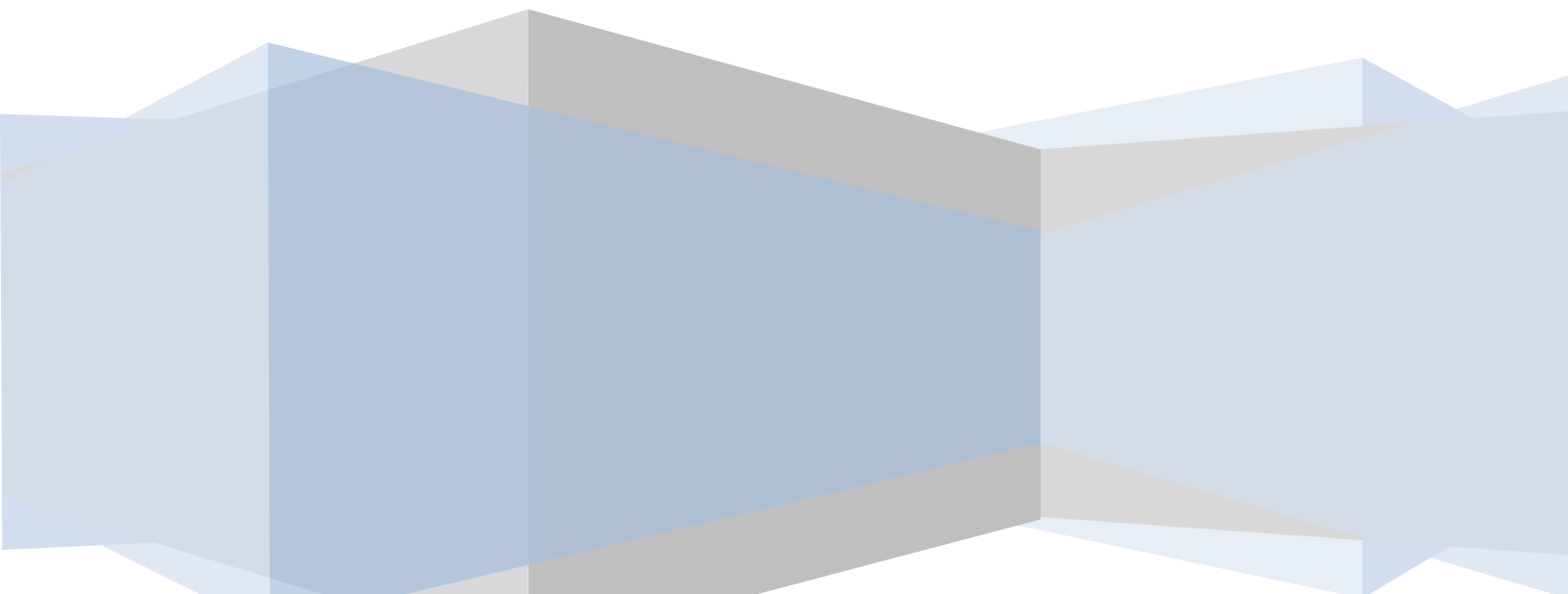




RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

Meeting Minutes
April 1, 2015
12:00 pm – 2:00 pm



RIVERSIDE COUNTY
MENTAL HEALTH BOARD MINUTES
April 1, 2015

Members Present

Beatriz Gonzalez, Co-Vice Chair	Education, District 4
Carole Schaudt	Public Interest Member, District 4
Christina Torres, Co-Vice Chair	Public Interest Member, District 5
Darrell Connerton	BOS Representative, District 3
Daryl Terrell	Public Interest, District 5
Eric Keen	Public Defender, District 1
Greg Damewood	Family Member, District 5
James Stuart, Co-Chair	Law Enforcement, District 4
Julie Crouch, Secretary	Family Member, District 1
Opal Hellweg	BOS Representative, District 3
Patricia Carrillo	Family Member, District 2
Richard Divine, Co-Chair	Family Member, District 4
Rick Gentillalli	Law Enforcement, District 3
Victoria St. Johns	Education, District 4
Walter Haessler, M.D.	Public Interest, District 1

Members Not Present

Georgia Smith	Consumer, District 2
Gilbert Espinoza	District 5
Jennifer Dunaway	Family Member, District 5
Phillip McKinnon	District 2

Others Present

Kathy Mauro	Western Regional Board/ Guest
Ann Venegas	Patient's Rights
Janine Moore	PEI/ RCDMH
Alicia Arredondo	Sr. Peer Specialist/ RCDMH
Cheri Campau	RCDMH
Patricia Rutherford	Guest Speaker
Kim Trone	RCRMC
Deborah Johnson	Deputy Director/ RCDMH
William Harris	Substance Use/ RCDMH
Rhyan Miller	Substance Use Program Administrator/ RCDMH
Sheila Hunt	Pacific Grove Hospital/ Guest
Tim Brown	Consumer/ Guest
Stella Chavira	Guest
Gloria Hernandez	Mid-County Board Member/ Guest
Pepe Del Rio	Mid-County Board Member/ Guest
Elaine Wright	Consumer/ Guest
Steve Steinberg	Assistant Director/ RCDMH
May Farr	NAMI/ Guest
Sundae Sayles	BOS District 3 Representative/ Guest
Brandon Jacobs	Research and Technology/ RCDMH
Maria Mabey	Assistant Director/ RCDMH
Jesse Weller	Deputy Director/ RCDMH
Tiffany Ross	WET/ RCDMH
Ryan Quist	Quality Improvement Manager/ RCDMH
Maureen Dopson	Quality Improvement/ RCDMH
Vicki Redding	MHS Administrator/ RCDMH
Andrew Williams	Medical/Legal Services/ RCDMH
Mario Lopez	Research and Technology/ RCDMH
Gloria Gaitan	High Road/ Guest
Deborah Pagliuso	High Road/ Guest
Leonel Contreras	Provider/ Guest
Sharon Lee	MHSA/ RCDMH
Bill Brenneman	MHSA Administrator/ RCDMH

CALL TO ORDER AND INTRODUCTIONS

Chairperson, Richard Divine called the Behavioral Health Commission (BHC) meeting to order at 12:02. Commission members and the public made self-introductions.

CHAIRPERSON'S REMARKS/ CORRESPONDENCE

Richard Divine thanked all the members that attended the Board of Supervisor's (BOS) meeting on Tuesday, March 24, 2015.

COMMISSION MEMBER'S REMARKS/ ANNOUNCEMENTS

Dr. Haessler noticed on the member roster that members are identified in one of two categories as described in the BHC Bylaws Article II, Section 1(3) and Article II, Section 1(4). Dr. Haessler suggested having consistency with member identification by adhering to only one of the two categories, as opposed to both.

James Stuart mentioned an incident that occurred with Georgia Smith at the Metro facility and expressed concern about safety at the building. Mr. Stuart also requested a get well card be sent to Ms. Smith from the Commission.

James Stuart commented on the Board of Supervisor's meeting that was held on March 24 and expressed concerns regarding the hiring of the new Assistant County Executive Officer. Mr. Stuart supports the mental health staff and would like to have the Board of Supervisors include the BHC on important mental health matters.

In relation to Mr. Stuart's comments, Mr. Gentillalli quoted the Brown Act's Preamble "The people in deliberating authority do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created..." Mr. Gentillalli noted that it's important to set a foundation not only for our Commission, but the Board of Supervisors as well. Mr. Gentillalli adds that if the BHC is to be held accountable and remain transparent, then the BOS must do the same.

Various other Commission members expressed concern that these matters were not brought before the BHC.

Jerry Wengerd stated that after the BOS meeting he had a chance to speak to Zareh Sarrafian invited him to attend this BHC meeting. Mr. Wengerd noted that Mr. Sarrafian will address the Commission in the time allocated for his Director's Report. Mr. Wengerd added that Mr. Sarrafian was the Director for the hospital and will now be the Assistant CEO for the new health system. Just as EDA has an Assistant CEO, the new health system will also have an Assistant CEO, both of whom report to the County Executive Officer, Mr. Jay Orr.

PUBLIC REMARKS/ COMMUNITY CONCERNS/ ANNOUNCEMENTS

Kathy Mauro, member of the Adult System of Care's, Transportation Subcommittee, announced that they are currently working with the Director of Operations and Director of Planning for RTA regarding regular bus stops at County Farm. Ms. Mauro requested the BHC's support in requesting an overhead shelter for the benches. Ms. Mauro stated that heat is an issue with several of the clients. Mr. Stuart and Mr. Divine suggested that Ms. Mauro send a request letter to the Commission for review and for the matter to be added on the May agenda for discussion and approval.

Elaine Wright mentioned that the County of Riverside Mental Health sign is still up on the building at 9701 Magnolia. Ms. Wright inquired if there was a way to remove the signage. Steve Steinberg responded that the location was previously leased by the Department and after it was vacated they requested to have the sign removed. The landlord chose not to take the sign down and unfortunately the Department does not have the ability to enforce the request for the removal of the sign.

MINUTES OF PREVIOUS MEETING

Mr. Gentillalli stated that on page 3, paragraph 4, he made the statement recorded, and not Mr. Keen. The BHC Liaison noted the change and Darrell Connerton moved to approve the minutes as amended. The motion was seconded and the minutes were approved.

CELEBRATE RECOVERY PRESENTATION

Anna Reyes and Alicia Arredondo introduced Patricia Rutherford as this month's Celebrate Recovery speaker. Ms. Rutherford's son, Joshua, struggles with ADHD. The family lives in Beaumont and the first facility they went to was in Beaumont. They were unhappy with the services because their son was not receiving the proper treatment. They transferred to the Banning clinic where her son not only received excellent service, but she and her husband were able to participate in

his treatment. They went to parent classes and support groups while Joshua did his counseling at Parent Child Interaction Therapy (PCIT). Joshua first attended his counseling sessions with his grandmother and later requested his father join him. They both did really well and have even received certificates of completion for their efforts. Before Joshua began his treatment, he used to ride his bike and take off without returning, after consistently receiving proper counseling and medication, he no longer does that. Joshua has done consistently well, has become more polite, and has had less melt downs. Ms. Rutherford and her husband continue to attend the adult classes because it provides them with advice, support, and points of view they never had before.

Opal Hellweg congratulated the family for their success with treatment and wished them well.

NEW BUSINESS

MAY IS MENTAL HEALTH MONTH – Brandon Jacobs, Research and Technology Research Specialist and Co-Chair for the May is Mental Health Month (MiMHM) event, updated the BHC regarding three events taking place within the County for MiMHM. The first event is the Art and Creative Writing Contest, which will be held in the Desert Region on May 12, from 11 am -11:30 pm at Coachella Valley Rescue Mission, 47470 Van Buren Street, Indio. The second event is the Live Life Well Health Fair, which will be held in the Western Region on May 21, at Fairmount Park from 1 pm – 6 pm. County staff and volunteers will begin set up at 7 am. Mr. Jacobs noted that last year's event there were over 100 community-based organizations and County departments represented at the fair. This year's goal is to reach 130, which they can realistically accomplish or exceed. This year they are also promoting a whole health initiative by urging vendors offer a healthier alternative such as fruits and granola bars, rather than candy at their booths. Vendors were also asked to refrain from bringing small items that may present a choking hazard to the children. Donations for the event are a bit behind compared to last year. Mr. Jacobs stated that at this time last year they had quite a few donations from various organizations and community businesses, unfortunately this year they have not heard back from them. Mr. Jacobs requested suggestions from those who may know of any community businesses, companies, and organizations that would be interested in donating items to give away for raffle prizes. Those interested in donating can contact Mr. Jacobs or Shannon McCleerey-Hooper and they will relay the information to the Donations Coordinator. Information publicizing the event will be posted on the Department website and community-based organizations interested in participating or having a table can click on the banner and it will take them to the registration page. In addition to their advertising efforts, they also have the radio station, Kola 99.9, promoting the event with 15-30 second public service announcements (PSA) on the radio. Mid-County is also holding a Live Life Well Fair in Perris at 101 North D Street from 11 am – 6 pm. This event is in association with a nonprofit organization called Seams of Gold. This event will be similar to the fair held in Riverside and will have different community-based organizations supporting MiMHM.

DIRECTING CHANGE EVENT – Janine Moore, Prevention and Early Intervention (PEI) Manager, announced that there is a new local event that the BHC is welcome to participate in, called Directing Change. Directing Change is a competition where high school and college students develop a 60 second PSA that will address one of two categories: Suicide Prevention or Stigma Reduction, also known as "Ending the Silence." The purpose of the Directing Change contest is to promote student suicide prevention and stigma reduction activities; support education and advocacy efforts; and to educate the community at large about suicide prevention and stigma reduction. Videos are submitted statewide and each is critiqued to determine winners by region and from the regional winners, judges determine a state winner. Ms. Moore invited all Commissioners to attend the viewing of the videos on Monday, April 13, from 2-4 pm at the new Rustin building. Commissioners that decide to attend will have the opportunity to be part of the judging panel and critique each video for best acting, cinematography, and script. To help inspire the Commissioners, Ms. Moore showed three videos that were submitted from last year. The first video screened was the winner for best script for Suicide Prevention, the second video won best cinematography for stigma reduction, and the third won best script. The third winner, Ms. Moore noted, also won best script from UCR and statewide for the UC system.

Ms. Moore continued that over the past three years 4,000 students have participated in the competition and have submitted 1,200 videos. This year, our County has partnered with San Bernardino County to promote our schools and students in developing their PSAs. Riverside County has 80 submissions, which is up from 42 last year and San Bernardino has 65 submissions. Currently, the state has 425 video submissions throughout the state, Riverside and San Bernardino make up one-third of those submissions with 145 videos combined. As an incentive for the participating students, PEI began hosting a gala last year. All students that submitted a video were invited to attend, along with their families, school personnel, and dignitaries. Last year's gala was hosted at the Fox Theatre and had approximately 200 people in attendance. This year's

gala will be held on Thursday, May 14, from 6:30 to 8:30 pm at the Lewis Playhouse at Victoria Gardens in Rancho Cucamonga. An invitation was given to all Commissioners to attend the gala and those who attend the event will have the opportunity to view the videos, meet the students, and hear about the winners.

PATIENTS RIGHTS – Ann Venegas is the Supervising Patient's Rights Advocate for the Department of Mental Health. Ms. Venegas is a licensed psychiatric technician and has been a Patient's Rights Advocate for approximately three years. Ms. Venegas presented on Patients' Rights and gave a brief overview of their services as follows:

- Facility Monitoring - ensuring that information regarding Patient's Rights is posted in all facilities that provide mental health services.
- Train staff in mental health facilities regarding Patients' Rights laws, regulations, and policies.
- Assist mental health facility administrators with Patients' Rights policy development.
- Inform all incoming patients and residents of their rights, including their right to contact the advocate and the Office of Patients' Rights pursuant to WIC 5250 and California Code of Regulation.
- Provide information to consumers through direct training and different types of literature.
- Receive, investigate, and resolve patient complaints regarding violation or abuse of rights.
- Advocate on behalf of patients unable or fearful of registering a complaint.
- Represent consumers during Probable Cause Hearings and Reis Procedures.
- Obtain, compile, and submit to the State Patients' Rights Office statistical data regarding the denial of rights.
- Compile and present statistical data of Probable Cause Hearings and consumer population profiles of Probable Cause Hearings to the Quality Improvement Committee.
- Assist consumers with obtaining public benefits, consult with mental health professionals concerning Patients' Rights, and provide training and consultation to mental health constituency groups.
- Work as member of the Lanterman-Petris-Short (LPS) facility designation team.

Ms. Venegas stated that advocates also attend Patients' Rights annual training every February in Sacramento. The annual conference allows them to meet other advocates throughout the state, learn the latest laws and regulations regarding Patients' Rights, and get assistance on how to implement them within our County. There are currently four advocates working in the unit and have recently added a fifth advocate. They cover four facilities throughout the County – Riverside County Regional Medical Center, Corona Regional Medical Center, Inpatient Treatment Facility, and Emergency Treatment Facility. They conduct Certification Hearings four days a week and Reis Hearings three days a week. Ms. Venegas provided a packet that gave a breakdown of Probable Cause Hearings, Reis Hearings, seclusions, and restraints at all four facilities on a monthly basis. The packet also included consumer profiles to provide a better understanding of the consumers being served. They consider the diagnosis of the consumer, the age, ethnicity, gender, marital status, residence, and language spoken. This allows the advocates to properly consider the type of services that consumers feel most comfortable in receiving. Advocates monitor Reis Hearings; work with the Public Guardians regarding temporary conservatorships, and the Public Defender's Office as they represent consumers in their hearings. Advocates are also requested by consumers to accompany them during their hearings.

Ms. Venegas recalled her early experience at the hospital when she learned of its nearly zero restraint record. She looked into the matter when she noticed a sudden spike in seclusion and restraints. What she observed from this sudden increase was the re-structuring of the nursing staff. Ms. Venegas stated that previously, the hospital had charge nurses per unit and a few med nurses that allowed more staffing within the units. The re-structuring called for team nursing, which had its evident negative impact. Patients would ask for basic needs, i.e. hygiene products and or one-on-one counseling, and the response they would receive is "I'm not your nurse or team leader." Not receiving basic needs led to hostile responses from the patients, which ultimately resulted in the rise of seclusion and restraints. Ms. Venegas continued that there has been a changing of the guards in the hospital and the new administrator has opened the lines of communications within the staff in an effort to improve services.

Greg Damewood observed that ITF had high numbers of seclusion and restraint between 2012 and 2014 and inquired if there were any mortalities. Ms. Venegas stated that there were none that she was aware of; however, she will check the data and get back to the Commission. Mr. Damewood also observed that the numbers were declining in 2014 and then there was a sudden spike in August. Mr. Damewood asked as to the possible cause of this increase. Ms. Venegas stated that historically the holiday months tend to have an increase in admissions, as well as months when the cooling or warming centers close,

which is a possible contributing factor to the increase. Mr. Damewood wondered if it could also be related to people going on vacation and suggested that they also look into personnel availability during those months.

Dr. Haessler observed that there were 116 psychotic disorders not principally caused by substance abuse and only 1 thought to be caused by substance abuse. Dr. Haessler questioned this statistic considering how common drug abuse is in our society and how drugs such as cocaine can produce a psychosis. Ms. Venegas stated that the statistic is generated from the diagnosis that's given by the psychiatrist. One of the factors that can contribute to the statistic is that patients admitted won't have a hearing until a few days later and all symptoms of drug use have subsided.

Mr. Stuart asked if there was a means to distinguish a patient who genuinely needs help or someone just wanting to take advantage. Ms. Venegas stated that they follow the same method that physicians' use, which is a 72-hour clearing period. Making this distinction not only requires a cooling off period, but also patient history. Ms. Venegas noted that Dr. Dennis is working diligently to get ELMR into both ITF and ETS so that the advocates can take a closer look at history to determine a patient's need. Ms. Venegas continued that the advocates don't ever want to simply assume that the issue is substance abuse if and when there is an underlying psychiatric disorder, because when you treat the substance use symptoms and discharge the patient, you may be overlooking a much greater issue at hand. When simply treating the symptoms of drug use and not fully comprehending or investigating what lies beneath, it is a disservice to the patient because we would fail to properly diagnose and treat a greater underlying problem. This is what the Advocates encourage as far as diagnosis are concerned. Advocates make sure that diagnosis is determined after the treatment team is done or the primary psychiatrist has met with the patient.

OLD BUSINESS

1. MHSA UPDATE: Bill Brenneman announced that MHSA will be moving on April 2 and that the next BHC meeting will be held at the new Rustin location. Each BHC member received a copy of the draft FY15/16 Annual Update. Mr. Brenneman stated that the Department updates the 3-Year Plan on an annual basis with input from stakeholders, including the Commissioners. The Annual Update will look much like the 3-Year Plan; however, it will have the most current up-to-date outcome information and other program updates that occurred over the course of the year. Those interested in providing comments may fill out the Feedback Form or attend the Public Hearing on May 6 and provide their feedback in person. Mr. Brenneman noted that the Annual Update will be posted online later in the afternoon and all are welcome to review and provide comments. This year's Public Hearing will take place at Rustin and will be telecasted in the Desert and Mid-County Regions. Interested stakeholders in those areas can listen in on the hearing and provide comments via teleconference. Mr. Brenneman requested a few members from the Commission volunteer to host the Public Hearing. Commissioners that volunteered to host the Public Hearing are Julie Crouch, Beatriz Gonzalez, and Richard Divine.

DIRECTOR'S REPORT (Moved forward due to arrival of Assistant CEO, Zareh Sarrafian)

Mr. Wengerd introduced the new Assistant CEO for the Behavioral Health System, Zareh Sarrafian. Mr. Wengerd stated that Mr. Sarrafian was previously the Director for RCRMC and has taken on the duties of the Assistant to the CEO, Jay Orr, for the newly formed Behavioral Health System. The Behavioral Health System not only encompasses the Mental Health and Substance Use (now known as Behavioral Health), but also Public Health, Community Health Centers, and the Medical Center.

Mr. Sarrafian began with a mea culpa, apologizing for the way things transpired regarding his employment by the BOS and the rebranding of the County's health system. Mr. Sarrafian continued that he accepted this "calling" because he genuinely believes there is an opportunity for him to offer what he can to help the County and its different components become much more integrated and position themselves to be a viable entity into the future and continue to serve the community.

Mr. Sarrafian shared one of his first orders of business is improving and integrating all components of the health system. Mr. Sarrafian stated that they are following the Accountable Care Organization (ACO) guidelines for success, which lists criteria to follow and implement so our collective institutions can become a viable institution into the future. He stated that we need to ensure that all the elements of our healthcare delivery systems are healthy and vibrant and one of the first steps toward this goal is integrating our IT platforms. Currently, all three components of the health system are operating on different platforms. They are in the process of forming a new network called "Integrated Clinical Network," and are going through a rigorous and expedited review of various IT systems to determine which would be ideal for operations of all three health systems. This new network will not only include our three health systems, but a few other major groups that they are in closed discussions with.

This implementation will ultimately help expand and strengthen the institution as a whole and allow it to become a much more formidable force to direct, interact, deal, and negotiate as well as have a leverage with the health plans and ultimately with employers. Mr. Sarrafian stated that this can only be achieved by having the proper data and the ability to retrieve it in an expeditious and accurate manner. Today's IT systems are far more advanced and truly play a role in providing an impact on the quality and safety of care to patients. They are very much aligned with the airline industry's zero tolerance for error and building the network properly is paramount.

Mr. Sarrafian continued that the Inland Empire is one of the few markets in California that has not formalized and integrated itself. There are a lot eyes on it at the moment – UCSD, UCLA, UCI, UCR, Eisenhower, among many others. He noted that there are major systems that have their eyes on our region, which can have a huge impact on the fragile equilibrium that exists in this County. It will impact the livelihood of our providers and can have a significant negative impact on our hospitals and other components of our delivery system. The sooner we can choose our partners, whom share the same mission, same value system, and the same goal of serving the vulnerable and at the same time expanding and making our care available to the broader patient population, the more we can quickly claim our stake on the ground and keep our competitors out. Providing quality care at a lower rate sounds simple, but it is far from it. This concept is what lies in the forefront with our medical staff, nurses, and all elements of care, such as healthcare providers and non-medical staff. There is a lot of energy and effort invested in changing the culture and hardwiring some of the elements to ensure that we receive consistent quality care at affordable rates. Mr. Sarrafian noted that we should be proud of our institutions as each organization has committed physicians and nurses performing really well despite many technical shortcomings.

The rebranding of the organization is not something everyone agrees with, but must be accepted. The unfortunate reality is that the County has a stigma, which has a correlating impact on our census. People are choosing to go to other organizations that are either closer or have easier access; have better name recognition; or perceived better quality of care. This is the challenge moving forward. The question is how we can communicate and educate our community that we truly have one of the best kept secrets and that the healthcare services we provide is comparable, if not better, than the others. If you attend any sporting events, movie theatres, grocery stores, etc., you will always see healthcare institution names and there is a purpose for that. Advertising is not something that's done for a month or two, this is an ongoing effort. Mr. Sarrafian noted this was not an easy decision for the BOS and himself because these are tax payer dollars that are being spent and there are so many other needs that require attention. Marketing is a very difficult challenge, but it's something that must be done.

Population health is another major area that they are addressing. Riverside County has to provide the best care at the most efficient place. Hospitals have become cost centers rather than revenue generators and that migration has taken place and is moving faster in some areas than others. Our challenge is the amount of patients admitted and the length of each patient's stay in the hospital. High numbers on both result in higher costs, which not only negatively impact the financials, but may not be the right thing for the patient. He noted the questions they must consider are: how do we collectively, as a group, develop a program that will ensure that the patient through that continuum of care receives it at the right place and how do we focus on the preventative aspects of care in our community? Susan Harrington and her group have done a great job, but how do we integrate that more into our overall delivery system? Mr. Sarrafian noted that they are continuing to work with three different schools on the medical and nursing side along with other allied health professionals that will also be receiving training in our campuses. They plan to grow our campuses and have approximately 30 acres left to develop. Mr. Sarrafian stated he has two priorities regarding the development of facilities, which is to build a medical office building and a mental health hospital. Mr. Sarrafian noted that we are probably the only hospital he knows of within a 20 mile radius that does not have a medical office building or an outpatient surgery center. It is important that we get a lot of the cases that are currently being serviced on the inpatient side and transfer them to the outpatient side, which is why we need to build our surgery center and medical office building. This would allow us to relocate offices currently taking up spaces that can be used for other clinical services.

Another major undertaking is the complete recoding of how bills are generated. This requires retraining and having our systems accommodate this change, which is a substantial task because if done improperly can cost the County hundreds if not millions of dollars.

Mr. Sarrafian stated that our hospital has not had adequate local capital infusion for several years and he is working diligently with the Executive Office in highlighting and raising the priority to address its critical needs. In closing, Mr. Sarrafian stated that although he is not well versed with the Mental Health and Substance Use Community, he is committing himself to these organizations by improving communication and seeking guidance and counsel as we go through these uncharted waters. Mr. Sarrafian stated that he is also very much open to learning, listening, and supporting their efforts moving forward.

Commissioners thanked him for his candor and for coming to speak to them regarding his plans for the Health System moving forward. All Commissioners agreed that the lines of communication should be more open and that they are willing to lend the time regarding any inquiries he may have. Mr. Stuart requested periodic reports and/or updates from his team whenever possible to keep the BHC apprised of the activities that his administration is undertaking.

OLD BUSINESS (cont'd)

2. **SUBSTANCE USE UPDATE:** Rhyen Miller reviewed with the Commissioners the Annual Update that was distributed two weeks earlier. Since 2009, an Annual Report is completed for the previous Substance Use Advisory Board and now the BHC. The Annual Report provides an overview of consumer profiles and services provided (inpatient, outpatient, preventative, etc.). The report is compared to statewide records and provides a trending data of what the County is doing well and what needs improvement.

This year's Annual Report shed some light on Substance Use's Adolescent Services. They noticed that services in the Desert Region increased due to a provider's initiative to improve services and meet the needs of the youth in the community. However, services within the rest of the county have declined significantly. One of the reasons for this sudden drop is due to an aggressive auditing by the state, as well as our own County monitors, which resulted in a few providers that treated adolescents to shut down. This however, is not an indication of dwindling service for the youth; Mr. Miller assured that there are adolescent services available in all county clinics. A second contributing factor of the decreased amount of adolescents served was diagnosis. It was identified that not as many adolescents that were in treatment actually needed treatment. They found that most of the clients should have been placed in prevention services.

Inpatient data is missing from the report, as we are all aware, that it is a problem. Mr. Miller continued that they were just given permission to advance an RFP for adolescent inpatient substance use treatment services. They hope to have the RFP out in the next six months.

In Prevention Services, 120 active Friday Night Live chapters have reached over 5,000 kids. Individual prevention services have reached 272 clients and the largest population of this service is in the 15-17 age range, the second largest came as a surprise, which is 26-44 age range. These prevention services are open to anyone that does not meet the diagnosis criteria for treatment.

In Adult Services, they have reached over 5,000 clients in outpatient services between our county clinics and service providers. Inpatient services, which includes residential and detoxification services, has reached over 2,000 clients. Mr. Miller pointed out that 51% of the detox clients and 24% of the residential clients were repeats. There are two areas of improvement that they discovered from this data and the first is the need to improve the screening and assessment process so that clients are placed in the appropriate level of care from the beginning of treatment. The second area is the need to build a case management foundation to allow us to follow the clients through the modalities of care. Through statistical research they found that patients were "dropping off" at outpatient care and are not receiving the aftercare component of their treatment. Improvement in this area would require a complete follow through of each patient's level of care and assuring that they succeed and complete each stage of their treatment.

Overall, in a state comparison, Riverside County surpassed statewide successful completions by 6%. With added plans for improvement, they foresee that percentage rising even higher in the coming years.

3. **FRIDAY NIGHT LIVE:** Will Harris recently had the opportunity to take 500 young people to Idyllwild for a leadership camp. Students had the opportunity to interact with one another in a positive environment and learn new things. It was a positive and productive experience for all the students that participated.

Currently, they are conducting their youth development survey with their FNL group from around the country. Mr. Harris stated that this is a statewide survey and it is used to assess the effectiveness of the program. It is to capture the youth's viewpoint of their experience in the program. In the past they have had extremely good results from the County and they are hoping to get the same results this year.

The week previous, Mr. Harris attended a quarterly prevention coordinator's gathering in Sacramento that meets in conjunction with CBHDA. One of the topics that were heavily discussed during the meeting was the issue of the possibility that marijuana will be legalized in the 2016 ballot measure. There has been great focus to educate the

public about the effects of marijuana on the developing teen brain. They plan to be more proactive than reactive in the event that the ballot measure passes by making proposals on how to write legislation. Part of the effort is also researching the results and outcomes in the states that have legalized marijuana to determine what worked, what did not work, and what can be done better or differently. Also, if marijuana does get legalized, they want to make sure that part of its revenues will be allocated toward some form of prevention program.

SITE REVIEWS – Tori St. Johns stated that she and Julie Crouch reviewed the forms and found that they were almost identical. There were a few minor changes regarding format, but nothing that related to content. Substance Use facilities are being combined with the Mental Health facilities and a much more comprehensive spreadsheet will be created by the BHC Liaison. Lastly, site visits were typically completed by the Regional Boards, Ms. Crouch and Ms. St. Johns would like to see the main Commission also participate in completing the site reviews.

ORGANIZATIONAL STRUCTURE – BYLAWS – Tabled for May 6 meeting.

ADJOURN – Mr. Stuart moved to adjourn the meeting, the motion was seconded and the meeting adjourned at 2:20.

Maria Roman

Julie Crouch, BHC Secretary
Maria Roman, Recording Secretary

2015 Behavioral Health Commission Attendance Roster

MEMBERS	J A N	F E B	M A R	A P R	M A Y	J U N	J U L	S E P	O C T	N O V
Beatriz Gonzalez, District 4	✓	✓	✓	✓						
Carole Schaudt, District 4	✓	✓	✓	✓						
Christina Torres, District 5	✓	✓	✓	✓						
Darrell Connerton, District 3	✓	✓	✓	✓						
Daryl Terrell, District 5	✓	✓	✓	✓						
Eric Keen, District 1	✓	✓	✓	✓						
Georgia Smith, District 2	✓	✓	A	A						
Gilbert Espinoza, District 5	A	A	A	A						
Greg Damewood, District 5	✓	✓	✓	✓						
James Stuart, District 4	✓	✓	A	✓						
Jennifer Dunaway, District 5	A	✓	✓	A						
Julie Crouch, District 1	A	✓	✓	✓						
Opal Hellweg, District 3	✓	✓	✓	✓						
Patricia Carrillo, District 2	✓	✓	A	✓						
Phillip McKinnon, District 2	A	✓	A	A						
Richard Divine, District 4	✓	✓	✓	✓						
Rick Gentillalli, District 3	✓	✓	✓	✓						
Victoria St. Johns, District 4	✓	✓	✓	✓						
Walter Haessler, District 1	✓	✓	✓	✓						

Present = ✓

Absent = A

Approved Leave of Absence = LOA

Minutes and agendas of meetings are available upon request and online at. To request copies, please contact the BHC Liaison at (951) 955-7141 or email at MYRoman@rcmhd.org.