

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR APRIL 7, 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 – None

COMMISSION MEMBERS REMARKS – Rick Gentillalli reported that he suggested to Deborah Johnson moving the discussions regarding the legalization/decriminalization of Schedule 1 drugs from the BHC to the Criminal Justice Committee. Mr. Gentillalli stated that Ms. Johnson was going to discuss the matter with Dr. Matthew Chang to determine a recommendation. Rhyan Miller responded stating that the Executive Management have discussed the matter and recommends those interested in having the discussion and provide feedback be directed to the California Behavioral Health Directors Association as they are seeking input regarding the topic.

Dr. Walter Haessler reported that at the Mid-County Region Behavioral Health Advisory Board meeting, Heidi Gomez brought a speaker to share their story of recovery from addiction. After the speaker shared their story, Dr. Haessler asked them if their recovery would have been possible without law enforcement intervention. The speaker responded that in their experience, their recovery would not have been possible without the involvement of the criminal justice system.

PUBLIC REMARKS – Rhyan Miller announced that the Adult and Juvenile Detention facilities has a new administrator – Dr. Michael Gunther. Mr. Miller and others welcomed Dr. Gunther to the RUHS-BH team.

MINUTES OF THE PREVIOUS MEETING – Dr. Haessler commented on the second paragraph under Commission Members Remarks on page 1 stating he felt it was editorialized and needs to specify that the statement is the opinion of Mr. Vallandigham. Additionally, Dr. Haessler requested to have his response included in the paragraph.

Dr. Haessler also pointed out on page 1 under Public Remarks, Lisa Morris' report needs to specify and include the survivors of deceased consumers.

Revision to the minutes will be made by the Liaison and the minutes were accepted as noted.

DIRECTOR'S REPORT – Dr. Chang welcomed the Department's newest Administrator for Adult and Juvenile Detention Services, Dr. Michael Gunther. Dr. Chang noted that Dr. Gunther has a great deal of experience and came highly recommended. The Department is excited to have him and will be helping lead some projects within the criminal justice system.

Dr. Chang reported that he, Ms. Johnson, Mr. Miller, and Marcus Cannon have attended various meetings with different city officials and agencies to discuss the topic of homelessness in the County. They are making good progress and are making plans to work together to address the issue.

Lastly, Dr. Chang reported that one of the providers for the Wellness Cities program will not have their contract renewed. Dr. Chang explained that they reviewed the Department's internal practices and

determined that services can be provided by RUHS-BH staff. Dr. Chang added that this specific contract provider has multiple contracts with the Department and services the Wellness Cities will not experience any disruption in services as they have plans to continue operations internally.

NEW BUSINESS

1. CULTURAL COMPETENCY & BEHAVIORAL HEALTH: Toni Robinson, Cultural Competency and Innovations Manager, and David Schoelen, MHA Administrator, gave a presentation explaining the importance of cultural competency within behavioral health programs and services.

When programs and services are culturally informed, consumers are more receptive and do well in treatment. The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) states that understanding cultural context of illness is essential for effective diagnosis assessment and clinical management. The goal of the Cultural Competency program is to ensure that the Department understands the cultural context of illness, the different situations that may arise, as well as the different approaches one can take when communicating with consumers. Cultural Competency works to ensure they eliminate barriers to access, provide equitable behavioral health services, create a space where everyone feels welcome, and provide a quality level of care based on the consumer's specific need. Culture can affect many aspects of behavioral health and illness. Culture can determine how illness is defined, experienced, and reported. It can do the same for the recovery process as well, by defining what healing looks like and what is considered wellness and recovery. Different cultures may have traditional ways in which they seek healing and who is recognized as a person to get them on track to wellness.

Mr. Schoelen shared a story of a former client to demonstrate the impact of being culturally informed when caring for a consumer. "Rose" was a 40-year old African American single mom, who was referred to mental health services by her employer. Rose had increasing angry outbursts at work; while her quality of work was good, her outbursts were jeopardizing her employment. At Rose's intake, Mr. Schoelen informed her that she has the option to change therapists, which is an option all consumers have during intake. Clients may change therapists for any reason and without judgment, neither will it have any effect on the quality of services they are offered or receive. Rose declined to change therapist and proceeded with Mr. Schoelen. Initial sessions with Rose were tough, she yelled and challenged Mr. Schoelen at nearly every session. Rose's primary distress was due to her teenage son's involvement in the juvenile justice system. Her son was 16-17 years old with a linebacker's build and was often mistaken for an adult. His friends were his age, but they were primarily white. They did things most youths do, i.e. hanging out later than they should and doing mild forms of mischief. Rose worried that since he was on probation, that these normal teen risks would land him back in the "hall". Rose shared that she has expressed her concerns to her son, attempted to set limits, and provided consequences. However, her son continued to push back and like many teens, minimized her concerns arguing that none of the other parents were worried. Rose stopped herself here and David noticed she was editing herself, so he reflected this back to her and added, "are you worried that your son will be treated differently if he and his friends encounter police because he's black?" Rose responded emphatically, "you know he will!" David responded stating that it was his understanding that many black parents have to have a talk with their kids, especially sons, about how to manage encounters with law enforcement. Rose believed that this kind of talk was better for the father's role, but wasn't sure if her son's father had done this, so at that moment she decided she would have that conversation

with her son. They spent the rest of the session discussing what to say and how to approach the topic with her son. At her next session, Rose shared the story of her first “encounter.” An encounter is what the literature defines as a “minority person’s first conscious experience of being treated differently, simply because of being a part of the minority,” she was 8 years old.

In Rose’s next session she talked about their relationship as therapist and client. She shared with Dr. Schoelen that at her first intake, she was skeptical about his ability to help because he was a white male. Rose considered changing therapists, but didn’t want to be rude, so she declined the option to change therapists. Rose’s concerns were rooted in how she might be perceived by Mr. Schoelen based on stereotypes. She worried about his judgment and feared that Mr. Schoelen would dismiss her because she was a black single mom. Rose worried that she would be characterized as an “angry black woman” and that her emotional experiences would not be taken seriously. Due to the stereotypes of black men in the justice system, Rose also worried that her son would be judged negatively and that her family would be written off as typical. Mr. Schoelen stated that Rose brought all these fears with her to each session, which caused her to challenge him in those early sessions. When Mr. Schoelen introduced racial differences into their dialogue, Rose’s initial fears and concerns slowly waned. Rose became more receptive and did incredibly well in therapy. She practiced what she learned in between sessions and things improved each step of the way. In the end, Rose not only kept her job, but obtained a better one. Rose continued to be tested by her son’s involvement in the legal system, but now she felt empowered and prepared to manage it.

Ms. Robinson explained that Meyer’s Theory of Minority Stress may come into play in therapeutic sessions. In Rose’s case, Mr. Schoelen was able to identify and address each component contributing to her concerns and frustration: 1) The *prejudice* that Rose was nervous about, which is the way she and her son would be viewed and characterized; 2) The *concealment* of pertinent information, which is essential to her wellness and recovery; 3) The thought that Rose’s feelings would be *rejected based on a perception* of her culture; and 4) The *internalized negative messaging* surrounding being characterized. Ignoring or dismissing Rose’s cultural identity and making statements such as, “I’m not sure we need to focus on race or culture to understand your issue...” would have only contributed to Rose’s already challenging situation.

Trauma can compound in and across generations, resulting in physical, mental, emotional, spiritual, and social distress for individuals and broader social groups. While the experiences and transference of trauma are not limited to specific racial or cultural groups, there is substantial evidence that trauma-related behaviors and attitudes are most prevalent in disadvantaged communities. The combined effects of living in a society that views you as different and various government policies and practices have contributed to these circumstances of trauma. In response, the Department works to establish and provide trauma-informed services and ensuring that those services are culturally informed.

Culture also has an effect on access and availability of behavioral healthcare services. A research by the American Psychiatric Association in 2016 cite cultural factors as four of the seven barriers to behavioral healthcare access for diverse communities. Those four factors include the lack of diversity among healthcare providers, lack of culturally competent providers, language barriers, and the stigma of mental illness, which is greater among minority populations. In 1999, the Surgeon General released its first report on the topic of mental health and in 2001, published a

supplement report addressing mental health, cure, race, and ethnicity. The report highlights the influence of culture and society on mental health and examines the culture of the patient as well as the clinician. It establishes racism and discrimination as risk factors for mental health and speaks to the importance of culturally competent services explaining that culture influences how individuals from any given culture express and manifest their symptoms, determines their style of coping, their family and community supports, and their willingness to receive treatment. Another report that speak specifically to behavioral health needs of various populations is the California Reducing Disparities Report, which is research of specific populations by members of that community. Currently, RUHS-BH has its own Cultural Competency Plan available and they are currently in the process of updating and developing a new plan.

2. PEER SUPPORT SPECIALIST CERTIFICATION UPDATE: Shannon McCleerey-Hooper, Peer Policy and Planning Specialist, provided an overview regarding SB803 – Peer Support Specialist Certification. In September 2020, SB803 was passed and signed into law by Governor Gavin Newsom. Ms. McCleerey-Hooper currently serves as a member of the California Behavioral Health Director's Association (CBHDA) Advisory Group working to determine the recommendations surrounding peer certification and expectations. These recommendations will be submitted to the Department of Healthcare Services (DHCS), which in turn will be distributed to all the counties throughout the state.

The CHBDA Advisory Group have been in meetings and listening sessions to determine the various guidelines regarding the new position. Their focus is setting up the certification program and its process; defining a code of ethics to understand the initial certification process and biennial renewal process; grandfathering and reciprocity; complaints, corrective action, and suspension; revocation or appeals depending on circumstances; process of initiating and reporting a county pilot program to the required submission items; periodic reviews; and the annual program reports. By July of 2022, DHCS plan to establish a statewide requirement in developing the certification programs, define qualifications, range of responsibilities, practice guidelines, and supervision standards for peer support specialists. DHCS will define the curriculum and core competencies required for certification, including areas of specialization. They will also determine the training requirements, establish the code of ethics, continuing education requirements, process of initial certification, process for investigation of complaints and corrective action, process to grandfather current peer support specialists and their certification, and the certification reciprocity between counties and other states.

Ms. McCleerey-Hooper reported that the Advisory Group have been working to determine what guidelines and standards to adopt for the new position. DHCS is considering adopting or modeling the code of ethics drafted in 2013 by the "Working Well Together Collaboration," which Ms. Mclerey-Hooper has been a part of since 2010. The Advisory Group and DHCS are also examining what different states are currently doing to see what works and what would be appropriate to model standards and guidelines after, as opposed to developing an entirely new process. The certification process for new peers will be similar to what's already in place, however, the grandfathering of current peer support specialists have been a greater point of contention. There is a bit of difficulty in determining the required time served to be grandfathered in the system and what the state will require for the peer to become officially certified by the state. Currently, they are considering one year of experience as a peer or 1,550 hours in three years with 500 hours completed within the last 12 months. Another requirement regarding grandfathering peers are

letters of recommendations from a supervisor, a colleague, and from the peer themselves that describe their past and present experience serving as a peer support specialist. The final step for certification will be a competencies review, which reflects the certification process for a drug and alcohol counselor.

The billing process for peer support specialist that Riverside County uses is similar to the billing process that the state of Georgia currently uses. This process is being considered as the model for the state standard, which is beneficial for Riverside County as it has been in practice and will not necessarily require modification. Ms. McCleerey-Hooper noted that the County has come a long way in terms of peer supports. When Ms. McCleerey-Hooper first started as a peer support specialist in 2008, there were only 16 of them. Today, there are nearly 260 peer support specialists that self-identify as either a consumer, family member, caregiver, or parents of minor children.

OLD BUSINESS

- 1.) MHSA UPDATE: David Schoelen, MHSA Administrator, announced there are two upcoming major stakeholder events for the MHSA Annual Update. The first event will be the 30-day posting of the MHSA Draft Plan, beginning April 12 to May 10. The draft Plan will be available on the Department's website and all of RUHS-BH social media accounts will assist in directing the public to the website to review the document. Community members will have the opportunity to provide feedback by either calling the dedicated phone line or submitting their written responses electronically through the website link or by email. Mr. Schoelen noted that the page can be translated into almost any language by clicking on the Google link at the top of the page.

After the 30-day posting on May 10, the second event will be the public hearing. 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 for two weeks, providing additional time for the public to deliver their feedback. The links to the videos will be sent to all stakeholders along with the MHSA Toolkit, which are summary documents of the plan. The MHSA Toolkit will also be available in both English and Spanish. For those that do not have the technology (computer, internet, etc.) to participate, MHSA staff can send hard copies of the draft Plan, MHSA Toolkit, feedback form and phone number, as well as a DVD of the public hearing videos. Mr. Schoelen noted that this year they are adding the option of closed captioning in other languages other than Spanish. The video will be in English and will have the language of your choice closed captioned on the screen. For those interested in the DVD, individuals can order them beginning May 1st.

- 2.) SAPT UPDATE: Lupe Madrigal, Prevention and Friday Night Live (FNL) Supervisor gave an update regarding the FNL Program. The FNL Program began in 1984 with three pilot programs. Riverside County was one of those pilot programs and it has evolved and expanded significantly since its inception. In the beginning, FNL's focus was addressing underage and impaired drinking, today it has expanded to addressing distracted driving, impaired driving, marijuana use, prescription drug use, tobacco, traffic safety, underage drinking, problem gambling, underage gambling prevention, and nutritional promotion. While FNL focuses its efforts on the aforementioned areas, they also promote the importance of mental health through PEI and have participated in various events that address several of its topics.

There are 53 counties that participate in FNL and there are 600 chapters throughout the state of

California. Over the years, Riverside County's FNL program has expanded up to and over 100 chapters. The Program's strategies and principles help our youth build on their character to become positive agents of change in their campuses and communities. Due to the COVID-19 restrictions, FNL had to transition much of their operation virtually. One of the major events they held online was The Leadership Training Summit. The Summit was divided into three events to be able to serve the different age ranges between 6th to 12th grade. There were 129 youths that participated in the Summit, which had different modules helping the youth to build on their character, their campus, and community. They also had the opportunity to learn how to advocate and deliver the messaging of preventive measures in FNL's areas of focus as mentioned. On March 22-23 they had the National Drug and Alcohol Facts Week, where they utilized all of FNL's social media accounts (Twitter, Facebook, Instagram, and YouTube) to post teen facts and links with messages shattering the myths of drugs and drug use. Other virtual events they've held since COVID-19 began were game nights, DJ nights and movie nights. Their most recent virtual event was hosting a physical fit challenge that launched on Friday, April 2.

April is FNL Month and on April 23 they are hosting their 2nd Annual FNL Advocacy Day. This is a statewide event that raise awareness and celebrates the successes of the FNL programs. Ms. Madrigal shared a video that provided additional information about the FNL Program and showed a number of students participating in FNL and sharing their own personal stories and experience in the Program. Ms. Madrigal encouraged everyone to share the video and teen fact sheet to let others learn about the FNL Program. For those interested in following them on social media, they can be found on Twitter, Facebook, and Instagram with the profile name @rivcofnl.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Mr. Divine reported that they had a presentation regarding the CARES Line and learned about the merge of the mental health and substance use phone lines. They also reviewed the window walk gallery at The Rivers in Rancho Mirage.

MID-COUNTY REGIONAL BOARD: Brenda Scott reported that Mid-County Administrator, Vicki Redding is leaving and moving to South Carolina.

WESTERN REGIONAL BOARD: Greg Damewood reported that minutes will be available for review once it is approved at their meeting scheduled later that day.

ADULT SYSTEM OF CARE: Ms. Scott reported that they received updates regarding the budget and briefly discussed the 1991 and 2011 Realignment. They also had a discussion regarding Jefferson Wellness Center, the Shower of Hope truck, and Valley Re-Start.

CHILDREN'S COMMITTEE: Tori St. Johns reported that they had 17 students from Riverside County Youth Commission attend their meeting. Ms. St. Johns thanked Anindita Ganguly for inviting and encouraging the youth to attend their meeting.

CRIMINAL JUSTICE COMMITTEE: Mr. Damewood announced they are having their next meeting the following Wednesday at noon and all are invited to attend.

HOUSING COMMITTEE: Ms. Scott reported that Marcus Cannon provided resources and updates regarding housing, Connect IE, No Place Like Home, and Cedar Glen 2. They also continued their discussions regarding the room and board coalition.

LEGISLATIVE COMMITTEE: April Jones reported they discussed the COVID-19 relief bill and learned that there is some funding being directed towards mental health and substance abuse prevention services and treatment. They also reviewed other bills and legislative updates from the California Behavioral Health Commission Board, NAMI, and California Behavioral Health Directors Association.

MEMBERSHIP COMMITTEE: Mr. Divine reported that there is one vacancy on the Commission for District 1. Currently, there are 15 members altogether, including one representative from the Board of Supervisor's Office.

OLDER ADULT SYSTEM OF CARE COMMITTEE: Ms. Scott reported they heard two presentations during their meeting – one from Laurence Gonzaga from IEHP and the second from Terrence Hansen from Aurora Health. Mr. Gonzaga presented on a transportation program currently available through IEHP. The program provides roundtrip transportation for individuals that have medical, dental, or behavioral health appointments. They also provide transportation for those that need to go to urgent care. Ms. Scott noted that the transportation service does not permit one way trips or non-medical visits. Mr. Hansen gave an update regarding outreach, education, and coordinated care initiative.

PUBLIC ADVOCACY COMMITTEE: Ms. Jones reported that the group plans to meet for the remainder of the year and they will be focusing on ways to work with the regional advisory boards and how they can better assist the Commission. They also plan to update the Commission regarding MHSA and how they can better support MHSA in their efforts.

QUALITY IMPROVEMENT COMMITTEE: Daryl Terrell provided some highlights regarding the "Who We Serve Report." In FY19/20, RUHS-BH provided mental health and substance use services to 62,420. There were 53,976 consumers served in mental health and 8,444 served in substance use. Highest number of consumers served for both mental health and substance use were in the Western region. In terms of co-occurring disorders – consumers in mental health found 32% had a history of drug/alcohol abuse and alternately, consumers in substance use found 35% of them reported having a mental illness. The report also found that 75.5% mental health consumers and 95% of substance use consumers were covered through Medi-Cal. More males than females were served for both substance use and mental health. Adults and older adults were more often diagnosed with major depression and substance use disorders (opiate and amphetamine) and children had a primary marijuana diagnosis of 90.3%.

VETERANS COMMITTEE: Rick Gentillalli reported that there was an inquiry about a COVID-19 database listing individuals that contracted the virus. Dr. Chang responded that he's unaware of such a list and that having one may be a violation of HIPAA (Health Insurance Portability and Accountability Act) and PHI (Personal Health Information), but he recommended checking with Public Health to learn more.

Mr. Gentillalli also asked the Chairman if the Commission can authorize and endorse a letter going to the Board of Supervisors. The letter is in regards to health concerns and services for veterans overseas. The BHC Liaison informed the Commission that letters can be sent to BOS by individual members, however, to be endorsed by the BHC as a group, members would have to agree and vote unanimously in support of the cause. Mr. Divine suggested drafting the letter for the Commission to review and the group will vote to determine if they are interested in giving their support.

EXECUTIVE COMMITTEE RECOMMENDATIONS: Beatriz Gonzalez requested an update on Prop 63 regarding available services for college students. Brenda Scott requested an update on the phone line

988. April Jones requested an update regarding AB1352. Dr. Walter Haessler wanted to learn if Behavioral Health is involved in the booking process in detention facilities.

ADJOURN: The Behavioral Health Commission meeting adjourned at 1:58 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	✓	✓	✓	✓	✓	✓	✓	A	✓		
Daryl Terrell, District 5	✓	✓	A	✓	✓	✓	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.