

# MEETING MINUTES

## BEHAVIORAL HEALTH ADVISORY BOARD

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Date: January 14, 2025

Time: 2:30 PM

Location: Bishop COB Room 140, Lone Pine Wellness Center (satellite/virtual) and via Zoom

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### 1. CALL TO ORDER AND INTRODUCTIONS

Chairperson, Michelle Saenz called the meeting to order at 2:37 pm. All attendees introduced themselves.

### MEMBERSHIP IN ATTENDANCE

In Person: Supervisor William Wadelton, Michelle Saenz, Claude Peters

Virtual: none

### COMMUNITY & STAFF IN ATTENDANCE

In Person: Brandon DeHaven, Lori Bengochia, Jody Veenker, Lucy Vincent, Melissa Best-Baker, Vanessa Ruggio, Anna Scott

Virtual: Patricia Barton, Rose Colon, Shelley Scott

### 2. PUBLIC COMMENT

none

### 3. APPROVAL OF MINUTES (ACTION ITEM)

Minutes from December 10, 2025 meeting.

Mr. Peters moved to approve minutes as written, Supervisor Wadelton seconded the motion. Motion carried: Ms. Saenz – Aye, Mr. Peters – Aye, Supervisor Wadelton - Aye. None opposed.

#### **4. BRIDGE HOUSING PROJECT (INFORMATIONAL ITEM)**

Presentation (Please see attached) by Anna Scott

Mrs. Scott explained that she has been working with some regional partners to stand up a Bridge Housing program for the last 18 months - Based on projected programming & funding - priority population of focus will largely be individuals experiencing mental health or substance use disorder concerns. This Project was born out of discussion as part of Regional Continuum of Care, which includes Inyo, Mono and Alpine Counties. It will address homelessness and transitions out of homelessness into stabilized and supportive housing. There is a gap in housing across the board. Knowing that this is a gap, Inyo & Mono Behavioral Health received grants (state-wide initiative) to institute Bridge Housing programs and treatment-level programs. At the same time grant funding became available, the owner of a local establishment indicated he had an interest in selling his building for civic benefit. Managed Health Care providers have expressed interest in providing funds to purchase a property through the non-profit organization, Kings View, which happens to be our contracted Electronic Health Record support team. Kings View could help bring new resources and staffing, for eligible Medi-Cal Members, to our community. The goal: To help people transition back to the community post hospitalization, or after attending a residential treatment program, or as part of a re-entry program where they continue to receive housing and treatment services.

Face to face interactions have taken place with neighbors and city council. Open and honest conversations have been conducted. Several properties have been looked at, including one not as close to neighborhoods. Final decision is pending. Bridge Housing funds must be spent by next fiscal year.

BHAB members and meeting attendees responded positively to the news about the Bridge Housing Project and a lively discussion ensued. Anna Scott distributed letters of support to interested BHAB Members. She is working with the assistant Board Clerk to create press releases to educate the community and promote the development of these vital services to community members in their healing journey.

#### **5. CRISIS CARE MOBILE UNIT (CCMU) CUSTOMER SATISFACTION SURVEY (DISCUSSION ITEM)**

Mrs. Best-Baker explained the survey (please see attached) and told the group that a survey will be given to people who are served by the CCMU.

#### **6. ANNUAL REPORT (DISCUSSION ITEM)**

Mrs. Best-Baker asked BHAB members what information they would like to submit to the Board of Supervisors (BOS) for the Annual Report. She informed the group that she has signed up for CALBHBC trainings to be held on Saturdays. She hopes to get some information about the Annual Report. Ms. Veenker suggested a brochure or booklet might be a good way to report to the BOS. Supervisor Wadelton suggested the report include the following: What services are we providing? What projects are we working on? Programs, successes, things we plan to do next year. Mrs. Scott suggested financial data also be included.

#### **7. MEMBERSHIP UPDATE – NOTHING TO UPDATE BUT LEAVING ON THE AGENDA**

## **8. BEHAVIORAL HEALTH PROGRAM UPDATE (INFORMATIONAL ITEM)**

Mrs. Best-Baker told BHAB members and meeting attendees that the Governor's budget has come out; however, the May revise will provide more detail. We didn't see much change to the Behavioral Health funding.

We are anticipating getting new trainee(s) who reside in Mammoth Lakes that may join us this summer. We are also looking at adding a trainee program for addiction counselors to increase staff. HCAI is offering funds to individuals who want to study towards becoming drug and alcohol counselors and peer supporters.

## **9. BEHAVIORAL HEALTH SERVICES ACT (BHSA) (STANDING INFORMATIONAL ITEM)**

Mrs. Bengochia shared an update about the BHSA. The state is still releasing modules - a draft was released in December. The 97-page template - will integrate BH, SUD, Wellness & Public Health services. We are working on the integrated plan. The draft that is in progress is due to DHCS in March. Managed Care plans are collaborating with our teams. We are looking at when to elicit public comment. It must be presented to BOS, approved and signed by July 31, 2026. What the state is looking at is "population health" - as soon as our clients enter HHS services we assess and provide services, addressing identified needs, to make sure they are whole and well. We are looking at how we will use data to determine how to provide best care possible. We will bring the draft to this meeting for review before it goes before the BOS. A lively discussion ensued.

## **10. DATA REPORTS (INFORMATIONAL ITEM)**

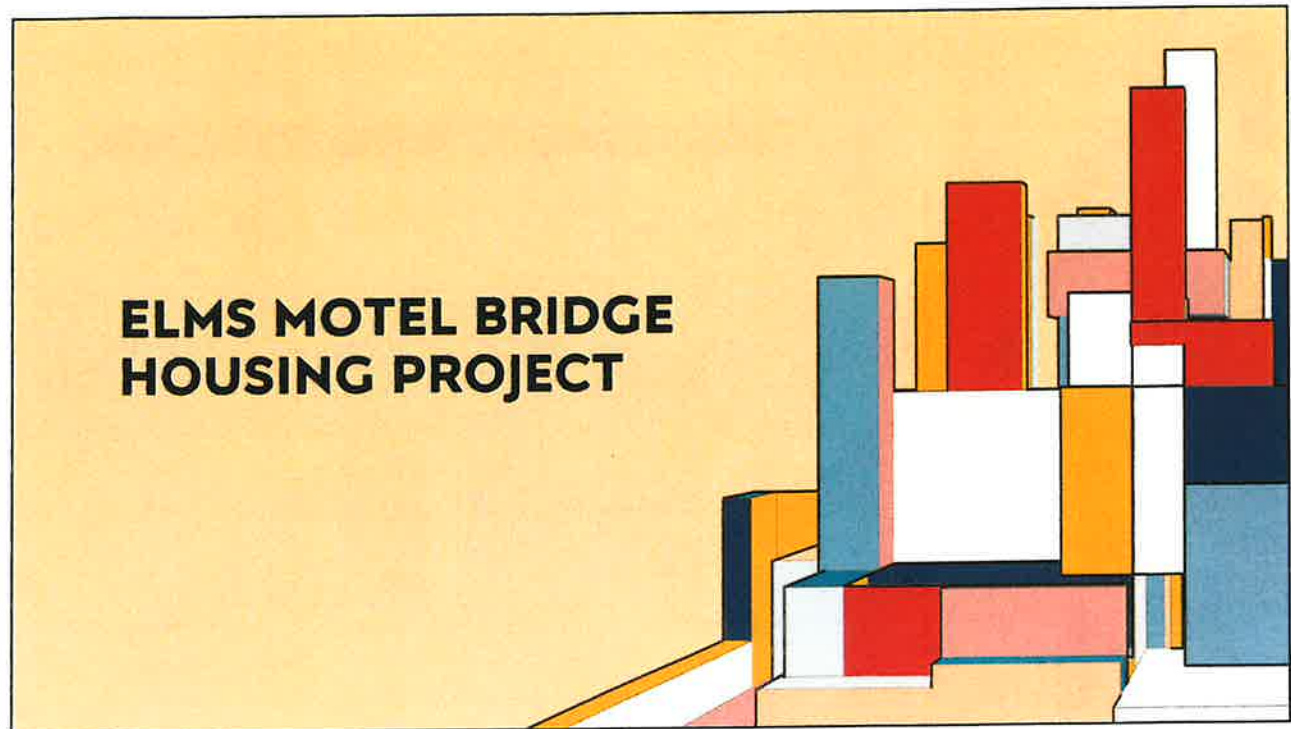
Mrs. Best-Baker shared the Data Report Power Point (please see attached). She reported that we are working with a contractor regarding CANS.

## **11. OLD BUSINESS (INFORMATIONAL OR DISCUSSION ITEM)**

## **12. AGENDA ITEM REQUEST FOR UPCOMING MEETINGS**

- Relinquish chair position so someone can take it
- Behavioral Health Services Act (BHSA) (standing informational item)

Meeting adjourned at 3:50 pm.



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## GOALS OF THIS CONVERSATION

- Provide you with an overview
- See what questions you have/what additional information you may need
- Receive community input

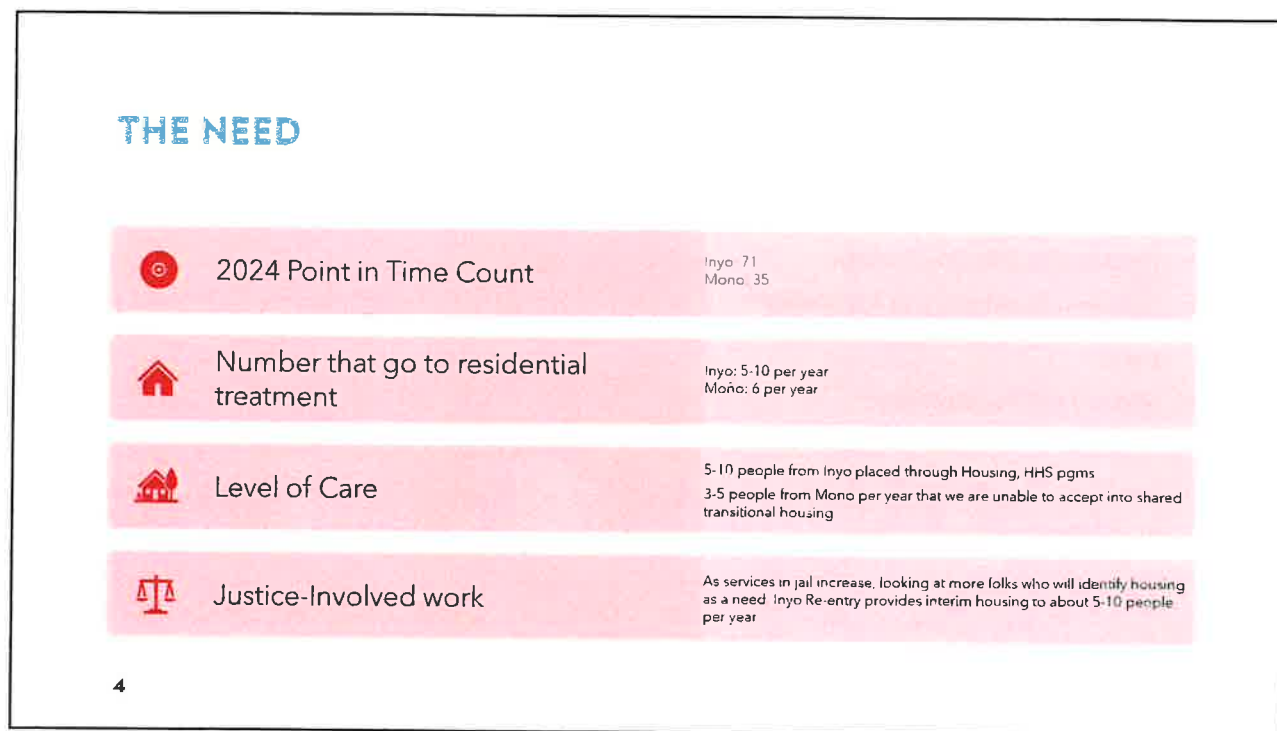
A graphic showing a row of six stylized houses of different heights and colors (blue, red, yellow, pink, blue, red) against a solid orange background. The houses are simple geometric shapes with triangular roofs.

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## THE OPPORTUNITY

- Group of partners working to acquire and rehab Elms Motel in Bishop
- Bridge or interim housing for 24 months or less with most living there less than 6 months
- Partner with Anthem Blue Cross and Health Net (Managed Care Plans - MCPs)
- Build out regional continuum of housing resources



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## THE PROPERTY: OVERVIEW



- Currently 19 units
- Manager's unit
- Many structural strengths
- Favorable size, layout
- Available at reasonable price point

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## TARGET POPULATION

Re-entry participants

Homeless + mental health/substance use disorder

CARE Court participants

Stepping down from institutional settings, including LPS conservatorship, SUD residential, jail

Recuperative care (homeless + physical health care problems)

Due to unit size, it is anticipated that there will be limited availability for families, so they are not a target population

CARE = Community Assistance, Recovery, and Empowerment Act  
LPS = Lanterman-Petris-Short Act  
SUD = Substance Use Disorder

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## PROJECT CONCEPT



Regional bridge or interim housing (24 months or less)

**Total of 24-30 beds** - people are referred and move in (no daily lines/requirement to leave during certain hours)

Convert manager's unit to offices

Two staff minimum from a contracted service provider **on-site 24/7**

**King View** is the service provider who is contracted by MCPs

Medi-Cal billing (ECM and CS) and other funding streams dedicated to these services will be used to sustain operations

Each county would also execute agreements with the service provider to support operations

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ECM = Enhanced Care Management  
CS = Community Supports

8

## RESIDENT HANDBOOK

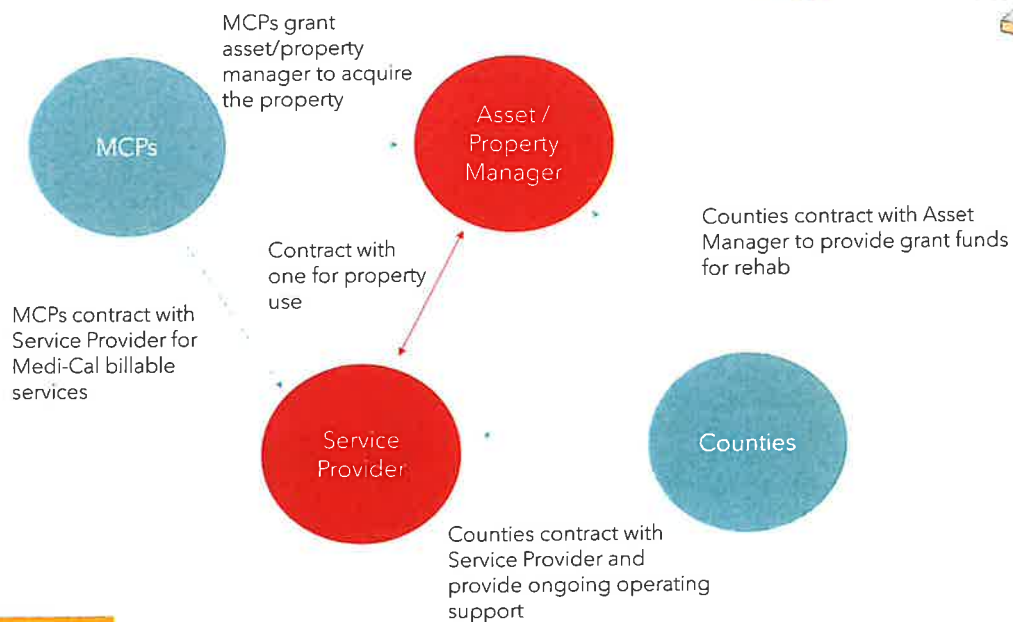


- Substances will not be allowed on the Elms Motel property and program participants who are visibly under the influence will not be able to remain on the property.
- Rules around when residents come and go
- On-site services and supports- staffed 24/7
- Coordination of care with county and community providers
- Visitation and parking
- Safety and security

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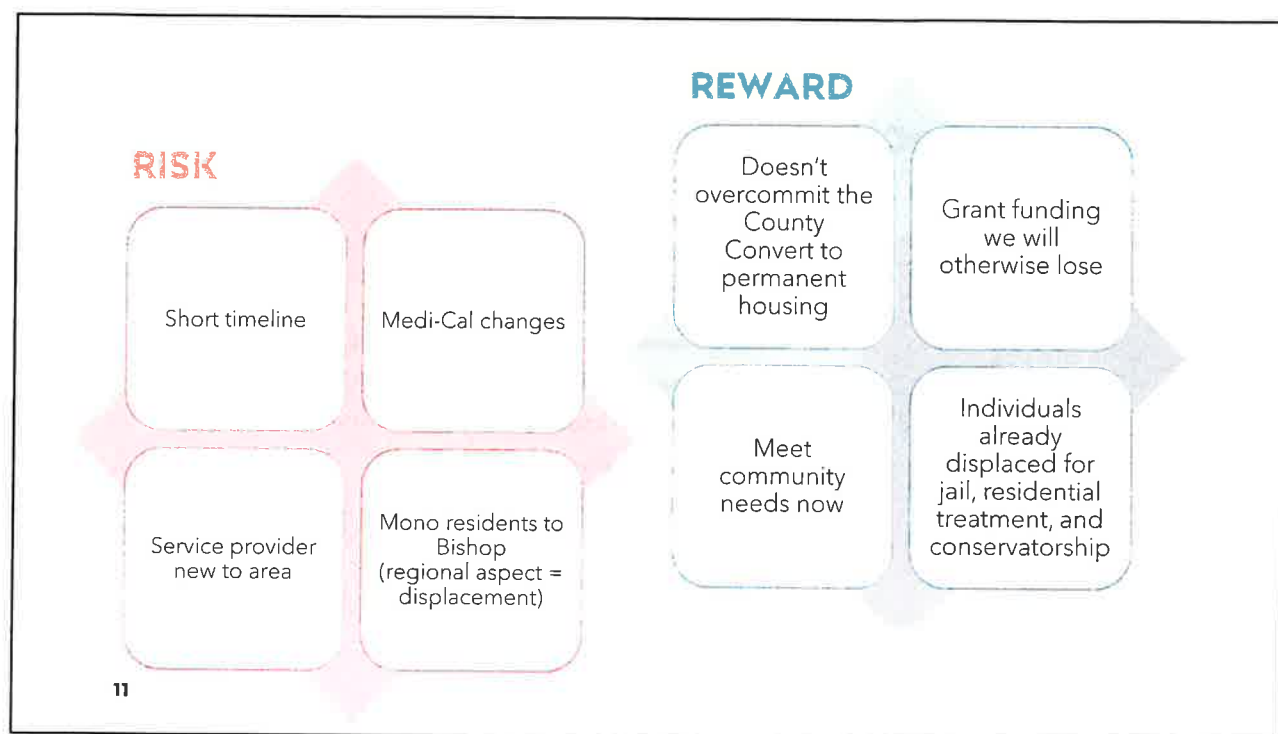
## PROPOSED PROJECT STRUCTURE



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**KINGS VIEW**

Highly reputable behavioral health service provider  
Main offices are based in Fresno  
Plan for local hiring & oversight  
Founded in 1951 by Mennonites  
Already contracted with MCPs for ECM & CS

Vision: Cultivating stigma-free communities of whole-person health in the spirit of love and acceptance

Mission: To provide community behavioral health and social services to those with limited resources, in the spirit of Christ's example of love, compassion, and respect for all persons

 **KingsView**

12

ECM = Enhanced Care Management  
CS = Community Supports

12

## KINGS VIEW ROLE AS A COMMUNITY PARTNER

- Two successful projects over the previous three years, including Eden House and Porterville Navigation Center
- Both projects represent housing solutions that support local residents achieving long-term success
- Kings View will deliver commensurate services in a similar role in the Bishop project, with tailoring to the local community need.



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ECM = Enhanced Care Management  
CS = Community Supports

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## WHAT IS THE EDEN HOUSE?



Provides integrated housing and healthcare, including behavioral health care, services



24 bridge housing beds (60 days) for unhoused Tulare County residents



Meals, intensive case management, coordination with housing/homelessness providers, supports CARE Court members, linkage and transition services to healthcare and social service providers



Social & behavioral interventions for health, behavioral health, and social determinants of health



This original suite of services was expanded with the inclusion of ECM & CS

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## SERVICES AT EDEN HOUSE

### Community Supports

- Housing Transition Navigation Services
- Housing Deposits
- Recuperative Care (Medical Respite)
- Sobering Center
- Short-Term Post-Hospitalization Housing

### Enhanced Care Management

- Unhoused transitional aged youth and adults
- Persons with severe mental illness (SMI), severe emotional disturbance (SED), and substance use disorders (SUD)
- Justice-involved

### Ancillary Services

- Meals for residents & community
- External healthcare and social service provider site access
- Eligibility Worker visits

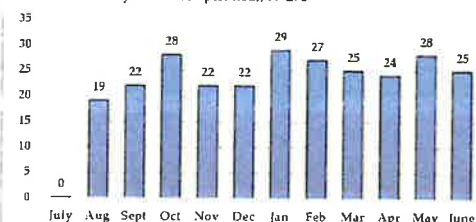
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ECM = Enhanced Care Management  
CS = Community Supports

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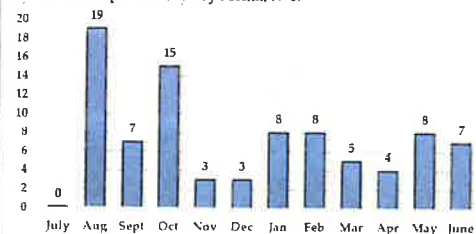
## EDEN HOUSE DATA/OUTCOMES

Total Residents by month (Duplicated), N=271



Data source: Eden House Census

Number of Unique Residents by Month, N=87



Data source: Eden House Census

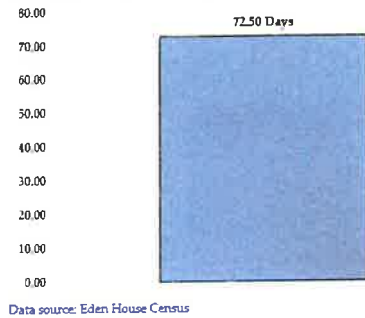
- Monthly unique residents represent steady in-flow and out-flow of housing solutions
- Eden House served 87 Unique Clients last year

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## EDEN HOUSE DATA/OUTCOMES

Data source: Eden House Census  
Avg Length of stay, N= 72.50 days

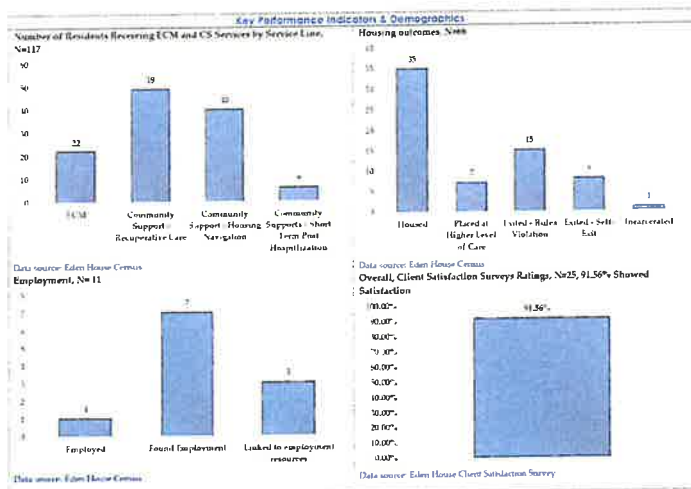


- The average length of stay at Eden House 72.5 day in FY24-25
- The longest length of stay was 252 days.
- The shortest length of stay was 2 days.

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## EDEN HOUSE DATA/OUTCOMES



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- All resident coming to Eden House are offered ECM/ CS services
- 64% of Residents were housed/ placed in a positive housing outcome
- 11 Residents found employment while receiving services at Eden House
- Resident who completed the survey has a 91.56% satisfaction with the services received.



## WHAT NOW

- Community input
- Neighborhood meetings
- Identify asset/property manager
- Develop and execute contracts with service provider
- Purchase property and implement services

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## PROTECTING OUR COMMUNITIES: HOUSING IS HEALTH CARE

Housing helps prevent institutionalization, incarceration, physical health care complications, and decreases substance use.

This project protects our residents by keeping them in the region, even if it means they are temporarily displaced from their home communities.

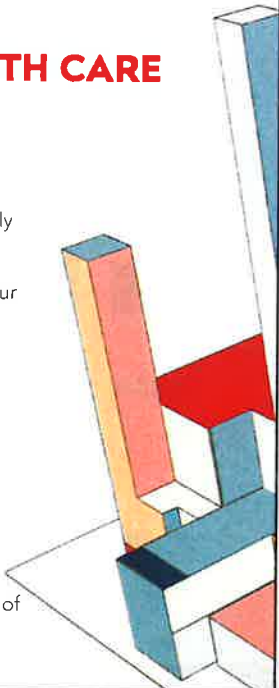
Psychiatric facilities, SUD residential treatment, prison, and specialty physical health care is all out of our region. When we provide housing, we keep people closer to home.

Other funds continue to be budgeted to provide emergency housing assistance and hotel/motel vouchers when individuals meet criteria for our services and local resources are available.

Providing housing that is staffed 24/7 protects individuals who qualify for this housing and local community members.

New federal regulations may require us to send people away to mental health facilities if they are homeless + mental health/SUD condition. Providing housing will help protect our residents from this outcome.

Providing these services reduces county costs and can be more effective than relying on higher levels of placement outside the area when it makes sense



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## Crisis Care Mobile Unit Experience -

Thank you for completing this survey about your recent experience with a Crisis Care Mobile Unit . Your responses will help improve the quality of mobile crisis care. Your participation is voluntary and confidential.

Please complete the following questions regarding your experience in receiving mobile crisis care on [**date prefilled**] in Inyo County

### YOUR EXPERIENCE WITH THE CRISIS CARE MOBILE UNIT

1. During this experience with the Crisis Care Mobile Unit, how often did the Crisis Care Mobile Unit members treat you with **courtesy and respect**?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

2. During this experience with the Crisis Care Mobile Unit, how often did the Crisis Care Mobile Unit members **listen carefully to you**?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

3. During this experience with the Crisis Care Mobile Unit, law enforcement appropriately deferred, allowing the team to successfully address the situation without their involvement.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

4. During this experience with the Crisis Care Mobile Unit, how often did the Crisis Care Mobile Unit members **explain things** in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

### YOUR CARE EXPERIENCE

5. The Crisis Care Mobile Unit **responded and arrived on the scene quickly** enough to meet my needs.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

6. The care provided by the Crisis Care Mobile Unit **helped me resolve my immediate crisis.**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

7. I was involved in **creating my safety plan** (if applicable).

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

8. During this experience with the Crisis Care Mobile Unit, I was offered care in my **preferred language.**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

9. During this experience with the Crisis Care Mobile Unit, I was offered care that was **respectful of my culture**.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

10. I received adequate help identifying **community resources and supports** that will help me manage my health in the future.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ N/A or prefer not to answer

### YOUR AFTER-CARE PLAN

11. Did a member of the Crisis Care Mobile Unit follow up with you to see how you were doing?

- ☐ Yes
- ☐ No
- ☐ N/A or prefer not to answer



## OVERALL

12. *Using any number from 0 to 10, where 0 is the worst care and 10 is the best care, what number would you use to rate the care you received from this Crisis Care Mobile Unit?*

- ☐ 0 (worst care)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (best care)

## ABOUT YOU

13. *What is your age?*

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older
- ☐ Prefer not to answer

14. *How do you self-identify regarding race/ethnicity? Please select all that apply.*

- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino/a/e
- ☐ Middle Eastern or North African
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

15. *Which of the following terms best describes your current gender identity? We understand that there are many ways people identify; please pick the one that best describes you.*

- ☐ Man
- ☐ Woman
- ☐ Transgender Male/Transgender Man
- ☐ Transgender Female/Transgender Woman
- ☐ Gender Non-Binary, Genderfluid, or Gender Non-Conforming
- ☐ Another gender identity: \_\_\_\_\_
- ☐ I am not sure or questioning
- ☐ I don't understand this question and/or answer options
- ☐ Prefer not to answer

16. *What is your sexual orientation? Please select all that apply.*

- ☐ Heterosexual or straight
- ☐ Gay
- ☐ Lesbian

- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ I am not sure or questioning
- ☐ Other
- ☐ Prefer not to answer

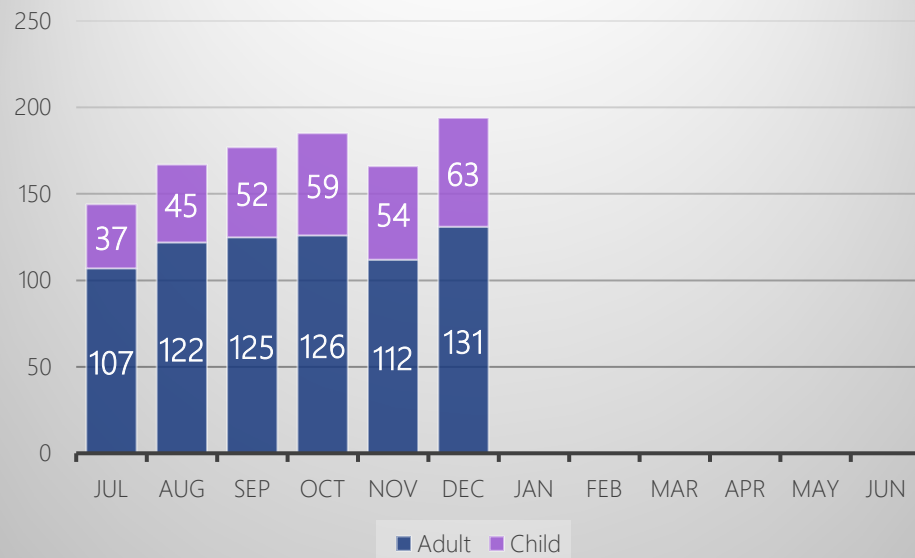


# Inyo County Behavioral Health

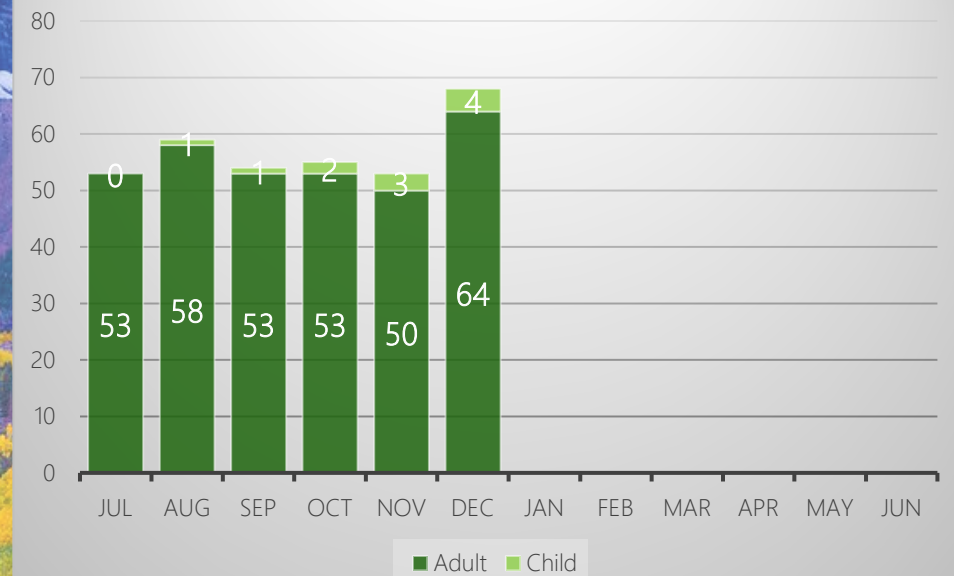
# BH FY25-26 AT-A-GLANCE

## Mental Health Clinic

### Clients Served



### Med Management

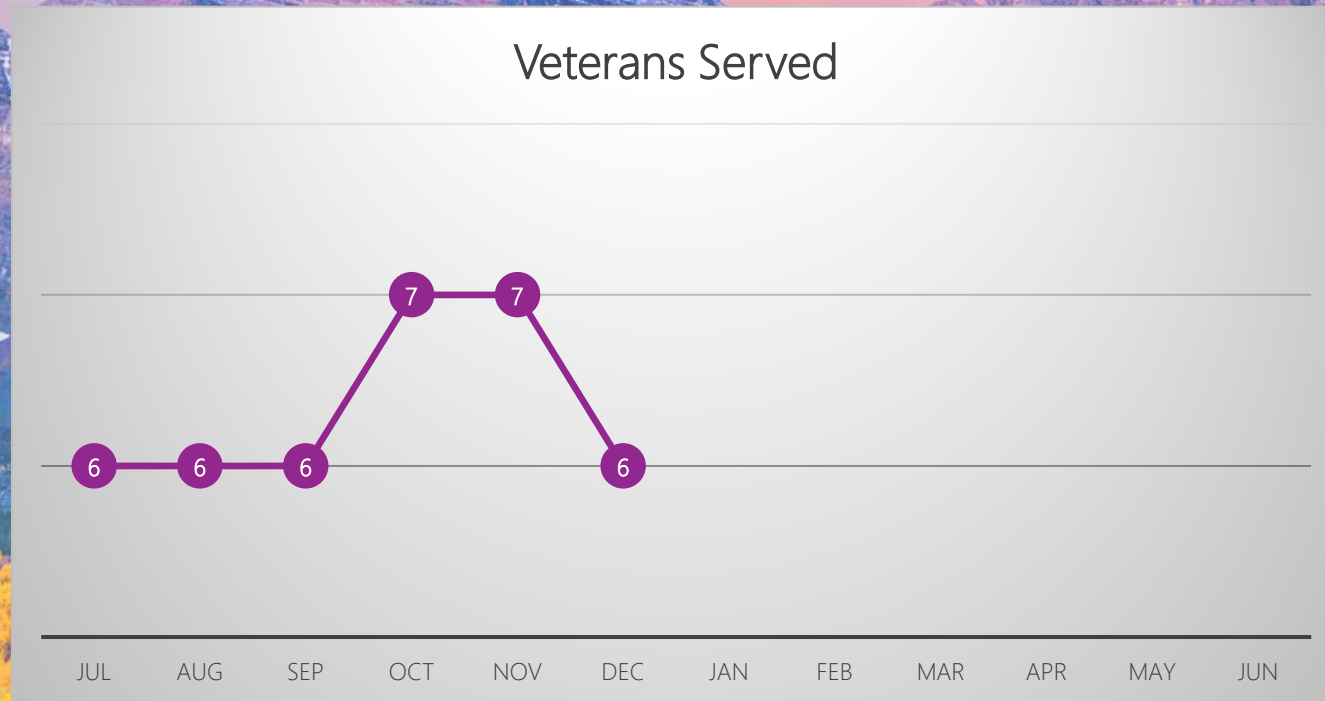




# BH FY25-26 AT-A-GLANCE

## Mental Health Clinic

Veterans Served

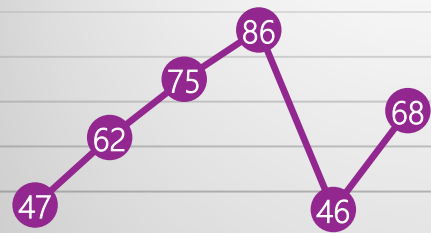




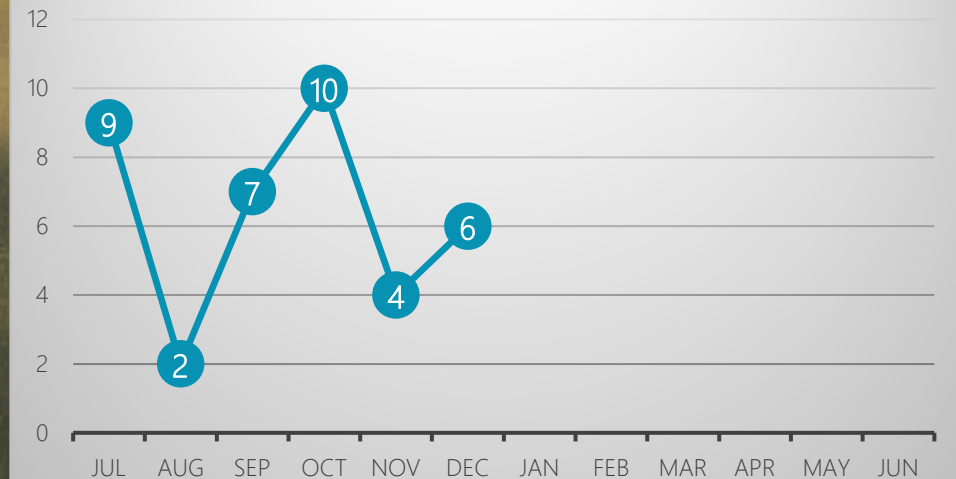
# BH FY25-26 AT-A-GLANCE

## Assessments

### Total Mental Health Assessments



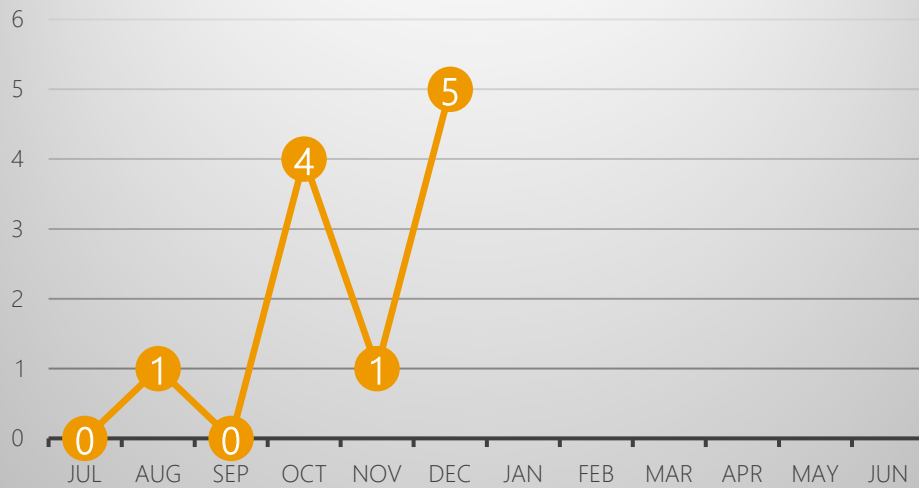
### Total Child and Adolescent Needs and Strengths (CANS)



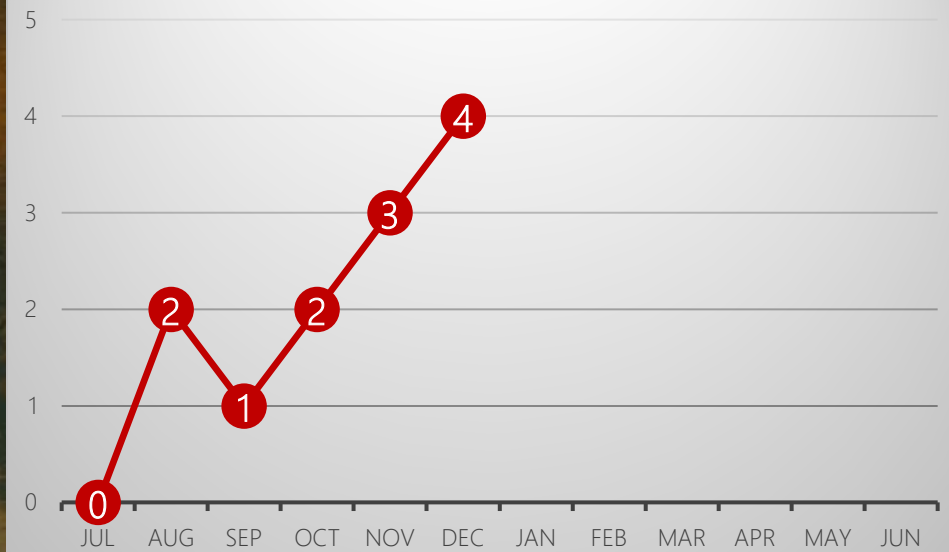
# BH FY25-26 AT-A-GLANCE

## Transitions to Higher-Level Services

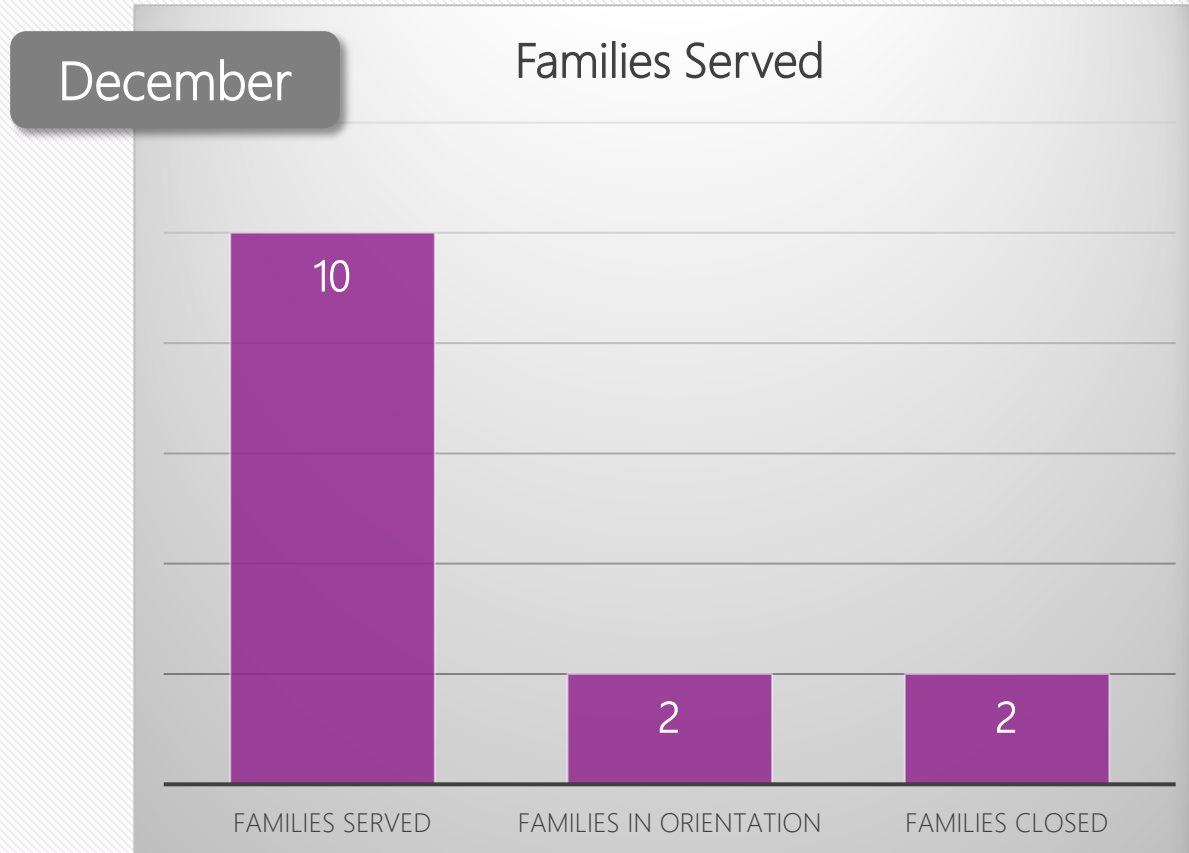
Total Transports to a Crisis Stabilization Unit (CSU)



Total Hospitalizations



# FAMILY STRENGTHENING TEAM





# LPS CONSERVATORSHIP

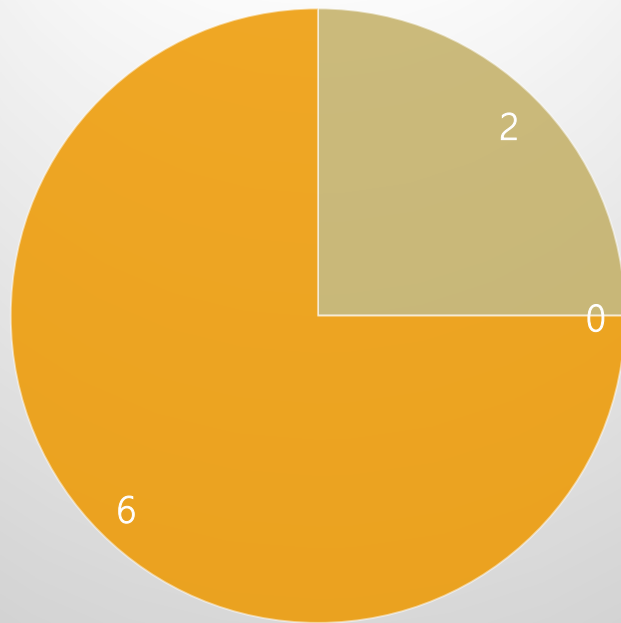




# LPS CONSERVATORSHIP

December

Client Residence by Location



■ In-County Facility   ■ In-County Home   ■ Out-of-County Facility

**In-County Facility:** ■

Clients placed in a licensed residential or treatment facility located within the county.

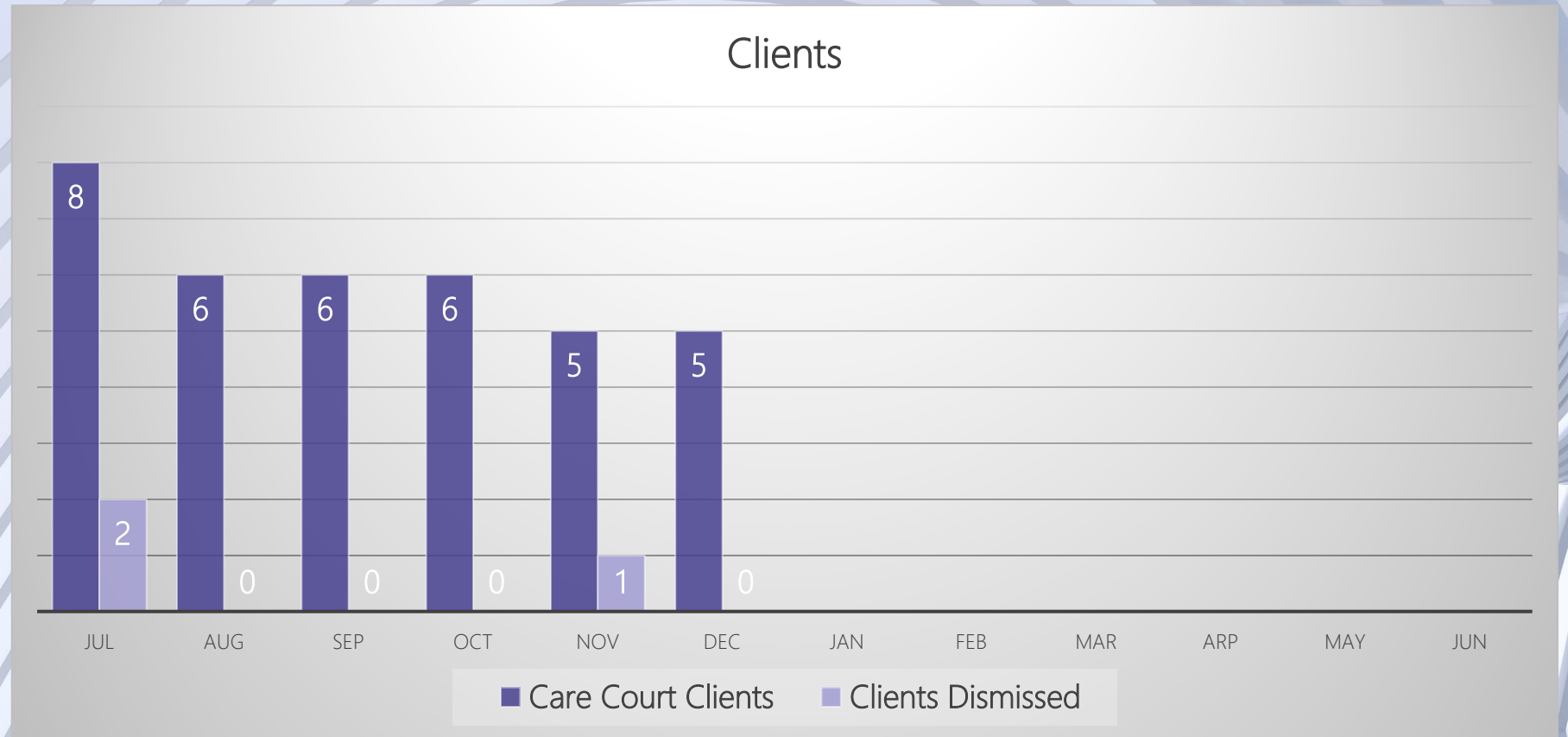
**In-County Home:** ■

Clients residing in a private home setting within the county, receiving services and support in the community.

**Out-of-County Facility:** ■

Clients placed in a licensed residential or treatment facility located outside the county.

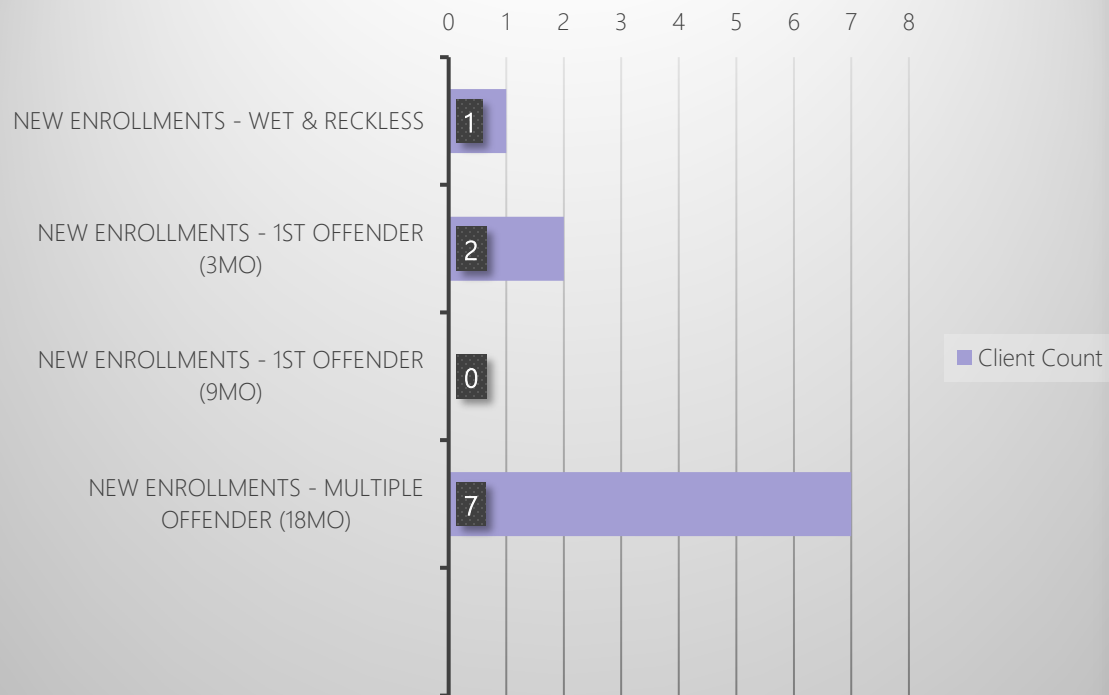
# CARE COURT



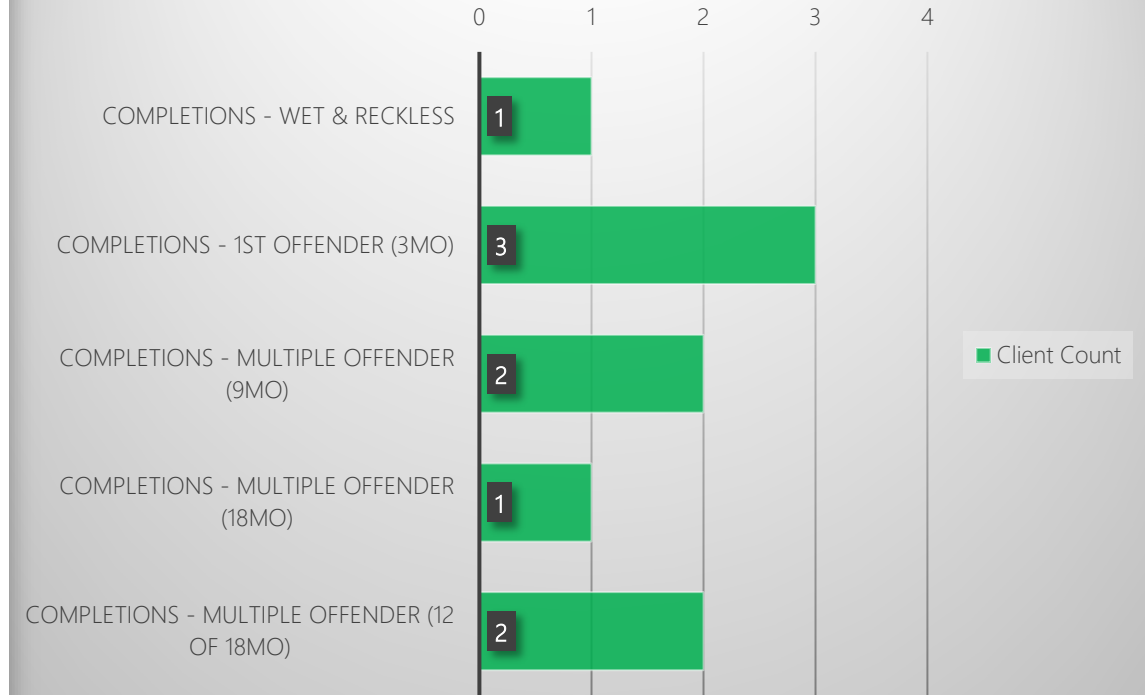
# DUI

December

## New Enrollments

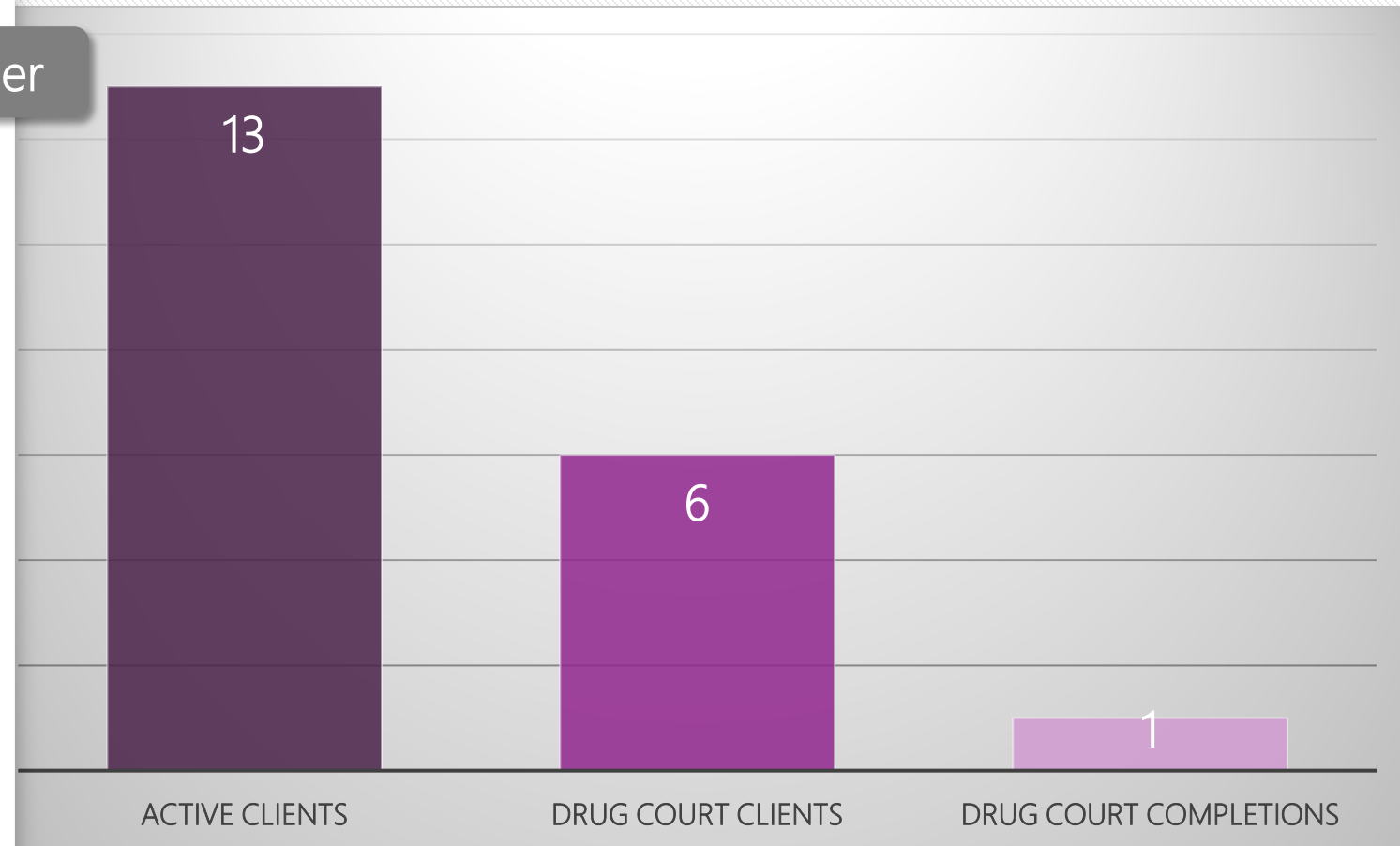


## Completions



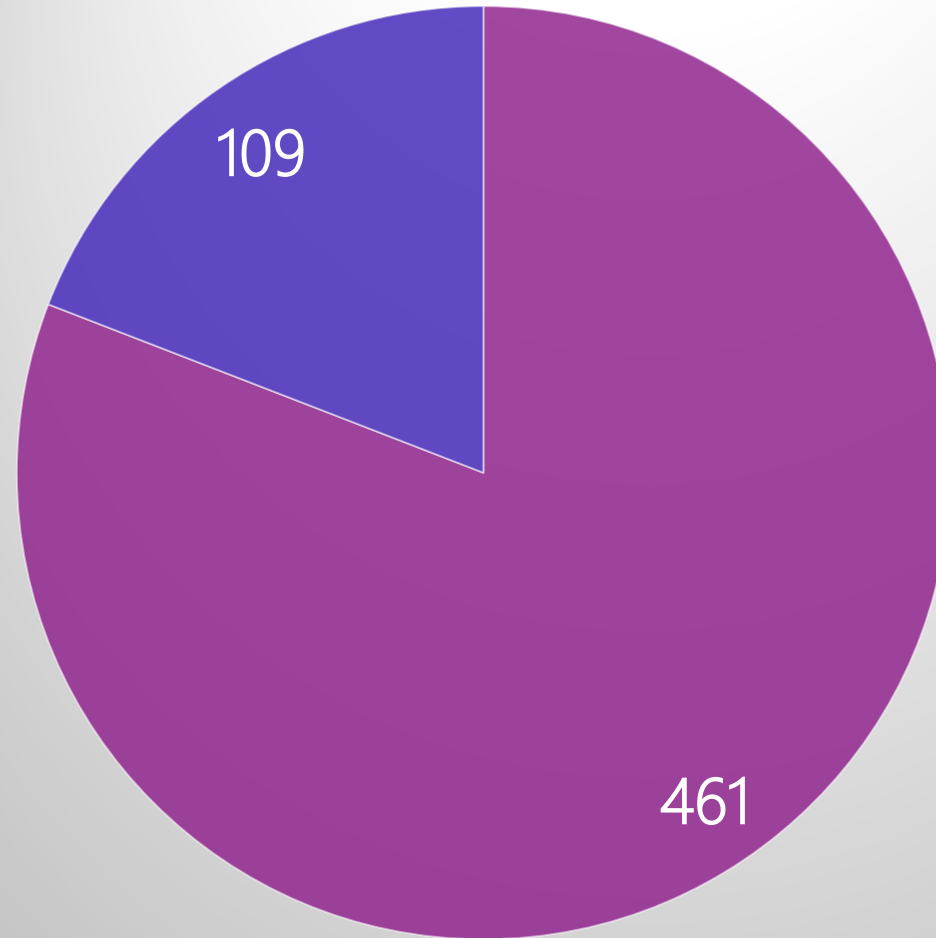
# SUD

December



# WELLNESS CENTER

December



■ Bishop Wellness Center  
■ Lone Pine Wellness Center

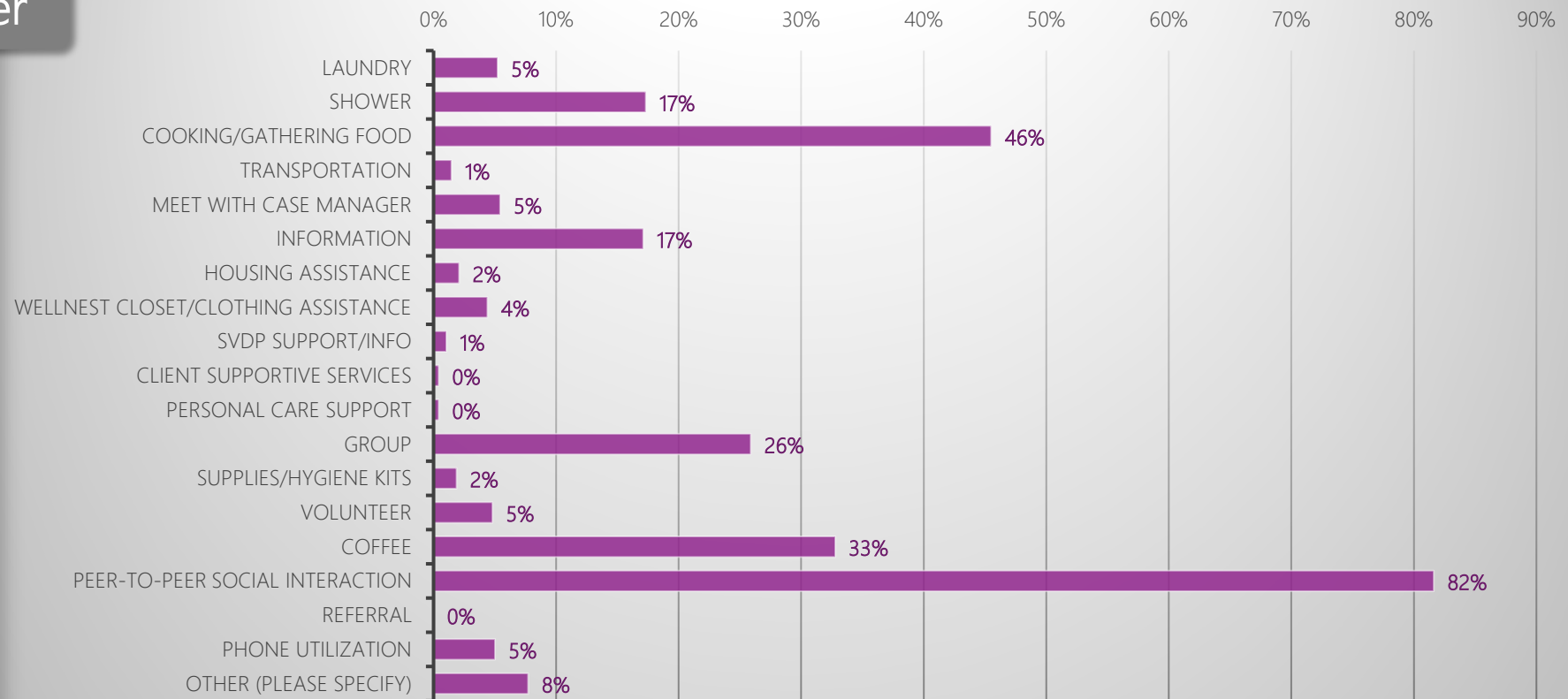
Total Interactions:

**570**

# WELLNESS CENTER

December

Bishop Wellness Center – Reason

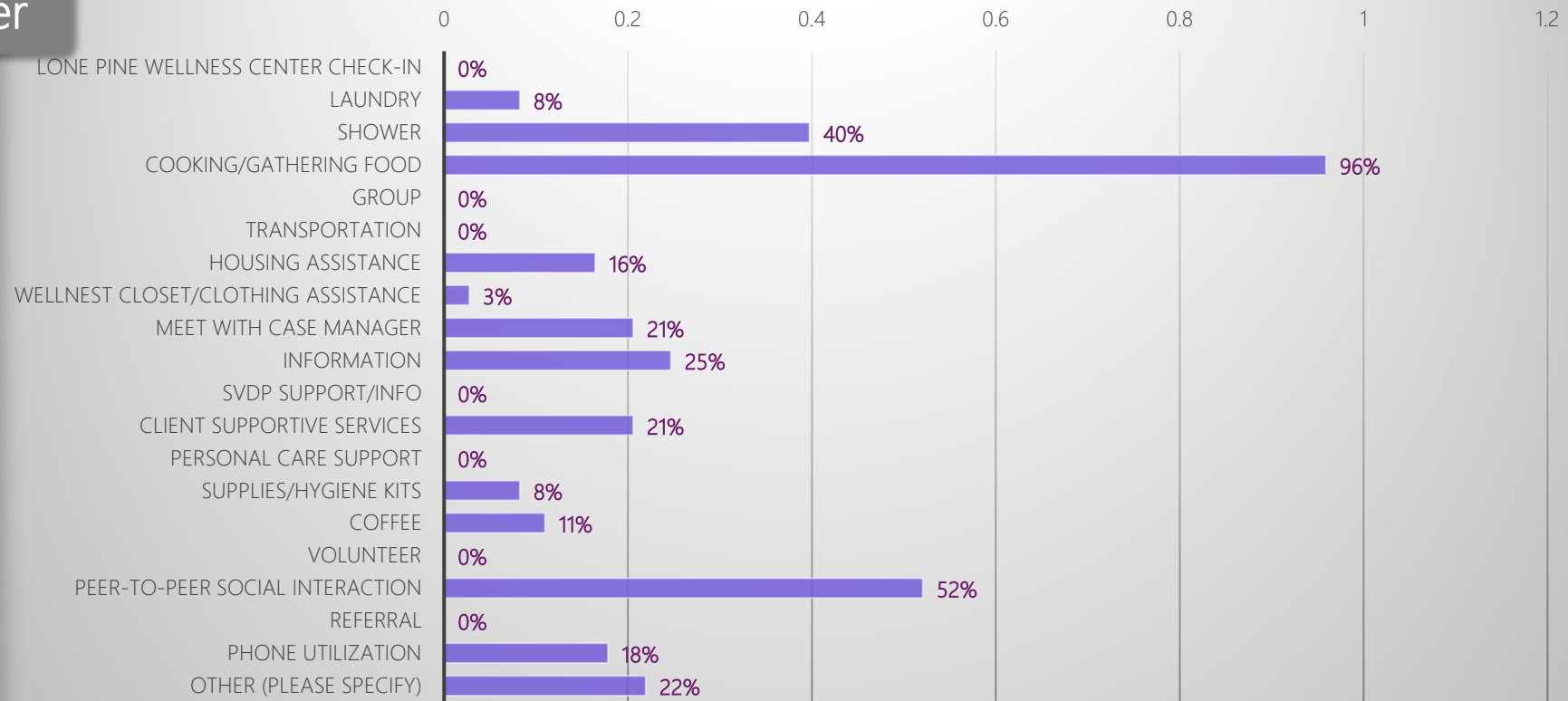




# WELLNESS CENTER

December

Lone Pine Wellness Center - Reason

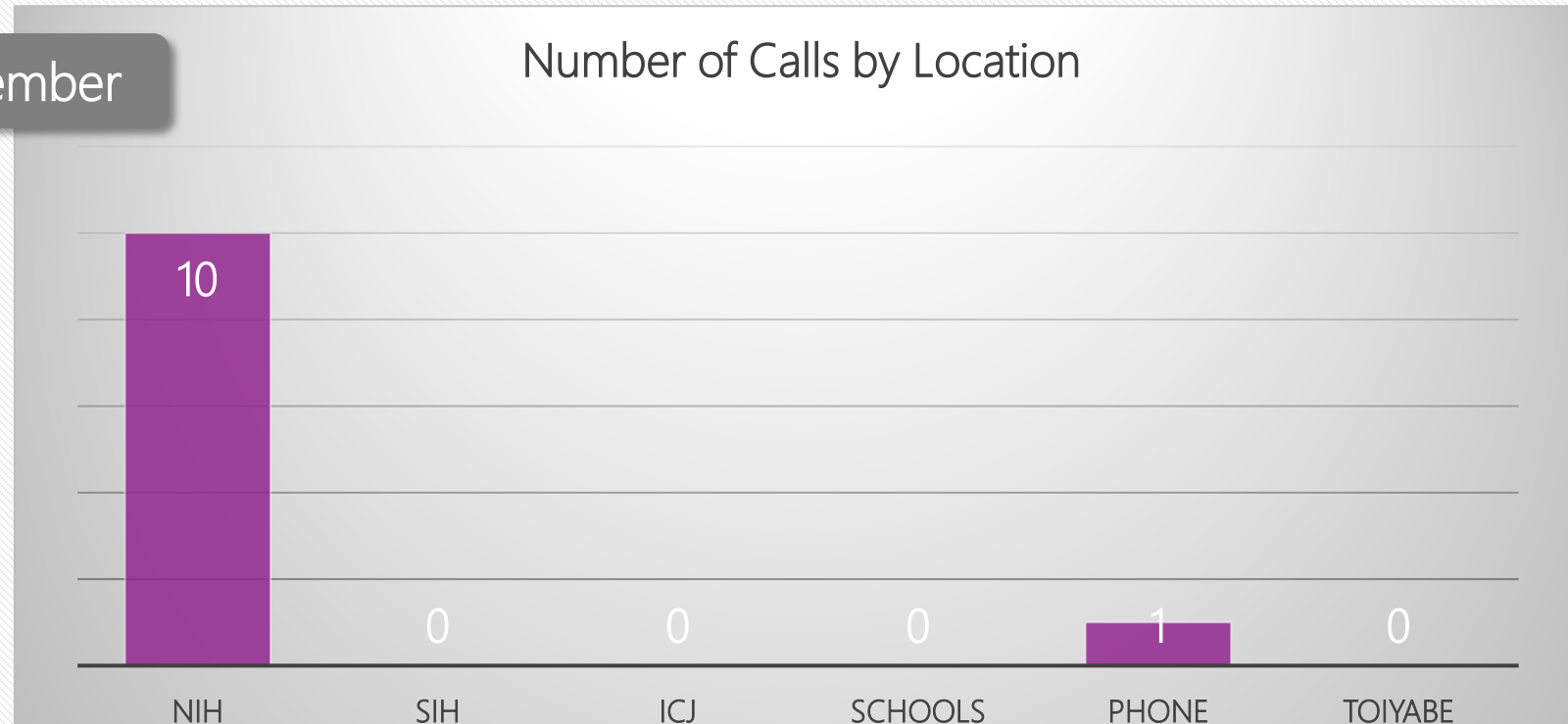




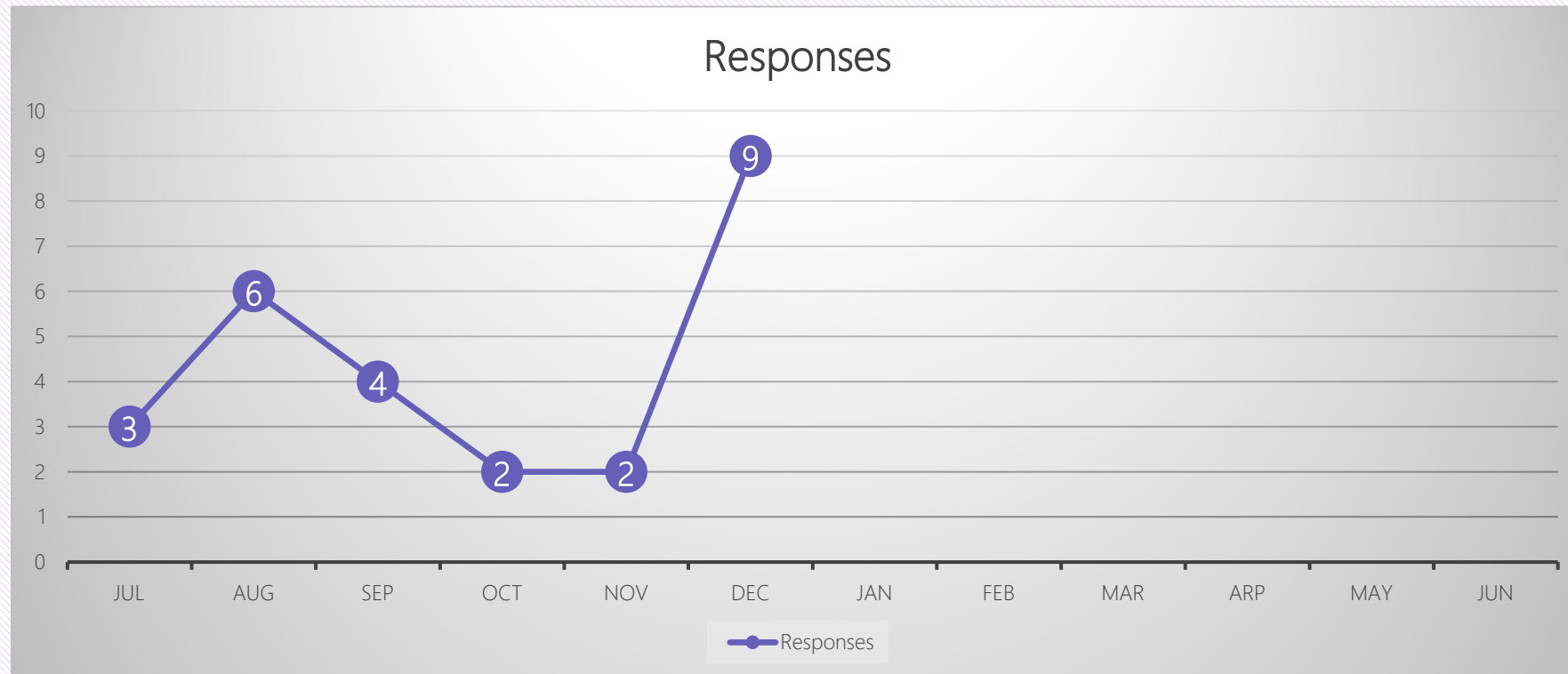
# CRISIS CALLS RECEIVED

December

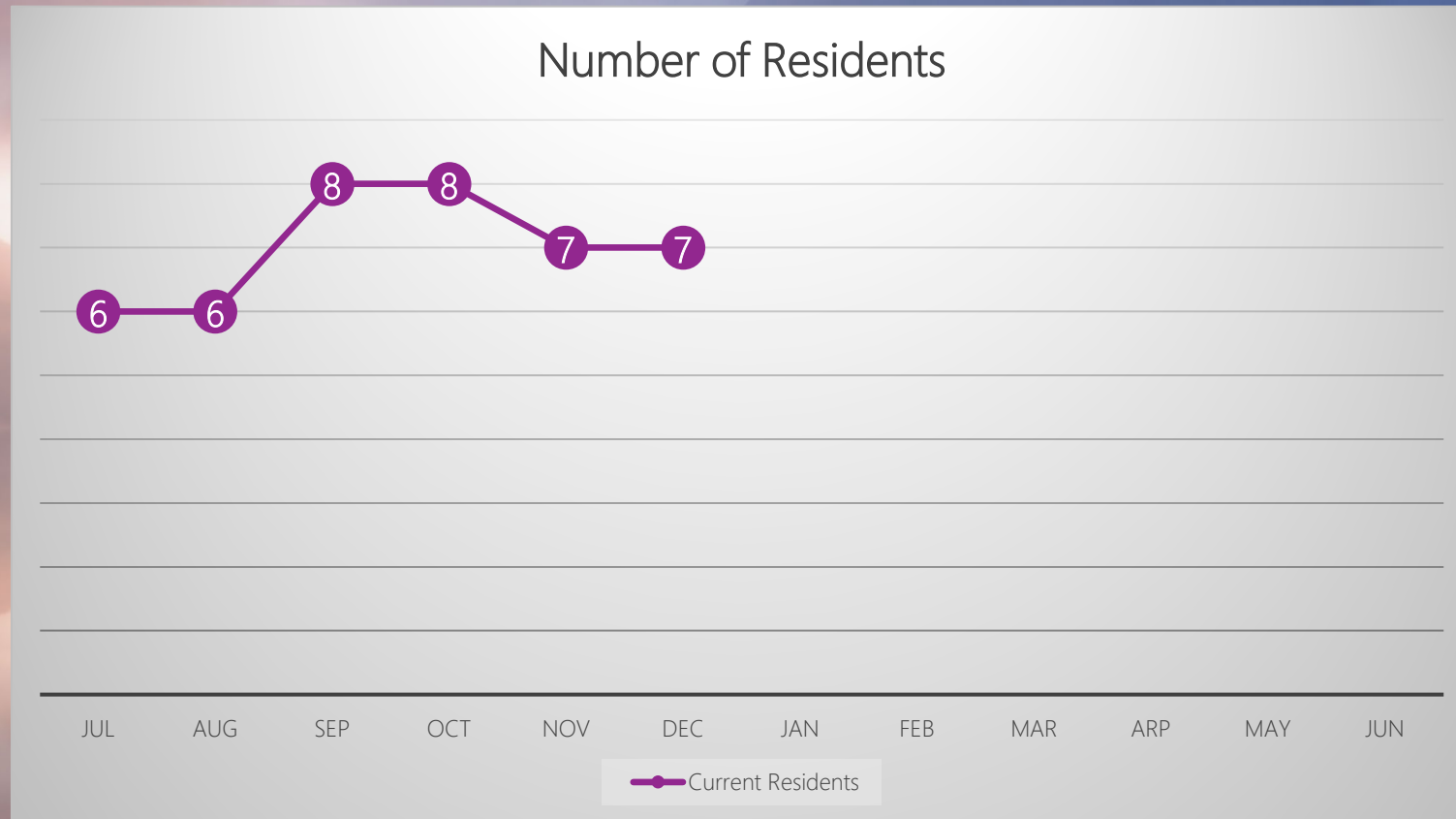
Number of Calls by Location



# CRISIS CARE MOBILE UNIT



# PROGRESS HOUSE





THANK  
YOU

