

From: [Emily Fox](#)
To: [Mono County Grand Jury](#)
Cc: [Nancy Licari](#); [Christopher Beck](#)
Subject: Invited Comments on Grand Jury Report Entitled "Mammoth Lakes Police Department Detainment and Arrest Processes"
Date: Tuesday, July 8, 2025 2:44:54 PM
Attachments: [Cover Letter Sheriff and MCBH Director Comments 7.8.2025.pdf](#)
[Attachment A Sheriff Comments on Grand Jury Report re MLPD Detainment and Arrest Processes.pdf](#)
[Attachment B MCBH Director Comments on Grand Jury Report re MLPD Detainment and Arrest Processes.pdf](#)

To the Honorable Presiding Judge Magit and the Grand Jury:

Please see the attached cover letter and accompanying invited comments from the Mono County Sheriff and the Director of Mono County Behavioral Health on the 2024-2025 Grand Jury Report entitled "Mammoth Lakes Police Department Detainment and Arrest Processes," received by the county on May 9.

Thanks and best,
Emily



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July 8, 2025

Mono County Grand Jury
Honorable Judge Mark Magit
Presiding Judge of the Superior Court
100 Thompsons Way
P.O. Box 1037
Mammoth Lakes, California 93546

RE: Sheriff's and Director's Comments on the Mono County 2024-2025 Grand Jury Report Entitled "Mammoth Lakes Police Department Detainment and Arrest Processes"

To the Honorable Judge Magit and Grand Jury Members:

Please consider this letter and attachments as the Mono County Sheriff's and Mono County Behavioral Health Department Director's Invited Comments on the 2024-2025 Grand Jury Investigation Report entitled "Mammoth Lakes Police Department Detainment and Arrest Processes." While the Mono County Behavioral Health Department ("MCBH") Director's comments are not required under Penal Code Sections 933 or 933.05, MCBH welcomes the opportunity to engage with the Grand Jury on these important issues and core functions of the department. The Sheriff provides comments as required under Penal Code Section 933(c).

MCBH would like to use the opportunity in this cover letter to first address some foundational background information for the Director's comments. MCBH hopes that this information about MCBH's role and how it currently responds to calls for 5150 evaluations will be useful to the Grand Jury in reviewing these comments.

It is important to note that MCBH staff are not trained or equipped to provide on scene crisis intervention or de-escalation alongside law enforcement when an individual is committing or has committed a crime or is armed and constitutes a threat to public safety. It is first and foremost the role of law enforcement to use their training in crisis intervention and de-escalation in a public safety or criminal situation, and not that of unarmed MCBH staff.

MCBH's role is to evaluate an individual for 5150 hold criteria, whether at the Mammoth Hospital Emergency Department or at the Mono County Jail, and to connect that person to the appropriate services and conduct follow up. MCBH's mobile crisis services are designed to provide relief to Medi-Cal beneficiaries experiencing a behavioral health crisis, including through

MCBH's deescalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm to the individual; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement in non-criminal situations.

MCBH is called by the Emergency Department staff to perform a 5150 evaluation when MLPD or another law enforcement agency presents an individual to the Hospital and writes the 5150 referral. MCBH is also called by the Hospital staff to perform 5150 evaluations for individuals who present themselves to the Hospital, or who are brought to the hospital by family or friends. MCBH may also be called to the Mono County Jail to perform a 5150 assessment.

I would like to note that because the MCBH Director acts at the direction and pleasure of the Board of Supervisors, the MCBH Director's comments may be, in their substance, largely identical to the Board of Supervisor's responses that will be due on August 7, 2025.

The Sheriff and the MCBH Director thank the Grand Jury for its attention to these issues that connect both public safety and mental health care services in our community.

Thanks and Best,



Emily Fox
Assistant County Counsel

Cc:

Nancy Licari, Staff Secretary to the Grand Jury

Enclosures:

Attachment A Sheriff's Comments on Grand Jury Report

Attachment B MCBH Director's Comments on Grand Jury Report

ATTACHMENT A



Mono County Sheriff's Office Invited Comments on Investigation Report:
Mammoth Lakes Police Department Detainment and Arrest Processes:

Findings:

F3: The limited communication and coordination between Mono County Behavioral Health and MLPD may result in the improper handling of arrestees leading to increased risks to the officers and public.

Response to F3:

The Sheriff's Office disagrees with the finding. The intent of the finding is unclear, but the gist appears to be that Mono County Behavioral Health ("Behavioral Health") should be notifying MLPD of the health status of persons under their care. While this could be useful information for law enforcement to know, they are not entitled to this information. To notify MLPD of health status information would be an illegal release of Protected Health Information ("PHI") prohibited by the Health Insurance Portability and Accountability Act ("HIPAA"), exposing both the County of Mono and Behavioral Health employees to civil and criminal liability.

If the intent of this finding is that Behavioral Health should inform MLPD of the mental health conditions of persons residing or working in the community that MLPD may interact with, that would also be violation of HIPAA.

If the intent of this finding is that arrestees with a 5150 Hold are being released from medical care without notification, that is incorrect. Someone who has been arrested for a crime, even if they meet the criteria for a 5150 Hold, would be booked into the Mono County Jail. The arrestee's mental health condition would be assessed by Behavioral Health in the confines of the Jail prior to release.

If the intent of the finding is to address that persons placed solely on a 5150 Hold are released without notification to law enforcement, those are considered temporary detentions, not criminal arrests. Because the process of a 5150 Hold is considered a health condition, any information, including discharge and/or transfer, is PHI that cannot be released under HIPAA.

Implementation of F3:

None.

Implementation Timeline for F3:

Not applicable.



F4: Due to the requirements of HIPAA Compliance, there is no mechanism for the Department of Behavioral Health to “close the loop” with MLPD after a potential 5150 hold incident is vacated. The police are not notified of the cause which hinders their ability to understand the outcomes and be better able to serve the public.

Response to F4:

The Sheriff's Office agrees with the finding, but there is no remedy. Behavioral Health and Mammoth Hospital are bound by the HIPAA and cannot release PHI. This includes discharge and transfer information. Behavioral Health and Mammoth Hospital legally cannot “close the loop.” While it could be helpful to know the outcomes of 5150 Holds, law enforcement is not entitled to this information.

Implementation of F4:

None.

Implementation Timeline for F4:

Not applicable.

Recommendations:

R2: The grand jury recommends that the board of supervisors encourage the reinvigoration of the Crisis Care Committee by October 1, 2025 made up of the MLPD Chief of Police, the Director of the Mono County Department of Behavioral Health, a representative of Mammoth Hospital and the Sheriff's Department to focus on cross-training and communication.

Response to R2:

The Sheriff's Office agrees in part and disagrees in part with the recommendation. Training and communication can always be improved upon. The Sheriff's Office recommends that “cross-training” be an effort to educate each entity on the roles that the other entities play. A clear understanding of what each entity can and cannot do should help facilitate effective communication and cooperation.

There may have been a “Crisis Care Committee” led by Mammoth Hospital, but the Sheriff's Office has no records of when that was in existence. In late 2019 there were discussions regarding a Memorandum of Understanding between Mammoth Hospital, Behavioral Health, and local law enforcement establishing protocols for 5150 Holds, but that did not address training or communication.

The Behavioral Health Advisory Board (“BHAB”), required by California Welfare and Institutions Code Section 5604, holds bi-monthly publicly noticed meetings. The BHAB advises and evaluates the various functions and policies of the Behavioral Health Department that are under the direction of the Behavioral Health Director and jurisdiction of the Mono County Board of Supervisors. The Board of Supervisors could direct the



BHAB to incorporate this recommendation into their activities. The former Mammoth Lakes Police Chief was a member of the BHAB, but the current Chief is not. Mammoth Hospital staff have also been invited to attend.

Implementation of R2:

The Board of Supervisors could invite Mammoth Lakes Police Department and Mammoth Hospital to join the BHAB. The Board of Supervisors directs the BHAB to discuss roles and communication between Behavioral Health, Mammoth Hospital, and local law enforcement.

Implementation Timeline for R2:

The next BHAB meeting is scheduled for August 11, 2025.

ATTACHMENT B



**Mono County Behavioral Health Invited Comments on Investigation Report:
Mammoth Lakes Police Department Detainment and Arrest Processes:**

Findings:

F3: The limited communication and coordination between Mono County Behavioral Health and MLPD may result in the improper handling of arrestees leading to increased risks to the officers and public.

Response to F3: Mono County Behavioral Health (“MCBH”) agrees and disagrees with this finding. MCBH acknowledges that the privacy concerns and inability to share protected medical information pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) may reduce MLPD’s understanding of the resolution of a call, MCBH disagrees that a lack of communication results in the mishandling of arrestees. MCBH staff are not trained or able to serve as first responders or act in the same capacity as armed law enforcement when there has been a crime or there are weapons present. When someone with a mental health condition commits a crime or is presenting a public safety threat, that is first and foremost a law enforcement issue. MCBH staff cannot intervene in such a situation to deescalate or otherwise resolve a criminal situation in the way that armed and trained law enforcement can.

When someone who is committing or has committed a crime is arrested appears to be in mental distress, MLPD notifies MCBH to perform an evaluation of that individual. A 5150 evaluation may be completed at the jail in a safe and secure location, or is more often performed at the hospital if the arrestee has been transported there for medical care. MCBH staff are not on-scene first responders with the same role or responsibilities of armed law enforcement when it comes to addressing a crime or public safety threat.

Currently, there is a Memorandum of Understanding in place for Mobile Crisis Response and communication (attached hereto as Exhibit 1), and there are established procedures for how the different agencies that may make contact with an individual experiencing mental distress will transport or refer individuals for 5150 assessment.

If an emergency call is received for an individual who is not committing or who has not committed a crime and is not experiencing a medical emergency, MCBH can be connected to the individual by dispatch for a warm hand off to service. Law enforcement or emergency medical service respond to the individual’s location and MCBH can provide participating law enforcement agencies with mobile tablets for remote MCBH assessment. Law enforcement or emergency medical services will remain on site during the assessment unless another urgent situation or emergency presents. The assessment will determine if placement in the hospital is warranted. If not warranted, MCBH will coordinate follow-up care with the individual. If transportation to the hospital emergency department is warranted, MCBH works with the agency on scene to coordinate transportation to the hospital. No follow up communication with MLP regarding the results of any assessment is allowed under HIPAA.



If law enforcement or emergency medical services encounters an individual experiencing a medical emergency or a substance use disorder-related need and that individual is transferred to the hospital, Mammoth Hospital will contact MCBH to conduct a 5150 assessment.

Implementation of F3: MCBH would be happy to review or revise the procedures for communication around 5150 referrals and holds with MLPD and other interested agencies if directed.

Implementation Timeline for F3: As directed.

F4: Due to the requirements of HIPAA Compliance, there is no mechanism for the Department of Behavioral Health to “close the loop” with MLPD after a potential 5150 hold incident is vacated. The police are not notified of the cause which hinders their ability to understand the outcomes and be better able to serve the public.

Response to F4: MCBH agrees with this finding. MCBH agrees that HIPAA prevents “closing the loop” with MLPD to inform them if any particular case they referred or transported for a 5150 assessment ultimately resulted in a 5150 hold.

Implementation of F4: MCBH can provide aggregate annual data to MLPD on the “results” of 5150 referrals, i.e., how many of the referrals made by MLPD resulted in a 5150 hold, to help MLPD better understand their overall match from their own evaluation of when an individual may need a 5150 hold and how often that hold is actually warranted. MCBH cannot provide case-by-case data, which though would be more helpful, would violate HIPAA.

MCBH is also available to coordinate with MLPD on a monthly basis or at another desired frequency to discuss coordination issues and review concerns.

Implementation Timeline for F4: In January of 2026, MCBH will compile and arrange for aggregate data for 2025 to be sent to MLPD.

Recommendations:

R2: The grand jury recommends that the board of supervisors encourage the reinvigoration of the Crisis Care Committee by October 1, 2025 made up of the MLPD Chief of Police, the Director of the Mono County Department of Behavioral Health, a representative of Mammoth Hospital and the Sheriff’s Department to focus on cross-training and communication.

Response to R2: MCBH agrees and disagrees with this recommendation. MCBH agrees that a forum for the discussion of protocols, communication, and other inter-agency issues that may arise would be helpful. MCBH disagrees that it is able to compel the participation of all agencies in a committee.



Implementation of R2: MCBH will participate in any committee jointly requested by the relevant agencies, such as MLPD and Mammoth Hospital.

Implementation Timeline for R2: As requested or directed.

R3: The grand jury recommends that the Mono County Board of Supervisors encourage the Department of Health to provide MLPD officers training on de-escalation and assessment, similar to what they would provide their own employees, starting by January, 2026.

Response to R3: If MLPD, as an independent agency from the County, requests that MCBH provide de-escalation and assessment training, MCBH may work with MLPD to deliver a training that would meet the department's needs. Ultimately, the Commission of Peace Officer Standards and Training ("POST") offers free trainings on crisis intervention, mental health, and de-escalation that are free to officers and catered to law enforcement. As non-law enforcement personnel, MCBH can provide insights and a training perspective that may be useful to MLPD, if they so determine that it would be valuable to the officers.

Implementation of R3: MCBH can provide requested training that covers MCBH's role and its techniques for crisis intervention and assessment, distinct from those taught by POST.

Implementation Timeline for R3: As requested or directed.

EXHIBIT 1

MEMORANDUM OF UNDERSTANDING
BETWEEN
MONO COUNTY BEHAVIORAL HEALTH
AND
MONO COUNTY SHERIFF’S DEPARTMENT
MAMMOTH LAKES POLICE DEPARTMENT
MONO COUNTY EMERGENCY MEDICAL SERVICES
for
MOBILE CRISIS RESPONSE TEAM (MCRT)

SECTION 1

1.1 PARTIES TO AGREEMENT

- 1.1.1 Mono County Behavioral Health (MCBH)
- 1.1.2 Mono County Sheriff’s Department (LEA or MCSD)
- 1.1.3 Mammoth Lakes Police Department (LEA or MLPD)
- 1.1.4 Mono County Emergency Medical Services (EMS)

SECTION 2

2.1 INTRODUCTION AND HISTORY

2.1.1 In 2021, Mono County Behavioral Health (MCBH) received the Crisis Care Mobile Units Grant to expand crisis support services in Mono County. The desire of the parties of this MOU, as well as the Mono County Board of Supervisors, is to expand crisis support services to the community by adding a Mobile Crisis Response Team. This Mobile Crisis Response Team (MCRT) is designed to respond to individuals having a mental health crisis by conducting screenings and providing de-escalation in the field. The need for an MCRT is especially important to those residing in geographically isolated areas and those without transportation to reach a behavioral health professional in person.

The MCRT will aid and assist our community by focusing on triage and evaluation to determine the need for a higher level of care, or other appropriate services or referrals throughout the community, and connecting the individual with a behavioral health professional in the field via telehealth/tablet technology.

SECTION 3

3.1 PURPOSE OF THE AGREEMENT

3.1.1 The purpose of this MOU is to establish a working relationship among the parties and to document the responsibilities of each party relative to the provision of the MCRT services in Mono County. MCRT is designed to improve collaboration between MCBH, law enforcement and EMS systems, with the goal of supporting Mono County residents who appear to be experiencing a behavioral health crisis and are in need of immediate behavioral health crisis and/or interventions. Parties of this understanding agree to work together in a manner that treats all persons experiencing a crisis with professionalism and care.

3.1.2 The term of this Agreement is ongoing, with the effective commencement date being August 16, 2022. However the fiscal provision set forth in Section 5.4 of this MOU shall expire in their entirety upon exhaustion of CCMU Grant funds . This MOU may be amended only in writing with signed approval of all parties to this MOU. A representative of any participating agency can request a review of the MOU at any time if deemed necessary for operational effectiveness. Participating agencies may elect to terminate their participation in this MOU by providing written notification to the MCRT MOU participants. Termination will take effect not less than thirty (30) days after receipt of written notification or upon a date established by mutual agreement.

3.1.3 Overview of Mobile Crisis Response Team Model: The MCRT will be made up of qualified and trained individuals from Mono County Behavioral Health, Mono County Sheriff's Department, Mono County Dispatch, Mammoth Lakes Police Department and Mono County Emergency Medical Services, collectively to be known as MCRT. Each will employ a team who, when available and appropriate, will respond to children and adults in Mono County who are experiencing a behavioral health crisis. MCRT schedule and operating times will be mutually

agreed upon as the program is implemented. Future iterations of this program may include invitations to such entities as California Highway Patrol.

MCRT will be stationed in the County of Mono and will be available to respond to various locations within Mono County communities (i.e., residences, streets, businesses, clinics, hospitals and schools). The responding member of the MCRT will offer the individual experiencing a mental health crisis a tablet that provides direct access to a Behavioral Health Professional.

The MCRT team will focus on meeting program goals and outcomes, especially avoiding unnecessary psychiatric hospitalizations; partnering efficiently and effectively; and doing what is in the best interest of each individual served. This may involve spending additional time with the individual to de-escalate anxiety or a sense of hopelessness, to provide support, to make referrals/linkage to additional services.

SECTION 4

4.1 GOALS OF MCRT

4.1.1 MCBH makes the assumption that by spending the extra time in providing clinical interventions to assist individuals through their crisis, the following goals will be accomplished:

4.1.2 Support individuals in Mono County who are experiencing a behavioral health crisis by ensuring that mental health services are available to anyone, anywhere, anytime, thereby improving client experience in accessing behavioral health services.

4.1.3. Prioritize mobile crisis services to individuals aged 25 and younger, as this rural population has nearly 2x the risk for suicide than their urban counterparts.

4.1.4. Reduce emergency department visits (when appropriate) by providing immediate support and crisis intervention, short-term stabilization, and case management services.

4.1.5 Shift mental health crisis response from solely being LEA or EMS to a shared crisis response between LEA, EMS, and MCBH, thus diverting those in crisis from hospital or jail.

SECTION 5

RESPONSIBILITIES OF PARTIES

5.1 Responsibilities of Mono County Behavioral Health

5.1.1 Provide, operate, and maintain MCRT consisting of at least one Welfare & Institution Code (W&I Code), 5150 /5585 certified license or license eligible, master's degree level mental health clinician (LCSW, LMFT, Registered or Waivered Mental Health Clinician, etc.). MCBH will provide a minimum of one (1) FTE Mental Health Worker trained in triage, evaluation, crisis intervention, and targeted case management services to respond with the MCRT team.

5.1.2 Provide the necessary interventions for each appropriate referral received, including, but not limited to, crisis evaluation, W&I Code 5150 / 5585, consultation, case management or linkage and referrals.

5.1.3 Provide clinical and administrative training and oversight for MCRT.

5.1.4 Ensure confidentiality within State and Federal guidelines.

5.1.5 Share outcome data as appropriate with MCRT partners for continued quality improvement.

5.1.6 Provide leadership representation at quarterly MOU meetings.

5.1.7 Within agreed upon MCRT schedules, provide timely response at requested locations within Mono County, primarily via telehealth/mobile tablet technology.

5.1.8 Provide or arrange for transportation, as necessary, for persons receiving a crisis evaluation, to designated facility for continued stabilization. This may include transportation by MCBH, LEA, or EMS.

5.1.9 MCBH will continue to provide telephone crisis and triage services for persons seeking assistance with behavioral health services.

5.1.10 Behavioral Health Professional shall not respond to a request for dispatch independent of the MCRT team.

5.2 Responsibility of Law Enforcement Agencies (LEA)

5.2.1 Make appropriate referrals to MCRT, as detailed in Section 6 of this Agreement. Referrals shall be made as soon as is practically possible.

5.2.2 Respond to calls for “Welfare Checks”, when requests are made by members of the MCRT as a result of knowledge that a person is determined to be in imminent danger as a result of a mental health crisis.

5.2.3 Work closely with the MCRT once they have arrived on scene to ensure appropriate communication, exchange of information related to LEA’s involvement, and disposition prior to leaving the scene.

5.2.4 Return to scene of MCRT intervention, if needed, for purposes of assisting with local transportation or safety. Should transportation assistance be needed outside of the LEA’s jurisdiction, a request will be made to the commanding officer for approval.

5.2.5 Provide representation from each LEA to provide representation at the quarterly MOU meetings.

5.2.6 Provide the necessary oversight and training of all LEA personnel to be familiar with MCRT program, protocol, and LEA responsibilities as they partner within this program.

5.2.7 Provide for the necessary opportunity, when appropriate, to work in tandem with the Behavioral Health Professionals.

5.2.8 Ensure confidentiality within legal guidelines for individuals receiving assistance from MCRT

5.3 Responsibility of Emergency Medical Services (EMS)

5.3.1 Make appropriate referrals to MCRT, as detailed in Section 6 of this Agreement. Referrals shall be made as soon as is practically possible.

5.3.2 Work closely with the MCRT while on scene to ensure appropriate communication, exchange of information related to EMS involvement, and disposition prior to leaving the scene.

5.3.3 Return to scene of MCRT intervention, if needed, for purposes of assisting with local transportation or safety. Should transportation assistance be needed outside of the EMS jurisdiction, a request will be made to the Supervisor for approval.

5.3.4 Provide representation at the quarterly MOU meetings.

5.3.5 Provide the necessary oversight and training of all EMS personnel to be familiar with MCRT program, protocol, and EMS responsibilities as they partner within this program.

5.3.6 Provide for the necessary opportunity, when appropriate, for the MCRT team to work in tandem with the Behavioral Health Professionals.

5.3.7 Ensure confidentiality within legal guidelines for individuals receiving assistance from MCRT.

5.4 CCMU Grant - Fiscal & Administrative Responsibilities of All Parties -

5.4.1 MCBH will serve as the lead agency for the Crisis Care Mobile Units (CCMU) Grant from the Department of Health Care Services, which is, in part, funding the MCRT. This role will include coordination of all contracting, reporting, and fiscal responsibilities related to the CCMU Grant.

5.4.2 Each year, MCBH will work together with MOU participants to establish and distribute a quarterly schedule of fees for each agency. Based upon this schedule of fees, each agency will submit an invoice to MCBH by the 10th of the month following the close of each quarter (i.e., Q1 invoice due October 10, Q2 invoice due January 15).

5.4.3 Unless otherwise amended, the total amount paid to LEA and EMS partners shall not exceed \$302,000 during the CCMU Grant period (10/1/21-6/30/25).

SECTION 6

6.1 INCLUSION AND EXCLUSION GUIDELINES FOR APPROPRIATE REFERRALS TO MCRT

6.1.1 While it is difficult to establish exact criteria for appropriate requests for MCRT, the following serve as a guideline to be used when initiating contact with MCRT.

6.1.2 EXAMPLES OF APPROPRIATE CALLS TO INITIATE MCRT:

6.1.3 Any situation which involves a person experiencing a crisis (exhibiting a clear danger to oneself, others, or grave disability due to a mental illness) where it is determined likely that the person would require psychiatric hospitalization (W&I 5150) at that time or 1-2 days after, if left unattended or untreated.

6.1.3. Suicidal thoughts (person does not necessarily need to verbalize a plan or means).

6.1.4 Behaviors that appear to be related to a psychotic disorder and/or episode that may be affecting an individual's ability to care for their basic need and likely requiring a W&I Code 5150 / 5585 for Grave Disability. When unclear if behavior is mental health related, LEA and EMS shall call a MCBH Behavioral Health Professional.

6.1.5 Presentation of manic symptoms and behaviors, such as: talking faster than normal, displaying excessive energy, evidence or report of recent impulsive or dangerous behavior (i.e., running in and out of traffic, inappropriate anger or irritation toward random passers-by, hypersexuality or promiscuous behavior), extreme lack of sleep, grandiose presentation. Presentation of manic symptoms is not due to illicit substance use.

6.1.6 Extreme anxiety to the point that a person feels they might require going to the emergency room due to “panic-like” behaviors (i.e., feeling tightening or pounding of chest, shortness of breath, trembling, shaking, sweating, fear of death). For situation where it is difficult to determine the level of anxiety, it may be appropriate to initiate a MCBH referral.

6.1.7 An individual who makes a statement indicating severe depression and complete hopelessness (i.e., “There is no point in going on” or “I feel like going to sleep and never waking up.”) These persons are at risk of suicide even though they may not be verbalizing active suicidal thoughts. For situation where it is difficult to determine the level of depression, it may be appropriate to initiate a MCBH referral.

6.2.1 EXAMPLES OF INAPPROPRIATE CALLS TO INITIATE MCRT:

6.2.2 Primary concern is Dementia related (typically an individual advanced in age suffering from symptoms and behaviors such as short-term memory loss, difficulty performing normal tasks, disorientation, misplacing things, changes in mood and personality, with no known history of mental health diagnosis or treatment).

6.2.3 Primary concern is related to Adult Protective Services (abuse or neglect).

6.2.4 Relationship problems.

6.2.5 A youth, age 25 or under who is fighting with his/her parent, and no other evidence of a mental health crisis.

6.2.6 Imminent medical emergency.

6.2.7 Clear evidence of drug or alcohol intoxication warranting medical treatment or clearance. Depending on level of drug or alcohol intoxication, the MCRT team intervention could be appropriate; if the individual in crisis is intoxicated but able to participate in an interview, an MCRT referral could be initiated.

6.2.8 The individual(s) has been recently evaluated for 5150/5585 hold at a public/private agency or organization (i.e., mental health clinic, school, private psychotherapist office).

6.2.9 The individual is homeless, but presents with the ability to find food, shelter, and clothing.

SECTION 7

TRAINING AND LICENSING CERTIFICATION

The signatories to this MOU will ensure that all agency personnel involved in carrying out the agreed upon protocol will be properly trained and appropriately certified to perform the duties detailed herein.

SECTION 8

MCBH shall host a meeting for the parties of this Agreement, twice yearly, or more frequently as needed to discuss issues such as timeliness and utilization data, quality improvement activities, conduct case review of difficult cases, and/or review adherence to practices as described in this MOU. Any agency may identify a case or situation to review and add to the agenda prior to the meeting. All agencies will come prepared to discuss the detail of the case. Any agency may request a special meeting as necessary.

SECTION 9

9.1 TERMS OF AGREEMENT

9.1.1 All signatory agencies shall use best efforts to move forward in accordance with the guidelines set forth in this Agreement. This MOU is not intended to create any legally binding obligations or causes of action for or against any party. This MOU is made for the benefit of the parties, and is not intended to benefit any third party or be enforceable by any third party.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Agreement:

Bob Gardner

Bob Gardner (Sep 8, 2022 13:14 PDT)

Mono County Board of Supervisors Chair

Robin Roberts

Robin Roberts (Sep 9, 2022 08:36 PDT)

Mono County Behavioral Health

JD

Mono County Sheriff

Al Davis

Al Davis (Sep 9, 2022 16:49 EDT)

Mammoth Lakes Police Department

B. Bullock

Bryan Bullock (Sep 8, 2022 14:14 PDT)

Mono County Emergency Medical Services