



RIVERSIDE COUNTY MENTAL HEALTH BOARD

Meeting Minutes
November 5, 2014
12:00 pm – 2:00 pm

Members Present

Richard Divine, Chairperson	Family Interest Member, District 4
Christina Torres, Vice-Chair	Public Interest Member, District 5
Greg Damewood, Secretary	Family Interest Member, District 5
Walter T. Haessler, M.D.	Public Interest Member, District 1
Opal Hellweg	BOS Representative, District 3
Georgia Smith	Consumer Interest Member, District 2
Patricia Carrillo	Family Interest Member, District 2
Jennifer Dunaway	Family Interest Member, District 5
Carole Schaudt	Public Interest Member, District 4
Julie Crouch	Family Interest Member, District 1
Phillip McKinnon	Public Interest Member, District 2

Others Present

Steve Steinberg	MH, Assistant Director, Programs
Bill Brenneman	MH, MHSA Administrator
Sharon Lee	MH, MHSA Administration
Debi Elliot	Guest, Family Interest
Rachel Douglas	MH Peer Support Specialist
Michael Harrington	Guest, Public Interest
Kathryn Mauro	Guest, Consumer
Rebecca M. Cooper	Guest, Consumer
Kristen Duffy	MH Peer Support Specialist, Consumer Affairs
Jacqueline Ebule	MH, Volunteer Services Coordinator
Maria Marquez	MH, Deputy Director, Housing
Ashley Cortez	MH Student Intern, WET
Tiffany Keeler	Recovery Opportunity Center
Fred Smith	Guest, Family Interest
Kim McElroy	MCRB Member
Kathy Myers	MH Peer Support Specialist, RLC
Bruce Sherr	Guest Speaker, Consumer Affairs
May Farr	NAMI Representative
Teresa Garciduenas	Guest, Family Interest
Juanita Foust	MH Peer Support Specialist
Robyn Kelley	Recovery Innovations
Nancy Tedder	Recovery Innovations
Glenis Ulloa	MH Peer Support Specialist
Jason Farin	BOS Assistant, District 2
Shannon McCleerey-Hooper	MH Sr. Peer Support Specialist, Consumer Affairs
Angela Abbott	MH Sr. Peer Support Specialist, Consumer Affairs
Brenda Scott	NAMI Representative
Darleana McHenry	Guest, Public Interest
Ryan Quist	MH Program Manager, Quality Management

CALL TO ORDER AND INTRODUCTIONS – Chairperson, Richard Divine called the meeting to order at 12:04.

CHAIRPERSON'S REMARKS / CORRESPONDENCE – Congratulations were made to Supervisor Jeff Stone for being elected Senator.

CELEBRATE RECOVERY PRESENTATION – On behalf of Shannon McCleerey-Hooper, Kathy Myers from Recovery Learning Center introduced Bruce Sherr as this month's Consumer Affairs speaker. Mr. Sherr shared his experience of being homeless while suffering from a mental illness.

For a period of 3-4 years Mr. Sherr has stayed in various facilities in an effort to receive help for his mental illness and keep a roof over his head. He has stayed in Roy's Shelter, the Harmony Center, Crisis Residential Treatment, Psychiatric Health Facility, and Oasis Crisis Stabilization Center. Mr. Sherr did his best to utilize all the available resources and went through great lengths to maintain a living arrangement and receive services at the same time. At one point, Mr. Sherr would ride the bus 2 hours each way; from a shelter, to a facility, and back. Apart from dealing with this, another issue he constantly faced was people treating him as though he had some sort of drug or alcohol problem. Those he encountered were not familiar with mental illness and so he was typecast as a homeless junkie. Mr. Sherr was even accused of selling bus passes and was denied his bus pass, which complicated his only form of transportation. Thankfully, Angelica Camacho from the Harmony Center came to his defense and wrote a letter explaining Mr. Sherr's circumstances and he was immediately issued his bus passes.

In the summer of 2011, a family friend found him in a shelter and decided to rent him a casita for a few months. During this time, Mr. Sherr completed the peer employment training and began to serve as a consumer volunteer for NAMI and various other mental health programs. In February of 2012 he received a packet in the mail outlining Riverside County's mental health plan. In it he found a program in Indio that could provide him the mental health services that he needed and immediately started attending. The program also helped him with a more stable living situation. First he was placed in a motel for a week, he was then transferred to Crisis Residential Treatment (CRT), and finally to Milestones. Mr. Sherr stayed at Milestones for a year and a half then was finally able to move out on his own. Mr. Sherr continues his work as a consumer volunteer at the Recovery Learning Center in Indio. He recently wrote a letter to President Obama about the difficulties of being homeless and suffering from a mental illness. Mr. Sherr also wrote a poem and is currently writing a book entitled "I Have A Mental Illness, But It Doesn't Have Me."

Mr. Sherr expressed his thanks to RCDMH for all the resources and services available. It allowed him to get the help he needed and get back on his own feet.

PUBLIC REMARKS/COMMUNITY CONCERNS/ANNOUNCEMENTS – Brenda Scott thanked everyone that donated and participated at the NAMI Walk. There were over 1,800 participants and 30 vendors at the event. Ms. Scott reported that NAMI's fundraising efforts have raised over \$80,000. The goal is \$100,000 and they have until December 25 to reach that goal. Any individual and/or team that raise \$1,000 will get their name in the drawing for an Ipad and the drawing will take place after Christmas. Ms. Scott expressed her thanks to the department, the sponsors, vendors and all those who participated in the fundraising.

Michael Harrington commented on the topic of "Vetting Procedures" that was scheduled for discussion and MHB's efforts in properly following the Brown Act procedures.

BOARD MEMBERS REMARKS/ANNOUNCEMENTS – Carole Schaudt reported that the Coachella Valley Health Collaborative event held on October 10 was successful. The event had several great speakers and Jerry Wengerd was in attendance. Ms. Schaudt remarked that the attendance was low and stated that more advance notice should be provided prior to next year's event so that more people may attend.

Georgia Smith responded to Mr. Harrington's remarks by suggesting he provide his input in writing and submit it to the Board.

MINUTES OF PREVIOUS MEETING – Greg Damewood made a motion to approve the minutes as written, Christina Torres seconded the motion, all were in favor, and the motion carried.

NEW BUSINESS

1. **CRISIS GRANTS AND SERVICES** – Maria Marquez provided an update on the two SB82 grants:

In the spring of 2013, Riverside County Department of Mental Health (RCDMH) began to investigate programs that could provide community-based supports as an alternative to inpatient care. The interest was driven by the need to decrease demand on limited inpatient psychiatric resources, especially by persons whose needs could be better served in outpatient treatment settings. In the summer of 2013, RCDMH developed a Request for Proposal to solicit proposals to establish three regionally based crisis stabilization programs, one in each service region (Desert, Mid-County, and Western).

In June 27, 2013, SB82 was adopted, which established the "Investment in Mental Health Wellness Act" (IMHWA). Its purpose is to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams.

Maria Marquez stated that many people in crisis are self-presenting in emergency rooms or are brought there by law enforcement. These actions severely impact our ERs. SB82's goal is to alleviate that by diverting individuals in crisis from hospital emergency rooms and inpatient treatment settings. SB82 hopes to achieve this goal by issuing two grant opportunities for counties to compete for:

- 1) The Mental Health Services Oversight and Accountability Commission (MHSOAC) in November 2013 to establish Triage Response Teams.
- 2) The California Health Facilities and Finance Authority (CHFFA) in December 2013 to establish crisis service facilities and to establish Mobile Support Response Teams.

The first grant is to establish Triage Personnel (Triage Response Team) and expand the capacity of Crisis Stabilization and Crisis Residential Team programs. The second grant is to provide one-time funding to construct service facilities and establish Mobile Support Response Teams.

These two grants combined will help alleviate the impact of clients in emergency rooms and hospitals by providing assistance to clients in crisis with crisis stabilization services, crisis residential treatment programs, and triage personnel in facilities *separate* from emergency rooms and hospitals. They will also establish a mobile support response team working in conjunction with law enforcement that can respond to individuals in crisis out in the field and properly link the client to appropriate services and facilities. RCDMH will be required to provide outcome data reporting on the program's effectiveness.

With the first grant from MHSOAC (Triage Response Team), RCDMH is establishing three regionally based field teams to respond to hospital medical emergency departments. This team is called REACH (Regional Emergency Assessment at Community Hospitals). The regional teams will be field based and dispatched via a central 800 number. The three regions will be the Desert, Mid-County, and Western. This includes a fourth team assigned to ETS that includes a Clinical Therapist, Mental Health Peer Support Specialist, and Behavioral Health Specialist to help divert individuals to ITF rather than being admitted to ETS. The REACH team will respond to medical hospital emergency departments throughout the county (excluding Blythe). Services will be provided to those requesting assistance with individuals that arrive in crisis, including those brought in on Welfare and Institution Code (WIC) 5150 holds. RCDMH plans to staff this team 7 days a week from 2:00 pm – midnight.

The second grant from CHFFA provided funding to build a Crisis Stabilization outpatient facility and a 16-bed Crisis Residential Treatment program facility in Riverside. The Crisis Stabilization Program will provide services to clients who come in voluntarily and will not be designated to hold/treat persons on WIC 5150 hold. The program will have the capacity to initiate a WIC 5150 hold and arrange a transfer via AMR to a designated facility; however, the facility cannot keep a client against their will. The Crisis Residential Treatment (CRT) program is an intensive mental health treatment service. CRT is provided in a licensed social rehabilitative residential facility and is designed to provide crisis supports on a short-term basis. The length of stay will generally be 5-7 days, but cannot exceed 14 days. It is a good alternative to inpatient care, so as not to impact our hospitals. Clients may be referred to the facility by the Triage Response Teams, Mobile Support teams, or the crisis walk-in clinics. Both the Crisis Stabilization Program and CRT will have a strong peer-to-peer service model.

The State Legislature allocated part of the second grant's funding for the mobile support response teams. Funding for this will need to be reallocated every year. RCDMH is establishing four regional teams with this funding. The four identified regions will be Western, Moreno Valley-Pass, Mid-County, and Desert. The mobile support team is called

CREST (Community Response Evaluation and Support Teams). The teams will respond to field locations at the request of law enforcement to assist officers in evaluating individuals who are experiencing a mental health crisis. CREST teams will operate 10 hours a day, 7 days a week.

REACH and CREST response teams primary focus will be to attempt to provide intervention and support that would prevent the need or use of emergency or inpatient treatment facilities by linking individuals to voluntary alternatives whenever possible and appropriate. The teams will generally consist of two staff; the first will be a mental health provider (Clinical Therapist or Behavioral Health Specialist) that is designated to initiate WIC 5150 and the second will be a Peer Support Specialist (consumer or family/parent). Hospitals and law enforcement can contact the program dispatch through an 800 phone number and dispatch will deploy teams based on location and availability.

Status of implementation is currently at the staffing level and coordinating start-up with law enforcement and hospitals. Eleven staff members (CT and BHS) started on 10/30/14 and conditional job offers have been extended to MH PSS for CREST teams. All staff members will undergo six weeks of training and orientation to educate on all the resources available for every age group (children, adults, older adults, and substance use) and develop relationships with all the providers to help foster successful linkage for client to provider.

2. **2015 MHB Executive Committee Nominations** – Opal Hellweg, Jennifer Dunaway, and Patricia Carrillo met via conference call and nominated Richard Divine as Chair, Christina Torres as Vice Chair, and Julie Crouch as Secretary. Georgia Smith nominated Greg Damewood as Chair, but Mr. Damewood respectfully declined.
3. **Vetting Procedures for MHB Presentations** – In Jerry Wengerd's absence, Bill Brenneman gave a quick update on the Vetting Procedures. Mary Stetkevich, our Compliance Officer revised the policy in draft form to include some of the language that Greg Damewood mentioned (non-profit organizations) to safeguard the Board. It is currently under review within the department and copies will be made available in January.

OLD BUSINESS

1. **MHSA Updates** – Bill Brenneman began by commending Maria Marquez on doing an excellent job at getting the grant awards and getting some needed resources into the County. The grant requests were well written and received very high scores in comparison to our neighboring counties.

Reminder – The Safe School Summit is taking place on December 11, 2014 at La Quinta Embassy Suites. Steve Steinberg will present the opening remarks. The Safe School Summit is coordinated in conjunction with Supervisor Benoit's Office, Riverside County Office of Education, Mental Health, Desert Healthcare Foundation, Regional Access Project Foundation. This is an effort to help Riverside County residents feel safer about sending their kids to school.

Mental Health Services Oversight Accountability Commission is contracting with UC San Diego to perform a statewide study on TAY services and program implementation. The objective is to learn and understand the vision for the TAY system of care, MHSA impact on TAY services, outcome data systems, quality improvement systems, and any technical assistance, needs, and opportunities that would be needed and/or required in our County. Interviews were performed with key personnel in TAY Services, MHSA, PEI, Central and Western Region's Children's Services, and the Research Department. The survey team was impressed with our Research Department and commented on how "remarkable" our Research team is as well as some of the systems we have in place. They were so impressed that they are interested in replicating some of our processes and implementing them into their system. They are also interested in discussing our data for child welfare systems and getting more ideas from our Research team. A statewide report will be generated outlining the findings and thus far everything looks favorable. The report will be provided to everyone once it is made available.

Ryan Quist and Janine Moore recently submitted proposals to present Research and PEI focused symposia at the upcoming Stigma Conference in San Francisco. We have not yet received a confirmation, however, there is a high probability that they will be presenting at the Conference. The symposium will include our Up2Riverside campaign and ten PEI evidence-based practice programs.

The Workforce Education and Training (WET) University Liaison, Sheree Summers, presented at the 60th Annual Council of Social Work Education meeting in Florida. The presentation was a pilot student education program developed as a collaboration with Cal State San Bernardino. The Council of Social Work Education is the sole accreditation agency for social work education in the country. The pilot program that Ms. Summers presented dealt with the micro and macro of

competencies, with an emphasis on the administrative layer of training. The presentation was well received and Ms. Summers was approached by various schools and personnel interested in adapting the program. Mr. Brenneman commended Ms. Summers and the WET Department for their excellent work.

2. **Goals and Objectives** – Reports will be submitted by the January meeting.

Mr. Divine and Ms. Torres requested to have next year's Thanksgiving and Christmas charity announcements to be presented in September to give everyone plenty of notice.

SITE REVIEWS – Opal Hellweg submitted a site review for Robert Presley Detention Center.

DIRECTOR'S REPORT – In Jerry Wengerd's absence, Steve Steinberg provided the Director's Report.

Rustin Building Update: The current owner is performing all of the tenant improvements and once construction is completed, RCDMH will purchase the building. The target completion date for construction is February with a move-in date tentatively scheduled for May 2015. Eleven programs will be moving into the 160,000 square foot facility, one of which will be MHS. The building will be equipped with numerous state of the art upgrades and will feature a conference center (several conference rooms in various sizes) to accommodate all of the programs moving into the building.

Laura's Law Update: Mr. Steinberg stated that the report will go to Board of Supervisor's (BOS) on November 25. All Board members are invited to attend the meeting and it will also be available to be viewed online for those unable to attend. Mr. Steinberg stated that the report is simply a statement defining what Laura's Law is, its resource funding, and how it is implemented by other counties. BOS may consider implementing this program or remain with our current programs. If the BOS considers implementing Laura's Law, they will request further information (i.e. outcome and accounting data) prior to making a decision. Mr. Steinberg stated that if the BOS decides to move forward, it would still be under the Department's discretion with the stakeholder's and MHB input to formulate a plan on implementation. This would include all the aspects suggested by Dr. Walter Haessler – multi-sided presentations, education, community forums, etc. The Department will not enter into this lightly because there is a lot at stake with a number of diverse opinions.

Crisis Services Update: Mr. Steinberg reported that they were recently invited by Supervisor Benoit to meet with law enforcement from the Desert communities to discuss WIC 5150s and the backlog at different emergency rooms. This gave them the opportunity to inform them on Ms. Marquez's acquisition of the crisis grants and what the Department plans to do with these resources.

Positive feedback was given by the Desert law enforcement on our new contractors, Telecare. They stated that they are responsive and have attended briefings with law enforcement staff, which is developing a better partnership between law enforcement, Telecare, and RCDMH.

Desert law enforcement also expressed concern about certain facilities being developed in their area and Mr. Steinberg assured them that any facilities planned to be built in their area will not be done without first consulting them.

Another initiative that Mr. Steinberg shared with the desert law enforcement is a recent meeting that he and Mr. Wengerd had with the CEO from JFK Memorial Hospital, Gary Honts. JFK Memorial is impacted by the issue of WIC 5150s and how patients are discharged. Mr. Honts has decided to take a collaborative approach to resolve it and is leading a group comprised of hospital administrators, law enforcement, and ambulance companies (EMS and AMR), discussing system issues, supports, and how to address the overwhelming impact of WIC 5150s. Mr. Steinberg stated that he has committed to sending out some of our best minds in crisis and emergency services to participate in the meeting to provide input and assistance. Mr. Steinberg stated that this is an excellent effort in enhancing services, increasing communication, and improving patient flow within the hospitals.

Psychiatric Beds: Mr. Steinberg stated that the frustration of not having adequate psychiatric beds is being heard at the highest levels at the County. The County is actively pursuing revitalizing a popular idea from 4-5 years ago that fell off due to budget issues. That idea was to build a new psychiatric facility by RCRMC. This idea is under serious consideration and the MHB will be kept posted in its development.

Skilled Nursing Facilities: A few years ago, Joe Sebastian from Long Term Care and Older Adults Program wanted to build two Skilled Nursing Facilities that would provide MediCal billable services. The facility would assist consumers stepping down from IMD facilities or those who are in crisis hospitalization that are not fully ready to be in the community. This facility would also work with those suffering from mental illness or are in crises and have medical issues. Mr. Steinberg stated that by

happenstance, a skilled nursing facility that is already built and currently in operation in the Riverside area has approached RCDMH about opening such a facility (with up to 50 beds). Mr. Steinberg stated that they will have another meeting and things look positive. This opportunity would work perfectly in addressing our own backlogged facilities and allow us to transfer temporary conservatorship in ETS/ITF, which will free up beds for those waiting for placement that are in conservatorship in our hospitals.

MHB COMMITTEE REPORTS

1. **Executive Committee:** No Report
2. **Membership Committee:** No Report
3. **Western Regional Board:** Greg Damewood – will submit minutes in place of providing a verbal report.
4. **Mid-County Regional Board:** No Report
5. **Desert Regional Board:** Richard Divine reported that Janine Moore gave a presentation on the suicide prevention programs that PEI is providing in the Desert region.
6. **Children's Committee:** No report
7. **Criminal Justice Committee (CJC):** Greg Damewood reported that they did not have a meeting last month. Meetings are scheduled every other month and everyone is welcome to attend.
8. **Older Adults System of Care Committee:** MHB Liaison will forward minutes to the board via email.
9. **Housing Committee:** No Report
10. **Legislative Committee:** No Report
11. **Adult System of Care Committee:** Patricia Carrillo reported that RTA gave a presentation on their 10-year plan and the issue of inadequate bus service in some areas. The Committee plans to develop a survey that will be distributed in the clinics to gather information that can help identify where, when, and the busing issues. RTA plans to establish more routes and possibly have buses running every 15-20 minutes instead of 45 minutes to 1 hour. One of the other issues Ms. Carrillo shared is that clients are being discharged at midnight, which is a time where there is no busing. It was suggested that clients be discharged when bus services are available.
12. **Veteran's Committee:** Dr. Haessler reported that the committee discussed the question of – “What if a veteran is qualified for VA care, yet preferred services through our Mental Health Clinic?” The Veteran's Committee suspected that clients have been turned away because they are VA eligible. Mr. Steinberg stated that he met with the Veteran's Committee several months ago and made the commitment that we would not turn anyone away. Mr. Steinberg stated that the information was disseminated to all the clinics and clinicians. Initially, it was interpreted and implemented in different ways, but a clarification was made to all the clinics that we will not deny services to veteran's preferring our services over the VA. We have a responsibility to those men and women that served our country and we should be able to provide them the best service possible.

NON-MHB COMMITTEE REPORT – Quality Improvement Committee

Healthcare Integration: Christina Torres reported that were 18,308 vital entries were taken (weight and blood pressure); 13,025 were unique clients; 4,000 had a BMI greater than 30%; 19% had high blood pressure (compared to 30% in general population); and 64% of those on medication had their vitals taken during their appointment. As of July 2014, physical health screenings are completed during intake and annually to address overall health. Doctors are now also required to conduct medication reconciliation to see if there are adverse reactions with medications they are prescribing that are taken simultaneously with medications prescribed by the client's primary physician.

Ms. Torres reported that there are two new groups: The first is called WELL, which stands for Wellness, Empowerment, Life, and Living. It is a 16-class session that explores a multitude of topics – recovery, hope, loneliness, self-esteem, conflict resolution, employment, education, substance abuse, budgeting, relationships, goal setting, and social skills. The second group is called Facing Up. The concept behind Facing Up is striving for whole health. The group promotes exercise, healthy eating, spirituality, mental health treatment, quality of sleep, medical care, service to others, social relationships and relaxation. These are two new groups that consumers can participate in and they are provided in various clinics.

Performance Improvement Project (PIP): Ms. Torres reported that their current PIP project is regarding having proper systems in place that can assist in providing mental health services to more children in foster care. The focus is to increase the number of foster care children receiving mental health services. Katie A. implementation began in March 2013 and has since been renamed Pathways to Wellness. It included a collaborative work process with staff from both departments (DPSS and RCDMH). Subcommittee workgroups established the implementation of a mental health screening tool and a process for referral that has been utilized by DPSS. Referrals are submitted to RCDMH's assessment and consultation team who then complete the mental health assessment and link that individual to the appropriate mental health service.

Patient's Rights: Ms. Torres reported that with probable cause hearings, 82 were upheld in October. There were 11 clients placed in conservatorship. For the entire month of September, ITF reported that Unit A had 1 seclusion and 2 restraints; Unit B had 7 seclusions and 1 restraint; Unit C had 4 seclusions and 5 restraints; and Unit D had none.

ADJOURNMENT – Julie Crouch motioned to adjourn the meeting, Greg Damewood seconded the motion, and all were in favor. The meeting adjourned at 2:01 pm.

Maria Roman

Greg Damewood, MHB Secretary
Maria Roman, Recording Secretary

2014 Mental Health Board Attendance

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
Patricia Carrillo, District 2	X	X	X	X	X	X	X	EA	X	X
Julie Crouch, District 1	X	EA	X	X	EA	X	X	X	EA	X
Greg Damewood, District 5	X	X	X	X	X	X	X	X	X	X
Richard Divine, District 4	X	X	X	X	X	X	X	X	X	X
Jennifer Dunaway, District 5	-	-	X	X	X	X	X	UA	X	X
Walter Haessler, M.D., District 1	X	X	X	X	X	X	X	X	X	X
Phillip McKinnon, District 2	-	-	-	X	UA	X	X	UA	UA	X
Carole Schaudt, District 4	X	X	X	X	X	X	X	EA	X	X
Georgia Smith, District 2	LOA	LOA	X	X	X	X	X	X	X	X
Christina (Salas) Torres, District 5	EA	X	X	X	X	EA	X	X	X	X
Opal Hellweg, BOS Representative, District 3	-	-	-	-	EA	X	X	X	X	X

Present = X
 Excused Absence = EA
 Unexcused Absence = UA
 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.