

MEETING AGENDA

San Miguel Behavioral Health Solutions Panel

Thursday March 28th, 2024 | 9:00 am -11:00 am

Regular Monthly Meeting on Zoom:

<https://us02web.zoom.us/j/88619402450>

Panel members present: Mandy Miller, John Pandolfo, Shelly Spalding, Sharon Grundy, Andres Jacinto Alonzo, Carol Friedrich, Jennie Thomas

Others present: Melanie Montoya Wasserman (TCHN), Kerry Brock (TCHN), Shelley Fourney

1. Welcome
2. Approve February Minutes
 - a. Sharon moves to approve, Shelly seconds, all in favor
3. Public comment
 - a. Shelley Fourney asks when she's working with clients who are nearing the end of their initial six sessions, what is the process for them getting approved for an additional six sessions. Kerry speaks to the process. John asks if providers also receive approval letters, they do
 - b. Melanie MW provides updates on the Katz-Amsterdam study, convening at end of April where services providers from mountain communities are invited to attend, free to attend but no travel reimbursements
4. Committee membership and makeup
 - a. John says he still has the old copy of the bylaws, wants to know if there's an official copy of the updated bylaws
 - b. Kerry does: New membership is nine members
 - c. John: is this representative of what we want in terms of representation? Are satisfied?
 - d. Mandy wants to know if there's a minimum number of members?
 - e. Jennie: Notes that it would be great if we could know that we have a requirement that there is a licensed provider
 - f. (Chuck P, Haley LS arrive at 9:20AM)
 - g. Mandy agrees that we should delineate law enforcement community as a required member
 - h. Sharon G agrees that law enforcement would be a good member to require
 - i. Carol: we've recognized the needs for different segments of the community to be represented, which is why the community members at large section is fairly vague
 - j. John: would be concerned about making the panel too large, wouldn't want to narrow down community members at large for Carol's reasoning

- k. Andres: I was surprised when I was chosen as a community member that there was no one before me, I would like to maintain representation of the community member at large. I'm not in opposition to expand the specific members of the panel
 - l. Shelly S: one of the principles put in place in the beginning was that we would have community representation from people who would not be fundees. Would we also want to maintain an odd number for the purpose of voting?
 - m. John reiterates that his comfort number for membership would be 12, thoughts?
 - n. Mandy: I like 9-11
 - o. Discussion and questions on quorums needed for the panel
 - p. John: Where do we want to go from here?
 - q. Potential for three additional bullets
 - i. Licensed clinician
 - ii. Law enforcement or CJ system
 - iii. Latino community member
 - r. Andres: I think licensed provider/Latino community member might be difficult to provide. If there is a Latino member that represents the schools, do they count for both?
 - s. John says he would see it as two unique members
5. Behavioral Health Fund Review
- a. Eligibility questions from TCHN
 - i. Dependents
 1. Grundy- My rec is that they are a resident of SMC and they're established with a local provider
 2. Jennie- Ethically I wouldn't want to see someone in another state, there's something to be said for how it helps my mental health as a person living and working in this community to know my kids are getting the help they need
 3. Melanie: One thing that I would add, while there is value in consistency, most colleges have support for mental health treatment for students
 4. Andres: The person that is receiving treatment is receiving trust with the provider, they continue having that service, my POV is that they still have the right to receive the fund as long as we have the capacity to provide that
 5. John: It sounds like most people are saying if they're not here, we should support them in getting services where they're physically located
 6. Shelly S: I feel like it's pretty clear that you have to live or work in the county

7. John: Majority thumbs down on should we approve this?
 8. Living here means when you're physically here, that relies on the therapist to say I can serve you only when you're here
 - ii. How to manage people with no proof of income
- b. Spending
 - c. Potential to close application
 - i. Concerns about needs for communication right from the start
 - ii. Jennie likes the idea of requiring people to use sessions within three months, asks for clarification on the reasoning behind the two step application process
 - iii. Mandy and Sharon review the fund over the years
 - iv. General consensus is that we should try to check on people who haven't used any funding, get an idea of what's going on there
 - v. John thinks we maybe "overbook the plane," wait for promised number to get up to some point above 230k and assume that some amount will not get spent
 - vi. Chuck is worried about going over and eating into next year's budget
 - vii. Sharon suggests waitlist
 - viii. John: Are people okay with having TCHN close to new applications when promised equals 230k, might be able to adjust down
 - ix. Rob would be in favor of the hard cap in 230k for this year. Is there an ethical way of qualifying for the additional six sessions using input from provider?
 - x. Sharon: It would be good to know about whether or not providers are taking insurance, also good to know how to help providers get in a place where they will take insurance?
 - xi. Mandy also mentions that we can reapproach commissioners for additional funding
 - xii. Panel agrees that a hard cap at 230k would be best, TCHN will review current scholarships to find people who haven't used any sessions
6. Clinical supervision
 - a. Lindsay Wright joins meeting.
 - b. Lindsay: 22 up and coming clinicians in the area at some point in their training. Hard for people to get internship sites, hard for people to get CS.
 - c. Mandy: Historically, the only clinical supervision requirement was that you had a license, in 2020 that changed and there are now more requirements for LPCs (2000 HOURS)
 - d. For LCSW to be licensed they have to have 3000 hours post graduate

- e. Carol- We definitely were interested in supporting the growth of clinicians in our community. The concern about the level and expertise of those giving clinical supervision, possibility of inexperienced clinical supervision. We adopted this policy prior to the new requirements. We wanted to allow for development of CS in private practice, but had concerns
- f. Jennie: LCSW, for licensing, there is a built-in system, you must do classes specific to supervision. Adding another requirement feels over the top.
- g. Shelley F: Another thing that comes to my mind is that a lot of us have spent years in a community mental health center and we bring that experience and history to our private practice supervision
- h. Grundy: Maybe we say you must have the appropriate licensure, take away the ACS req?
- i. John: Is the change that happened with licensing requirements sufficient? Maybe we have a list of certifications?
- j. Sharon: It sounds like each licensing board has appropriate requirements, should we be sticking another requirement?
- k. Anyone who thinks they have a good idea of what the eligibility requirements should be, send to Kerry, will attempt to come up with a rough draft

Panel Members:

John Pandolfo-- Superintendent, Telluride R1 School District, Chair

Sharon Grundy-- Telluride Medical Center, Vice Chair

Carol Friedrich-- San Miguel/Ouray County Social Services Director, Secretary

Chuck Porth-- CEO, Uncompahgre Medical Center

Shelly Spalding-- Axis Health Systems

Jennie Thomas—Norwood Public Schools

Rob Whiting-- Community Member

Andres Jacinto Alonzo-- Community Member

Mandy Miller – Community Member

2024 Meeting Schedule

January 25th

February 22nd

March 28th

April 25th

May 23rd

June 27th

July 25th

August 22nd

September 26th

October 24th

*November 21st

*December 19th