



Healthy Mendocino Leadership Team

May 27, 2021 1PM-3PM Zoom Meeting

Minutes

Key Takeaways:

- New Leadership Team member: Jessica Grinberg—President of the Mendocino Coast District Hospital Board, business owner, trustee on the Mendocino Unified School District Board
- Molly Rosenthal will be moving into a new position within NCO's community wellness department. She will now be a Project Coordinator helping to build out grant-funded projects between programs and to support collaboration.
- The LT recommended that Patrice hire a part time, 20hr/week person to replace Molly. Ideally this person would be based on the coast and could share the new office space with Molly.
- HM is hosting a webinar on youth mental health June 16th 12Pm-1:30PM
- HM has been approached to host an ACEs resilience page with resources data, and collaborative tools to help organizations understand the trauma-informed systems in place in our community.
- The LT discussed how HM fits in with the new Blue Zones initiative. HM could be the data arm of Blue Zones, a partner that uses its name recognition and trust in community to help build out the collaboration and bring people to the table, and/or a partner that helps hold BZ accountable to the most pressing health issues in the county and advocates for BZ's response to these issues.
- The next Roundtable Meeting is June 10th at 1PM. The theme for the discussion will be about onboarding and retaining practices for interns and employees. Clinton Maxwell will be presenting.
- Next Leadership Team meeting: June 24th 1PM

Present on Call: Miranda Ramos, Patrice Mascolo, Molly Rosenthal, Roseanne Ibarra, Stacy Pollina-Millen, Donna Schuler, Mary Norris, Jessica Grinberg, Michelle Hutchins, Clinton Maxwell, Jackie Orozco,

Absent: Tammy Moss Chandler, Debra Ramirez, Victoria Kelly, Jill Damian

Meeting Commenced: 1:00PM

Introductions

New Members

Miranda introduced the new member of the Leadership Team, Jessica Grinberg. Jessica is the President of Mendocino County District Hospital Board, a business owner, and a trustee on the Mendocino Unified School District Board.

Staffing Changes

Molly Rosenthal, HM Coast Coordinator, will be moving into a new role within NCO's Community Wellness Department. She will be a general Project Coordinator, helping develop programming and encourage collaboration between CW programs. This summer, she will be focusing on a youth engagement project between Leadership Mendocino and Caring Kitchen. Her immediate supervisor will now be Tammy Moss-Chandler, NCO's Community Action Development Director. Molly will only be involved with Healthy Mendocino work for special projects: equity audits, webinars, etc.

This new Leadership Mendocino and Caring Kitchen youth engagement project could be an opportunity to build out work-based learning experiences through the culinary programs at Fort Bragg and Mendocino High Schools. Stacy and Clinton would like to partner on this.

The LT congratulated Molly and expressed that she will be missed. They also advocated that Patrice hire a part-time person to replace Molly. Miranda advocated that a part time person should be found immediately to continue to secure funding.

Ideally, HM would hire someone on the coast to continue its coast representation. Molly is moving into a bigger coast office space in the coming weeks with room for another desk. That person could work out of this new NCO office and would have Molly for a resource since she worked for HM.

The LT urged Patrice to reflect and take inventory on work ahead and make recommendations to Leadership Team—either hiring a part time person, or revisiting work identified and make some changes. HM is positioned well for resources. Patrice was asked to look at current state of work and what is on the horizon (i.e. Blue Zones and how HM wants to position itself).

Financials

Fundraising Update

Patrice is requesting \$6,000 from Adventist even though they declined to fund HM this year. Received \$500 from Community Development Commission. Community Foundation committed to \$2,000 for 3 years. MCOE is on board for \$3,000. Patrice still needs to talk to NCO, Partnership Health Plan, RCS, RQMC. United Way will fund us at \$5,000.

PACES connection tracking project could provide some funding. More info on that later in the meeting.

Potentially, HM is looking at \$159K in funding for the 2021/2021 fiscal year.

Budget Review

Patrice created two budget scenarios:

-1 FTE, Coast Coordinator 30 hours

-1 FTE, Coast coordinator 20 hours

The admin cost from NCO is increasing going from 8.3% to 9%. Patrice added in costs for interpretation and translation services and facilitation training for staff. We have extra carry-over because the PPP loan paid salaries for a chunk of this fiscal year and Molly has been working for other projects within NCO that have supplemented her salary.

Patrice will re-do the budget now, adding in a new part-time person along with the associated on-boarding costs. She would like to have the budget approved before fiscal year, however unlike other budgets, it is a living document and can be changed after the start of the fiscal year if needed.

Healthy Mendocino Updates

Youth Mental Health Webinar

Molly thanked the LT for their feedback on the webinar ideas the last two months. HM, in collaboration with League of Women Voters, is hosting a webinar called **A Conversation on Youth Mental Health: Response, Recovery, Resilience** on June 16th from 12PM-1:30PM. We hope you all will be able to join. The panel will be a blend of youth advocates and service providers:

Bonnie Lockhart, MSW: Tribal Youth Diversion Project Coordinator, [Sherwood Valley Rancheria](#)

Anastacia Brodetsky: Youth Advocate, [Project Sanctuary](#)

Terri Rathbun, LMFT: Clinical Manager, [Mendocino County Youth Project](#)

Ren Ramos: Youth Advocate for transgender and LGBTQ rights

Nanette Barker: Restart Counselor, [Mendocino County Office of Education](#)

Avenues to Wellness Presentation

HM staff is doing a presentation on June 22nd for Avenues to Wellness. The audience is the general public, those that may not know much about the SDOH or the equity issue that has been illuminated over the last year and a half, so the aim is to give a basic overview of HM, what the SDOH are, and how HM is working to address community health issues.

Tribal Recognition Project

Kort Peterson has talked to several tribes and many seem interested in having their contact information on a resource page hosted on HM. It could also contain a history of the tribe. He's received confirmation of participation from 4 tribal councils. It is a slow-moving project.

ACES/PACES Connection Community Resilience Page

The Childhood Trauma Action Team (CTAT), who is in the process of changing their name, approached HM to host an ACEs page with some tools and trackers purchased from PACES (Positive & Adverse Childhood Experiences) Connection, a statewide organization working with communities around ACEs awareness and resiliency-building. CTAT wants this ACEs page on the HM site to be the central place our community goes for ACEs information.

Part of this page is the Resilience Tracker, which collects local data on how sectors are faring in implementing trauma-informed practices. This is a collaborative tool that organizations can use to leverage funding and learn from one another. This tracker and many of the PACES resources that will be added to the HM page, will help organizations understand the trauma-informed systems in place and highlight the importance of focusing on the resilience-building piece to change. HM is excited to be a part of this project.

Clinton shared he has been thinking about how to weave more of the reliance piece into CTE. When we get into internships there is the opportunity for positive mentorship and adult relationships. How can CTE be more of a social and emotional effort as well as a career effort?

Survey Update

Patrice is conducting a funder survey during this fundraising cycle. She is gathering qualitative feedback on HM and our work over the last year by asking 3 questions when speaking to funders.

There is currently a pop-up survey on the website to gauge usability and relevancy of the platform. So far, we have only received 6 responses.

Highlight of website responses: most respondents use the website 1-4 times per year and are from non-profit or community-based organizations. The features that are used the most are indicators, COVID Resource Library, CalFresh, Community Health Events Calendar, HM Roundtable. Some respondents wanted to see more business indicators or data on the largest employers.

Blue Zones Discussion

We are fortunate Roseanne is serving in both those capacities. We must view this as an opportunity and figure out how to play nice.

Roseanne gave a background on Blue Zones. The founders were inspired by being involved in a blueprint for wellbeing. BZ is a system-wide initiative, as Adventist sees that healthcare needs to be involved in the business of well-being. Adventist Health saw Blue Zones as an intervention. This initiative is not intended to create a bigger divide between those that are able to self-actualize and those that are struggling. There are some BZ efforts to design interventions for vulnerable populations. Blue Zones is a evidence-based model that has strategies around improving environmental and social change. There are 200 different interventions, and 3 policy bundles that communities can select from. We can select what we want, that is why it is critical to invite all voices to the table. We need people at the table to uplift that we are a high trauma community and have challenging race dynamics, deep mental health, and substance abuse issues.

My hope from HM that we will continue on as steady as we have been. Hm could be working on the issues BZ is not. Roseanne sees BZ as something that Adventist Health is making a commitment to fund the positions, but the other piece is the projects. Working with individuals with finding their purpose, worksites to help with employee wellness.

Donna mentioned that the community wants to see programs that are sustainable. What happens in year 6 when the 5 paid BZ staff conclude the project? We already have action teams, where do we fit in or will there be competing interest? Where is the funding coming from and will it take away from other agencies?

Mendocino County has been identified as a community they want to invest in innovation. Adventist is backing 50% of the expense and must raise the other half to fund the positions.

How HM fits in:

Roseanne sees a district difference between Blue Zones and Healthy Mendocino. HM's main piece is the database— indicators, resource library, collaborative spaces (Roundtable), and webinars. HM is more about building the collaboration and providing info and data. HM could be a one stop shop helping organizations with collaboration. They could be a content expert providing program level data and helping Blue Zones accessing that data. HM could be the data arm of Blue Zones.

Adventist seems insular and highly productive. Collaboration and partnership do not seem to be in their wheelhouse. HM has formed an identity, name recognition and trust on community health improvement and could help get partners on board for this BZ collaboration.

We need to be mindful and respectful of the partners in this community. Oftentimes our partners are not connected on that. There's relationship repair we need to do.

How can HM promote the partnership model and hear the people normally not heard?

How does the structure of BZ acknowledge the existence of the work already being done? BZ has done this project before, they did not go into communities where nothing was done before. Supporting a structure is harder to sell than supporting a program.

Jessica—There does not seem to be a lot of success for BZ for the more challenged populations. Those that are already engaged do fine, and those at risk stay at risk. The role of HM could be holding the critical community health needs to the forefront of the BZ initiative and advocate for a response.

Blue Zones are highly responsive. When an issue is brought to the table, they want to problem solve. They do not want to be viewed as neglecting a community in need.

The LT suggested HM craft a strategy with the top 3 things we want changed by the Blue Zones team. BZ could be a catalyst for what we want to work on but have not been able to amass the resources to support it. HM could position itself to take over the work after they leave.

At the end of the day, advocating for trauma informed lens is about getting to the self-worth piece: “how do I make the healthy choice when I am dealing with my own issues?” Blue Zones does have the component of helping people find their purpose.

Roundtable June 10th 1PM-3PM

All LT members are invited to join the Roundtable Discussion on June 10th. Clinton Maxwell of MCOE will be presenting and the discussion topic will be about onboarding and retention practices for interns and employees.

Presentation from Stacy Pollina-Millen, Reproductive Health program manager, Mendocino Coast Clinics

Next Meeting—June 24th at 1PM

Meeting Adjourned 3:05PM

Respectfully Submitted by Molly Rosenthal, Healthy Mendocino