

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR AUGUST 5, 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.

Mr. Divine went over the rules for the Zoom conference meeting: 1.) To avoid any confusion, all callers are asked to save all comments and questions until after the presentations/reports are completed; 2) For the purposes of the minutes, callers are requested to state their name before making comments or asking questions; and 3) To reduce background noise, callers are asked to mute their phones unless they are asking a question or making a comment.

Commissioner attendance was taken by roll-call.

CHAIRPERSON'S REMARKS – Mr. Divine reported Rick Gentillalli will not be able to attend the meeting due to health reasons. Mr. Divine also reported that Dr. Dildar Ahmad recently submitted his letter of resignation and the last meeting he'll be attending will be in September. April Jones shared that she had a plaque made for Dr. Ahmad as a token of the Commission's appreciation for his service. Ms. Jones plans to mail the plaque to Dr. Ahmad, since he will not be able to receive it in person.

Mr. Divine also reported that he has heard of staff contracting COVID-19 and inquired what the Department's protocols are when this occurs.

Mr. Divine noted that due to a scheduling conflict, Director's Report had to be moved up on the agenda to accommodate Dr. Chang's scheduled lecture.

DIRECTOR'S REPORT – Dr. Chang provided an update on some of the fiscal challenges the Department will be facing due to the COVID-19 Pandemic. Dr. Chang reported that their projected revenues have taken a significant hit due to the Pandemic, which only adds to the existing financial challenges stemming from the 1991 and 2001 Realignment. They previously reached out to the State due to the '91 Realignment's shortfalls, requesting solemn relief when it comes to funding for consumers admitted in a hospital outside of ETS/ITF. The State denied the request stating, "This does not relieve Riverside County of its responsibility." Dr. Chang stated that this might be the first domino in a chain of potential dominos that can negatively affect the Department's budget.

In previous meetings, Dr. Chang and staff have discussed the efforts surrounding integration. Dr. Chang remarked that he is incredibly glad the Department made those efforts as it's providing some relief with regard to funding. The move to integration provides the Department the ability to provide consumers with both physical health and behavioral health services, which will allow the Department to tap into different funding streams, investments, and infrastructure moving forward.

Dr. Walter Haessler inquired if the Department has had any layoffs of certain staff (i.e. reception, security guards, etc.) due services being transitioned to telehealth/telemedicine. Dr. Chang responded that there has been no such layoffs.

Brenda Scott inquired if the Department has ended any provider contracts prematurely due to the Pandemic. Dr. Chang and Amy McCann confirmed that all provider contracts are still currently in place.

Dr. Chang also responded to Mr. Divine's inquiry regarding staff contracting COVID-19. If a staff member test positive, they are referred to Public Health. Public Health staff perform contact tracing and meet with the employee that tested positive and go through a series of screening and questions to determine who they worked with, how closely, how long, what type of environment, etc. Afterward, Public Health staff will reach out to other staff to perform a similar screening. If everyone they worked with is wearing the appropriate PPE, contact tracers may determine it does not count as an exposure. According to Public Health, cases of staff testing positive have been community spread, meaning they contracted COVID-19 outside of work. Dr. Chang noted that this is not definitive statement from Public Health as it can change at any moment.

COMMISSION MEMBERS REMARKS – Dr. Haessler shared an article from the June issue of the American Journal of Psychiatry, which reiterated a brief history of psychiatry and concluded that mental health is determined by nature AND nurture.

Anindita Ganguly and Carole Schaudt agreed with the article and Dr. Haessler's point noting that there are many suffering mentally and emotionally due to the Pandemic and the resulting decreases of resources in the community, i.e. cooling centers, housing assistance, financial assistance, etc.

PUBLIC REMARKS – Ms. Scott announced the NAMI Walk Inland Empire will be held virtually on October 10. More details will be provided as they become available.

Lisa Morris and Anindita Ganguly suggested and discussed ideas of gathering and assembling virtual resources, similar to what IEHP is doing, as additional assistance for consumers and the public at large.

Omar Gonzalez Valentino, Director of Behavioral Health for TruEvolution gave a brief overview of his program. TruEvolution's mission is to fight for health equity and racial justice to advance the quality of life and human dignity of LGBTQ+ people. TruEvolution provides both health and behavioral health services for individuals living with HIV, are of the trans-experience, and LGBTQ+. They are currently providing all services through tele-health and conduct rapid HIV testing onsite with universal precautions. Next year they will be embarking on a new development called Project Legacy, which will be a full block campus, housing 50-60 residents in transitional housing. They will be offering health, behavioral health, and case management services onsite. The campus will also feature a gym and a courtyard, construction is scheduled to begin in 2021. Currently, they are working on expanding staff to at least two to three additional pre-licensed associate clinical fellows. Mr. Valentino added that he is currently working with the local master's level graduate schools to get at least four to six practicum students, with the overall goal of becoming a full-fledged clinical training program.

MINUTES OF THE PREVIOUS MEETING – Minutes were accepted as written

NEW BUSINESS

1. TAY REPORT UPDATE: Janine Moore, Deputy Director of Children's Services, provided an overview of the Transitional Age Youth (TAY) Drop-In Centers and an update on services and outcomes.

The first regional TAY Center opened on August 2017. The innovation was designed to develop a peer-to-peer training curriculum and provide a very unique and comprehensive peer supports that include Peer Support Specialists, Parent Partners, and Family Advocates. The Centers are designed to be engaging, welcoming, and a safe place for youth to receive services. Ms. Moore noted that

the Centers are truly a “drop-in” as the youth entering the program are not expected to commit to any form of service, but to at least consider and participate in any activity they find interest in or may need.

The type of services available at the Centers include clinical and psychiatric assessments, medication services, individual therapy, family therapy, psycho-education skill building groups/individual services, and case management. Collateral services with family members is also available. They provide evidence based practices such as first-episode psychosis intervention, eating disorder treatment, and trauma-focused cognitive behavioral therapy. Various recovery centered mental health groups are also provided with focuses ranging from men’s and women’s empowerment to TAY recovery support groups. Peer staff and the youth have input into the development of groups and activities at each site to meet the needs of the youth. As a result, they are able to implement a variety of creative mental health groups attractive to TAY age youth.

When youths enter the TAY Center they are welcomed by Peer Support Specialists and engage them by inquiring what their needs are. Youths are provided a screening to identify what is most important for the youth as they come in. Each Center also conduct screenings for urgent mental health needs and following an initial screening, they may access clinical services or other drop-in services, or both. Ms. Moore highlighted the consumer driven model that the TAY Center follow as youths can choose to receive both clinical and/or other drop-in services based upon their needs and interest. Each Center has their own calendar of events and activities to engage the youth, which include a host of Peer run activities and other social events. These events and activities provide an avenue or a path to assist and engage the youth that may have clinically significant mental health problems who may not otherwise engage or participate in treatment.

Some transitional aged youth can also be referred or asked to participate in the TAY Peer Support Training. It gives them the opportunity to receive the 80-hour training to become Peer Support Specialists to help uplift other youths entering the program. Since the project began, they have had at least two to three youths complete the training and graduate as a Peer Support, every year. Some of the graduating Peer Supports are recruited by other contract providers for their own workforce, which is a new opportunity for them.

Each region of Riverside County has a TAY Center and the first Center opened in the Desert Region in August 2017, called FLOW (Fun Loving Opportunity and Wellness). The second Center opened in Mid-County on January 2018 called the ARENA and the third opened in the Western Region in February 2018, named Stepping Stones. According to statistics for FY 18/19, all three Centers combined reached over 6,800 community members, including outreach by each Center at the three Annual May is Mental Health Fairs. In addition to those Fairs, Stepping Stones also hosted along with other Centers and community partners, the first ever TAY Fest in a park in Riverside. The event reached approximately 250 people in the community. Each TAY Center also hosts a monthly TAY Collaborative, with the purpose of sharing resources and collaborating with other programs and/or agencies to better serve TAY youth and their families. Ms. Moore encouraged those interested in participating with the TAY Collaborative to contact her to get connected.

In addition to establishing the TAY Collaborative with a broad array of providers, another primary goal of the three Centers is interagency partnership. Each Center developed unique approaches to developing and maintaining interagency partnerships. Initially the Centers were designed to have additional space to invite and accommodate other partners to be embedded in the Centers.

Unfortunately, as the Centers developed, they learned that partnering agencies did not have the appropriate resources to truly collocate within the Centers. However, those partners continue to be solid collaborators with the TAY Centers and had staff working onsite until the COVID-19 Pandemic began. An example of the partnership at work was in 2019, Riverside County Office of Education (RCOE) has a program called Come Back Kids (CBK), which works with individuals that didn't finish high school to obtain their high school diploma or a GED. The Centers were able to work with RCOE and CBK to embed a teacher in the La Quinta TAY Resource Center allowing their youth to access the resource and assist them in completing their education. Stepping Stones and The ARENA had RCOE teachers nearby, which allowed them to do presentations or transport the youth to access their educational resources. Ms. Moore noted that this is a partnership they are truly proud of and are continuing the effort even in today's distance learning environment.

Ms. Moore provided a breakdown of mental health services provided in the Centers by fiscal year, region, age range, and race/ethnicity. For FY 17/18, when the Centers first opened, there were 475 youths served. For FY 18/19, 1,235 youths received mental health services, which is an incredible increase of youths served in the community. Ms. Moore noted that 64% of the mental health services were provided by peers, which is directly in line with the mission of the Centers. Stepping Stones served the most youth, which is followed by the ARENA in Mid-County and FLOW in the Desert. Overall, there is a very slight difference by gender in demographic comparison. By age range, the majority of the youth served were between 16-17 years of age, representing 32% of those served. The second largest group was between 18-19 followed by 20-22. By race/ethnicity, data shows the largest number served is the Hispanic population at 41%, followed by "Other" (identifying as multi-racial or other race) at 39%, Caucasians at 13%, and African Americans at 7%. Ms. Moore noted that the race/ethnicity groups served are fairly reflective of the County youth population, however, she acknowledges that there is still more work to do with regard to doing outreach to our underserved communities.

To collect feedback regarding the Centers, they developed a paper survey and conducted a few focus groups with the youth, their families and staff. Before the TAY Centers opened, some parents found it difficult to make appointments for their son as they were always in the morning, which resulted in him missing school. Others noted that the other clinics felt like a hospital and were not very welcoming. After the TAY Centers opened, families that received services found the Centers welcoming and staff easy to work with. One TAY youth is quoted stating, "At the center I can get free services and I can get my meds and therapy that I need..." another youth was quoted stating, "In 3-4 months, I have seen change in my confidence and happiness..." With regard to the training and resources available, TAY parents found them incredibly helpful. In terms of barriers, TAY parents state that each Center would benefit greatly by having additional clinicians.

Ms. Moore noted that the most pressing update about the TAY Centers is how they are faring under the current climate of the COVID-19 Pandemic. Ms. Moore stated that just like the rest of the clinics, the TAY Centers remained opened with staff available for crises in each of the clinics. The Centers continued to provide long-acting injectable medication for the consumers that needed them. To make sure the youth are continuing to connect with services and each other, they developed virtual groups and met through Zoom. Since the program was designed to serve the youth, they were most comfortable with handling the transition to virtual, as they were very familiar with various devices, apps, and internet software. The staff and youth were incredibly diligent in making sure the connection to both clinical services and each other as peers, remained

constant. Youth consumers reported feeling very connected despite the social isolation they were experiencing due to social distancing. Ms. Moore added that peers and clinical staff also adjusted their conversations with the youth to help address the reality of what's currently happening. Questions and conversation starters included, "What is this like for you? Do you have enough internet bandwidth? Does your home space allow for confidential conversations? How do we support you in this? How is what's happening in the world affecting them? What are their interactions with law enforcement?" Ms. Moore noted that staff and peers worked diligently and comprehensively to make the necessary adjustments and transitions to be able to appropriately continue providing services to the TAY youth.

OLD BUSINESS

- 1.) MHSA UPDATE: Tabled
- 2.) SAPT UPDATE: Rhyan Miller, Deputy Director of Forensics and Substance Abuse Prevention and Treatment Program, reported on the Proposed 12-Month Extension Request to the Medi-Cal 2020, Section 1115 Waiver. In May of 2020, the Department of Health Care Services (DHCS) announced the postponement of the California Advancing and Innovating Medi-Cal (CalAIM) timeline implementation of overarching policy changes across all Medi-Cal delivery systems, in order to allow the state to focus on addressing COVID-19 Pandemic. In response, DHCS drafted the Proposed 12-Month Extension Request to submit to the Centers for Medicare and Medicaid Services (CMS) to ensure continuation of the important programs authorized through Medi-Cal 2020 as a bridge to their eventual transitions under CalAIM. There are over a dozen components of the Medi-Cal 2020 Section 1115 waiver demonstration that are proposed to continue under the 12-month extension, most notably for the Department are the Medi-Cal managed Care, Whole Person Care (WPC) Pilots, and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

DHCS are making some suggested changes to the DMC-ODS's standard terms and conditions that govern all substance use providers for counties with DMC-ODS. They are proposing striking the at-risk youth for substance use disorders under drug Medi-Cal because providers in the County's clinics already provide prevention services under SAPT's Prevention Program. In addition, this particular component has also presented some challenges in terms of billing, which they hope to resolve with the proposed change.

DHCS are adding to the medical necessity requirements to the American Society of Addiction Medicine (ASAM) criteria. The proposed change allows the County to formally use the ASAM when the person is incarcerated. This lets clinical staff examine the individual's history 30-days prior to the arrest as opposed days or several weeks/months after. It gives the Department the ability to match the individual to the appropriate level of care, i.e. – the arrested individual may require residential care at the time of arrest, however, if enough time passes and this consideration is not made at the appropriate time, their level of care will have changed. This oversight can significantly affect that individual's ability to begin or sustain their recovery treatment/service in the long term.

DMCS is including language that will allow the Department to retroactively bill Medi-Cal for screening and case management services performed prior to the admission of a consumer. They are also adding language for Tribal organizations under the DMC-ODS to allow them to add natural healers as a billable staff type as they are considered an important part of our Cultural Competency component.

DHCS also plans to remove certain language to make substance use disorder (SUD) residential levels of care a little less restrictive. They plan to remove the limitation of only providing two 90-day residential treatments within a 365-day time period. Mr. Miller explained that if a consumer attended two days of their 90-day residential stay, they would lose the remaining days and be considered as one of their two 90-day treatment opportunity, leaving the consumer only one more chance at attempting recovery and treatment.

Mr. Miller reported that all the proposed changes and the extension must be approved by CMS. Both the Department and the State are hopeful they will be approved and allow them to continue to provide services under the revised guidelines.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Tabled

MID-COUNTY REGIONAL BOARD: Tabled

WESTERN REGIONAL BOARD: Mr. Damewood reported that they are holding a virtual meeting at 3:00 in the afternoon.

ADULT SYSTEM OF CARE: Tabled

CHILDREN'S COMMITTEE: Ms. Moore reported they had a number of community based providers who came and shared about the services they are providing. Most are still providing services via telehealth. Providers are reporting they are receiving less referrals than anticipated. Ms. Moore noted, with children and families acclimating to this new normal of distance learning, they hope to see an increase in referrals as there is a definite need.

Lorie Lacey-Payne, Parent Support and Training Manager, provided information about the Annual Backpack Drive, which is slightly different this year due to distance learning. Traditionally, requested donations are for backpacks and various school supplies. However, with schools being done primarily through distance learning, the requested donations for this year are gift cards. This will allow families to determine on their own what their youth and/or children need for the school year.

CRIMINAL JUSTICE COMMITTEE: None

HOUSING COMMITTEE: None

LEGISLATIVE COMMITTEE: None

MEMBERSHIP COMMITTEE: Mr. Divine reiterated Dr. Dildar Ahmad's departure in September. This leaves an additional BHC vacancy for District 1.

OLDER ADULT SYSTEM OF CARE COMMITTEE: None

PUBLIC ADVOCACY COMMITTEE: None

QUALITY IMPROVEMENT COMMITTEE: Daryl Terrell reported that the Tech Suite is in the process of selecting two mobile applications for the Full Service Partnership 9FSP). TAY is in the process of recruiting 30 individuals to participate in the focus group to do a demo of the applications and provide feedback. They are seeking 10 individuals from each FSP program – 10 from TAY, 10 from Adults, and

10 from Older Adults. They plan to promote the search with marketing flyers and offer incentives for potential participants.

VETERANS COMMITTEE: None

EXECUTIVE COMMITTEE RECOMMENDATIONS: April Jones requested to have Dildar Ahmad's farewell on the September agenda.

ADJOURN: The Behavioral Health Commission meeting adjourned at 1:48 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 | ✓ | ✓ | | | | | | | | | |
| April Jones, District 3 | ✓ | ✓ | | | | | | | | | |
| Beatriz Gonzalez, District 4 | ✓ | ✓ | | | | | | | | | |
| Brenda Scott, District 3 | ✓ | ✓ | | | | | | | | | |
| Carole Schaudt, District 4 | ✓ | ✓ | | | | | | | | | |
| Daryl Terrell, District 5 | ✓ | ✓ | | | | | | | | | |
| Debbie Rose, BOS Rep. Dist. 2 | ✓ | A | | | | | | | | | |
| Dildar Ahmad, District 1 | ✓ | A | | | | | | | | | |
| Greg Damewood, District 5 | ✓ | ✓ | | | | | | | | | |
| Jose Campos, District 2 | A | ✓ | | | | | | | | | |
| Paul Vallandigham, District 5 | A | ✓ | | | | | | | | | |
| Richard Divine, District 2 (<i>Redist. 4</i>) | ✓ | ✓ | | | | | | | | | |
| Rick Gentillalli, District 3 | ✓ | A | | | | | | | | | |
| Victoria St. Johns, District 4 | ✓ | ✓ | | | | | | | | | |
| Dr. Walter Haessler, District 1 | ✓ | ✓ | | | | | | | | | |

Present = ✓ | Absent = A | Medical Leave = ML

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