



RIVERSIDE COUNTY DESERT BOARD OF MENTAL HEALTH
47-825 Oasis St.
Indio, CA 92201

MINUTES
February 11th, 2014

BOARD MEMBERS PRESENT: Mark Miller, Carole Schaudt, Richard Divine, Sharon Hjerpe, Maura Fisher, Linda Wright, Floyd Rhoades, Katherine Heichel-Casas, Sandy Neja, Jim Jones.

BOARD MEMBERS EXCUSED: Bonnie Gilgallon

BOARD MEMBERS ABSENT: Michele Lawrence, Marsha Drew

DEPARTMENT STAFF PRESENT: Amber Duffie; Secretary, James Grisham; Desert Regional Administrator, Kelly Grotsky; Mental Health Services Supervisor, Elizabeth Aguilar; Family Advocate Desert Region, Julie Carlson; Peer Support Specialist at DAFSP, Nita Foust; Senior Peer Support Specialist Desert Region.

OTHERS PRESENT: Denise Diamond

Chair Richard Divine called the meeting of the Riverside County Desert Board of Mental Health to order at 12:08PM. Self-introductions of all in attendance followed.

CORRESPONDENCE AND ANNOUNCEMENTS:

Sandy Neja announced that May is the last performance for the Palm Springs Follies and NAMI is still selling tickets, which are usually \$95, for \$69 in an effort to raise funds for the NAMI Coachella Valley Chapter. Please contact her for arrangements to pay and pick up for tickets at (760) 641-1013.

APPROVAL OF MINUTES:

Richard Divine asked for a motion of approval for the January 14th, 2014 Desert Board minutes. Katherine Heichel-Casas asked that a notation be made to change the incorrect spelling of her last name and Mark Miller asked that attendance reflect that he was not at January's board meeting. Maura Fisher made a motion to approve the minutes and Katherine Heigel-Casas seconded the motion. The motion carried unanimously.

NEW BUSINESS:

Art Show Stakeholders Meeting:

Dr. Janice Quinn announced to the board that the art show stakeholders meeting went very well. She was pleased with the turnout even though they were missing stakeholders from TAY and Safehouse. Dr. Quinn stated that she will be sending out the art show flyer along with the art show minutes to the board.

Guest Speaker- “Helping Veterans Through the System” Presentation, Mr. Carrey Kendal and Jenna Palacini:

Jenna Palacini spoke about what the Senior Benefits Consulting Group offers; The Senior Benefits Consulting Group provides a unique and beneficial service to our seniors, veterans, and senior care providers. She said they not only have a wealth of experience and knowledge about benefits, but also understand how to get you those benefits. Because of the lack of knowledge on financial benefits and programs available to fund long-term care, many seniors are not receiving the assistance they need and are entitled to. Even those who are aware of the benefits available aren't sure how to obtain benefits, don't understand the different compliance requirements, or don't know how to coordinate the various benefits for funding.

The Senior Benefits Consulting Group works with families and care providers to perform a cash flow analysis and benefits review to ensure that seniors are receiving all the benefits available. While there is a modest fee charged for the benefits review and cash flow analysis product, should anyone decide to pursue the Veterans Administration's Aid and Attendance application, a VA-accredited agent will assist them through the application process—at no charge. <http://seniorbenefitsconsultinggroup.com/about/>

OLD BUSINESS:

Clinics Site Visit for 2014:

Jim Jones reported on the Indio Mental Health Clinic, Children's Outpatient Unit-

Jim met with the Supervisor of the Coachella Valley Children's Mental Health Outpatient Program; Bryan Casier and he presented Jim with his brother's obituary and explained that his brother had passed away since their last meeting. His brother was mentally ill and was a very well known Artist in Northern California. Jim expressed that he really liked and appreciated Bryan Casier and usually did not have any comments regarding the program but his year was a bit different. He expressed that he was impressed, and that besides being a Supervisor; Bryan was also a family member. He is proud of what he and his staff provide.

*Please see below for site review

Katherine Heichel-Casas reported on the Transitional Aged Youth Program-

Katherine Heichel-Casas met with Robert Lopez who supervises the TAY program. The TAY program is located in the same building that the Harmony Center is located. Katherine's overall impression was that the staff was passionate and energetic and very driven for the success of their clients. The program was good and they had measurable outcomes. She felt that the space is limited and several areas needed organization. The clients seemed engaged and interactive with staff.

*Please see below for site review.

Tabled Floyd Rhoades Banning Site Review to March 2014 Board Meeting

REGIONAL ADMINISTRATOR'S COMMENTS:

Jim Grisham spoke to the Mental Health Board about the High Utilizers Report (Improving Access to Care and engagement of high need consumers.) High Utilizers are identified by Riverside County as people who have been hospitalized 5 times or more within a year's period of time. This issue has been identified as an area of improvement and the Department of Mental Health has asked each region to identify employees who would be able to engage these "high utilizers". The goal is to connect with these consumers and to see as to how we can identify their needs and address the barriers they are encountering. The hope is to link them to our clinics and get them into recovery oriented treatment. The plan is for these "Engagement teams" to do better care and address urgent needs to adults and youth as well as to improve the timeliness to first service. The County may be getting a grant for a mobile crisis team where employees would be able to ride along with law enforcement and attend to crisis calls. The County is trying to improve access to care in clinics to see psychiatrists first and to adhere to a "no wrong door" policy.

Jim Grisham updated the Board regarding the PCIT Master Certification for one of Riverside County Mental Health's own employees. She is now a Master trainer and one of 12 in the world!!! Congratulations Emma Geraurd, Ph.D.!

A quick update on Unit B across the way in our Inpatient building: It is estimated that the construction there will be completed in July 2014. Construction has been ongoing across the way for many years; the county is eagerly awaiting the completion as there are many space issues and constraints within the Indio Mental Health clinic building.

Desert Hot Springs Older Adult and Adult Outpatient Clinic opening has been postponed until June 2014. Jim Grisham has still given the okay to Supervisors to hire for the clinic and we will relocate them to other clinics until Desert Hot Springs has opened.

Mental Health Main Board Report:

Tabled to March 2014 Board Meeting

Membership Report:

Tabled to March 2014 Board Meeting

Children's Committee:

Tabled to March 2014 Board Meeting

Housing Committee:

Tabled to March 2014 Board Meeting

Adults Committee:

Tabled to March 2014 Board Meeting

Veterans Committee: N/A

Criminal Justice Committee: .

Tabled to March 2014 Board Meeting

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Legislative Report: .

Tabled to March 2014 Board Meeting

Older Adults:

Tabled to March 2014 Board Meeting

MOTION TO ADJOURN:

Richard Divine asked for a motion to adjourn the meeting Linda Wright motioned to adjourn and Katherine Heichel-Casas seconded. Motion carries and everyone was dismissed at 1:42 PM.

The next meeting of the Riverside County Desert Board of Mental Health will be **Tuesday, March 11th, 2014 at the Riverside County Mental Health Outpatient Clinic, located 47825 Oasis Street, Indio, CA, 92201**, at 12:00pm.

Respectfully submitted by:

Amber Duffe for Mark Miller, Desert Board Secretary

**SITE VISIT REPORT
RIVERSIDE COUNTY BOARD OF MENTAL HEALTH**

DATE OF SITE VISIT: ~~MAY 21, 2012~~ ^{Feb 7th}, 2014

- DESERT REGION
- MID-COUNTY REGION
- WESTERN REGION

REVIEWED BY: JIM JONES
Board Member Name

This report is based on a personal visit from one of the members of the Regional Board of Mental Health. The information provided is based on educating the other board members and general public regarding the services being provided to the mentally ill in their Region of Riverside County.

FACILITY/PROGRAM REVIEWED: INDIO MENTAL HEALTH CLINIC--CHILDREN
PROGRAM SUPERVISOR/CONTACT (Name & Phone #): BRYAN CASIER 760-863-8455

BACKGROUND HISTORY OF PROGRAM (why and when did it start): started because of the need for community support because of people released from the state hospitals

GOALS OF THE PROGRAM (what is it for?): keep children in school, the home, and out of hospitals; stabilize the family system

LOCATION:

- 1) Street Address and cross streets: 47-825 Oasis St., Indio Near Oasis and Ave. 48
- 2) description of surrounding area, for example other businesses nearby, bus stops, etc: Next to Juvenile Hall; new homes across Oasis
- 3) where visitors can park: parking is available on Oasis and in the parking lot
- 4) description of where the main entrance is and/or where visitors would go: Main entrance is clearly labeled and through automatic doors

PROGRAM TYPE(S): (Check all appropriate boxes)

Outpatient Inpatient Day Treatment Residential Other _____

PROGRAM AGE GROUP: (check appropriate boxes) (18-21)

Older Adult (65+) Adult (30-65) Young Adult (18-29) Adolescent (12-17) Child (<12) MAINLY AGES 5-18

How are people (clients) referred to this program/How can someone become a part of this program?

One staff is the "Officer of the Day" and receives phone calls or visits from prospective clients; they are evaluated for insurance—if private or no insurance they are referred to community services; they are accepted if on Med-Cal—if in crisis (regardless of insurance) they get immediate evaluation (during business hours all ages who are at risk, for indigent and undocumented too)
Urgent care—assess within 1 week, and to a doctor within 2 wks
Non-urgent—4-8 wks for an appointment

STANDARD SERVICES PROVIDED: (services received by all participants in program)

- 1) Psychiatrist for ages 5 and above (one exception of a 3 yr old)
- 2) Brief 8-12 session—Cognitive Behavior Therapy (CBT)-individual
- 3) Solution focused family therapy—5-8 sessions—encouraged by Director
- 4) Teaching Prosocial Skills (TPS)
- 5) Parent support using "parent partners" (provide orientation in Eng and Sp)
- 6) Aggression Replacement Therapy
- 7) Katie A protocol for foster kids

SPECIALTY SERVICES OFFERED: (services available beyond the standard)

- 1) Substance abuse counselor (full time)—Individual, Family, Group—
- 2) Urgent care (S.A.F.E. (Safe Alternatives for Everyone) 8-12 yr olds—at risk of abuse or violence
- 3) Specialized parent partners—Evidence-based—Educate, Equip and Support; PPP-parenting skills offered quarterly
- 4) TF-CBT (Trauma-Focused Cognitive Behavioral Therapy)—12-20 weeks for those who were exposed to violence or sex abuse
- 5) Parent-Child Interaction Therapy (2 clinicians) (mobile unit for outlying areas like Mecca, Oasis)
- 6) DBT Group for eating disorders and cutters
- 7) Use of TBS (Therapeutic Behavioral Services) Contract

PROGRAM/FACILITY CAPACITY: (number of clients/participants) 635 clients (291 meds only) Largest Children's Services facility in Riverside County

AVERAGE LENGTH OF STAY IN FACILITY, TIME REQUIREMENT/ALLOWANCE FOR PARTICIPATION IN PROGRAM:

Length of support—the goal is 12-18 weeks, but reality is 2 years

SITE VISIT REPORT CONTINUED -- page 2

PROGRAM STAFFING:

1) Number of Staff involved directly with participant: *Staff of 16*

2) Types of Professionals involved directly with (or available to) participant and what they provide:

(ie. Psychiatrist, Psychologist, Therapist, MFCC, LCSW, Nurse)

Supervisor—LCSW; 2 psychiatrists (1-- 4 days, 10 hrs/day; 1—bilingual and 2/3 time); 8 clinicians; 1 substance abuse counselor; 3 parent partners, 2 CSA's

---Supervisor is no longer in charge of PEI in Desert Hot Springs

3) Does this program use Consumers and Family Members in delivery of services? If yes, How?

Yes---Parent partners make it "parent friendly " and provide Parent perspective

EXAMPLE OF ONE DAY/SESSION IN PROGRAM: (activities, day's schedule):

Individuals-Family-Group sessions

Substance abuse counseling

Parent support---EES/Triple "P"

Field Visits

HOW DOES THIS PROGRAM IMPLEMENT THE "RECOVERY MODEL"? (Recovery Model=client choice, client empowerment, cultural competency, installation of hope, self-help, etc.):

Kids---Discover sense of self-worth and identity---Family Voice and Choice, strength-based

Give family a sense of hope

WHAT "EVIDENCED BASED PRACTICES" DOES THIS PROGRAM USE? (MDFT/Multi-Dimensional Family Therapy, Wraparound, PCIT/Parent-Child Interaction Therapy, etc.)

ART (Aggression Replacement Therapy---social skills, moral reasoning, and anger control

EES---Educate, Equip, Support

Triple "P"

TF-CBT (Trauma-Focused Cognitive Behavioral Therapy)

PCIT (Parent-Child Interaction Therapy)

FACILITY/PROGRAM SPACE DESCRIBED: (ie. indoor rooms, outdoor areas, recreational areas)

2 group rooms

MISCELLANEOUS ADDITIONAL SERVICES (provide a brief description, if applicable)

Transportation available: Use of CSA's for all groups plus some individual transportation

Meals/Snacks provided or available: snacks provided to all groups

Transition and graduation celebrations

Home Visits by Staff for Program participants available: home visits as needed and as able

Follow-up Care provided: referral to CARES,(Community Access Referral Evaluation and Support), TAY, adult services or FSP(Full Service Partnership), provide community resources

FUNDING (how is the program/clinic funded? Is the funding at risk?): Funded through MediCal reimbursement, MH Services Act, EPSTD---Medi-Cal for kids;

OVERALL IMPRESSION OR VERY BRIEF SUMMARY: (include key positive/negative points) I am impressed. Bryan Casier, in addition to being the Supervisor, is also a family member. He is proud of what he and his staff provide. He showed me that he wants his staff, even those who are in the facilities that are not in the same building, to be a part of the same team. As an example, he was doing a BBQ for those in offsite facilities. Like many other service providers, funding is a big issue. His department does a good job with the resources they have. They are presently at capacity in terms of clients.

BOARD MEMBER OR PROGRAM STAFF RECOMMENDATIONS FOR PROGRAM NEEDS: need more space and staff for expansion to handle the numbers. Continue activities to bring units together. Need growth/funding to meet Katie A requirements.

SITE VISIT REPORT

RIVERSIDE COUNTY BOARD OF MENTAL HEALTH

DATE OF SITE VISIT: 01-31-2014

DESERT REGION

MID-COUNTY REGION

WESTERN REGION

REVIEWED BY: Katherine Heichel-Casas

Board Member Name

This report is based on a personal visit from one of the members of the Regional Board of Mental Health. The information provided is based on educating the other board members and general public regarding the services being provided to the mentally ill in their Region of Riverside County.

FACILITY/PROGRAM REVIEWED: Transitional Age Youth (TAY)

PROGRAM SUPERVISOR/CONTACT (Name & Phone #): Richard Lopez/ 760-391-6970

BACKGROUND HISTORY OF PROGRAM (why and when did it start): Started in 2008/ Prop 63 – Mental Health Service Act – Program contracted with Star Behavioral Health by Riverside County. A bridge program for at risk 16-25 years olds with history of Mental Illness.

Goals of the Program (what is it for?):

1. Stabilization of at risk young adults/teens from 16-25years old using WRAP (Wellness Recovery Action Plan)
2. Multi-leveled placement programs – coordinates with courts, counseling, medical care
3. Program for medication compliance
4. Decreased hospitalizations and use of correction facilities
5. Coordinates transition to adult programs

LOCATION:

1) Street Address/ Cross streets: 81-840 Avenue 46 Suite 107, Monroe St. and Highway 111

2) Description of surrounding area, for example other businesses nearby, bus stops, etc:

- Bus stops, Pizza, Donuts, Starbucks, Immigration Services, Retail stores
- Harmony Center

3) Visitors Parking: Parking lot surrounding building

4) Description of where the main entrance is and/or where visitors would go: Common Lobby

PROGRAM TYPE(S): (Check all appropriate boxes)

Outpatient Inpatient Day Treatment Residential Other _____

PROGRAM AGE GROUP: (check appropriate boxes)

Older Adult (65+) Adult (26-65) Young Adult (16-25) Adolescent (12-17) Child (<12)

How are people (clients) referred to this program/How can someone become a part of this program? Current census of 75 clients can accommodate up to 100 and has in the past.

- STANDARD SERVICES PROVIDED: (services received by all participants in program)
- Counseling (one on one and group settings)/ Counseling provided to family members– large portion of their program. Support Groups (4 – 25)
- Skill Development /Medication Management /Substance abuse focus/Many clients sent from "The Ranch" this program assists with support in patients recovery

SPECIALTY SERVICES OFFERED: (services available beyond the standard) TAY Coordinates Services with several organizations:

- Outreach (Oasis In-Patient Hospital, Milestones Board and Care
- Harmony Center/ Support Groups/ Medical Appointments
- Coordinates SSI to clients who are eligible
- WRAP (Wellness Recover Action Plan) TIPS (Transition into Independent Living)
- Vocational Training
- PSRC—Peer Support Resource Center

PROGRAM/FACILITY CAPACITY: (number of clients/participants)

Maximum Possible 85 Monthly Average 509 and/or Daily Average 20

AVERAGE LENGTH OF STAY IN FACILITY, TIME REQUIREMENT/ALLOWANCE FOR PARTICIPATION IN PROGRAM:

Not a residential facility/no time requirement or allowance for participation in program excluding the age requirement

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PROGRAM STAFFING: 1) Number of Staff involved directly with participant: 1 Director, 3 Master level therapists, 4 Bachelors prepared Case Managers (1 specifically for family), 1 NP, 1 LVN, 1 Front Office staff

2) Types of Professionals involved directly with (or available to) participant and what they provide: (ie. Psychiatrist, Psychologist, Therapist, MFCC, LCSW, and Nurse) please refer to above answer

3) Does this program use Consumers and Family Members in delivery of services? If yes, How?

This program focuses on the client and family members to deliver balance between the external and home environments, utilizing both consumers and family members to achieve success.

EXAMPLE OF ONE DAY/SESSION IN PROGRAM: (activities, day's schedule)

Please review provided January 2014 Schedule

- 11AM – Recovery Group
- 1400 – SODAS Group
- 1500 Money Management Group
- Clients also utilize Harmony Center/ One – one counseling provided as well

HOW DOES THIS PROGRAM IMPLEMENT THE "RECOVERY MODEL"? (Recovery Model=client choice, client empowerment, cultural competency, installation of hope, self-help, etc.)

WRAPS – Wellness Recovery Action Plan/ Goal is to develop clients ability to become self reliant. Transition to independence.

WHAT "EVIDENCED BASED PRACTICES" DOES THIS PROGRAM USE? (Evidenced Based Practices=FSP/Full Service Partnership, MDFT/Multi-Dimensional Family Therapy, Wraparound, PCIT/Parent-Child Interaction Therapy, etc.)

CBT – Cogitative Behavioral Therapy

WRAP – Wellness Action Recovery Plans

FACILITY/PROGRAM SPACE DESCRIBED: (ie. indoor rooms, outdoor areas, recreational areas)

Lobby, conference rooms used for groups/art projects, private offices used for counseling,

Outside lawn area- used for events i.e. Christmas parties and other functions

Neighboring businesses, especially Starbucks for meetings (one on one counseling)

MISCELLANEOUS ADDITIONAL SERVICES (provide a brief description, if applicable) Transportation

available: Yes (Van services and Bus passes provided as a reward for attending groups)

If client attends eight counseling/group sessions they earn a day bus pass

If client attends sixteen counseling/group sessions they earn a month bus pass

Meals/Snacks provided or available: varies depends on length of the day/many groups pizza is provided if scheduled during a lunch period.

Home Activities provided during program participation or at discharge: Family group seasons throughout program

Home Visits by Staff for Program participants available: yes

Follow-up Care provided: If a clients stops attending—the staff works diligently to find client. Many are referred from Riverside Mental Health Court and this program is mandatory. If client is missing it is reported. The staff will "search for them at their last known address/hangouts," for 1-2 month.

FUNDING (how is the program/clinic funded? Is the funding at risk?): Mental Health Service Act Prop 63 along with medical billing related to medical services provided by utilization of ICD-9 codes, etc.

OVERALL IMPRESSION OR VERY BRIEF SUMMARY: (include key positive/negative points)

- 1) Passionate and energetic staff driven for success of their clients
- 2) Good program
- 3) Measurable outcomes
- 4) Space is limited, several areas needs organization (lacking storage cabinets and place for storage units)
- 5) Client seemed engaged and interactive with staff

BOARD MEMBER OR PROGRAM STAFF RECOMMENDATIONS FOR PROGRAM NEEDS: Director would like to develop an internship work program. Many clients have worked or able to hold down a regular job related to their illness. Director wants clients to have exposure to a regular schedule.