

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR JULY 7, 2021 | 12:00 pm to 2:00 pm

CALL TO ORDER, PLEDGE OF ALLEGIANCE, AND INTRODUCTIONS – Chairperson, Rick Gentillalli called the Behavioral Health Commission (BHC) meeting to order at 12:00 pm.

Commissioner attendance was taken by roll-call.

CHAIRPERSON'S REMARKS – None

COMMISSION MEMBERS REMARKS – Tim Barton inquired when Commissioners can begin conducting Site Reviews. Liaison responded stating there has been no changes made with regard to the restriction. Commissioners will be updated regarding Site Reviews as soon as new information regarding restrictions are made available.

Dr. Walter Haessler shared an article regarding the decriminalization of drugs in the state of Oregon. The Commission had a brief discussion regarding the possible impact this will have on other states and that California may soon follow.

PUBLIC REMARKS – Maria Martha Moreno shared a photo of a city bus with a customized wrap promoting the Take My Hand App.

Brenda Scott shared that NAMI is in the beginning stages of planning their 16th Annual NAMI Walk. More information will be provided as they are made available.

MINUTES OF THE PREVIOUS MEETING – Minutes of the previous meeting were accepted as written.

DIRECTOR'S REPORT – Dr. Chang reported that Housing was recently awarded \$25.6 million to build 119 housing units. There will be two locations built in Palm Springs, one will have 25 units and the second will have 29 units. Riverside will have a complex with 39 units and Temecula will have 26 units.

A few weeks earlier, Dr. Chang and staff presented on “Recovery Village.” It is a series of different types of housing and programming with a focus that goes beyond behavioral and physical health. Recovery Villages has a tool called the Healthy Places Index (HPI), which looks at social determinants of health. Dr. Chang reported that they hope to build a number of Recovery Villages throughout the county, over time, especially in areas with a lower HPI score.

Dr. Chang also reported that the Board of Supervisors recently provided \$1 million to the Department. Dr. Chang noted that the importance of these additional funds will help them leverage funding to compete for state grants and others available. This ties into No Place Like Home as doctors will be able to leverage and build more units for the community.

April Jones asked when the Commission will begin having in-person meetings. Dr. Chang stated that they are closely working with Public Health and the Commission will be updated as soon as the restriction is lifted.

Brenda Scott asked if there will be a presentation regarding Recovery Villages at the next Housing Committee meeting. Dr. Chang responded stating that this is a newer concept and once they make further progress, they will be more than happy to provide a presentation at the Housing Committee and other committees that may apply or are interested.

NEW BUSINESS

1. CALAIMS OVERVIEW: Rhyann Miller, Deputy Director of Forensics and Substance Abuse and Prevention, gave a presentation on CalAIMs and addressed questions from the Commission regarding budget impact and changes in the system.

Mr. Miller reported that they have started a weekly behavioral health workgroup that review draft information notices sent by the state and they conduct the appropriate surveys and evaluation to get timely feedback and submit them to the state. The group has representatives from every area of RUHS-BH (i.e. Adults, Children, Substance Abuse, Fiscal, Executive Management, etc.). Topics they've focused on heavily are the Drug MediCal-Organized Delivery System (DMC-ODS), Enhanced Care Management (ECM), In Lieu of Medical Services (ILOS), Medical Necessity, and Documentation Reform.

ECM and ILOS are benefits built in to CalAIM, which will be paid for from the Managed Care Provider. The state allocate funds to the Managed Care Provider (MCP) and they reimburse community based providers that offer these services.

Components of DMC-ODS being revised are the residential treatment authorizations, recovery services and medication assisted treatment (MAT). Previously, residential treatment can only be authorized twice in a 365-day period; this limitation has now been removed. However, we are required by Centers for Medicaid (CMS) and the state to have an average length of stay in residential treatment for 30-days. Recovery services has expanded the use of codes. Previously they were confined to using diagnosis codes that were in remission, now they are able to use mild codes as well. MAT can also be used in these services and bill for them, which was not previously allowed. Access to MAT has also been updated, allowing it to be offered across all systems. This puts some responsibility on community based providers to offer the service themselves and have a written policy and/or protocol of how it will be delivered to the patient.

Medical necessity has also been updated, but the state has not yet provided instructions on how to implement it. Current medical necessity criteria for specialty mental health services are outdated and confusing, which can lead to challenges for beneficiaries in accessing appropriate care. Current diagnosis requirements can prevent beneficiaries from receiving urgently needed care, especially for children, who are entitled to care before developing a mental health condition, or for people with a co-occurring substance

use disorder whose diagnosis may not be immediately clear. The updates to medical necessity will allow billing for engagement services, pre-diagnosis and pre-assessment. Mental Health will also have this benefit, but not until January 2022. This means crisis field based services, housing outreach services, and clinics providing assistance prior to engagement of treatment will now be able to bill for services.

Peer certification is also being updated due to the new law passed earlier this year. The new process for peer certification will be implemented on January 2022. Shannon McCleerey-Hooper and her staff are currently working on what the new hiring and training program will be.

Behavioral health payment reform is being revised to allow payment based on quality of services as opposed to quantity. The rate revision will be based on a regional model and they will be proposed in a way that will allow contractors to build in incentives for enhanced or improved services/treatments.

The DMC-ODS renewal for January 2022 has been submitted to CMS and a comment period is forthcoming. ECM and ILOS will be implemented for Adult Services beginning January 2022, however, Children's Services has been delayed until July 2023.

The role of ECM is to coordinate all primary, acute, behavioral, developmental, oral, and long-term services and supports for the member, including participating in the care planning process, regardless of setting. ECM is paid for by Department of Healthcare Services (DHCS) through the MCP to providers, RUHS-BH as one of them. Enhanced care management activities shall become integrated with other care coordination processes and functions and shall assume primary responsibility for coordination of the member's physical health, behavioral health, oral health, developmental, and long-term care needs.

Behavioral Health care management components that will transition into ECM benefit are: case management component of Full Service Partnership (FSP) programs in behavioral health clinics; emergency department navigation teams (SUD Navigation, Youth Connect IEHP pilot, CCT, START); HHOPE outreach and engagement; case management of clients placed in long-term care settings; and eating disorder children's team.

ILOS is medically appropriate and cost-effective alternatives to services covered under the Medi-Cal State Plan. These can be highly valuable services to members, thus DHCS strongly encourages MCPs to offer a robust menu of ILOS to comprehensively address the needs of members with the most complex health issues, including conditions caused or exacerbated by lack of food, housing, or other social drivers of health. ILOS are optional services for MCPs to offer, and are optional for managed care members to receive. The proposed list of items include sobering center, post-acute hospitalization, housing, etc.

Another large piece of CalAIM is the SMI/SED IMD waiver. Mr. Miller reported that this has been delayed to 2023 as they do not have any current standing workgroups on the topic with the state. Mr. Miller will update the Commission once more information is available.

In terms of budget, the Behavioral Health Quality Improvement Program (BHQIP) has monies allocated for the next few years to specifically assist counties with the transition and transformation of their systems. Funding can be used for staffing, updating electronic medical records, etc. Population Health Management Services System will have a one-time \$315 million funding to establish a centralized data hub for case management, risk stratification, and identification of referral gaps and risk across the Medi-Cal program. Medi-Cal Providing Access and Transforming Health Payments (PATH) will have \$200 million allocated to them to build a capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30-days prior to release.

Bea Gonzalez asked if the screening will only be conducted by IEHP, Molina, and RUHS-BH during the testing period. Mr. Miller responded stating that there are actually only two – IEHP and RUHS-BH conducting screenings during the test period.

Anindita Ganguly asked if this can also help identify gaps in services. Mr. Miller responded stating that this question will be better asked after the testing phase to determine findings.

2. RI & WELLNESS CITIES PROGRAM UPDATE: Shannon McCleerey-Hooper, Peer Support Oversight and Accountability Administrator, provided an update regarding the Wellness Cities and their transition.

On June 30, all RI Wellness Cities closed. Clients that were participating in those locations have been properly notified and there will be “Coming Soon” flyer on all Wellness Cities entry doors. The Take My Hand resource in both English and Spanish will encourage citizens to reach out for peer support in the interim while they are transitioning.

They will start groups on July 8 at the Rustin Campus and they will meet on Tuesdays and Thursdays from 12:30 pm – 2:00 pm. On July 12, the current Temecula RII site (40925 County Center Dr. Ste. 120) will reopen. It’s been in the process of being cleaned and reorganized for the re-opening and will have a full set of groups calendar on opening day. On August 2, they will begin ongoing daily groups Monday-Thursday at the Rustin Conference Center, which is a fuller schedule compared to the previous one group meeting on Tuesday and Thursday. Ms. McCleerey-Hooper noted that they are expanding that service until the café space improvement project is complete. The projected grand opening of that site is September 1. In Indio, they will be moving to the former Workforce Development building located on Monroe and Hoover cross streets. They are taking over large educational spaces in the location with the purpose of holding large groups and peer support trainings. They have potential sites in Perris and Banning, but no updates to provide. Ms. McCleerey-Hooper noted that she will provide more information on those locations as they are made available.

3. BHC ANNUAL TRAINING AND DATE: The Commission briefly discussed the options of in-person or virtual training and decided to poll members to determine which way to

proceed. A majority of the Commissioners preferred doing it virtually and asked the BHC Liaison to provide a list of dates and topics for them to choose from for the training.

OLD BUSINESS

- 1.) MHSA UPDATE: David Schoelen, MHSA Administrator, and Toni Robinson, Cultural Competency Manager, honored Cultural Consultants retiring this year. Ms. Robinson thanked Dr. Rhonda Dione for all the work she's done for the Native American/American Indian Community; Jennifer Von Blakely, for her work with our Black and African American community since 2008; Reverend Benita Ramsey, for her work and representing the LGBTQIA+ since 2007; and Gladys Lee for her work with the Asian-American/Pacific Islander community since 2014. Ms. Robinson reported that each individual will be receiving a plaque in the mail as we are unable to present them in-person. Mr. Schoelen and Ms. Robinson expressed their gratitude and appreciation for each individual as they helped create access, break barriers, and educate not only the staff to become culturally informed, but also to various, culturally diverse populations that the Department was unable to engage and connect with in the past.
- 2.) SAPT UPDATE: April Marier, Substance Abuse Prevention and Treatment Program Administrator, announced that they will be holding their Recovery Happens event in September and they will be conducting it virtually, as they did last year.

Ms. Marier extended an invitation to all Commissioners and attendees to the All SAPT Provider meeting held the following day, Thursday, July 8. Invitations will be forwarded by the BHC Liaison.

In Prevention Services, Will Harris continues to work with schools to reconnect and increase services on school campuses. Mr. Harris is also continuing his work on FNL and expanding to new schools and increasing FNL chapters.

With the new fiscal year starting, they have new providers coming on board and will be able to offer new levels of care this year. Ms. Marier thanked Brandon Jacobs and Maria Martha Moreno for the new bed tracking system they developed. The new tracking system has streamlined the Department's ability to track bed availabilities in county facilities and contract providers throughout the county.

Ms. Marier updated Carole Schaudt and Bea Gonzalez regarding a SAPT program in Palm Desert. Ms. Marier informed them that the facility is moving to Monroe Street and the relocation will occur on Friday, July 9. They will also be providing field-based services in Palm Springs as it was sorely missing services since the Cathedral City office moved.

(Continued)

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Tori St. Johns reported that they discussed the Art Walk at the Rivers. Artworks are still on display at the storefronts and several pieces have been sold, which is helping raise some money for the program.

MID-COUNTY REGIONAL BOARD: Brenda Scott reported that the group met at Lake Elsinore Children's Clinic. They received a presentation from the supervisor and heard a recovery story from a mother and daughter about their experience in the program. Alicia Arredondo gave an update on the Parent Support and Training Program. Beverly McKeddie discussed the Children's programs and Tony Ortego shared some information on Older Adult programs. They have a new member, Dolores De Martinez from NAMI Temecula, and they also have new supervisors for Mid-County and Adult Services – Dr. Vernita and Venise Russ (respectively).

WESTERN REGIONAL BOARD: Greg Damewood announced that they will have a meeting later in the day at 3:00 pm, all are welcome to attend. Minutes will be available for review.

ADULT SYSTEM OF CARE: Ms. Scott reported they received a presentation on the Take My Hand app. Shannon McCleerey-Hooper also presented on the RI and Wellness Cities update at their meeting and shared details regarding their transition. Bill Brenneman shared some highlights from the RUHS Employee Recognition week and reported there were 377 people that participated in the event.

CHILDREN'S COMMITTEE: Diana Gutierrez gave an update on behalf of Tori St. Johns as she was unable to attend. Ms. Gutierrez reported that she presented on the Directing Change outcomes for May 2021. She shared several videos from local Riverside County students that submitted an entry and won first, second, and third place at the statewide film contest. Ms. Gutierrez also presented on outcomes for the May is Mental Health Month virtual campaign and some of the activities that were done throughout the county.

CRIMINAL JUSTICE COMMITTEE: Mr. Damewood announced that their next meeting will be held Wednesday, July 14. Minutes will be available for review.

HOUSING COMMITTEE: Ms. Scott reported that they are working on a couple of goals and one of them is housing education/webinars (or any educational forum/conference) to educate the community more about the importance of housing as it relates to mental health. Their second goal is to establish a Room and Board Coalition, similar to the state and San Bernardino County.

Marcus Cannon gave an update on Cathedral Palms in Cathedral City and an update on Home Connect. Mr. Cannon shared that RUHS has served as the lead on the project. There's not enough housing resources, so they've hired a coordinator, Muriel Cabazon Perez.

LEGISLATIVE COMMITTEE: April Jones reported that Mr. Miller attended their meeting and gave a presentation on funding and CBHDA. They also discussed funding that's being

allocated by the federal government to the state as part of the COVID-19 relief package. Mr. Miller confirmed with the group that the county is aggressive in applying for the grants that are being offered to the county. They also discussed the workgroups generating ideas on how to allocate funds and what programs/services can be implemented or expanded to fill gaps and needs within the county. Mr. Miller also confirmed with the group that Commissioner remarks and concerns are being considered by the workgroup when making determinations regarding funding.

MEMBERSHIP COMMITTEE: None

OLDER ADULT SYSTEM OF CARE COMMITTEE: Ms. Scott reported that they are working on expanding services and getting new staff hired. There are clients being stepped down to the FQHC. There are 4100 consumers being served each year in the three sites located in the desert. There are about 460-500 consumers in the FSP category (i.e. higher needs, risk of homelessness, etc.). They are trying to hire a family advocate in Mid-County and are partnering with Workforce Education and Training (WET) for FSP education. Christine Shields reported that there is a new team in Menifee and shared information regarding the HHOPE program.

PUBLIC ADVOCACY COMMITTEE: Ms. Jones reported that they are still working on finalizing their plans and continue discussion. Kim McElroy shared with the group that she would like more direction on how the regional boards communicate with the BHC and what to do with the information shared. Ms. Scott attended several other commission meetings and shared some ideas on how other commissions communicate and stay updated on their MHSA plan. The group also discussed the possibility of establishing an MHSA steering committee, but Mr. Schoelen confirmed with Ms. Jones that the group is in the process of being formed.

QUALITY IMPROVEMENT COMMITTEE: Daryl Terrell shared some highlights from the TAY report. Overall, the sentiment of youth is that environment really matters. The youth feel very comfortable in the TAY centers and interacting with staff. The youth feel supported and are more comfortable engaging in services. The youth observe the amount of diversity in the centers and how there is a great deal of acceptance for the LGBTQIA+ community. Reports show that 69% of the youths coming to the center are in the age range of 20-25 years old. Individuals in this age group expressed they did not feel comfortable in the Adult setting as they appreciate the TAY center's youthful environment and orientation. Many of the services offered at TAY are peer support services, which was a big goal for the program.

The report also indicated that 16% of youth that visit the TAY centers have schizophrenia psychosis, which indicated that there were higher homeless youth because they did not have families willing to engage and support services. The TAY center is an ideal place to focus on some of the early psychosis in youth. Lastly, the report shows a decrease in the number of youth hospitalizations (ETS, CSU, etc.).

VETERANS COMMITTEE: Mr. Gentillalli expressed he would like to recruit additional people for their committee. Mr. Gentillalli stated that being a veteran is not a requirement to participate. He also reported that Aurelio Sanchez recently passed his exam and is now a Licensed Clinical Social Worker (LCSW). Mr. Sanchez and Grant Gautsche, Director of Veterans Services, plan to develop a program to help train the DPSS personnel and Adult Protective Services personnel. Both agencies are interested in learning more as they serve a great deal of veterans and would like to learn more about services they can offer and how they can provide additional assistance.

EXECUTIVE COMMITTEE RECOMMENDATIONS: April Jones requested having a budget update regarding Medi-Cal reimbursements, grants, relief funding, how monies are allocated, etc. Brenda Scott requested a status update on Full Service Partnership's Adults and Older Adult services. Lisa Morris requested having a discussion regarding death of consumers and possibly creating a policy.

ADJOURN: The Behavioral Health Commission meeting adjourned at 2:04 pm.

Maria Roman

Tori St. Johns, BHC Secretary

Maria Roman, Recording Secretary

FY 2021/21 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	JUL	AUG	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
Anindita Ganguly, District 2	✓										
April Jones, District 3	✓										
Beatriz Gonzalez, District 4	✓										
Brenda Scott, District 3	✓										
Carole Schaudt, District 4	✓										
Daryl Terrell, District 5	✓										
Debbie Rose, BOS Rep. Dist. 2	✓										
Greg Damewood, District 5	✓										
Jose Campos, District 2	✓										
Paul Vallandigham, District 5	ML										
Richard Divine, District 2 (<i>Redist. 4</i>)	✓										
Rick Gentillalli, District 3	✓										
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.