

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR FEBRUARY 3, 2021 | 12:00 pm to 2:00 pm

CALL TO ORDER, PLEDGE OF ALLEGIANCE, AND INTRODUCTIONS – Chairperson, Richard Divine called the Behavioral Health Commission (BHC) meeting to order at 12:01 pm.

Commissioner attendance was taken by roll-call.

CHAIRPERSON'S REMARKS – Mr. Divine greeted and thanked everyone for attending.

COMMISSION MEMBERS REMARKS – Dr. Walter Haessler reported seeing on the news that the state of Oregon has decriminalized Schedule 1 substances, but is unsure if it also includes sale and distribution. Dr. Haessler expressed concern regarding this change in the law and that the state of California may soon follow.

Rick Gentillalli reported seeing a new commercial for the Riverside University Health System (RUHS) on television. The commercial encompasses the whole health system, which include behavioral health. Mr. Gentillalli stated the commercial is wonderful and very well put together.

Brenda Scott reported that RUHS-Behavioral Health and Dr. Chang was recently featured on CBS2, highlighting the peer supports provided at the medical center by the Department.

PUBLIC REMARKS – None

MINUTES OF THE PREVIOUS MEETING – Minutes were accepted as written.

NEW BUSINESS

1. COLLABORATIVE COURTS PROGRAM OVERVIEW: Judge Emma Smith, gave an overview presentation on the Collaborative Courts Program, which include the Mental Health Court Program, the Mental Health Diversion Court, and the ROC (Recovery Opportunity Center). Judge Smith is the presiding judge over Department 42 in the Downtown Criminal Courthouse and is the current Chair of the Collaborative Courts countywide representing the Judicial Bench.

The Mental Health Court is a Probation program that works in collaboration with RUHS-Behavioral Health. The Mental Health Court Program is designed to target our population of criminal defendants suffering from a severe and persistent mental health diagnosis who have an underlying criminal allegation connected to the diagnosis. The program is designed to last for a minimum of one calendar year after the initial granting of probation in Mental Health Court. The defendant is required to report for progress hearings once a month and a progress report is generated for review. The progress report include details regarding the defendant's drug abstinence, housing, medication compliance, mental health appointment attendance, 12-step program updates, etc. In 2020, they received 198 referrals, 55 defendants were accepted into the Program, and 50 defendants completed and graduated from the Program. Judge Smith noted that with this Program, the court has a real meaningful opportunity to meet and work with each participant as well as their families and treatment team.

The Mental Health Diversion Court Program is a non-probationary program that works in conjunction with the justice partners with RUHS-Behavioral Health. This collaborative court is a

result of Penal Code Section 1001.36, which is a new law that passed two years ago. It requires the court to consider a criminal defendant for both eligibility and suitability under that law. Mental Health Diversion Court is a two-year long program and the consumer must suffer from a qualified DSM-V diagnosis. That diagnosis must then be related to the underlying criminal offense and the court must find that there's a suitable treatment plan available. In 2020, they received 99 referrals, 46 were accepted, and 30 were able to complete and graduate from the program resulting in the dismissal of their underlying cases.

Judge Smith noted that this particular collaborative is an example of a new law that they needed to adapt and implement without any guidance or proposed funding for implementation. Judge Smith stated that she cannot begin to adequately express her awe and gratitude to RUHS-Behavioral Health for their leadership and willingness to jump right in and work with the courts and county to assess candidates, review and create detention and mental health records, contact various providers to coordinate placement, and provide proposed treatment plans, which the bench can rely when making rulings regarding eligibility and suitability.

The ROC is a probation program specifically designed to target our heaviest substance use disorder criminal defendants. This is an 18-month program involving heavy collaboration between RUHS-Behavioral Health, Probation, Court, and Council. Once a defendant is placed in that program, they may begin with a residential treatment, but as soon as they are stabilized they begin the IOT (Intensive Outpatient Treatment) phase of treatment with the ROC team. The consumers meet each day with their peer group counselors and probation officer to participate in group therapy or one-on-one counseling, family therapy, and occasionally parenting and domestic violence classes depending on their specific requirements to successfully complete probation and the ROC treatment plan. Consumers and ROC partners meet weekly with the court for progress hearings during their first phase of treatment. Eventually they progress through their phases and meet with the court every other week then once month leading up to their graduation date. Judge Smith did not have updated statistics available, but noted that the program is going beautifully and that it's an honor to have the opportunity to work in that setting and see lives changed and saved daily through everyone's dedication and hard work.

2. CARES LINE PROGRAM OVERVIEW: Elizabeth Del Rio, CARES Line Supervisor, provided an overview presentation of the CARES Line. CARES stands for Community Access Referral Evaluation and Support and it is an access phone line for consumers who reside in Riverside County. CARES provides behavioral health and substance use screenings to consumers and are referred/linked to appropriate services. Previously, there were two operating lines providing this service – MH CARES Line only provided mental health services/resources and SU CARES Line provided substance use services/resources. This caused confusion and inconvenience to consumers, as they would have to call both lines if they required both services. Therefore, in July 2020, the merging of both access lines began with the physical relocation of SU CARES into MH CARES office space. In December 2020, the phone lines merged into one number (800-499-3008). Ms. Del Rio noted that when consumers call either of the original phone numbers, they are informed of the new number and are re-directed to the new line.

In addition to fulfilling CalAIM requirements for integration well in advance, there are a number of benefits with an integrated line. It provides a one-stop shop for consumers calling in and alleviates the confusion and inconvenience of dealing with two separate lines. It gives the entire staff the

opportunity to cross-train providing greater flexibility for cross-referrals. Staff are able to address underlying substance use and/or mental health concerns with consumers and provide better continuity of care. The integration also resulted in a larger and more diverse multi-disciplinary team, especially with the addition of bilingual staff. The addition of bilingual staff has been beneficial as there is no longer a need for an interpreter line. The newly integrated phone lines now offer 24/7 support and assistance for both behavioral health and substance use needs.

CARES staff include Office Assistants II/III (OA-II/III) that first answer the calls. They learn the consumer's initial needs, process their insurance, and links the call to a screener. The screeners are Behavioral Health Specialists II/III (BHS-II/III) that specialize in behavioral health, drug and alcohol, and addiction. Clinical Therapists II (CT-II) provide referrals, clinical oversight, and handles emergencies when they occur. Peer Support Specialists provide additional support at the navigation center.

In addition to providing screenings for mental health and substance use, they also provide referrals to community providers, all of RUHS-BH system of care (adults, children, etc.), outpatient mental health, all FQHCs (Federally Qualified Health Centers), all of substance use levels of care (detox, residential, etc.), and "auxiliary services," which refer to callers seeking food, shelters, COVID-19 vaccinations, etc. They also provide ACEs referrals, Kaiser/IEHP referrals, system navigation for ETS/ITF, and they collaborate with the jails to link inmates to services upon release.

In 2020, they completed 4,100 behavioral health screenings, averaging 341 per month and 5,945 substance use screenings, averaging 495 per month. The number of people placed into detox service was 1,054 and for residential service was 2,634.

CARES staff also engages in community outreach, which was impacted by COVID restrictions in 2020. Prior to the restrictions, staff participated in several community fairs, provided presentations at various community centers, and did in an interview with the radio station KFROG. After COVID restrictions were placed, they still made efforts to engage and inform the community by releasing promotional videos on the RUHS-BH Facebook page, distributed promotional materials, and have visited some outpatient facilities to provide presentations.

Ms. Del Rio shared a recent success story of a 22-year old woman pregnant with twins who was homeless, not receiving any prenatal care, and struggled with substance use and domestic violence. CARES staff coordinated with SUD (Substance Use Disorder) navigators in the emergency rooms and met with her. It was discovered that she had a urinary tract infection, so she was linked to a high-risk OBGYN. They were able to help her find temporary housing until she was enrolled into a program, where she received intensive case management and specialized perinatal care. She was able to deliver her baby with no complications, she completed her treatment, received permanent housing, and is currently participating in an outpatient substance use program. Ms. Del Rio noted that none of this would have been possible without the coordination and teamwork of the CARES staff, RUHS-BH system of care, and community partners.

Currently, they are working on developing new features to help improve the system quality of the CARES Line. They are working on having staff onsite 24 hours a day and also a bed tracking app that can help streamline the process, provide quicker placements, and better coordination with the clinics in real-time.

DIRECTOR'S REPORT – Dr. Chang first responded to Mr. Gentillalli's comment regarding the new RUHS television commercial. Dr. Chang stated that he will inform the marketing team that their advertising efforts are properly reaching the community.

Executive Management is currently working with the county's Executive Office, Riverside Sheriff's Office, and other law enforcement to expand CBAT (Community Behavioral Assessment Team). Currently there are six teams spread throughout the county and they are requesting to add an additional nine teams to the county. Dr. Chang noted that there is a more organic and holistic approach to this program, which can lead to positive outcomes. They are developing a map that look at the 5150 distribution throughout the county and they are working on allocating resources appropriately to better target areas with 5150s and get them into care. More updates will be provided as they develop.

Dr. Chang briefly touched on the Department's efforts and engagement with the COVID-19 response, beginning last March when the first plane from Wuhan landed at March Air Force Base. Dr. Chang noted that the Department has been embedded in the emergency operations with the EOC since the beginning. The Department deployed staff to work in the SOS teams that supported the nursing homes. They also started Operation Uplift, where staff are stationed to provide support and assistance at the RUHS-Medical Center, Arlington, and other community health centers. Operation Uplift initially provided support and assistance to our healthcare workers facing daily stressors exacerbated by the pandemic. Our healthcare workers are provided support, resources, and linkages and referrals to community services/programs for additional help. This was later expanded to support and assist the families of patients with COVID-19. Staff are now embedded at the Medical Center 24/7, where they meet with the families of patients suffering from COVID. Staff help explain what's happening, help facilitate family visits, and in the process they're also able to provide referrals for family members post-visit.

With regard to infrastructure, the 38-bed MHRC (Mental Health Rehabilitation Center) has been built and Roy's opened early with the 92-bed augmented board and care. They have also helped with the crisis response by expanding the mobile crisis teams in the Desert and piloting telehealth and telecrisis.

There were questions from the Commission regarding SB823 as they wanted a little more information on what it is and what it entails. Dr. Chang explained that the Department of Juvenile Justice will begin enforcing SB823 beginning July 2021. In July 2021, they will no longer accept new youth inmates and they will begin the process of returning those currently detained in their facilities back to their home counties. It is estimated that by 2024, all the youths will have been returned to their home county. In terms of the Department's response, they are working closely with probation and other partners when the youths return to Riverside County. The plan is to provide the same high-level wraparound services that RUHS-BH currently provides in the YTEC (Youth Treatment and Education Center) Program. This process has begun and the Department is working closely with them in preparation for the transition.

There have been a great deal of questions regarding the COVID-19 vaccine and its distribution. Dr. Chang responded to the inquiries by sharing his screen displaying the RUHS-Public Health website. Dr. Chang noted that as a psychiatrist and Director of Behavioral Health, he cannot answer questions pertaining to the distribution of vaccines to the greater public, as it is a RUHS-Public Health related matter. The RUHS-Public Health website is updated daily and lists the number of agencies receiving vaccines and how much they have available to administer. The site contains a chart showing the

proposed timeline for vaccinations, which is led by the CDC (Centers for Disease Control and Prevention) and the state in terms of distribution and tiers.

Lastly, Dr. Chang responded to Ms. Scott whom mentioned the news segment on CBS2. Dr. Chang explained that CBS highlighted a couple of things happening with RUHS. The first is the partnership with the Department of Defense (DoD). Dr. Chang stated that they have been very helpful in assisting with staff at the RUHS-Medical Center. The reason DoD is at the Medical Center is because RUHS has served as the “transfer center.” In addition to providing care for our own patients, due to the infrastructures RUHS implemented, they are able to take additional patients from other hospitals and DoD staffing is there to support. The second story CBS highlighted is Operation Uplift and the peer support specialists working at the hospitals. As mentioned, Operation Uplift initially provided support and assistance to the front line healthcare workers, which was later expanded to the families of patients with COVID-19.

OLD BUSINESS

- 1.) MHSA UPDATE: David Schoelen, MHSA Administrator, reported that he and his staff have begun working on the MHSA Annual Plan Update. Mr. Schoelen gave a brief background on MHSA for those who are unfamiliar. MHSA (Mental Health Services Act) was a voter-approved proposition – Proposition 63. In 2004, Proposition 63 was passed, which created a 1% tax on incomes over a million dollars. The funds are dedicated towards transforming the public mental health service system and is the second largest funding stream for the Department, second only to billing. One of the most essential elements of MHSA is community collaboration, commonly referred to as the “stakeholder process.” MHSA Planning is stakeholder informed; feedback from the community are accepted throughout the year and this is the time when staff begin the process of formalizing the feedback so they can develop their written plan to submit to the state at the beginning of the next fiscal year, which is July. Mr. Schoelen reported that many of the BHC subcommittees have already received update presentations from his team regarding changes from last year’s Plan along with highlights and what to anticipate as we move into the next year.

The draft plan will be posted online in April for the community to review and provide feedback. In May, they will produce and post the public hearing videos in English and Spanish. The video will be available online 24/7 for two weeks, so the public can view it at their convenience. The public can provide their feedback online, by phone, or by mail. They will also be producing DVDs of the public hearing videos along with packets for those without access to the internet or a computer. Since they are unsure about what the restrictions will be regarding COVID, they plan to repeat last year’s fully online and virtual process. If restrictions are lifted, Mr. Schoelen stated they will add in-person forums in addition to their online process.

Mr. Schoelen requested volunteers from the Commission to help manage and review this year’s stakeholder process. Commissioners that volunteered are Carole Schaudt, Beatriz Gonzalez, April Jones, and Brenda Scott.

- 2.) SAPT UPDATE: April Marier, SAPT Administrator, reported that California Bridge Program recently wrote an article about RUHS-BHs substance use navigators at the medical center. The California Bridge Program provided 52 hospitals grants to engage substance use navigators in emergency departments to improve the effectiveness of substance use treatment. The state has recently expanded the funding to support 206 more hospitals for an additional year. The California Bridge

wrote a glowing article highlighting RUHS-BHs substance use navigators at the medical center. The program began in December 2018 and has been a meaningful addition at the hospital. The program has stayed in the hospital through COVID and they've done a great job at building personal relationships and linking consumers from the hospital to residential or outpatient treatment. Even when they had challenges regarding space, the hospital staff was adamant about keeping the program in place and did what they could to accommodate them.

SAPT just received an award to be part of a beta project cohort to improve treatment of psychoactive stimulant use disorders with evidence-based practices. It is a \$50,000 reward that will train staff in Desert Hot Springs, which will be the clinic that will have the opportunity to implement this and be part of the study. Ms. Marier noted they are looking forward to implement this as it will be geared towards their intensive outpatient treatment consumers.

Ms. Marier reported they've been reviewing youth services and noticed that even though students are out of the classroom, the substance use services available within the schools are still receiving referrals. Ms. Marier noted that currently, our county clinics are in 22 different schools and eight different group homes. With COVID restrictions, they've also noticed that there's been an increase in participation from families, which has been beneficial to our youth.

The Bed Tracking App is currently in the testing phase and they've identified two providers that will be participating: VARP Program's Gibson House and House of Hope. Ms. Marier noted that the app will provide real time data regarding bed availability and it will allow them to reserve beds for consumers coming through the CARES Line. Once the testing phase has been completed, they will implement the Bed Tracking App with all SAPT providers.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Mr. Divine reported they had a presentation and discussion regarding their holiday programs and Dr. Janice Quinn provided an update regarding the ongoing Art Show at the Rivers in Rancho Mirage. Approximately 40 art pieces have been sold and Mr. Divine noted that the Rivers will continue displaying the art work for as long as there is space to showcase them.

MID-COUNTY REGIONAL BOARD: Kim McElroy reported they received update presentations from Mid-County Children's and TAY Services. Parent Partners shared their training schedules and events they have planned. Family Advocate gave an update on the programs they are running and Diana Brown did a presentation on the MHSA Annual Plan Update. Overall, everyone is experiencing an increase with Zoom as more families are willing to get engaged from the comfort of their own home. The San Jacinto Children's clinic has 500 children enrolled and they have on staff one doctor, one therapist, one parent partner, and one behavioral health specialist. They are encountering a number of cases where families are experiencing losses due to COVID and staff have been working as best they can to provide comfort and support to those families. They have upcoming presentations regarding the Perris Clinic, the Mobile Crisis Response Team, and the African American Family Wellness Group.

WESTERN REGIONAL BOARD: Mr. Damewood reported that the next meeting is this afternoon at 3:00 pm and notes will be submitted for review.

ADULT SYSTEM OF CARE: Brenda Scott reported Toni Robinson gave a presentation on the Cultural Competency Program and discussed the various groups covered under the program – African American, Asian Pacific Islander, deaf and hard of hearing, disabled, Latino/Latina, and LGBTQ. New

groups identified under Cultural Competency are Middle Eastern, North African American, Native American, spirituality, faith based, and veterans. They also received an update on staff recruitment in all three regions, FSP (Full Service Partnership), Pathways to Success, and The Path. There was a shower truck that was previously available that was recently cancelled for unknown reason, which they hope to follow-up on soon. Lastly, Ms. Scott reported that the Desert region recently experienced a loss, Father Francisco from Indio's Catholic Church passed away from COVID-19.

CHILDREN'S COMMITTEE: Tori St. Johns reported similarly as Ms. Scott, that the Desert region experienced a tremendous loss with Father Francisco's passing and that Behavioral Health did an outreach to the community to help in their grief.

Ms. St. Johns reported that Diana Brown gave an update presentation on what's new in PEI (Prevention and Early Intervention) and Novanh Xayarath shared that Wednesday, February 10 they will be celebrating the Lunar New Year.

CRIMINAL JUSTICE COMMITTEE: Mr. Damewood reported that the Department continues to provide full support for those who are incarcerated and have behavioral health needs. Minutes will be available and the next meeting will be on Wednesday, March 10 at noon.

HOUSING COMMITTEE: Ms. Scott reported that they are continuing discussions regarding their goals for a room and board coalition and a housing education forum/conference to educate the community. There was a speaker that gave information about their program and volunteer homeless outreach in Beaumont, Banning, and surrounding areas.

LEGISLATIVE COMMITTEE: April Jones reported that legislative sessions have resumed and they are monitoring several legislations related to mental health. They also received a presentation from Toni Robinson regarding the MHSA Annual Plan Update.

MEMBERSHIP COMMITTEE: Mr. Divine welcomed the newest member to the Commission, Tim Barton who will be representing District 1. There is one remaining vacancy left in District 1 and Mr. Divine invited those interested or know of anyone that would be interested to attend our meetings to learn more.

OLDER ADULT SYSTEM OF CARE COMMITTEE: Ms. Scott reported that they have PEARLS in all three regions now. There are 38-beds in Arlington Community, 16-beds in Indio, and 68-beds in Cathedral City that opened in January. They also learned about Project Uplift and the emotional support they're providing in the hospital.

PUBLIC ADVOCACY COMMITTEE: Ms. Jones reported that the group discussed self-care for the first responders and those working in the front lines that may be experiencing tremendous amounts of stress. Ms. Jones and the group inquired if the Department has something in place for them. Dr. Chang responded that last year in March when the COVID-19 restrictions began they started an essential worker/ healthcare worker line. It started relatively small, but as time passed they saw the need grow more globally, so they expanded it throughout the whole county. They kept broadening the definition as they recognized some of the potential effects of the trauma on these folks as they go about their day-to-day lives. There is also Operation Uplift at the medical center, Arlington, and Community Health Centers where they provide grief therapy sessions, Zoom sessions, and linkages to resources. As mentioned previously, Operation Uplift was later expanded to provide support to

families of patients battling COVID-19. These are things they've tried to grow in sphere to make sure workers and family members have the support they need during these exceptionally challenging times.

QUALITY IMPROVEMENT COMMITTEE: None

VETERANS COMMITTEE: Rick Gentillalli shared the committee's membership ranges from 14-20 people. They have several people attending from San Bernardino County, Veterans Affairs, CalVet, and College of the Desert. They discussed bringing in more agencies, such as representatives from Sheriff's Department and Adult Protective Services.

EXECUTIVE COMMITTEE RECOMMENDATIONS: None

ADJOURN: The Behavioral Health Commission meeting adjourned at 1:56 pm.

Maria Roman

Tori St. Johns, BHC Secretary

Maria Roman, Recording Secretary

FY 2020/21 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	JUL	AUG	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
Anindita Ganguly, District 2	✓	✓	A	✓	✓	✓	✓				
April Jones, District 3	✓	✓	✓	✓	✓	✓	✓				
Beatriz Gonzalez, District 4	✓	✓	✓	✓	✓	✓	✓				
Brenda Scott, District 3	✓	✓	✓	✓	✓	✓	✓				
Carole Schaudt, District 4	✓	✓	✓	✓	✓	✓	✓				
Daryl Terrell, District 5	✓	✓	A	✓	✓	✓					
Debbie Rose, BOS Rep. Dist. 2	✓	A	✓	A	✓	✓	✓				
Greg Damewood, District 5	✓	✓	✓	✓	✓	✓	✓				
Jose Campos, District 2	A	✓	✓	✓	✓	A	✓				
Paul Vallandigham, District 5	A	✓	✓	✓	✓	✓	✓				
Richard Divine, District 2 (Redist. 4)	✓	✓	✓	✓	✓	✓	✓				
Rick Gentillalli, District 3	✓	A	✓	✓	✓	✓	✓				
Tim Barton, District 1							✓				
Victoria St. Johns, District 4	✓	✓	✓	✓	✓	✓	✓				
Dr. Walter Haessler, District 1	✓	✓	✓	✓	✓	✓	✓				

Present = ✓ | Absent = A | Medical Leave = ML

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