as needed basis
- **Services Provided:** crisis de-escalation, brief mental health and substance abuse assessments and counseling, risk assessment, conflict resolution, psychoeducation, safety planning, community referrals, and if warranted, we can initiate a 5150. Our goal is always the least restrictive intervention

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Mobile Crisis Response Team

What we can't do: No guarantee that we will not request law enforcement assistance if there are reports of suicide attempt or assault in progress, current destruction of property, threats to harm others, or if there is a history of, or current reports of, violence, aggression, or likelihood to be uncooperative

Challenges: One team of two clinicians in the field to respond county-wide....From Sausalito to West Marin and North East Novato to Tiburon and Fairfax

- ❖ Calls for service are prioritized based on acuity and risk level not necessarily on when the call was received. Sometimes calls are re-prioritized if needed. SOC clients are also prioritized based on risk and acuity along with all calls from the community.
- ❖ We may not get to all calls in the course of a day due to limited staffing.
- ❖ Average time of a field-based call for service is 2 hours
- ❖ We try to answer the phone for all calls, however, there are times when the field team is in the field and the Officer of the day (OD) is on another call.
- ❖ If your call is so urgent that you cannot wait for us to get back to you, please call 911.

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Crisis continuum Mobile Teams

Additional Duties:

- The Crisis Continuum Mobile Teams are often the first called upon to respond to community-based critical incidents such as accidental deaths, Major accidents, and suicides to provide support and psychological first aid. They are also trained to work on CSU



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Crisis continuum Mobile Teams Initial functions during Covid-19

- Initially, TOT face-to-face case management duties were suspended and conducted by phone. During the first month of COVID response, TOT clinicians were working on MCRT and at CSU.
- MCRT continued to operate as per usual with the caveat that they would limit face-to-face contacts as much as possible until additional safety protocols were identified and implemented. Once this happened, MCRT returned to regular duties.
- All Consumers are asked to wear masks or face covering and are provided for them as needed.



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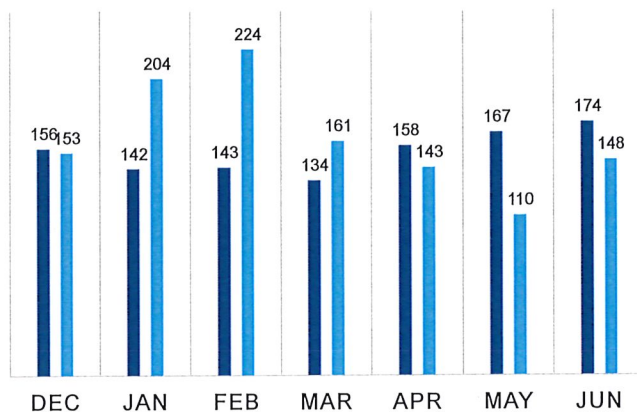
Crisis continuum Mobile Teams functions during Covid-19

- up until last week, TOT clinicians have continued to cover vacant shifts on MCRT and Claudia was also doing one DSW shift per week as part of her regular duties.
- TOT and MCRT have resumed regular duties in the community and respond to calls for service even if it's been disclosed that the individual has a confirmed positive Covid test.
- In these instances the team wear N-95 masks, gloves, and goggles and have access to disposable gowns and hair caps as needed



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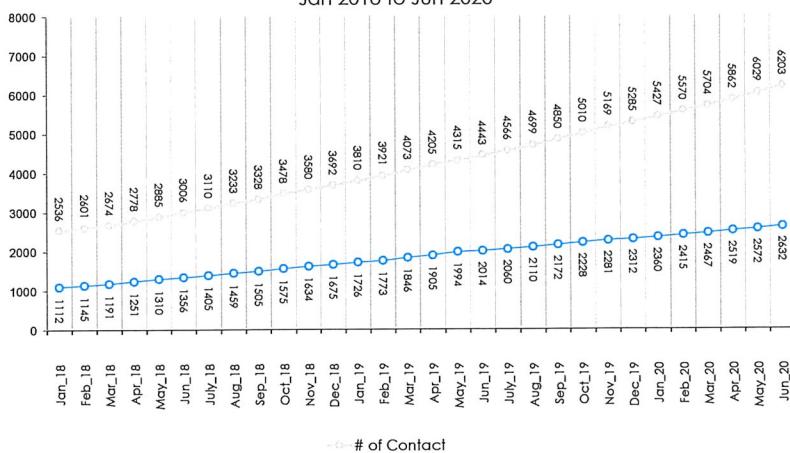
Crisis Continuum Teams monthly contacts March-June 2020 MCRT and TOT



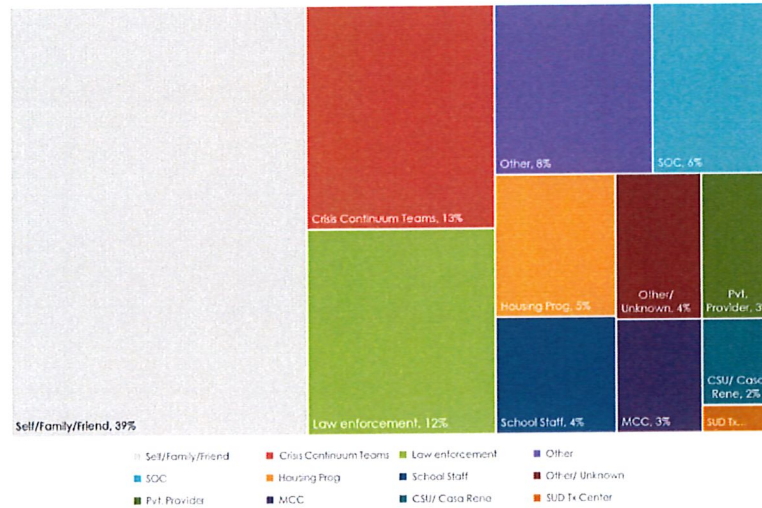
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MOBILE CRISIS RESPONSE TEAM

Count of Contact (Cumulative)
Jan 2018 to Jun 2020



REFERRAL SOURCE



If you are a person with a disability and require this document in an alternate format (example: Braille, Large Print, Audiotape, CD-ROM), you may request an alternate format by calling: (415) 473-4167 (Voice), (415) 473-3232 (TTY), or by e-mail at: cmh@marincounty.org

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DEMOGRAPHICS

by Gender



by Race/ Ethnicity



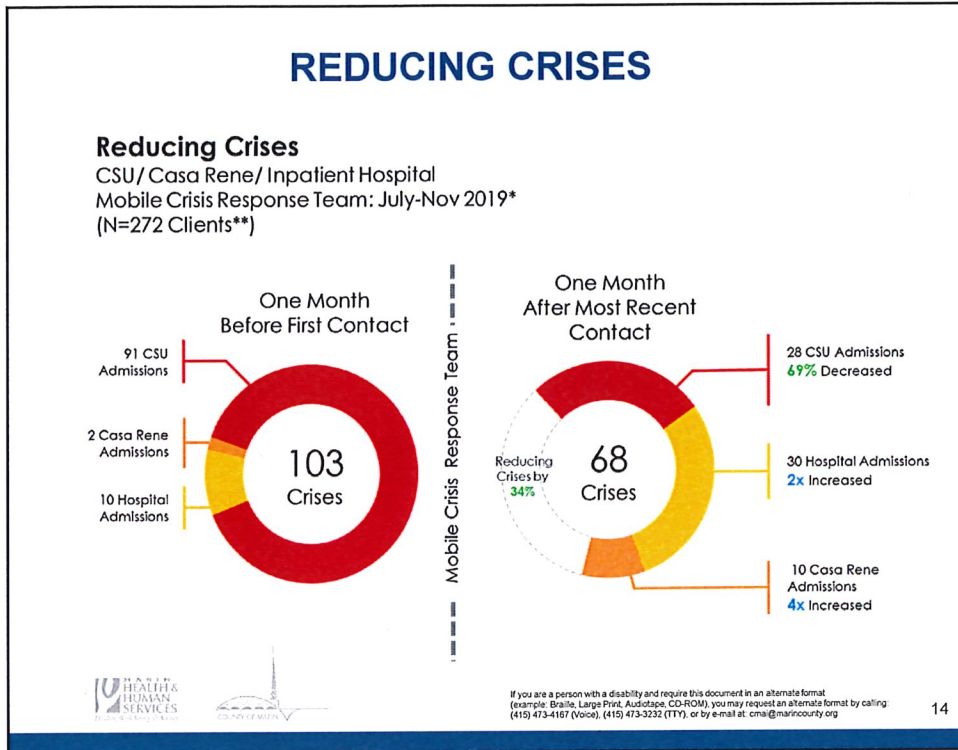
by Age Group



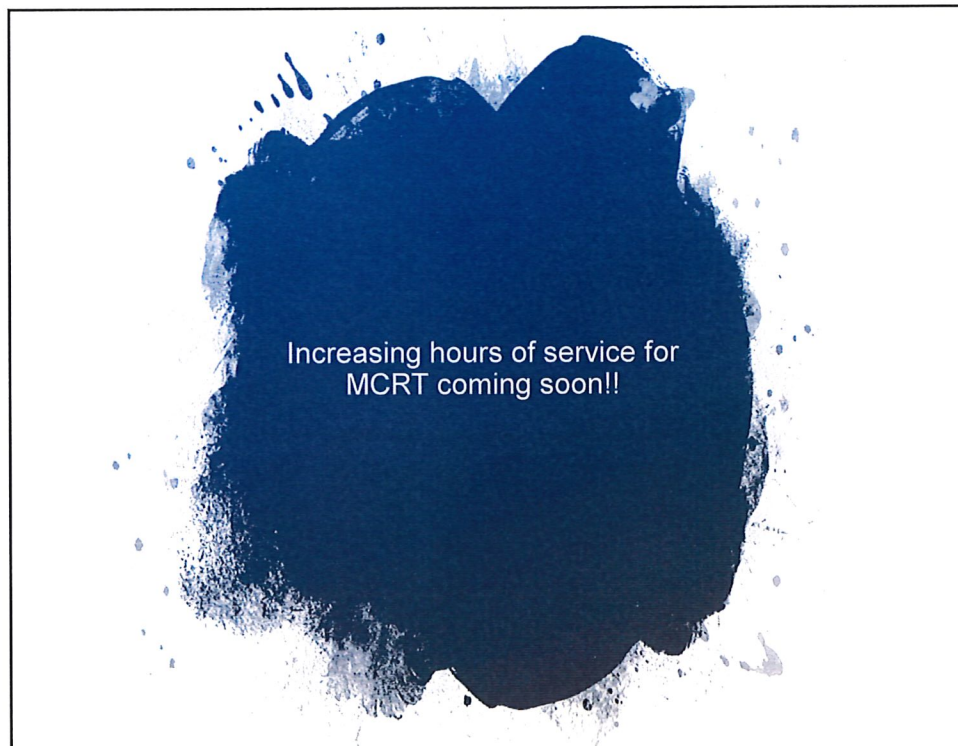
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Transition and Outreach Team (TOT)

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Transition and outreach Team

- **Hours:** Monday through Friday, 10:00am to 6:00pm.
- **Where do we work:** Based out of 250 Bon Air, but most of the time we are in the field to best meet the needs of the consumers with whom we work
- **Team Members:** licensed or license-eligible mental health clinicians and Peer Providers
 - **Clinicians:** Kila Carrier, LCSW * Hilary Swanson, LMFT * Claudia Vargas, APCC (bilingual)
 - **MHASF Peer Providers:** Erik Henriques, Director of peer services, Lauren Lupia, peer supervisor, Maxwell Ali-Kinney, Alejandra Caballero (bilingual)
- **referrals from:** community-based organizations, medical and psychiatric providers, the Family Group, and law enforcement.

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Transition and outreach Team

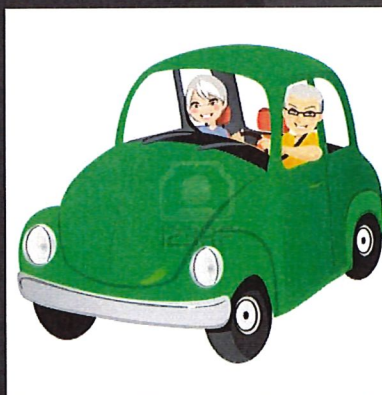
- **Who we serve:** Adults, children, and youth in Behavioral health crisis that puts them at risk of loss of housing, loss of employment, decline in school performance, risk of out of home placement, risk of 5150 or inpatient hospitalization, discharging from CSU, inpatient unit, or at Casa Rene.
- **Objective:** Mitigate the crisis and work to help stabilize so that the individual can return to a more functional baseline.



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Transition and outreach Team

- **Services provided:** Needs assessment, MH and SUD assessments conducted to drive supportive services plan which includes intensive, short-term, case management, psychoeducation, brief therapeutic interventions, Crisis De-escalation, linkage to relevant community resources and other services (for example: medi-cal, GR, Cal Works, support groups; beacon services, SUD programs) authorized to initiate 5150 holds; extra help coverage on MCRT shifts
- **Average case load sizes:** This varies depending on the complexity and need of each individual, but varies between 15 and 25 per clinician
- **What we can't do:** provide housing or link to housing services through traditional routes within county BHRS services



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Transition and Outreach Team

VOLUNTARY AMENABILITY VS OUTREACH AND ENGAGEMENT:

- Individuals must want our services and engage voluntarily
- for those individuals who are less than enthusiastic about working with us, we spend considerable time attempting to outreach and engage with the individual to build rapport and trust with the hope they will eventually engage in our services in a more robust manner.
- We conduct numerous phone contacts, unannounced "knock and talks" if we are unable to reach by phone, and community searches for those who are currently unhoused
- TOT serves all individuals in Marin County regardless of age or ability to pay and our services are free.



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