

## RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR JULY 3, 2019 | 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 expressed his thanks to Rick Gentillalli, April Jones, and Brenda Scott for the wonderful job they did as last year's Executive Committee.

**COMMISSION MEMBERS REMARKS** – Beatriz Gonzalez reported that she recently provided testimony at the State Capitol for the Select Committee on the Status of Boys and Men of Color. It was centered around Prop 47 and the Youth Reinvestment Act. There was a great deal of representation around the work that is being done and what is to come.

Tori St. Johns thanked Brenda and Sylvia Aguirre-Aguilar for their role in coordinating the LGBTQ event in Tahquitz High School. Ms. St. Johns noted that it was a wonderful event and thanked the Department for putting it together.

Brenda Scott added that the event was coordinated by the LGBTQ Taskforce, Cultural Competence Committee, NAMI Mt. San Jacinto, and RUHS-BH. Ms. Scott reported that it was an amazing event and thanked the panelist and all those involved in organizing the event.

Greg Damewood reported that the City of Los Angeles is currently battling with people who are very poor and can't afford homes.

**PUBLIC REMARKS** – None

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

**CELEBRATE RECOVERY** – Willard Wynn, Senior Family Advocate with Forensics, introduced this month's Celebrate Recovery Speaker, Rochelle Beene. Mrs. Beene's 20-year-old adopted son, Jeremiah, struggles with Autism, Intermittent Explosive Disorder and Mood Disorder. Jeremiah was diagnosed with Mild Autism when he was five years old and when he reached his adolescence; he was diagnosed with Intermittent Explosive Disorder and Mood Disorder. Jeremiah has been receiving services through RUHS-BH since 2015.

In the beginning, Mrs. Beene and Jeremiah's greatest struggle was accessing services. When Jeremiah was young, Mrs. Beene's only source of information and assistance was the adoption agency where Jeremiah was adopted from. Jeremiah was referred to a private therapist and began receiving services at age five. As he approached his adolescence, Mrs. Beene observed that his behavior was beginning to get worse. Not knowing what to do, she did her best to manage his behavior with what little tools she had. Mrs. Beene struggled searching for assistance and then one evening in November of 2014 a police officer came to their home. After observing Jeremiah's behavior, the police officer immediately questioned Mrs. Beene's parenting skills. Mrs. Beene had to explain to the officer that Jeremiah's behavior was not a result of her parenting skills and that it was due to a behavioral health disorder. The police officer took Jeremiah to ETS and he provided Mrs. Beene with a pamphlet containing the various behavioral health services that Riverside County offered. Mrs. Beene immediately called a clinic in Lake Elsinore and made an appointment for her son.

When Jeremiah and Mrs. Beene attended their first appointment, it was there she learned that the clinic not only provides services for her son, but for her as well. Mrs. Beene received the counseling and support she needed for many years. Apart from the counseling she received, Mrs. Beene noted that the assistance she found most significant was when Family Advocates accompanied her to her son's court dates. Mrs. Beene shared that the experience was very comforting for her and gave her the strength she needed during those times. The judges would recognize the presence of the Family Advocates in the room, which helped the process move forward smoothly. In addition to these supports, Mrs. Beene also attended classes where she learned more about her son's diagnoses and how she can better support and advocate for him.

Mrs. Beene expressed her thanks and gratitude to the Department for the services they provided not only for her son, but for her and her husband as well. They are better able to advocate for their son and give him the support he needs during his times of crisis. Their experience has been so impactful that their church requested information and resources they can provide members of their congregation who may also be struggling with similar situations.

## **NEW BUSINESS**

1. CRISIS INTERVENTION TRAINING UPDATE: Tiffany Ross, Crisis Intervention Training (CIT) Program Coordinator, provided an update presentation on the progress of the CIT Program. Ms. Ross has been providing this training to law enforcement agencies for six years, but has been with the County for 18. Ms. Ross reported that the CIT Program has been so successful and has expanded so much in the last six years that two years ago they were able to bring on board a second CIT instructor, Ms. Sarah Cranbury. Ms. Cranbury previously worked for San Bernardino Behavioral Health and serves a First Lieutenant Social Worker with the Army National Guard. Ms. Cranbury has a great deal of experience with outreach and engaging individuals in the community with severe and persistent mental illness, which made her an excellent and ideal candidate for the position.

The Crisis Intervention Training discusses all mental health related issues with regard to 5150, medication, substance abuse, different mental health diagnoses, signs, symptoms, crisis identification, and crisis de-escalation. Other trainings included in CIT are Mental Health First Aid for Adults, Mental Health First Aid for Youth, SafeTalk (suicide prevention), ASIST (suicide prevention and intervention), LEAP (focuses on helping people accept treatment and services), and Reverse CIT, which is a course that help the public understand why certain procedures and policies are followed by law enforcement. Another training that is geared toward specific criminal justice professionals is one that was awarded to the Department by SAMHSA called "Train the Trainer." This 2-day training is hosted and coordinated by Ms. Ross and it focuses on trauma and how being trauma-informed is significantly important when serving the populations that we serve.

In the last fiscal year, CIT has provided training to approximately 700 law enforcement officers. The agencies trained in CIT are predominantly Riverside Sheriff, but has expanded to other agencies within and outside of Riverside County. Agencies within Riverside County include Corrections, Dispatchers, Public Law Library, Riverside Transit Agency (RTA), Riverside Police Department (RPD), First Responders and Paramedics. Other agencies outside of Riverside County include College and University Police Departments (Riverside Community College, University of California, Irvine, etc.), School Resource Officers, Tribal Police (i.e. Pechanga, Morongo, Soboba, etc.), California State Military Reserve, Huntington Park Police Department, Baldwin Park Police Department, West

Covina Police Department, State Parks, and State Hospitals. Ms. Ross stated that the response to the training has been so successful that requests for training has increased significantly.

Collaborations with law enforcement have also expanded over the years. The Sheriff now has a Homeless Outreach Team (HOT) and Co-Responder Teams. Ms. Ross currently supervises the Co-Responder Teams, which consist of a clinician and an officer who ride in a patrol car and respond to mental health related calls within their city and/or region. Currently, there are Co-Responder Teams in Hemet and Riverside; they hope to expand that to more cities and region in the near future. Another addition to the collaboration is a training called ICAT, which stands for Integrated Communication, Assessment, and Tactics Training. That training focuses more on what options the officer has if de-escalation strategies are ineffective and the situation has further escalated.

Ms. Ross noted that in the last few years CIT has grown into a full-blown "Program," and it continues to grow with requests for training coming in from all over the State of California. They continue to reach out to other departments and agencies that would benefit from this program. Currently they are working on connecting with the Fire Department and Paramedics.

2. PROGRAM OVERVIEW OF SERVICES FROM LARRY SMITH DETENTION CENTER: Aaron Perez and Yvonne Tran, Behavioral Health Services Supervisors for Forensics provided an overview presentation of the Behavioral Health Programs in Larry Smith Detention Center in Banning. Their program consist of two branches: 1) Crisis Team Unit and 2) Step Down Unit. Mr. Perez supervises the Crisis Team Unit and Ms. Tran supervises the Step Down Unit. The Crisis Team manages Housing Unit 1-19, except for unit 16. These units serve clients with lower acuity or have effectively been stabilized with treatment. The Moderate Step Down unit consists of six dayrooms of mental health beds, with a total of 120 beds serving as a half-step between the mental health unit and general population. The Step Down Unit strictly manages Housing Unit 16. Housing Unit 16 has six dayrooms, each with 32 spaces for consumers, totaling 192 mental health beds available for consumers with acuity ratings ranging between Moderate-Severe to Severe. This unit is for clients whose symptoms are such that they could not function safely in a regular custody setting.

The ultimate goal of the Step Down Unit is to stabilize consumers within three to four weeks and assist consumers to "step down" from the Mental Health Housing Unit into general population housing and prepare them for re-entry into the community. Treatment is conducted in a multi-step process that provide inmates placed in a Mental Health Housing Unit the opportunity to earn enhanced privileges by refraining from violent or inappropriate behaviors and participating in treatment based programming.

The Moderate Step Down Unit provide a soft landing to clients leaving the Mental Health Unit by providing them regular contact and interaction with mental health staff. The treatment in the Moderate Step Down Unit is not as intense as the treatment provided in the Mental Health Unit. These units have a dorm setting and clients structure their time and treatment more independently without the concerns of stigma that exist in general population.

Services provided at Larry Smith Detention Center include Crisis Intervention/ Suicide Prevention; individual and group therapy for mental health and substance abuse; Jail In-Reach Group; discharge planning to inmates/clients while in custody; post release medications; housing assistance; benefits application assistance; linkage to outpatient clinics and/or substance abuse treatments; ASAM (American Society of Addiction Medicine) screenings; and transportation to

clinics, probation, parole, shelter, treatment programs, and DPSS (Department of Public Social Services).

The Jail In-Reach is a service where mental health staff from the outpatient programs come in to the jail and meet with clients with an end of sentence date to arrange outpatient appointments, educate them on enrollment processes, and provide a point of contact outside custody to help them establish service. Discharge planning begins at booking. All clients who are booked into jail receive a mental health screening with a section on discharge needs. This allow staff to flag individuals for special programs that may suit their needs. All mental health clients receive discharge planning and linkage from Behavioral Health Specialists who link them to outpatient programs, arrange discharge medication (free 30-day supply of psychotropic medications), and may even transport client to treatment venues on the day of their release. Behavioral Health Specialists work with DPSS to ensure that their benefits are available on the day of their release and they also help link clients to probation, parole and other housing resources. Currently in development is the SOAR project (SSI/SSDI Outreach, Access and Recovery), which is a service that will help consumers help initiate the SSI process for consumers while they are in custody.

**DIRECTOR'S REPORT:** Dr. Chang reported that the Department's Housing Unit recently secured \$23.4 million for No Place Like Home, which is a program that help provide housing units for our consumers. Riverside County was one of 11 counties that were competing for \$93 million and we secured the largest amount of funding throughout the entire state. This is a huge accomplishment for the Department and Dr. Chang thanked Marcus Cannon and Tom Peterson for spearheading this effort.

A brief update on the FQHC project, three more clinics moved into FQ sites on July 1, which is in Banning, Rubidoux, and Lake Elsinore. Dr. Chang noted that all FQ sites throughout Riverside County now include mental health and substance abuse services and treatment.

Faith based outreach events are gaining some support and momentum. The events held in Mecca and Corona were successful and the Department plans to hold its third event on August 11 in Sun City's St. Vincent Ferrer Catholic Church. Resources, information, and services for mental health and substance abuse will be available onsite and everyone is encouraged to promote and attend the event.

In late May, the California Surgeon General, Dr. Nadine Burke, visited and toured the construction of a new community health center in Jurupa Valley. This facility is a model of the integrated vision that the Department is pursuing. A round-table discussion was had regarding the needs of Riverside County, which included the 1991/2011 Realignment. Riverside County as a whole is sorely under equity and despite its fiscal challenges; Dr. Burke complimented the Department's relentless effort in providing the community with the services they need.

## **OLD BUSINESS**

1. MHSA UPDATE: David Schoelen, MHSA Coordinator, reported that the Department of Health Care Services (DHCS) recently completed an MHSA Program Review. The Program Review occurred on June 11-13 and three representatives from DHCS evaluated the Department's MHSA Programs to make sure they were in regulation. The first day was an administrative meeting between DHCS and members of staff where they were able to discuss and ask program related questions. The second and third day were site visits to the different MHSA funded programs. The DHCS representatives met with all those involved in the service delivery system, which included staff, consumers,

consumers' family members, administrator, and supervisors.

The DHCS representatives were very complimentary about the Department's peer services and how it is integrated across the delivery system and that there is an identified peer career ladder, which is unique among counties. Some of the sites they enjoyed visiting were MFT West in the Family Wellness Clinic, the TAY Center at Stepping Stones, the Navigation Center, and the Lehman Center. They also liked the structure and coordination of the Review and how it was organized for them. Representatives were confident that the Department is delivering services based upon their contracts.

The areas of correction they suggested were mostly focused on reporting, which many other counties also struggle with. Representatives wanted to see additional content with regard to consumers and their stories. During their site visits they were able to hear recovery stories from consumers and they would like to have these stories included within the report. In addition, they would also like to see greater consistency among the reporting documents in terms of language. With regard to the MHSA Planning process, DHCS Representatives suggested for staff, advisory committees, and the community at large to have a better understanding of the community planning process and how to participate in it.

2. SAPT UPDATE: Rhyan Miller, Deputy Director of Forensics and Substance Abuse Prevention, reported that the Office of Inspector General will be doing a system review of the Department's Substance Abuse System. This will be the first evaluation from the Inspector General; they chose seven counties in California to perform this evaluation. The evaluation will occur over a three day period and they will be reviewing the Department's Substance Abuse System to ensure programs are rolled out the way they were proposed by the state. Mr. Miller will be meeting with the representatives from the Office of Inspector General along with the Department's Fiscal Unit and Quality Improvement.

Mr. Miller announced the Recovery Residence RFQU has been closed and submissions are being reviewed. They hope to contract with more recovery residence (sober living) providers. The AB109 Transitional Housing RFP was re-opened as there is a greater need for more contract providers for this particular program.

Mr. Miller provided the Commission with an extensive list of SAPT's different levels of care and where they are provided. Case load updates show Intensive Outpatient Treatment (IOT), Narcotic Treatment Program (NTP), and Outpatient services are continually holding steady and slowly increasing. The Day Reporting Centers' (DRC) case load numbers are also going steady, however, is not entirely accurate as it does not show consumers that come in for educational purposes. Consumers coming in to DRC's for educational purposes do not count as a case load as they are not considered "billable" clients. Recovery Service case load is steadily going up. This particular service had a challenge with its aftercare portion when it first started, but is now doing better. Prevention numbers are also going up, which can be attributed to the increase in SAPT staff in more schools and districts.

Mr. Miller gave a brief overview on newer programs listed, which were recently added and does not yet have case load numbers recorded as they are fairly new. The Inpatient Detox is the 24-hour medical withdrawal management done inside a chemical dependency hospital or a freestanding psychiatric hospital. Mr. Miller stated this is the first of its kind for the Department and they will be

working on adding more providers for this service in the future. Residential detox is also a 24-hour treatment, but with varying intensities depending on the consumer's needs. Outpatient detox is a brand new service with two different levels of care. Essentially, this service is an alternative to going into inpatient care for withdrawal management and can be done in a clinic or at home. Partial hospitalization is also a brand new service and provides 20 or more hours of clinical services per week.

#### **COMMITTEE UPDATES:**

DESERT REGIONAL BOARD: Mr. Divine reported that they reviewed highlights from the Art Show and Proclamation pick-ups.

MID-COUNTY REGIONAL BOARD: Dr. Haessler reported that they also reviewed highlights from their May is Mental Health Month event in Temecula, which was well attended.

WESTERN REGIONAL BOARD: Mr. Damewood reported that they also reviewed highlights from their May is Mental Health Month event in Fairmount Park. Lisa Morris and her group are planning on participating in this year's Longest Night event.

ADULT SYSTEM OF CARE: Ms. Scott reported they discussed goals, which include learning resources and food banks to be available for consumers at Rustin. Meetings are held at noon at Rustin on the last Thursday of the month and all are welcome to attend.

BYLAWS COMMITTEE (ADHOC): Mr. Damewood reported they are discussing if there is a need for bylaws specific for regional boards because there seems to be some confusion. They are also discussing the possibility of adding to the bylaws with regard to active members that pass away and acknowledging them and their volunteer service.

CHILDREN'S COMMITTEE: Ms. St. Johns reported that Mario Diaz did a presentation on Connect IE. Connect IE is an online resource where referrals can be made.

CRIMINAL JUSTICE COMMITTEE: Mr. Damewood reported that they didn't have a meeting last month, but will be meeting the following week. They continue to discuss individual services for incarcerated people with mental health challenges.

HOUSING COMMITTEE: Ms. Scott reported they discussed their goal of establishing some form of housing education forum for the community and consumers. They also discussed Room and Board and to examine what San Bernardino and the state has as there is currently no helpful resource for this type of program available for consumers and the community.

LEGISLATIVE COMMITTEE: Ms. Jones reported that Mr. Tucker provided a report on current legislative updates surrounding mental health. They are trying to focus on things that are supported or opposed across agencies that impact our County. Part of their goal is to create a common language and a list of who they can reach out to if the Commission decides to take a stance or position on a particular legislation.

MEMBERSHIP COMMITTEE: None

OLDER ADULT SYSTEM OF CARE COMMITTEE: Mr. Brenneman reported that they focused on defining goals and objectives for the next fiscal year. Aurelio Sanchez, the Veterans Services Liaison did a

presentation on the services he's providing to Riverside County's veterans. Mr. Brenneman also noted that they need the Commission to appoint a new Chair for the Committee at the next BHC meeting.

PUBLIC ADVOCACY (ADHOC): Ms. Jones reported that they are focusing on identifying goals and to determine what to advocate for, what their message will be, establishing a common language, and identifying who they can reach out to with regard to any action items they may have. There is also discussion on how they can initiate advocacy for the Department's integration efforts.

QUALITY IMPROVEMENT COMMITTEE: None

VETERANS COMMITTEE: None

**EXECUTIVE COMMITTEE RECOMMENDATIONS:** Mr. Damewood requested to have a meeting schedule for 2020 and to have a presentation on a new program with Veterans Services called "Healing Waters." Richard Bolter gave a brief description on the program.

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

*Maria Roman*

Tori St. Johns, BHC Secretary

Maria Roman, Recording Secretary

**FY 2018/19 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER**

MEMBERS	JUL	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
April Jones, District 3	✓									
Anindita Ganguly, District 2	✓									
Araceli Ruiz, BOS Representative, Dist. 1	✓									
Beatriz Gonzalez, District 4	✓									
Brenda Scott, District 3	✓									
Carole Schaudt, District 4	A									
Daryl Terrell, District 5	A									
Dildar Ahmad, District 1	✓									
Greg Damewood, District 5	✓									
Richard Divine, District 2 (Redist. 4)	✓									
Rick Gentillalli, District 3	A									
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](http://www.rcdmh.org). To request copies, please contact the BHC Liaison at (951) 955-7141 or email at [MYRoman@rcmhd.org](mailto:MYRoman@rcmhd.org).

OTHERS PRESENT		
Aaron Perez, RUHS-BH	Akram Razzouk, MD, Guest	Andrew William, RUHS-BH
Amy McCann, RUHS-BH	Bill Brenneman, RUHS-BH	Brandon Jacobs, RUHS-BH
Brian Betz, RUHS-BH	Bruce Trainor, Guest	Dakota Brown, RUHS-BH
David Schoelen, RUHS-BH	Deborah Johnson, RUHS-BH	Diana Brown, RUHS-BH
Francisco Huerta, RUHS-BH	Hector Estrada, RUHS-BH	Jacob Penland, Guest
James Hill, RUHS-BH	James Lucero, Guest	Jarid Zuetel, Guest
Jeaniel Dancer, RUHS-bh	Jose Campos, Guest	Kristen Duffy, RUHS-BH
Lisa Morris, RUHS-BH	Marcus Cannon, RUHS-BH	Maria Roman, RUHS-BH
Matt Chang, MD, RUHS-BH Director	Melinda Drake, Guest	Monique Maldonado, Guest
Pamela Norton, RUHS-BH	Paul Baum, RUHS-BH	Pedro Arciniega, RUHS-BH
Regina Spann, Guest	Rhyan Miller, RUHS-BH	Richard Bolter, RUHS-BH
Rochelle Beene, Guest	Ron Hoffman, Guest	Russell Moreau, Guest
Sarah Cranbury, RUHS-BH	Sarah Rodriguez, BOS Rep, District 3	Sheree Summers, RUHS-BH
Sylvia Aguirre-Aguilar, RUHS-BH	Tiffany Ross, RUHS-BH	Vicki Redding, RUHS-BH
Victor Almaraz, Guest	Will Harris, RUHS-BH	Willard Wynn, RUHS-BH
Yvonne Tran, RUHS-BH	Zack Tucker, RUHS-BH	