

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR JANUARY 8, 2020 | 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 12:00 pm, lead the Pledge of Allegiance, and commenced introductions.

CHAIRPERSON'S REMARKS – Mr. Divine welcomed and wished everyone a Happy New Year.

COMMISSION MEMBERS REMARKS – Daryl Terrell suggested having a representative from Riverside County's Office of Education to attend the BHC meetings and serve as a liaison so they are also informed on RUHS-BH programs and services. Mr. Terrell noted that this can also help lead to more hands on collaborations with the school system.

Tori St. Johns reported that the Desert's Drug Court held a graduation on December 20. Ms. St. Johns shared that attending the graduation was a wonderful experience and encouraged others to attend. Ms. St. Johns reported that there has been 560 total graduates in Drug Court in the Desert, which meant that there are 560 people that have turned their lives around with the help of the program.

Bea Gonzalez announced that the non-profit organization, Live to Rise, is having their action plan launch on January 15 from 5:00 – 8:00 pm. Topics they will be discussing include homelessness, housing, and efforts to reduce rent burden.

Dr. Walter Haessler announced that Jason Reid has completed his documentary on teen suicide prevention and will be premiering at the Santa Barbara Film Festival later in the month. Mr. Reid lost his 14-year-old son from suicide and in 2019, he attended a BHC meeting sharing his experience. Mr. Reid's experience inspired him to get involved in advocacy to end teen suicide and started an organization called ChooseLife.org.

PUBLIC REMARKS – Dylan Colt, Jenny Hodge, and Kristin Duffy reported that Palm Springs held their Pride Parade late last year, where they also celebrated the 50th Anniversary of Stonewall. RUHS-BH had a much greater presence at this event as they were able to create a float displaying the Department's logo and RUHS-BH t-shirts that stated "Because You Matter." Ms. Duffy added that the t-shirts were very popular at the event and several participants and attendees wanted to purchase them. Mr. Colt thanked Diana Brown from PEI for sponsoring the event and then shared a video that gave a brief history of Stonewall and highlights from the Parade.

Lisa Morris announced that they are continuing the Prayer for a Soldier Project into the New Year due to current events. Typically, this is a Project held during the holidays, but Ms. Morris noted that with everything happening in the news she wanted to continue showing support for our troops. Ms. Morris also announced that they had the most successful Toys for Tots distribution ever. Through the generosity of the United States Marines, Think Together Program, and NAMI, they were able to collect enough toy donations for the following clinics: San Jacinto Clinic, Hemet MDFT, and Moreno Valley CHIPS. They were also able to provide toys to over 500 kids at the Think Together after school program in Moreno Valley's Sugar Hill Elementary, Towngate Elementary, Hidden Springs Elementary, Sunnymead Elementary, and Vista Heights Middle School. Ms. Morris and her family along with several student volunteers from Canyon Springs and Vista Heights Middle School stayed up for three days sorting and packaging toys to be distributed. Ms. Morris thanked David Glover for assisting with

transportation, Liza Lagunas for organizing the distribution, and Brenda Scott for helping get their clients included in the distribution.

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

CELEBRATE RECOVERY – This month’s Celebrate Recovery Speaker shared their experience with the Family Advocate Program. The Speaker’s 25-year-old son was diagnosed with Schizophrenia seven years ago and has been receiving services at the Perris Adult Mental Health Clinic since 2015. When his son was diagnosed, it was very difficult for the whole family. At the time of his diagnosis, the family lived in San Fernando Valley. They sought help and resources, but found none. It was an incredibly difficult process as they found no service or organization that could help them. Fortunately, they moved to Moreno Valley, and his daughter was able to find a great deal of resources and services through NAMI. The response to their inquiries were immediate; the following day they received a call from Pedro Arciniega, who gave them all the information necessary and offered to help guide them through the process. Mr. Arciniega sent them to the Perris Mental Health Clinic, which is where the recovery for his son and his whole family began. His son began receiving services and attending groups along with the rest of his family. Thanks to the services and treatment his son was able to receive, the medication available to his son, and everything they have learned as a family, they are now in a much better place. The Speaker noted that his son had his last major episode three years ago, where he was hospitalized for two weeks. Following his final episode, he began taking classes at the Moreno Valley Community College and has recently transferred to UC Riverside. The Speaker noted that his son is doing really well and hopes that someday he’ll be fully independent. The Speaker recommended having all the information and resources more readily available to families in need. He also suggested having more groups in Spanish since the language is a barrier they also have to overcome in addition to behavioral health challenges. The Speaker expressed his deep gratitude for all the help that his son and his family has received and encourages the Department to continue their efforts in providing proper services and resources to families in need.

NEW BUSINESS

1. COACHELLA VALLEY UNIFIED SCHOOL DISTRICT STUDENT SERVICES: Justina Larson started her presentation by providing a brief history on Riverside County Latino Commission (RCLC) and how the partnership with Coachella Valley Unified School District (CVUSD) was established. Riverside County Latino Commission was established in 1991 by Leonel Contreras. Mr. Contreras first started with a men’s home for substance use services, then later opened a women’s home. In 2007, he expanded his program with mental health services, which is when the partnership with CVUSD began. In the beginning, services were handled directly out of their center in Coachella, then in 2015 the school district received more funding and decided to put therapists on school campuses. In the beginning, they had one therapist work at five different schools. The therapist worked out of one school each day of the week. This was so well received that near the end of the school year, they decided to increase the number of therapists working within the region. The way services were determined depended on the school site, referral needs, and enrollment.

CVUSD has worked diligently with RCLC staff ensuring they find funding for this growing need of services on school campuses. The program employs approximately 23 staff members. They have one psychiatrist that services the students and the community, one clinical director, one program director, one case manager, and one licensed therapist assigned to two schools divided equally

during the week. They also have 14 associate therapists – three work full time, each one assigned to one school site (Coachella Valley High School, Desert Mirage High School, and Toro Canyon Middle School); eight are assigned to two schools divided according to enrollment; and three provide services directly out of RCLC’s main center in Coachella. New this year is their addition of Controlled Substance Intervention Program, which has four substance use counselors working out of their secondary school sites (middle school and high school).

When RCLC first began developing the mental health program in CVUSD, they modeled it after how the school system run their programs, which follow a 3-tier system. Tier I and Tier II focuses on the overall student population and the approaches are prevention-based targeting students who are in need of prevention and education. Tier I and Tier II each follow two categories: classroom/group and family-services. Tier I involves classroom-based counseling; grade-level counseling; school-wide assemblies and rallies, etc. Tier I family-services involve parent workshops and parent engagement nights; small groups providing parenting techniques, education and information on child development, risky behaviors and ways parents can respond. Tier II includes group counseling that address specific topics to improve a student’s social and emotional functioning. Tier II family-services involve small group workshops that focus on specific topics to improve family functioning.

Tier III are students in need of more direct and intensive treatment. Tier III focuses on therapeutic treatment and support. Services can be for the individual student, family counseling, or counseling for parents/guardian on an individual basis. Mental health treatment in a school setting takes the same approach as mental health treatment in a clinical setting. Students are screened and assessed and a diagnosis is determined. An individualized treatment plan is developed and put in place that utilizes and applies therapeutic theory, techniques and practices to improve the student’s functioning. Should a student not need direct mental health counseling or do not meet criteria for a diagnosis, yet the student is in need of therapeutic support, RCLC therapists provide an individualized and direct social and emotional support to improve functioning at school and in the home. Ms. Larson added that this aspect is incredibly beneficial to the student and their family as it removes the pressure of “meeting criteria” from an insurance perspective. Ms. Larson stated that when they identify a need, with or without a diagnosis, they still work with the student and/or family by providing resources and linkages to other appropriate service avenues.

In addition to providing behavioral mental health treatment, RCLC therapists also attend meetings pertaining to student needs. When it is in the best interest of the student, RCLC therapists will consult with teachers and staff that are directly connected to the student, as needed, regarding clinical issues affecting the student being served.

The case manager’s role is to help students and their families complete treatment plan goals by removing and eliminating barriers that are negatively impacting the chances for a full and complete recovery. When necessary, the case manager will provide appropriate referrals, resources and services. These include and are not limited to assistance with transportation, housing, food, clothing, connect student and family to medical and psychiatric support, as well as legal aid, employment, and income support.

Within the last year, they have serviced a little over 1,200 students – 948 for mental health and 254 for substance use. Ms. Larson noted that when a student is receiving both mental health and substance use supports, they count this as one under the mental health umbrella; they do not

“double-count.” These numbers increase annually and with the help of CVUSD, they are able to continue bringing in more therapists and staff as needed. The top five diagnosis in the student population are 1) Family problems; 2) Behavior; 3) Anxiety; 4) Depression; and 5) Unspecified problems related to social environment. Ms. Larson gave a brief overview of their service data broken down by gender and grade level. Parent/guardian contact vary from phone contact, written communication, parent/teacher meetings, and family sessions. Ms. Larson noted that since they are in a school setting, most parents are more receptive to working with them. They’ve found that parents/guardians are more comfortable coming in to a classroom or school office setting as opposed to a clinical setting.

The Controlled Substance Intervention Program generally focuses on education and information to prevent substance use, but they will also evaluate a student to determine if there is an actual need for treatment. If a counselor identifies this need, the student is then referred to their main center where they have outpatient services as well as residential. Currently, the common type of drug use among students are cannabis (plant, wax/oils, edibles, creams, etc.), alcohol, tobacco, prescription stimulants, and methamphetamines. Another growing concern is the youth’s common and grave misconception that vaping is “safer” than smoking.

There is a definite advantage to having behavioral health services available in a school setting. It allows the school staff/administration and behavioral health staff to be more aware and informed of school culture, approaches and practices (i.e. common language, direction, and purpose). Schools have the benefit and advantage of becoming a trauma-informed system, which can help them identify, address, and intervene to provide supports to students and their families. The continuity of care is streamlined as behavioral health staff can easily access the student’s functioning in school (grades, behavior, etc) without having to go through channels to access the information. The program also allows easier and more consistent incorporation of family participation in child’s treatment and even assist them by removing any barriers the families may face (i.e. transportation, insurance, housing, etc.). Lastly, the unique partnership of RCLC and CVUSD removes the barrier of silos, which is more effective in servicing the needs of not only the students and their families, but the community as a whole.

DIRECTOR’S REPORT: Dr. Chang started off by recognizing the Mobile Crisis Teams as they recently received two Innovation Awards from CSAC (California State and Association of Counties). Dr. Chang noted that those systems have saved approximately \$40 million system-wide and when combined with Mental Health Urgent Care, they have saved approximately \$130 million. While the savings are undeniably significant, what this truly represents is how the ability of providing the appropriate level of care can benefit not only those we serve, but our system as a whole. Overall, Riverside County received a total of five CSAC awards and Dr. Chang thanked the Mobile Crisis Teams for all their work and congratulated them for receiving the Innovations Award.

Dr. Chang shared a few details regarding an upcoming project called Diversion Campus. The Diversion Campus will provide criminal justice and hospital diversions. In terms of criminal justice diversion, this entails jail diversion, substance abuse services, competence to stand trial, appropriate housing and placement. Hospital diversions include substance abuse services, emergency room diversion, hospital diversion, and appropriate housing and placement. Following the concept of “evolving standards of decency,” The Diversion Campus is a response to the changing landscape of the criminal justice system in terms of mental health and substance abuse. Rand, a non-profit global policy think tank, recently

released a study showing the number of individuals who languish unnecessarily in our jails and prisons due to mental health or substance abuse challenges. LA County and their Board of Supervisors have also made an effort in response to this by stopping mid-stream on a \$1.7 billion jail renovation and expansion project and instead have re-directed funds to increase behavioral health treatment and services. RUHS-BH is currently working on developing the Diversion Campus and they believe it will save the system a considerable amount of funding, which they can re-direct to other treatments and service provisions. The estimated annual savings on the low-end is approximately \$10 million and on the high-end, \$40 million, however, Dr. Chang believes the savings could be more. Dr. Chang stated that the Diversion Campus is an extension of SAPT's ARC (Arlington Recovery Center), that Rhyan Miller previously shared with the Commission. The Diversion Campus proposal will include a great deal of housing options to assist in the graduated levels of care for individuals' re-entry to the community. Dr. Chang remarked that they are extremely excited about this project as he believes it will make a huge impact for our community.

OLD BUSINESS

1. MHSA UPDATE: Pamela Norton gave an update on the Help at Hand Project, formerly known as the Tech Suite Innovations Project. The Project's 3-year grant has been extended to 5 years to provide the Department more time to get the program up and running. The Project's goal is to identify digital technologies (apps) for consumers to utilize in support of their mental health services. This Project started in California with four counties in 2019. RUHS-BH joined the project in early 2019 along with nine other counties, rounding the participating counties to 14. The consensus of most counties involved determined that the two original applications do not meet their expectations and have begun looking for others. Features they are looking for with the app are peer chat, digital therapeutics, therapy avatar, digital phenotyping, and wellness monitoring. Counties are also looking at accessibility through smartphones, tablets, and availability offline. They have received applications from 90 vendors and have completed demonstrations on 20. Participating counties are now in the process of determining which applications they would like to pilot. RUHS-BH is creating their own peer chat site, which is currently going through the approval process and security requirements. The name of RUHS-BH's app is "Take My Hand," which they hope to pilot in the County soon.

Additionally, Kern County has created a brochure compiling a list of apps that are free to the community, which they have offered to share to other counties. RUHS-BH is working to build on this by creating their own brochure listing all the free mental health apps in addition to Help at Hand. Ms. Norton noted that the difference between the two is that the brochure will have a list of free mental health apps readily available to anyone and Help at Hand will be services available through RUHS-BH.

Lastly, JWC participated in the digital health literacy stakeholders meeting in August and the feedback lead CALMHSA to create a curriculum teaching consumers and staff how to protect their privacy and addressing other concerns they may have utilizing digital technology.

2. SAPT UPDATE: Tabled

COMMITTEE UPDATES:

BYLAWS COMMITTEE (ADHOC): Mr. Damewood requested the Commission come up with a list of things they would like incorporated into the Bylaws. Ms. McElroy stated that perhaps they could all be thinking about what it is they want from the Regional Boards as a Commission.

CRIMINAL JUSTICE COMMITTEE: Mr. Damewood reported that there is no meeting this month and their next meeting will be held in March.

WESTERN REGIONAL BOARD: Mr. Damewood reported that at their meeting later that day they are having a presentation from PEI.

EXECUTIVE COMMITTEE RECOMMENDATIONS: Mr. Damewood requested to have Site Visits on the agenda for discussion and assignments. Ms. Scott requested to get an update on Full Service Partnership in Mid-County.

ADJOURN: The Behavioral Health Commission meeting adjourned at 1:58 pm.

Maria Roman

Tori St. Johns, BHC Secretary

Maria Roman, Recording Secretary

FY 2019/20 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	JUL	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
April Jones, District 3	✓	✓	A	✓	A					
Anindita Ganguly, District 2	✓	✓	✓	A	✓					
Beatriz Gonzalez, District 4	✓	✓	✓	✓	✓					
Brenda Scott, District 3	✓	✓	✓	A	✓					
Carole Schaudt, District 4	A	A	✓	✓	A					
Daryl Terrell, District 5	A	✓	✓	✓	✓					
Dildar Ahmad, District 1	✓	A	✓	✓	A					
Greg Damewood, District 5	✓	✓	✓	✓	✓					
Jose Campos, District 2		✓	A	✓	✓					
Paul Vallandigham, District 5				✓	✓					
Richard Divine, District 2 (<i>Redist. 4</i>)	✓	✓	✓	A	✓					
Rick Gentillalli, District 3	ML	✓	✓	✓	✓					
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.

OTHERS PRESENT		
Alicia Hermsillo, RUHS-BH	Amelia Diaz, RUHS-BH	April Marier, RUHS-BH
Bill Brenneman, RUHS-BH	Brandon Jacobs, RUHS-BH	Brian Betz, RUHS-BH
Carlos Chavez, Guest	Catlyn Norton, Guest	Dakota Brown, RUHS-BH
David Schoelen, RUHS-BH	Deborah Johnson, RUHS-BH	Denise Barber, Guest
Diana Brown, RUHS-BH	Dylan Colt, RUHS-BH	Francisco Huerta, RUHS-BH
Jackie Sanchez, RUHS-BH	James Hill, RUHS-BH	Janine Moore, RUHS-BH
Jenny Hodge, RUHS-BH	Joni Terrones, RUHS-BH	Jose Ortiz, Guest
Justina Larsen, Guest	Karina Vega, Guest	Kim McElroy, Guest
Kristin Duffy, RUHS-BH	Kristen Ellis, RUHS-BH	Leonel Contreras, Guest
Lisa Morris, RUHS-BH	Lucy Lopez, RUHS-BH	Maria Gandera, Guest
Maria Martha Moreno, RUHS-BH	Mark Krulic, Guest	Matt Chang, MD, RUHS-BH Director
Maureen Dopson, RUHS-BH	Melinda Drake, Guest	Monique Maldonado, Guest
Norma Rodriguez, Guest	Pamela Norton, RUHS-BH	Pedro Arciniega, RUHS-BH
Richard Bolter, RUHS-BH	Rick Algarin, RUHS-BH	Russell Moreau, Guest
Russ Turner, RUHS-BH	Sarah Cranbury, RUHS-BH	Shor Denny, Guest
Stephanie Bennett, RUHS-BH	Susan Clay, Guest	Tiffany Ross, RUHS-BH
Willard Wynn, RUHS-BH	William Harris, RUHS-BH	Zack Tucker, RUHS-BH