

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR MARCH 2, 2022 • 12:00 pm to 2:00 pm

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

Commissioner attendance was taken by roll-call.

ADOPTION OF AB 361 RESOLUTION NO. 2021-001 – Paul Vallandigham made a motion to adopt “AB 361 Resolution No. 2021-001 – A Resolution of the BHC Authorizing Remote Teleconference Meetings for 30-Days”; Richard Divine seconded the motion. The BHC Liaison conducted votes by roll-call; 11 Commission members voted YES, unanimously approving the adoption of the Resolution.

CHAIRPERSON’S REMARKS – None

COMMISSION MEMBER REMARKS – Daryl Terrell shared that he’s seen a number of homeless encampments near his place of work. Mr. Terrell mentioned that he’s seen CalTrans and law enforcement near and around the area, but is unsure if they are working on removing the homeless encampments. Mr. Terrell asked if the County gets involved in these situations and was curious about the process. Mr. Terrell also asked, if the county has a formal role in handling these situations.

Marcus Cannon responded stating that citizens and/or law enforcement contacts the property owner (in this particular case, it’s CalTrans and the state) and they will notify individuals in the encampment they have to re-locate as they are on private property. The County has a separate Housing Agency separate from RUHS-BH Housing, and usually they are contacted to help in these matters. Mr. Cannon confirmed that RUHS-BH also gets these calls and do provide assistance where needed. Mr. Cannon explained that RUHS-BH is part of an organization called “The Continuum of Care,” where a number of different agencies work together to address the issue of homelessness in the County.

Mr. Vallandigham inquired if the BHC will continue meeting via Zoom or if there will be a hybrid version of the meeting in the near future. Mr. Vallandigham explained that transportation is a bit of a challenge for him due to serious injury and was hoping there is a way to continue the meetings with a virtual option. The BHC Liaison recalled County Counsel’s response regarding this topic and stated that they are determining how to move forward with the publicly held meetings. Counsel informed the BHC that they are considering moving forward with hybrid meetings, but are not making any guarantees. It has been noted that the hybrid meetings are tremendously helpful as it gives people an option to avoid the cost of travel, especially for those who live far away. Counsel stated that once they have made a determination, they will inform all public groups, committees, boards, and commissions.

PUBLIC REMARKS – Lisa Morris reported that this year’s Black History Month has been the best she has ever participated in as it was engaging and coordinated very well. Ms. Morris also introduced Nadakia Neal, the new Director of the Wellness Community Outreach in Moreno Valley. Ms. Morris noted that she invited Ms. Neal to attend today’s meeting to learn more about the BHC and RUHS-BH. Additionally, Ms. Morris

suggested having Ms. Neal provide a presentation at an upcoming BHC meeting, so we may also learn more about her and her program. Lastly, Ms. Morris shared that in previous meetings with Daryl, they discussed the possibility of creating a contact sheet to distribute to local businesses, so they have a resource to refer to if an issue arises.

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

DIRECTOR'S REPORT – Dr. Chang congratulated Marcus Cannon for his recent promotion to Deputy Director of Forensics. Executive Management is excited to have Mr. Cannon in this role with his wealth of knowledge and experience.

Dr. Chang reported on new updates regarding the behavioral health infrastructure funding. The first round, opened in January and closes on Thursday, March 31. There is \$176 million in available funding region-wide, as well as discretionary funds. Dr. Chang noted that they have not been given details with regard to how discretionary funds will be allocated. However, he and his team believe the funds will be used for qualifying outstanding projects. They have opened up an RFP process, which involves soliciting proposals for county owned properties as well as “BYOP” or Bring Your Own Property, where the developer has a piece of property in mind for RUHS's consideration. One of the county owned properties being considered is in Hemet. On Friday, March 4, staff will be attending their City Council meeting at the Hemet Public Library to present on the Recovery Village Behavioral Health Campus. Dr. Chang stated they are requesting Hemet's City Council for a letter of support to move forward with the project.

Dr. Chang explained that the Recovery Villages focuses on what is lacking in The Continuum of Care. There is an increased focus on social determinants of health and disparities. There's been a great deal of work done in housing, full service partnership, and crisis programs in terms of keeping consumers from homelessness, jails, psychiatric ERs, and hospitals. However, the goal has evolved and looking more to improve quality of life. Healthy Places Index look at social determinants of health, including but not limited to educational opportunities, vocational opportunities, healthy eating, healthy living, etc. Dr. Chang noted that some of the areas they are considering are food deserts, which can benefit greatly from Recovery Villages.

There are three Mental Health Urgent Cares throughout Riverside County – Riverside, Palm Springs, and Perris. Dr. Chang noted they recently identified a gap in service, in two of the three sites, which is adolescent inpatient beds. When they begin discussing the new behavioral health acute facility, they will now include kid inpatient beds. Recovery Villages will include housing units, crisis residential treatment, adult residential facility beds, children's mental health, urgent care, outpatient mental health services, outpatient substance use disorder services, as well as primary care services, education, and vocational training opportunities.

No Place Like Home recently drew in \$49.2 million, which allows RUHS to build 281 units. This also allows developers to leverage those funds and build a total of 694 units. The Arlington Recovery Center (ARC) and Sobering Center opened in November and has been very successful. Within three weeks of opening, all 54 beds were completely full, which speaks to the pent up need and demand for these type of services. Dr. Chang added that they are also integrating the ARC sobering center model into the Recovery Villages as well. Riverside County drew down the second highest amount of dollars from the state for this category. California

Health Facilities Finance Authority (CHFFA), the group allocating those funds, chose our project to be featured on their website as an example. RUHS-BH also drew in \$7 million for the Mobile Crisis Management Teams, which is the newest iteration of the mobile crisis teams – REACH, CREST, and CBAT. This includes the one-stop-shop behavioral health, substance use, and housing services all rolled into one crisis team. Dr. Chang added that in the first round of funding, they received the initial \$7 million, and an additional \$7 million was received two weeks earlier for additional crisis services.

NEW BUSINESS

- 1) **MHSA ANNUAL UPDATE PRESENTATION** – David Schoelen, Diana Gutierrez, and Toni Robinson gave a presentation regarding this year’s MHSA Annual Plan Update. They provided highlights based upon changes that have occurred since last year.

There are multiple funding streams that impact the Department’s services. Each having their own regulations and rules, MHSA funding is no exception. It serves not only as funding for specific programs, but also serves as “braided” funding, which means it can be used in combination with other grant opportunities, MediCal billing, and other forms of available funding streams.

To give background, MHSA is a California approved ballot proposition from 2004. It is a 1% income tax on incomes over one million dollars, which can impact the allocations year after year. The funds are divided across counties and used to transform public mental health services. MHSA funds cannot pay for involuntary programs, supplant existing funds, and has limited availability for substance use. It can help fund co-occurring disorder services as well as some prevention and early assessment.

One of the essential elements of MHSA is community collaboration, also called the MHSA stakeholder process. In addition to all the efforts made surrounding the annual public hearings, there are also over 20 community advisory groups that have regular contact with MHSA throughout the year that provide feedback on the planned developments and its implementation. They give ideas regarding changes as well as things they would like to sustain. Mr. Schoelen noted that if anyone in the audience would like to participate and be part of the advisory groups, their contact information will be provided at the end of the presentation.

There are two types MHSA Plans, one is a “3-year plan” that works a bit like a treatment plan, which states goals they would like to achieve over a three-year period. The second type of MHSA Plan is the “annual update,” which serves as a progress report on the three-year planning. This year they are doing the “annual update,” of their last three-year plan.

MHSA legislation is nearly 20 years old. Though each year has a plan update process, the majority of the programs are rolled over into the next plan to avoid service disruption. Programs are sustained via stakeholder feedback and program outcome data and funds are largely encumbered or budgeted. Additionally, large plan additions would mean current programs would need to be eliminated.

MHSA has five components, each with its own rules and regulations in order to access funding to develop projects within those particular components. The first is Community Service and Support or CSS. CSS is the largest component, which receives the most amount of dollars responsible for providing integrated mental health and support services to children, transition age youth, adults, and older adults whose needs are not met by other funding. Full Service Partnership represent over 50% of the funding. Other services funded by CSS are clinic expansions (i.e. peer support, specialized evidence based treatments), housing, homeless outreach programs in crisis system of care and in the collaborative court projects.

Updates in CSS include the expansion of FSP services to outpatient clinics across age groups countywide. Since this was a large plan addition, it resulted in some FSP bridge programs to be eliminated. However, Mr. Schoelen stated that the bridge programs were not completely eliminated as they were integrated into the FSP outpatient tracks.

Also, currently in development is a first episode psychosis coordinated specialty care FSP. There are two programs currently designed to provide specialty care to youth experiencing the onset of psychosis. These include our original regional TAY centers and our Youth Hospitalization Intervention Program. The number of youth requiring these services have grown, especially FSP program, which wraps services around the youth and their families. Teams will have specialized training with early psychosis intervention programs. MHSA funds will be braided with the mental health block grant to fund that program.

In the Crisis System of Care, updates include the expansion of our mobile crisis management teams – response team and management team. These are specialty crisis management teams that incorporate crisis substance use and housing outreach expertise in one multidisciplinary team. These programs have expanded from one team in Lake Elsinore to additional teams in Perris, Desert Hot Springs, and Jurupa of Valley. Community Behavioral Health Teams (CBAT) has also expanded, which is a popular law enforcement partnership where an officer and a clinical therapist respond to calls in the community. They now have 11 police agencies that RUHS-BH partner with in order to provide this service to communities throughout the county. Those communities include Riverside, Menifee, Corona, Beaumont, Cathedral City, Palm Desert, Hemet, Jurupa, Perris, Thermal and Lake Elsinore.

In their Outreach and Engagement Services, there has been some reorganization, which is primarily focused on the peer outreach services. They now have a new Peer Support Oversight Administrator position, which was filled with by Shannon McCleery-Hooper. Ms. McCleery-Hooper has been championing RUHS's peer support services for a number of years and is now the Administrator over Consumer Affairs, Family Advocate, and Parent Support and Training.

As a part of the reorganization of peer services, four new locations for peer support and resource centers have been determined – Riverside, Temecula, Perris and Indio. The Riverside and Temecula locations have opened; Perris and Indio are slated to open later this year. They've also re-developed peer training for peer support specialists. The peer training was previously known as "peer employment training," it's now been re-named to "Building Peer Leaders." The training now include domains recently authorized by the state in order to determine peer certification.

Prevention and early intervention is the second largest component of the Mental Health Services Act. PEI's focus is around reducing stigma related to seeking mental health services, reducing discrimination against people with a diagnosis and preventing the onset of a severe mental illness. They also have programs in early intervention designed for people experiencing new symptoms or newly diagnosed for one year or less. The interventions are low intensity and short term. Fifty one percent of our funding is dedicated to the 0-25 age population. PEI is largely outreach based and the impacts of COVID severely limited access for nearly all of fiscal year 20/21. However, outcome data demonstrates positive impacts in the lives of participants, even though there was a sharp decline in the number of consumers served, particularly in school-based programs.

Highlights from fiscal year 20/21, there was a great deal of activity surrounding May is Mental Health Month. They had a virtual calendar and an activity guide with several social media engagements allowing family members and other community providers to engage in all kinds of awareness activities in the community. Also, UptoRiverside.org website offered mental health kits to 250 Riverside County residents, which continues to be digitally available online. Ms. Gutierrez noted that for this year's May is Mental Health Month they plan to continue the virtual campaign. They will also be partnering with Riverside County Office of Education (RCOE) and the statewide Directing Change campaign to develop an art contest as well as encourage students to participate in the Annual Directing Change competition. Each Mind Matters has a new name and a new look. The statewide mental health movement has shifted into a more action oriented campaign now called "Take Action for Mental Health" and they have a new website: TakeAction4MH.com.

In fiscal year 20/21, they were unable to do in-person gatherings, so they developed trainings through a virtual format and offered four different trainings on mental health awareness, self-care and wellness, trauma and resiliency, and suicide prevention. They provided training to over 3,200 participants that came to 96 different virtual trainings offered. Ms. Gutierrez noted that these trainings are still available for free every month.

They also continue to support the Riverside County Suicide Prevention Coalition, carrying out the objectives of the strategic plan approved by the Board of Supervisors in 2020. They have six subcommittees that meet quarterly, and working throughout the year to address those objectives. Ms. Gutierrez noted that if anyone in the audience is interested in being a part of the group, to contact PEI staff.

Another part of their work plan is Peace for Kids, which is a middle school based program that provide on campus services to students addressing social skills, anger management, empathy and character development. Traditionally, Department staff provides this service at a couple of middle schools in Desert Hot Springs. Unfortunately, COVID severely impacted their ability to provide these services when schools went virtual. However, the break gave PEI an opportunity to re-evaluate the best way to deliver this service, which is now going to go out to bid for this particular program and offer the opportunity for school districts exclusively to respond to this RFP.

Directing Change did have their film competition in fiscal year 20/21, however, it did present a challenge to many students with distance learning and less access to resources. Despite the challenges, Riverside County students still made a great showing and submitted 40 films to the state, which represented 13 different schools in our county. In Riverside County, youth won first place in the mental health matters through the lens of culture. This year, Directing Change added a monthly submission called Hope and Justice, giving students the ability to do a variety of media outside of just the video. Riverside County won first place in October of 2020, November of 2020 and April of 2021.

For Older Adult Services, they do address the prevention and early intervention of depression for older adults newly experiencing depression. An RFP was released in October of 2020 for the Cognitive Behavioral Therapy for Late Life Depression program. A new contractor was awarded to provide this service in all three regions of our county, which is an expansion from what the Department had available the last few years. PEI also has another depression prevention program called PEARLS – “Program to Encourage Active Rewarding Lives for Seniors,” which is an in-home, virtual, and telephone based program that focuses on problem solving as well as behavioral and social activation. Fiscal year 20/21, PEARLS started the PEARLS Club for participants who completed the program to get a booster session and to connect virtually socially with others from the program.

Innovation is funded out of CSS and PEI, it's about five percent of the budget of the CSS and PEI budgets combined. The purpose of Innovation is to create research projects much like they do in the medical field. The state provides funding for Behavioral Health to do research and share those findings. Ms. Robinson noted that Innovation funds are not meant to fill service gaps, but to advance knowledge. Innovation projects are limited for three to five years and undergoes state approval process. Currently they have two innovations projects – Resilient Brave Youth (formerly known as CSEC) and Help at Hand.

Resilient Brave Youth was a five year plan that's ending at the end of this fiscal year. The services were targeted at youth who have been or are currently being sexually exploited. They are changing the way this plan operates and have integrated it fully into their Children's Service Delivery System. This will create more access points and support, as well as an opportunity for more employees to be trained to work with this particular population.

Help at Hand or Take My Hand Live Peer Chat is the recipient of the California State Association of Counties Challenge Award. Additional efforts surrounding Help at Hand are the kiosks that were installed in the waiting areas throughout the department. Also, the App for Independence, or A4I, is an app currently being piloted for smart phones serving as a digital support for the emotional wellness of those struggling with a psychosis. Ms. Robinson added that the app has tools to help individuals discern environmental sounds from auditory hallucinations.

Ms. Robinson added that they are currently in the process of developing new innovation plans, and they hope to develop them in concert with the stakeholder feedback and secure funding by end of 2022.

Workforce, education and training (WET) is geared towards the recruitment, retention and development of the public mental health workforce. This component supports the folks who are the direct providers of that service. Original WET funds were one-time funds that lasted for 10 years and expired in 2018, but the plan can continue through a portion of CSS dollars. An exciting development within WET is that there were some popular statewide-administered programs that also expired with those WET dollars in 2018 that were geared towards recruitment and retention, however, the Southern California Region of counties with WET programs worked in conjunction with California Department of Health Care Access and Information to secure a multi-million dollar grant that allowed for some of those programs to return. They're currently being implemented and they are able to offer some stipends to graduate students who provided their graduate student training within our service system. They've also just released the Mental Health Loan Assumption Program, which is targeted towards our hard to fill positions and being able to help with some of the educational debt that those particular employees have in exchange for a year of service.

The last component of MHSA is Capital Facilities and Technology. This funding was allocated, but had a regulatory expiration in fiscal year 13/14. A portion of those have new existing capital facility technology plans and are funded by drawing down CSS funding. These are designed to improve the infrastructure of our public mental health services (i.e. new facilities, new technology, etc.). The projects included in the three year plan are: Roy's Desert Oasis (now open); Arlington Recovery Community (now open); Riverside Safehaven Renovation (Spring 2022); Mental Health Rehabilitation Center Expansion (21 additional beds in 2022); Restorative Transformation Center (Summer 2022). The Place, which is about 10 years old, will be going through some significant renovations to stay up to code. It will also be expanded with additional group rooms and engagement space and they will be increasing their 25-bed permanent supportive housing, to 33-bed residential facility.

The next steps in the stakeholder process is in mid- April, they'll be sending out dates for the public hearings and will be posting their draft plan for 30-days. After the 30-days, they will have the public hearing, which will allow community members to provide comments and feedback regarding the plan and/or services. Feedback can be provided both verbally or written, which will be reviewed by an ad hoc of the Behavioral Health Commission. Original comments and responses reviewed will be added to the plan.

Mr. Schoelen noted that they will be replicating last year's public hearing process and have a video presentation of what would be a standard public hearing. The video presentation will be recorded in both English and Spanish and will be available to view, providing appropriate time for the public to deliver their feedback. For those that do not have the technology (computer, internet, etc.) to

participate, MHSA staff can send hard copies of the draft Plan, feedback form and phone number, as well as a DVD of the public hearing videos.

- 2) **TAKE MY HAND LIVE PEER-CHAT UPDATE** – Suzanna Juarez-Williamson gave an update presentation on the Take My Hand Live Peer Chat project. Ms. Juarez-Williamson shared an infographic based on data the innovation project Help at Hand. Help at Hand is focused on technology innovation supporting behavioral health, this included the development of the Take My Hand Live Peer Chat app. It's a live virtual text provided by trained peer support specialists. Take My Hand Chat app provides anonymous engagement and real time chats focused on support and wellness, community resources, and an opportunity to explore the recovery process. The chat app is open to the community at large, and any of our RUHS behavioral health consumers who may seek additional support. Staff are available to engage in chats Monday to Friday 8:00 am to 5:00 pm, with two to three trained peers assigned to work the chat site. Afterhours, Chat Bot is available to respond to chat request after hours, and the chat bot will soon be enhanced with supportive videos of peers sharing their experiences.

The data in the infographic is from the inception of the Take My Hand peer chat app, which was rapidly deployed in April 2020. Ms. Juarez-Williamson added that the data runs through November 30, 2021. There have been 874 total chats, with 75% of those were first time visitors. The average duration of the chat is around 19 minutes, and survey has shown that 85% found the chat to be helpful. Comments from users stated that they found the app to be extremely helpful, peers are easy to talk to and really pay attention, helping them to turn their mood around. They had a marketing and ad campaign deployed in June and July to further promote the chat app and they saw a rapid increase in chats. At one point they were averaging about 100 chats per month. Data shows that 50% were adults, about a third were TAY aged youth, and 60% were females. Another notable statistic from the infographic is the percentage of Asian Americans reaching out. Fifteen percent of race/ethnicities engaging in the app were Asian Americans, which is notable as it is not often seen in outreach data.

Take My Hand Chat app is also available within a website, data shows nearly 60,000 visitors and 14,988 unique people that came to the website, and they keep coming back. There are resources available on the website as well as the chat icon to engage in a live peer chat.

OLD BUSINESS

- 1) **SAPT UPDATE** – April Marier, SAPT Administrator, reported they were awarded by the Department of Health Care Services phase one for the contingency management proposal they put in for the pilot program, which is providing incentives for individuals having clean tests.

Ms. Marier reported that the Navigation Team in the hospital has expanded from one team to three different teams in the hospital. Their hours have expanded to 7:00 am – 8:00 pm. Many hospital staff have come to depend and appreciate the navigation team. They just received their “first” final report, which covers July 2021 to December of 2021. Referrals increased from 162 to 270. Of those referrals, 243 were screened, 178 were provided community resources, and 50 were referred to

treatment. Last month, Ms. Marier also shared that they've added a perinatal navigator to the hospital, who is working with all pregnant consumers and linking them to necessary services.

COMMITTEE UPDATES - Tabled

EXECUTIVE COMMITTEE RECOMMENDATIONS – Greg Damewood requested to have the UNRUH Act presentation considered as an agenda item for one of the upcoming Commission meetings. Dr. Walter Haessler suggested having the topic of “COVID long haulers.” Lisa Morris suggested having Nadakia Neal return and provide a presentation on the Wellness Community Outreach Program in Moreno Valley.

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

Tori St. Johns, BHC Secretary
Maria Roman, Recording Secretary

FY 2021/22 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	JUL	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
April Jones, District 3	P	P	P	P	A	P	P			
Beatriz Gonzalez, District 4	P	P	P	P	P	P	P			
Brenda Scott, District 3	P	P	P	P	P	P	P			
Carole Schaudt, District 4	P	P	P	P	P	P	P			
Daryl Terrell, District 5	P	A	P	P	P	P	P			
Debbie Rose, BOS Rep. Dist. 2	P	P	P	P	P	P	P			
Greg Damewood, District 5	P	P	P	P	P	P	P			
Jose Campos, District 2	P	P	A	P	P	P	P			
Paul Vollandigham, District 5	ML	ML	ML	P	P	P	P			
Richard Divine, District 2	P	P	P	P	P	P	P			
Rick Gentillalli, District 3	P	P	P	P	P	P	P			
Victoria St. Johns, District 4	P	P	P	P	P	P	P			
Dr. Walter Haessler, District 1	P	P	P	P	P	P	P			

Present = P • Absent = A • Medical Leave = ML