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 – Mr. Gentillalli expressed his heartfelt condolences to the soldiers from Riverside County that served in Afghanistan, who either died in service or affected by the recent withdrawal of the United States from Afghanistan. Mr. Gentillalli expressed his concern for other veterans who may be emotionally affected by these recent events and continued isolation due to the pandemic.

COMMISSION MEMBERS REMARKS – Dr. Walter Haessler reported that he attended the Planning Commission meeting where they discussed the proposed marijuana grow in Temecula. Many local residents were in opposition of this proposal.

PUBLIC REMARKS – Lisa Morris shared her continued advocacy for consumers who have passed away and would like to have a policy in place to guide Department staff in dealing with such events. Mr. Gentillalli informed her that the Executive Committee discussed this topic and planned to raise the topic at the next Criminal Justice Committee meeting.

Brenda Scott shared two flyers for upcoming NAMI Family-to-Family classes. Ms. Scott also announced that NAMI will have a kickoff event on Thursday, September 2 for the Annual NAMI Walk. Similar to last year, the event will be done virtually and they will have t-shirts available for those interested in participating. Lastly, she expressed thanks to Shannon McCleerey-Hooper and Marcus Cannon for all the assistance they provided her over the summer.

Ms. Scott also raised the topic of the San Jacinto Children's Clinic closures. Beverly McKeddie is scheduled to speak to the Mid-County Region Advisory Board about the closure and discuss the planned alternatives. Ms. Scott noted that families residing in Hemet and San Jacinto have expressed their concerns about the closure.

Maria Martha Moreno, Help@Hand Project manager, reported that she has uploaded the presentation of their statewide stakeholders meeting that was held on the previous day. Shannon McCleerey-Hooper and the operators of Take My Hand gave a presentation on the application and Ms. Moreno has made the presentation available for those interested in viewing it.

MINUTES OF THE PREVIOUS MEETING – Minutes of the previous meeting were accepted as written.
DIRECTOR’S REPORT – Dr. Matthew Chang first reported on staff updates and introduced a few new staff members: Venise Russ, Mid-County Administrator; Rachel Gileno, Crisis Services Administrator; and Robert Youssef, who was promoted to Senior Public Information Specialist. Dr. Chang expressed his gratitude and appreciation for having them come on board and step into those roles, as they are all challenging in their own ways.

Dr. Chang responded to Ms. Scott’s report regarding the closure of the San Jacinto Children's Clinic. Dr. Chang explained that the Department has been planning to relocate the clinic because it was located in a somewhat inappropriate location for children and youth. For several years they looked to find a suitable space and they struggled to find willing partners to work with. Fortunately, they were able to partner with California Mentor who have agreed to provide children's services in the Hemet/San Jacinto area.

Janine Moore, Deputy Director of Children and Transition Age Youth Services, is leading a new grant funded effort called TOPS Program. They were able to draw down an additional $5.6-5.8 million to expand our school-based behavioral health and mental health services. This is done in conjunction with Hemet Unified School District, Riverside Unified School District, and Riverside County Office of Education (RCOE). Ms. Moore noted that the effort will help expand their outreach in schools and reach more students, which will allow them to provide early interventions and “whole child approach.” Ms. Moore offered to present on the topic to the BHC at a later date.

Regarding the state’s testing and vaccine requirements, they recognize that this is a sensitive topic and a source of contention for some. However, Dr. Chang reports that the Department is doing their best to be in compliance and will update the Commission on any new developments.

Operation Uplift is back in operation and Dr. Chang expressed his appreciation for Shannon McCleerey-Hooper and her team for continuing to provide support and assistance to families affected by COVID-19.

Lastly, Dr. Chang recalled an announcement he made earlier in the year regarding the passing of Dr. Bruce Gage, who served as a forensic psychiatry expert for the Department. Dr. Chang announced that the position has been assigned to Dr. Mary Perrian. Executive Management welcomed Dr. Perrian to the Department and later joined her on a virtual site tour.

NEW BUSINESS

1. **BHC ANNUAL REPORT FY 20/21 APPROVAL:** Brenda Scott made a motion to approve the Annual Report for submission to the Board of Supervisor’s Office, April Jones seconded the motion. Liaison performed a roll call to record votes and the Annual Report was approved by the majority. Please note two absences (unable to vote) – Daryl Terrell and Paul Vallandigham.

2. **RUHS-BH BUDGET UPDATE – FUNDING, ALLOCATION, REIMBURSEMENTS:** Amy McCann,
Assistant Behavioral Health Director, provided an update regarding the funding allocation of COVID relief funds received by the Department. COVID relief funds were provided by both the federal and state.

The federal government passed three COVID relief and stimulus packages – The CARES Act, The American Rescue Plan Act, and The Coronavirus Response and Relief Supplemental Appropriations Act. The first package was the CARES Act (Coronavirus Aid, Relief, and Economic Security), passed in March 2020. This provided funding for PPE, cleaning supplies, and the establishment of MHRC, which helped ITF provide sufficient space for social distancing for all consumers and any COVID positive patients.

The two remaining relief packages were distributed a little differently as some funding went directly to states and counties, and some were allocated to federal agencies, such as SAMHSA. Although allocations were made by the state, RUHS-BH applied for $14.8 million in mental health block grant and substance abuse block grant funds. Funds were distributed for substance use prevention, youth programs, recovery services, housing, first episode psychosis, crisis stabilization, and prevention and early intervention. They also applied for the expansion of their justice outreach team and an additional $2.4 million for first episode psychosis and crisis stabilization. Ms. McCann noted that the last application was submitted for consideration in the event there are additional funds or if there are leftover funds not utilized by other counties.

State funding and distribution is more complex, noted Ms. McCann, however, the allocations are quite significant. The Department has already received $5.4 million for the TOPS Program, which will be done in partnership with Hemet Unified School District, Riverside Unified School District, and Riverside County Office of Education. There's an additional $4.4 billion allocated in the state budget for other children and youth behavioral health initiatives, which is what the Department intends to apply for and hope to expand the TOPS program to other school districts and other academic institutions.

State funds for Quality Improvement has also been allocated. They received $250,000 to update/expand their technological infrastructure to allow them the ability to meet CalAIMs reporting and data requirements.

They applied for funding for the Crisis Care Mobile Unit (CCMU) for seven additional mobile crisis teams across the county. They were awarded a Telehealth Expansion Grant of up to $550,000 for additional equipment to support all mobile teams and staff as well as those providing telehealth services.

Another source of sizable funding is the $2.5 billion in Behavioral Health Infrastructure Funds. This is a type of funding not normally available to the Department. Now there is an opportunity for the Department to apply for capital infrastructure funds, which can be used for the crisis system, the Recovery Village, and acute care settings.

The next source of funds is CalAIM. Under CalAIM, Enhanced Care Management will be
added to MediCal benefits, allowing the type of wraparound services offered under FSP to be available to a much broader population, which includes behavioral health and primary care. Funds are also allocated for ILOS (In Lieu of Services) to set up a team and administrative support with an additional $1.5 billion in state funds through health plans in order to set up the infrastructure.

Another set of grants received from IEHP will help fund the Navigation Team and Youth Connect. Each are scheduled to receive $1.4 million and $5.5 million, respectively. Ms. McCann noted that the Navigation Team will join the Enhanced Care Management on January 1.

Lastly, Riverside County's Housing Department awarded RUHS-BH Housing with the Emergency Solutions Grant of $3.5 million. The grant will be used to improve/expand our street outreach program, rapid re-housing, emergency shelter, etc.

3. **FULL SERVICE PARTNERSHIP UPDATE – ADULTS AND OLDER ADULTS:** Suzanna Juarez-Williamson, Supervising Research Specialist, gave an update regarding the changes in Full Service Partnership's (FSP) Adult and Older Adult services.

FSP for Adults and Older Adults implemented an expansion across regions, which began with Mid-County in late 2019 and the Desert and Western Region in late spring of 2021. The goal was to increase access to FSP and to build a continuum of care across the county with different levels of care available. Prior to the expansion, they had three programs per age group and one per region. Now there are 15 programs embedded across all the county clinics – 11 Adult FSP and 4 Older Adult FSP.

Outcomes for the Adults FSP expansion shows an increase in consumers, overall. In FY 19/20, the total overall enrollment was 647; in FY 20/21, enrollment increased to 884. Ms. Juarez-Williamson noted that 49% of this are newly enrolled consumers. Age range of adults served most: 52% ages 40 and up and 28% ages 30-39. Most FSP adult consumers were male and were either Caucasian or Latin X. The most common diagnosis for adults in FSP were schizophrenia psychosis disorders at 52% or other serious mental illnesses such as major depression or bipolar disorder. The most frequently provided mental health service are individual and group services. The average hours per client for group services are 42 hours and 13 hours for case management services. The average length of stay is approximately two years for closed clients.

Other outcomes for the adult FSP include an increase and decrease in all intended areas. Psychiatric hospitalizations decreased by 37%, the use of crisis emergency rooms or CSU decreased by 33%, and arrests decreased by 94%. Access to primary care increased to 49% at intake reported not having primary care and 67% obtained primary care while in the program. A significant number of adults were noted to have co-occurring disorders (43%). Data shows that 32% reported already receiving substance use services at intake and 61% did not.
Outcomes for the Older Adults FSP expansion show a steady increase, similar to previous years. In FY 18/19, older adults enrollment was 399, in FY 19/20 enrollment was at 431, and after the expansion in FY 20/21 enrollment increased to 466. Of the 466 consumers, 23% were newly enrolled. The age range of older adult consumers served most: 75% ages 60-69 and 17% ages 70 and up. Most FSP older adult consumers were female and were either Caucasian or Latin X. The most common diagnosis were major depression at 37%, schizophrenia psychosis disorders at 27%, and bipolar disorders at 9%. The average length of stay is approximately three years for closed clients.

Other outcomes for the older adult FSP: psychiatric hospitalizations decreased by 45%, the use of crisis emergency rooms decreased by 19% and arrests decreased by 97%. Access to primary care increased with 32% at intake reported not having primary care and 63% obtaining primary care while they were in the program. About a quarter of older adult consumers were reported to have co-occurring disorders (26%). Data shows that 37% reported already receiving substance use services at intake and 62% did not.

OLD BUSINESS

1.) **MHSA UPDATE:** Diana Gutierrez, Prevention and Early Intervention Manager, shared some information regarding activities and events for Suicide Prevention Month as well as updates from the Suicide Prevention Coalition.

For the month of September, the Department is recognizing Suicide Prevention Week, World Suicide Prevention Day, and National Recovery Month. Suicide Prevention Week begins on Sunday, September 5 to Saturday, September 11 and World Suicide Prevention Day is on Friday, September 10. RUHS-BH’s theme for this year’s Suicide Prevention Month is “Supportive Transitions – Reconnect, Re-enter, and Re-build.” This year, several toolkits were assembled, both physical and virtual, to help promote engagement, awareness, and prevention. There are also online resources available for schools, parents, and youth to get involved in suicide prevention activities.

This year, there is a focus on engaging pharmacists as gatekeepers and partners in suicide prevention. Research has found that pharmacists as well as student pharmacists that have undergone suicide prevention training have increased knowledge, comfort-levels, and confidence in reshaping of attitudes and identifying, asking, and intervening with individuals considering suicide. They are currently partnering with the Inland Empire Opioid Crisis Coalition and Riverside Overdose Data to Action here in Riverside County to link pharmacists and pharmacy students to provide suicide prevention training as well as strategize information sharing.

The Suicide Prevention Coalition, which Ms. Gutierrez co-leads with Rebecca Antillon from Public Health has been meeting quarterly since October 2020 to learn new information regarding suicide and prevention as well as hearing updates from their sub-committees. There are six sub-committees assembled under the Coalition that meet monthly to discuss
goals and work toward bringing their strategic plan to fruition. Ms. Gutierrez shared highlights and accomplishments by the Coalition over the last year.

The Effective Messaging and Communications Subcommittee has developed some social media images supporting effective suicide prevention messaging. In September, they will be hosting a webinar during Suicide Prevention Week to provide tips and tools for working with the news media. The webinar is intended for public information or communications officers and individuals responding to media in response to a suicide death or prevention.

Measuring and Sharing Outcomes Subcommittee has been developing data briefs and data dashboard to effectively share information on a status of suicide and attempts utilizing multiple sources. They are also currently working with Public Health to establish a suicide death review team.

The Upstream Subcommittee focuses on the strategic approaches of healthy and connected communities and promoting resiliency. Progress here is looking at how isolation is the biggest risk factor for suicide. They have curated a series of short video clips provided by local youth that include messages of hope and encouragement targeting older adults. They also have a short survey aimed at helping us better understand the current needs of our older adults and connecting with services and community supports.

The Prevention Subcommittee has been working to increase access to provide suicide prevention trainings to all members of Riverside County. Their aim is to train every single community member 16 and older in suicide prevention. Another focus is to promote the standardization of policies across districts to improve communication, collaboration, and consistency of suicide prevention, intervention, and post-vention. They are also working on creating an environment in which schools can serve as a resource to the community and foster social/emotional growth and connection.

The Intervention Subcommittee focuses on strategic approaches of means safety and an expansion and integration of suicide prevention in health services. They have been conducting planning centered on needs, crisis resources, and identifying gaps in crisis intervention services. They are also working to improve care transitions for individuals that are being discharged from inpatient hospitalization to encourage follow-up with outpatient services.

Post-vention Subcommittee focuses on strategic approaches meant to provide support and services to survivors of suicide loss. They have collaborated with TIP (Trauma Intervention Program) to develop “loss kits” as local outreach tools to suicide survivors. They have enhanced trainings for volunteers with post-vention specific training and response. In September, they will be hosting a free webinar for survivors of suicide loss.

Additional accomplishments shared by Ms. Gutierrez: PEI has trained almost 4,500 suicide prevention helpers. In the past four years the local Suicide Prevention and Crisis line responded to nearly 18,000 crisis calls and initiated 140 active rescues for individuals in
imminent danger of dying by suicide. Cultural specific presentations in the community and suicide prevention in schools has reached more than 16,000 individuals since 2017.

The next quarterly meeting of the Suicide Prevention Coalition is scheduled for Wednesday, October 27 at 9:00 am. Ms. Gutierrez encouraged those who would like to attend to send an email to pei@ruhealth.org to get added to the distribution list.

2.) SAPT UPDATE: Will Harris, SAPT Administrator, reported that they have selected MFI (My Family Inc.) as the provider for the Arlington Recovery Community.

Mr. Harris shared a promotional video for Recovery Happens Month, which featured Rhyan Miller, Deputy Director of Forensics. Similar to last year, they will be holding their event virtually and have several activities and competitions planned.

Lastly, efforts surrounding FNL and expansion to other schools have been paused due to the surge of infection rates in the last few months. However, Mr. Harris noted that there has been an increase in interest and several schools have reached out to him and his staff about having FNL on their campus.

COMMITEE UPDATES:

DESSERT REGIONAL BOARD: Richard Divine reported that they had a presentation from the Desert Healthcare District Services and Programs. They also received an update from Shawn Harris regarding the 23rd Annual Fill-A-Backpack Drive.

MID-COUNTY REGIONAL BOARD: Kim McElroy reported that they approved their goals for the next year and will be continuing their work toward better understanding the county's programs and services.

WESTERN REGIONAL BOARD: Greg Damewood reported that they will have their minutes approved after their next meeting and will be available for review.

ADULT SYSTEM OF CARE: Brenda Scott announced that their next meeting will be on the fourth Thursday of the month.

CHILDREN'S COMMITTEE: Tori St. Johns reported they were dark in August and they meet again on Tuesday, September 28 at 12:15 pm, all are welcome to attend.

CRIMINAL JUSTICE COMMITTEE: Greg Damewood reported they were dark in August, but had a meeting in July. Bill Brenneman reported that the committee was updated on the Prop 47 grant coming to a close and reviewed the transition plan for all the consumers treated in FSP to county clinics.

HOUSING COMMITTEE: Brenda Scott reported that the committee meets on the second Tuesday of the month at 11:00. At the last meeting, Marcus Cannon provided an update on No Place Like Home. Mr. Cannon confirmed that Housing received funding for all four projects that the Department applied for. The grant provides funding for new construction of
four new apartment complexes. One will be located in Temecula, one in Riverside, and two in Palm Springs. Mr. Cannon added that this not only provides new housing for consumers, they will also be able to embed supportive services onsite.

Ms. Scott also reported attending San Bernardino's Room and Board Coalition meeting and continues to advocate for the Department to assemble their own Room and Board Coalition.

**LEGISLATIVE COMMITTEE:** April Jones reported that NAMI provided a legislative update and they reviewed some bills regarding the implementation of mental health services on school campuses.

**MEMBERSHIP COMMITTEE:** None

**OLDER ADULT SYSTEM OF CARE COMMITTEE:** Brenda Scott reported that Social Security provided a presentation on benefits. Nate gave an update on the cooling centers in the Desert region and Tony Ortego gave an overall update on programs and services. There are 1100 consumers serviced in Mid-County and 450-500 served in the Western region. In addition, they are having staffing shortages, noting they are at “2014 staffing levels.” Mr. Ortego confirmed that all programs and clinics have remained open during the pandemic, however, they did scale back on group services due to the surge in COVID cases in July and August.

**PUBLIC ADVOCACY COMMITTEE:** April Jones reported that they focused on establishing a communication plan between regional boards and the BHC. They also reviewed the current BHC Bylaws and have some suggested edits for the Bylaws Ad Hoc Committee to review.

**QUALITY IMPROVEMENT COMMITTEE:** None

**VETERANS COMMITTEE:** None

**EXECUTIVE COMMITTEE RECOMMENDATIONS:** Dr. Haessler inquired about the BHC possibly returning to in-person meetings. Ms. Jones reported that the Bylaws Ad Hoc Committee is nearing the end of their review and revision of the bylaws and will forward to the Commission for review.

**ADJOURN:** The Behavioral Health Commission meeting adjourned at 2:00 pm.

**Maria Roman**
Tori St. Johns, BHC Secretary
Maria Roman, Recording Secretary
# FY 2021/22 Behavioral Health Commission Attendance Roster

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

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