

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR February 1, 2023 • 12:00 pm to 2:00 pm

CALL TO ORDER AND ROLL CALL – Madam Chairperson, Tori St. Johns called the Behavioral Health Commission (BHC) meeting to order at 12:01 pm.

Commissioner attendance was taken by roll-call.

ADOPTION OF AB 361 RESOLUTION NO. 2021-001 – Madam Chair, Tori St. Johns commenced the vote for AB 361 to authorize teleconference meetings for the Behavioral Health Commission for an additional 30-days. BHC Liaison conducted votes by roll call. Commissioners unanimously approved the adoption of the Resolution.

CHAIRPERSON'S REMARKS – Madame Chair, Tori St. Johns, thanked everyone for being present at the Behavioral Health Commission and taking the time out of their busy schedules to attend.

COMMISSION MEMBER REMARKS –

Richard Divine asked Dr. Chang if city counsel of Coachella decided against the Recovery Village and Dr. Chang confirmed there was a meeting last week and the vote was 4 to 0 against the Recovery Village in Coachella which was not the desired outcome. Dr. Chang reported next steps are to continue building multiple Recovery Villages throughout the county and obtain more grant funds to provide these services to the communities for Riverside County to fulfill the need.

Dr. Haessler shared there were two news articles of concern both involving male residents from mid county. Press Enterprise had an article from December 26, 2022 stating one of the individual's wives called the police department because her husband was having a mental health crisis and over the weekend police arrived and discovered he had fired a weapon into 5 of his neighbor's homes. The standoff lasted five hours and eventually he surrendered but posted a one-million-dollar bail and there was no mention of any psychiatric services. Dr. Haessler also shared the second news article was found in LA Times dated January 31, 2023 involving a mass shooting with the gunman from Hemet who killed eleven people in Monterey Park. One week and two weeks prior, he had gone to a police department claiming people were after him and trying to poison him. Dr. Haessler expressed both tragedies raise questions in regards to our possible place in this as county should have had a place in these situations and he wants to ensure we're working properly with the police departments and judges when it comes to release of individuals who commit these crimes.

Greg Damewood reported he received the mental health brochures and org chart he requested and made mention that covid concerns are set to end in May and would like to plan ahead as to how the committee will move forward.

Rick Gentillalli shared last year he was a case investigator and sat at a counsel table and something he learned from three of the trials was "The only thing you have in a complex situation is the truth."

PUBLIC REMARKS – None

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

DIRECTOR'S REPORT –

Dr. Chang reported additional updates on the Recovery Village sharing they had a meeting with state earlier in the week and continue to apply for grants and continue to have conversations with partners on a local and state level and highlight challenges such as the property being purchased for the facilities. He expressed his gratitude to the team and shared over two years they were able to draw down two hundred million dollars for programs and facilities that will help serve the community. He shared the continued efforts with schools and the idea that came from the conversation with Hemet was how they can partner and work together with the schools throughout the county to screen and identify children and their families to provide them with services. Dr. Chang also provided an update on Care Court sharing that although two groups have filed law suits, to his knowledge the courts have not weighed in yet and there is no notice of the project coming to a stop. He continued to share as of today they are on track to be part of Cohort 1 which is set to go live October 1, 2023 and continue to meet internally with stakeholders in Riverside County with our County Behavioral Health Directors Association and other counties as well.

CELEBRATE RECOVERY:

Francisco Huerta, Senior Family Advocate for Western Region, introduced the family advocate program sharing all family advocates have lived experience as a family member or caregiver of an adult with mental health struggles and/or substance use. He reminded us that families have a better chance for recovery when they are provided support, education and resources. Mr. Huerta then proceeded to introduce Chris Paz and Maria Paz who started their journey several months ago and have already become family advocates with in their own community by promoting the services that has helped support them and continues to support them as well as inviting families to support groups and presentations.

Mrs. Paz introduced herself and her husband Mr. Paz she shared they have a loved one who suffered from addiction for a very long time and they were at a point in their lives that they did not know where to go or what to do to support their loved one. Mrs. Paz continued to share that they were fortunate to find the Family Advocate Program because it has helped them tremendously to deal and cope with their loved one's substance and mental health concerns. She shared their loved one is currently in recovery and she and her husband are proud of him because he also wanted the help and support. Mrs. Paz shared that if it wasn't for the program and being introduced to NAMI and having met other families with similar stories and situations with their loved one's battle with addiction and mental health she and her husband wouldn't be able to provide support and resources to the other families in need and they want to be able to continue helping other families.

Mr. Paz shared that his and his wife's difficult journey started in September of last year when their loved one was incarcerated and has witnessed their loved one spiraling for the past five to six years. He continued to share it is difficult to watch your loved one go through cycles of ups and downs and facing challenges to get their lives in order and how do you help your loved one when they don't want or think they need the support? Mr. Paz got in contact with Sharon Walsh who connected him with the family advocacy program and shortly after he received a call from Pedro Arciniega. After speaking with Mr. Arciniega sharing their experiences he finally had hope that something could be done for his loved one. He was then connected with Angie Rodriguez who went to court with him and his wife in support of their loved one and again he was given hope. Mr. Paz continued to share that he witnessed friends and family fall to addiction and lose their lives but through the family support groups was able to better understand how to support their loved one and through one of these meetings is where he met Francisco Huerta and Misty Martin. He and his wife continue to attend these groups and meetings and take classes and courses offered which has been beneficial because they now have a better understanding of addiction and mental health and triggers and now have the tools to support their

loved one. Mr. Paz stated he and his wife continue to meet new families and continue to advocate and share the resources they now have been a part of to support other families in need with their loved ones who are struggling and he is very thankful to RUHS and their services for helping his family and continuing to do so. Mr. Paz proudly shared that his loved one is currently in a treatment facility and was able to ask for help for himself and speaking to a social worker to get services from a psychiatrist to get himself evaluated and willing to do what it takes to help himself including any medication needs, Mr. Paz shared his loved one is in a very good place in his recovery currently and looking for opportunity to help others like himself.

NEW BUSINESS

1. **Mobile Psychiatric Services (MPS)- Dr. Weigold:**

Rhyan Miller introduced Dr. Weigold, Psychiatrist and Supervisor of Mobile Psychiatric Services. Dr. Weigold shared that the MPS program was one of many that fell under the crisis support system of care which is run by Kristen Miller. Dr. Weigold continued to explain several other programs one being the Mobile Crisis Response Team (MCRT) that is a crisis response unit that allows staff to go to the location that is in need and attempt to find a resolution same day. Another program was the Mobile Crisis Management Team (MCMT) which is for people needing assistance in getting connected to a behavioral health program quickly and the goal is to engage and link to appropriate outpatient services which services typically last 30 days to get someone connected. And another program was the Community Behavioral Health Assessment Team (CBAT) that consists of a therapist that rides along with a law enforcement officer in their vehicle when dispatched via a 911 call.

Dr. Weigold then announced his MPS program that began in 2018 and explained that it's not primarily a crisis service but treatment with the intent to hold on to the consumers and provide behavioral health services long enough for them to become sufficiently stable to utilize more traditional outpatient services, therefore contact with these consumers can typically last three to eighteen months depending on how long stability takes. He explained that the reason this program was initiated was due to a small group of people who were utilizing an enormous amount of services and in these cases crisis services which presents a huge cost on the system and more importantly that the clients are not getting the care that they need through non crisis services. What was then done was deciding how to choose who they target and that was done with the county computer generated reports that include consumers who have had six or more visits to any of the crisis services in the last twelve months. They then manually remove consumers that fit the criteria which include consumers not currently incarcerated or linked to a full service partnership program (FSP) because they provide same services as MPS.

The first report provided was back in 2018 that included 157 high utilizers of crisis services that used approximately \$4.6 million worth of services, that comes out to about \$29,000 per consumer in just crisis services. They then took the report and focused on the top 40 utilizers because to target 150 consumers each month isn't realistic. The MPS program consists of few staff and targeting the top 40 utilizers gives them access to 26% of those clients that represent 55% of those excess costs of crisis services. Dr. Weigold continued to share that in their findings they are able to break down their racial and ethnic divisions, gender, age at first contact and most recent primary diagnosis. With that being said schizophrenia and schizoaffective disorders represent by far the largest group of primary diagnoses with the majority having a substance use disorder as their secondary diagnosis. The goal is to reduce the use of crisis services and assist consumers with outreach and link to outpatient services so that those resources are preserved for others.

In order to locate the consumers that meet the criteria they had to review the outpatient BH record in ELMR as well as the hospital record in EPIC as well as assistance from staff from court

related programs who are proficient in searching arrest records and superior court records to help them understand any legal history that's relevant and these efforts would help them to seek out patterns and contacts of these high utilizers. Dr. Weigold continued to explain they would then contact recent clinicians base on outpatient record, contact any phone numbers in the two electronic health record systems and attempt to make contact with consumer and/or family as well as going to last known addresses, regardless of whether it's an actual address or elsewhere. Often times they discovered that majority of the 5150s being written were in a parking lot behind Walgreens and would go there to attempt to contact the consumer. The program also monitors ETS and mental health urgent care in the event one of the 40 consumers arrive at any of those locations they can make contact, engage and offer to assist them with connecting to the things that they are most likely to be interested in today in their moment of crisis. They offer plans and goals with the intention to provide help the same day, but with complicated and ongoing situations they cannot offer solutions same day.

Their motto is they want to bring treatment to the people so they no longer have to worry about making it to appointments and keeping track of paperwork. The goal is not to do it all for them but do what they need and foster independence and most consumers are happy to accept. And for those that do not want to accept the team accepts it's not for that day because one thing they know with high utilizers is that they utilize and there will be another opportunity to offer support and focus on what they will need help on and slowly introduce larger issues. MPS is one of the very few programs that follows consumers all the way through the different services and facilities they encounter until they become much more stable and go see them at ETS, at an inpatient ward of psychiatric hospitals, at crisis residential treatment and stay in contact with them and visit at rehab and sober living after rehab. The program has found this effective in helping to prevent consumers from becoming lost to the system and knowing there is someone following up and keeping in contact. In 2020 the analysis shows that 70% of visits took place in the field and has increased since then. From the consumers the program staff does engage 73% of them eventually get connected to more traditional outpatient programs and begin receiving services and the team stays involved throughout the first several appointments at the clinic so that they can ensure consumer is invested in the program. The results found that 72% of consumers that had hospitalizations prior to being seen by MPS had zero additional admits in the following 18 months having services through MPS.

The program does not take traditional referrals but operate from the two county reports as well as receive emails form other facilities when they recognize a potential high utilizer by providing name and date of birth via email to Dr. Weigold allowing him time to research records and find a valid reason to include the person among their clients. Dr. Weigold concluded his presentation sharing that at times if the program is referred consumers that do not fit the MPS program he will still assist with redirecting the referring agency to the appropriate program to link the consumer for services.

OLD BUSINESS

1. **Mental Health Services Act (MHSA) Update** – (Leah Newell shared on behalf of David Schoelen)
Ms. Newell provided update and clarification of the MHSA contract bidding process. Each contract is three to five years long with the option for the county to renew or terminate on an annual basis, these decisions are made on performance, compliance, data outcomes and contract monitoring. Once the term has ended it goes back out to bid via an RFP (request for proposal) and the current contractor can choose to bid again. When the RFP is announced it also gives new potential contractors an opportunity to submit bids. Procurement is involved during this process and utilize a third party electronic bidding software called Public Purchase. Individuals can go directly to public

purchase and sign up, once they've done that they would have access to view any of Riverside County contracts and other government organization contracts available. Or they can go through purchasing and fleet department that also provides a link so they can sign up, the link will take them directly to public purchase website where they can see open bids. In addition to that, depending on the topic of contract they take into consideration other individuals who are interested and make them aware the bids are available by developing a bidders list that target potential bidders and procurement specialists or managers or staff development officers send out direct emails to these groups. Ms. Newell continued to share that these are public websites that are free of charge and it not only lists what's available but also lists when individuals are awarded contracts. Any individuals with a non-profit or organization that has an interest in future programs that are up for bid can ask questions and that concluded her overview.

2. **Substance Abuse Prevention and Treatment Program (SAPT) Update – April Frey**

Ms. Frey announced a new project being launched was the Perinatal Media Campaign and working with the medical and substance abuse programs on this project. They will outreach consumers through three different radio stations, billboards, bus stops, on buses and discussing substance use treatment and services available for those who are pregnant or recently given birth. Ms. Frey also shared a new contract with DPSS for centralized screenings recently launched and they are working great with DPSS and noticing they are receiving more referrals for their family preservation court. She also announced that the BHIN-23-001 came out last week and has been implemented with a few changes that were highlighted in info notice. One change was with our peer support specialists; they have finally become more equal to our other behavioral health personnel as far as billing and services. So the first person a consumer may see when come in for substance use services may not be a clinical therapist or substance use counselor but could be a peer support specialist. The peer support specialist can now open an episode, provide any level of care service that is billable which this benefits the outreach team because they spend a great deal of time in the streets meeting people and with these changes now all programs can bill for all services and be paid. Last change with info service pertains to MAT services which is the same changes applied to the peers and another way for billable services when added to treatment plans.

Rhyan Miller added for context purposes that DMC-ODS Behavioral Health Info Notice are all rules and regulations from state and govern how we operate. Riverside County through CBHDA asked for changes to make the system better and were able to make the requested changes into regulations. So now teams are making changes to comply with regulations so everyone can get paid for services. Ms. Frey also shared that the RFPs will be released at any time to cover the next five years and that is for all DMC and ODS services and recovery residents.

COMMITTEE UPDATES:

Desert Regional Board:

Richard Divine reported the committee met on January 10, 2023 with a presentation on the Desert Transitional Age Youth Program followed by the holiday meal donation and family snow flake report. Shawn Harris provided a follow up report and stated the two families were taken shopping and provided pictures and shared the thank you notes from the families. And the meeting concluded with a presentation from Jim Grisham and Dr. Quinn on the new Palm Springs Mental Health Urgent Care that opened January 5, 2023.

Mid County Regional Board:

Brenda Scott unable to provide report, in attendance but no audio connection.

Western Regional Board:

Greg Damewood reported there will be additional members joining the committee and last months meeting was lightly attended due to it being shortly after the holidays. Business was conducted as usual and director's reports provided.

Adult System of Care Committee:

Brenda Scott unable to provide report, in attendance but no audio connection.

Children's Committee:

Victoria St. Johns reported committee met January 24, 2023 and had technical issues with zoom but the recording secretary Saida Spencer will be sending new meeting links to be held virtually via a new plat form other than zoom.

Criminal Justice Committee:

Greg Damewood reported Criminal Justice Committee met last month and will meet again in March as they meet every other month. Discussed updates on Hope, staffing, new life, Patton and availability with beds and waiting list.

Housing Committee:

Brenda Scott unable to provide report, in attendance but no audio connection.

Legislative Committee:

April Jones reported committee spoke about current events taking place and new bills will not be introduced until January 17th but will have more to report next month once legislative session opens up to know more on new bills.

Older Adult System of Care Committee:

Brenda Scott unable to provide report, in attendance but no audio connection.

Quality Improvement Committee:

Daryl Terrell shared there wasn't much to report on and would have more to share in next month's meeting.

Veterans committee:

Rick Gentillalli reported the committee met prior to BHC meeting and about 12 people were in attendance with a wide variety of members from Loma Linda, Veterans and representatives from Behavioral Health. He invited all to join the Veterans Committee and reminded everyone they do not have to be a Veteran to attend.

Membership Committee:

Richard Divine reported he believes there are currently 12 members and changes in classifications but will discuss further with Sylvia Bishop once she becomes more acclimated in her new role. He reminded everyone Western Region Committee followed BHC meeting on February 1, 2023 at 3:00pm and announced they are still looking for regional members.

EXECUTIVE COMMITTEE RECOMMENDATIONS

Daryl Terrell suggested a topic on homeless outreach intervention to support community businesses when engaging with those with substance abuse issues and homelessness and how to direct them instead of calling 911. In regards to Mr. Terrell's request Rhyen Miller shared a flyer with CARES Line, help line, and chat information that can be shared so communities have a resource.

Rick Gentillalli was also in support of Daryl Terrell's suggestion and shared his idea of a "What if..." flow chart. Examples of his suggestion were, "what if someone is intoxicated or what if someone is homeless", the flow chart could provide resources of who to contact should those situations occur. Dr. Chang shared there is something in development considering those concerns as well as trying to provide this resource to community members, school districts and law enforcement partners with an updated version of who to call and who to work with, however, it is a long term project. Brandon Jacobs also shared it will be a support tool that will help in assisting to make a decision on who the appropriate contact is and will be used by both community and internal staff. Kristine Miller shared take my hand app .co website has a resource tab providing an abundance of RUHS resources available to anyone who visits the website.

Greg Damewood suggested updates on May Is Mental Health Month (MIMHM) and an update on what county intentions are with Covid restrictions ending in May federally.

Victoria St. Johns shared there will be an event for MIMHM in Riverside at a different park this year and another event in the desert.

Jim Grisham shared each region is planning a wellness recovery type of event and Palm Desert is hoping to involve a local hockey team as an anchoring event and currently meeting every two weeks to meet target date of May 3rd.

Andrea Putnam stated flyers are being worked on currently as well as local advertising and county will be having local athletes speaking on mental health.

Tony Ortego stated they are currently looking at Hunt Park and going through city processes to have event take place there for Western Region.

Tonica Robinson stated mid region plans to do a lot of stigma reduction and collaborating with cities within its region for their event.

Walter Haessler wants a continuing discussion about the tragedies he mentioned in regards to behavioral health involving bail decisions and behavioral health input provided to local police departments.

ADJOURN – The Behavioral Health Commission meeting adjourned at 1:54 pm.

Dr. Walter Haessler, BHC Secretary
Sylvia Bishop, Recording Secretary

FY 2022/23 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

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

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