

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR MAY 5, 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.

DIRECTOR'S REPORT – Dr. Chang responded to April Jones and Brenda Scott's inquiry regarding the Department's position on Laura's Law. The Department seeks to "opt-in" Laura's Law and are currently working on the Form 11 to submit to the Board of Supervisor's Office for review and consideration. Dr. Chang noted that approval to opt-in Laura's Law will depend on the Board of Supervisors decision, which he will update the Commission on once a determination has been made.

Dr. Chang also shared that Ms. Scott recently emailed him NAMI's "Help Not Handcuffs" webinar series. Dr. Chang noted that what the series promotes ties in nicely with the work the Department is doing with the sequential intercept model and diversion. The Department continues to work with various partners to determine the best path for consumers to avoid unnecessary incarceration and instead provide them with wrap around services.

CHAIRPERSON'S REMARKS – None

COMMISSION MEMBERS REMARKS – Tim Barton reported that he attended the Conservatorship Presentation given by Deborah Johnson. Mr. Barton shared that he learned some little-known facts regarding conservatorship and commended Ms. Johnson for doing an incredible job presenting the information.

Daryl Terrell shared that he recently reviewed some county documents and found the term "illegal immigrant(s)" to be inappropriate due to its negative connotation. Mr. Terrell expressed that the Department should consider using the term "undocumented" as opposed to "illegal" to avoid the negative stigma.

Ms. Scott reported that she shared NAMI's "Help Not Handcuffs" webinar series to Dr. Chang and offered to share the link to anyone interested in viewing the webinars. Ms. Scott noted that the program is a good resource for the 988 planning and implementation in the county.

Rick Gentillalli gave an update regarding the letter they are to present to the Commission regarding K2 veterans. The letter has been drafted by Paul Vallandigham, however, there are some new developments on the topic and they are contacting the organization closely related to K2 veterans for more information.

Beatriz Gonzalez reported that Coachella Valley Unified is celebrating May is Mental Health Month. During spirit week, each day is mental health themed giving the opportunity for students in elementary, middle school, and high school to be introduced to the language and importance of mental health.

PUBLIC REMARKS – None

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

NEW BUSINESS

1. APPOINT NOMINATING COMMITTEE FOR FY 21/22 BHC EXECUTIVE COMMITTEE ELECTIONS: Brenda Scott, Jose Campos, and Dr. Walter Haessler were appointed to determine a slate of candidates for the upcoming election.
2. APPOINT BHC BYLAWS COMMITTEE: April Jones, Tim Barton, Greg Damewood and Kim McElroy were appointed to review and revise the BHC Bylaws according to AB1352.
3. BEHAVIORAL HEALTH DETENTION SCREENINGS: Adrienne Chadwick, Behavioral Health Supervisor at Cois Byrd Detention Center in Murrieta, gave an overview regarding behavioral health screenings in detention centers in Riverside County. Behavioral health screenings and services are currently available at all five county detention facilities – Robert Detention Center (Riverside), Larry Smith Correctional Facility (Banning), John Benoit Detention Facility (Indio), Blythe Jail, and Cois Byrd Detention Facility (Murrieta). All facilities, with the exception of Blythe, have services available 24/7. Blythe is a much smaller facility with approximately 154 inmates, therefore only has daytime services available. However, Blythe’s afterhours is supported by Indio’s crisis intervention and custody teams. The program consists of a large interdisciplinary team that include a psychiatrist, clinical therapist (licensed and waived), recreational therapists, and behavioral health specialists. Staff are strategically positioned at the forefront of the arrest to be involved in the booking process in case there is a need for crisis intervention or behavioral health screening.

When an individual is booked and are expected to stay in detention for any amount of time, Behavioral Health staff will conduct a behavioral health screening to determine if the individual requires any additional assistance. Based on the information from the screening, staff provides a detailed assessment of the individual and provide them with the appropriate level of care/service (i.e. individual and/or group therapy, medication assisted treatment, etc.). Upon release, staff develops a discharge plan for the individual consumers to lend additional support in their re-entry back into the community.

Ms. Chadwick noted that part of the reason she is presenting on the program stems from an article published by the Press Enterprise in March. The article reported a woman bulldozing her way out of a McDonalds drive-thru and upon leaving the scene spotted a patrol car driving the opposite direction. The woman then decided to drive over the center divider and collided head on with the patrol vehicle, which landed her in the hospital. While in the hospital, the article reported the woman was belligerent and was given a “cite and release” by the officers, which is what prompted the concern over the arrest and booking process. A cite and release is where an individual is given a citation with a given promise to report back to court on a future date. Ms. Chadwick noted that the article did miss a great deal of information regarding the incident. Instead of going over the holes in the article’s reporting, Ms. Chadwick shared two distinct workflows based on when an individual is arrested and brought into custody.

The first workflow is when an individual is brought in to custody and is expected to stay for a length of time. The arrested individual is searched for any metal that would be a concern before being booked into jail. Afterwards they are given a screening by the medical team to determine if there’s any imminent need or health concerns (i.e. required medications, medical conditions, etc.). The next step is the actual booking process where the individual is fingerprinted; their personal effects collected and then provided information regarding the criminal charges against them. After the

booking process, the arrested individual is referred to medical and behavioral health staff for further evaluation. Medical staff will evaluate if they have any significant medical needs that require immediate attention such as medications, detoxing, medication assisted treatment, or a sobering cell if they are heavily inebriated. Behavioral health staff, by contrast, will screen for behavioral health history (i.e. hospitalizations, medications, etc.) and other risk factors such as suicide. Based on this information, custody will determine where they will be housed. If the individual needs behavioral health services, they will receive regular follow-ups from behavioral health staff. If the individual is too dysregulated and require crisis services, they are evaluated for 5150. If the individual has to be transported for any reason, Behavioral Health utilizes a streamlined electronic record system that allows proper tracking of the individual's treatment plan – i.e. if the individual began services in Murrieta, they can still follow-up for treatment if they are transferred to Riverside. In the event of an early release and the individual has something in place by way of their discharge plan, they are referred to Behavioral Health with a “Do not Release” form. Individuals are further evaluated and provided their discharge plan to help ensure they are linked and have access to services upon their release.

The article indicated that the woman was given a cite and release by law enforcement after the incident, which is how the second workflow develops. Similar to the first workflow, the arrested individual is searched for any metal on their person, then they are referred to medical staff to be evaluated for any imminent medical needs, and then lastly they are brought to the booking desk to have the charges against them explained. Ms. Chadwick noted that it is at this point that the arresting officer has determined whether or not the arrested individual needs to stay in custody or if they are eligible for a cite and release. When an individual receives a cite and release, the criminal weight is considered to a degree in which they are not expected to stay in custody. Ms. Chadwick noted that this decision is determined by the Sheriff Department's own algorithm. The article also indicated that the woman was given a cite and release due to the capacity limitations resulting from the COVID-19 pandemic. Individuals that receive a cite and release are seldom referred to behavioral health or medical services. There are exceptions to this process and an example of this is if an individual is brought in and they are heavily under the influence. The individual will then be brought to a sobering tank where they'll have up to 12 hours to sober up. If the individual does not show apparent improvements, then they are referred to behavioral health to determine if they simply need additional resources/services, require further evaluation and risk assessment, or a possible 5150.

Ms. Chadwick stated that with regard to the woman referred to in the article; there are two sides to every story. In an effort to avoid violating confidentiality laws, Ms. Chadwick was not inclined to give further details about the woman's particular case. However, Ms. Chadwick did investigate and gather enough information to confirm that the woman was referred to one of the workflows and that her outcomes were much different than what was described in the article.

4. MHSA AND COLLEGE CAMPUS COLLABORATIONS: David Schoelen, Mental Health Services Act (MHSA) Administrator, and Diana Gutierrez, Prevention and Early Intervention (PEI) Manager, gave a presentation on how a number of MHSA components work and interface with college campuses. Mr. Schoelen noted that the only MHSA component with no immediate connection to college campuses is Capital Facilities and Technology, as those funds are specifically for RUHS-BH infrastructure and technology.

Ms. Gutierrez reported that through PEI's local and statewide funding, CALMHSA oversaw the student mental health initiative, which ran from 2011 to June 30, 2020. The focus is to foster student wellbeing by improving mental health services, stigma reduction, and suicide prevention at the community colleges throughout the state, Cal State Universities, and the UC system. This included a variety of activities over that course of time, such as the suicide prevention gatekeeper trainings, i.e. Mental Health First Aid, ASIST, QPR, and Kognito. At the local level, they released the Training for Trainers (T for T), which gave counties the opportunity to be a part of that training cohort. They also had programs like the Student Mental Health Ambassadors, which Riverside Community College (RCC) opted in for their students. It trained students on mental health awareness and stigma reduction to help them become peer mentors and advocates in their campus.

CALMHSA also produced mental health related products for students and faculty, such as the Student Health 101 Magazine, resource folders, fact sheets, and educational webinar series. Funding also supported online depression screenings for students and campus based grants focused on services for the veteran population, LGBTQ, and TAY (Transition Age Youth) foster youth. At the state level, they also supported Active Minds, which has a very active chapter in Riverside County. Active Minds is a student run club on college campuses devoted to changing the conversation about mental health. There were also partnerships that evolved through the CALMHSA funding, such as the collaboration between the College of the Desert and the Desert Healthcare District.

Local efforts for college age youth that's part of the Riverside County Plan include the TAY Resiliency Project, which is contracted with Operation SafeHouse. Some programs within that project include Stress and Your Mood, which is an early intervention for depression, and a 10-week program called CAST (Coping and Skills Training Program). They also do a great deal of promotion for Directing Change; offer support groups and mentoring for the LGBTQ community; provide resources and funding for Active Minds and the Annual Send Silence Packing exhibits. Seeking Safety is an evidence-based model offered on college campuses, which is an 8-week program for individuals that have experiences of trauma and/or may have a co-occurring substance use issue as well. Ms. Gutierrez noted that they are working on a Memorandum of Understanding (MOU) with RCC's three campuses (Riverside, Moreno Valley, and Norco) in developing a more formalized process for providers to come on campus and provide the service for 16-25 age range, as well as the 26-59 age range to serve the older students on campus.

Suicide prevention gatekeeper trainings are also offered to college students and faculty, such as ASIST, Mental Health First Aid, and Safe Talk. Currently, those trainings are unavailable as they are not permitted to be done virtually. Due to COVID, PEI created a virtual training menu, which includes Know the Signs, Self-care and Wellness, Mental Health 101, and Building Resiliency and Understanding Trauma. Ms. Gutierrez added that these trainings are available for free to everyone in the county.

Community Services Support (CSS) is the largest component and is the primary funding support for countywide integrated systems of care based on age or development. College youth generally fall within TAY. TAY has its own full service partnership (FSP) in each region within the County. Each region also has its own TAY Center, which was originally piloted through the Innovations Program component of MHS. TAY Centers are full-service behavioral health programs that include peer

support, therapy, access to a psychiatrist, and case management. They offer specialized care, such as Stepping Stones, which provides support for our transgender youth and participate in outreach efforts by holding health fairs on college campuses. The TAY system also works directly with college counseling centers to collaborate on serving students that present with untreated serious mental illness or to connect existing clients with campus disabled students office as a part of their treatment plan for those that want to re-enter or begin an academic course of study. Funding for TAY expired in August 2020, however, due to their success; the TAY Centers were reorganized under CSS and continued its funding.

The Innovations component currently has two active plans – 1) Help@Hand, formerly known as the Tech Suite and 2) CSEC (Commercially Sexually Exploited Children). Help@Hand developed their own peer chat window application called Take My Hand. Take My Hand is for all community members over the age of 16. Take My Hand is an example of a medium that is popular with TAY. Help@Hand’s marketing strategy includes targeting college campuses. CSEC is a field based mobile team that serves youth that have been victimized by human sex trafficking. This program serves youth through the age 22.

The Workforce Education and Training (WET) component has the most active relationship with college campuses. The most successful program through WET is the GIFT program (Graduate Internship, Field and Traineeship). GIFT coordinates student learners who require an internship or similar experiences as a part of their degree requirements. The Department has one of the most competitive programs in the region receiving more applicants for internships and other academic required placements, than there are spots available. The program is structured to help students develop within our workforce. They also seek student applicants that speak languages other than English, including ASL, as well as those from underserved communities or have their own lived experience as a consumer or a family member. In addition to GIFT, they also provide career mentorship and job shadowing opportunities, as well as guest speakers that discuss how to develop a career in public behavioral health or participate in mental health panel discussions. Lastly, WET sits on a number of community advisory groups that address academic development or career centered activities. Mr. Schoelen himself is a longtime member of the Social Work Department Advisory Committee that assists with curriculum development at Azusa Pacific University.

OLD BUSINESS

- 1.) MHSA UPDATE: Diana Gutierrez shared the Department’s planned activities to celebrate this year’s May is Mental Health Month. In the month of May, the Department focuses on how mental health matters in an effort to decrease stigma, increase awareness, and start conversations that encourage help-seeking and resilience in our communities. This year they are launching a social media campaign that includes activities that can be done at home and in the community while still keeping physical distance and staying safe. This year’s theme is “Hope for Change,” as season’s changing reminds us that change is an inevitable part of life and this past year certainly brought on many unexpected challenges. Each week in May will have a unique theme that support the overall theme of “Hope for Change.” They encourage virtual participation in many activities through social media using the hashtags #peimay2021, #hopeforchange, #sanamente, and #eachmindmatters, so they can track and share the activities going on in the county.

Week one will focus on “Support Hope,” activities include promoting support and awareness about

mental health and stigma reduction. “Stand Against Stigma,” formerly known as “Contact for Change,” is offering several dates for the stigma reduction presentations through Event Brite at no cost. A new activity they are implementing this year is a countywide art contest where participants create artwork incorporating the lime green ribbon. Those interested in participating can take a scan or photo of their artwork and email them to pei@ruhealth.org. The final day to submit entries will be May 28 and PEI will be selecting winners from five different age categories.

Week two’s theme is “Be Hopeful” and activities will focus on promoting self-care and different ways to care for your mental wellness. Featured activities include “Plant Seeds of Hope,” which encourages gardening as a self-care activity and they will have a special Zoom presentation from “Dat Yoga Dude,” aka James Woods, showing how to incorporate movement into your wellness routine and the positive impacts it can have on your mental health. PEARLS (Program to Encourage Active, Rewarding Lives) is hosting a virtual event for the older adult population on the importance of moving your body and mental health. The Stephan Center will be offering a three-week series for widows and widowers called “Walking a New Path,” which explores grief and loss and the impact of loss in family dynamics and how to look toward the future.

Week three’s theme is “Encourage Hope,” and the focused activity is spreading encouragement to others. The featured activities are “Chalk Your Walk” and “Hope Walks.” Participants can help spread encouragement by chalking their walkways or decorating rocks with hopeful and inspiring messages and leaving them around the neighborhood. Spreading messages of hope and encouragement not only help others, but us as well by promoting feelings of positivity. Operation SafeHouse will also be hosting a free virtual mental health game night for the community.

The final week’s theme is “Give Hope,” and one of the featured activities is the “I AM” affirmation board. “I AM” are powerful words, because what you put after them can shape our reality. In this final week, they encourage people to create affirmation boards and send thoughtful affirmation cards to others to let them know something positive they see in them. They also encourage participants to share their affirmation boards on social media to help spread positive and hopeful messages to others.

In addition to these activities, several virtual trainings are also being offered throughout the month of May, which will be available in both English and Spanish. The training series include Mental Health 101, Self-Care and Wellness, Building Resiliency and Understanding Trauma, and Know the Signs. They are also offering mental wellness kits through their Up2Riverside webpage to the first 200 Riverside County residents that visit the site and complete the form. The kit includes a wellness journal, a pen, and three wellness tip cards. The wellness kit will also be available as a digital download through the site along with a calendar of events and a full activity guide.

- 2.) SAPT UPDATE: April Marier reported that May is also National Drug Court Month. The first drug court was initiated in 1989 in Miami Dade County Florida. Since then, it has expanded to 3700 drug courts throughout the nation. There are four adult drug courts, three family preservation courts, and one juvenile justice court in Riverside County. Most collaborative courts have been operating virtually due to COVID-19 restrictions and recently they are beginning to open back up. Staff are touched to hear some of the family preservation graduates this month. Graduates expressed missing their court hearings and seeing the judge as it is the one time they’re able to have a positive experience in court. Ms. Marier noted that she will share court hearing information to the BHC Liaison for those interested in attending a collaborative court hearing.

SAPT has completed their RFQ (request for qualification) process and has a number of new providers added into the system. Addiction Therapeutic Services will be providing outpatient 1.0, withdrawal management 1.0, intensive outpatient and partial hospitalization 2.5. Two new OTP (opioid treatment program) programs are also being added – Aegis Treatment Centers will be providing services to consumers in Ontario and Redlands and Coachella Valley Treatment Center will be providing services in the Desert Region. Desert AIDS Project (DAP) will be providing outpatient services and HealthRIGHT 360 will be providing 3.1, 3.3, and 3.5 residential services.

There are also existing providers that have expanded their programs by adding new services – The Rose of Sharon 7 Inc. added residential treatment 3.5 and withdrawal management 3.2 to their services. Tarzana added withdrawal management 4.0 and Cedar House and MFI Recovery are adding residential services 3.3. Ms. Marier noted that 3.3 services has not been a part of the Department's system of care and they are extremely excited to add it to the system. This service will be able to cater our more cognitively impaired consumers, i.e. those with TBI (traumatic brain injury) or those in FSP that require a slower pace of treatment.

Lastly, Ms. Marier announced that they will have EQRO (External Quality Review Organization) at their next SAPT All-Provider meeting and all are invited to attend.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Tabled

MID-COUNTY REGIONAL BOARD: Tabled

WESTERN REGIONAL BOARD: Tabled

ADULT SYSTEM OF CARE: Brenda Scott reported that Tony Ortego gave a presentation on Older Adults and they received regional updates from all the administrators and Bill Brenneman, stepped in for Mid-County as the position is still vacant.

CHILDREN'S COMMITTEE: Tori St. Johns reported that Janine Moore gave a presentation on the FURS (Family Urgent Response System) Program for foster youth.

CRIMINAL JUSTICE COMMITTEE: Tabled

HOUSING COMMITTEE: Ms. Scott reported that the scores for No Place Like Home were recently published and Riverside County did very well. The Committee hopes that Riverside County will be awarded more housing for their efforts.

LEGISLATIVE COMMITTEE: Tabled

MEMBERSHIP COMMITTEE: Tabled

OLDER ADULT SYSTEM OF CARE COMMITTEE: Ms. Scott reported that Debbie from Office on Aging announced that May is Older American Month.

PUBLIC ADVOCACY COMMITTEE: April Jones reported that they are working on developing action plan templates and things to share with the advisory boards and committees, so they can be more united in their efforts and utilize the committees and advisory boards more effectively.

QUALITY IMPROVEMENT COMMITTEE: Daryl Terrell reported they received updates on the Take My Hand project. Kiosks are being installed in many of the clinics to preview the work that Shannon and Maria's team have done. The kiosks will mainly be anonymous information and there will be an intensive marketing campaign that will begin this month.

VETERANS COMMITTEE: Tabled

EXECUTIVE COMMITTEE RECOMMENDATIONS: Mr. Terrell suggested having a representative from Riverside Board of Education attend the BHC meetings and Dr. Haessler echoed the sentiment suggesting a representative from the Sheriff's Office also participate in meetings.

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	✓	✓	✓	✓	✓	✓	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.