

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR MAY 6, 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. Commissioner attendance was taken by roll-call.

CHAIRPERSON'S REMARKS – Mr. Divine went over a few rules for the Commission's first teleconference 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. Mr. Divine thanked all that were able to take the time to attend the meeting and is happy to hear everyone is safe and sound.

COMMISSION MEMBERS REMARKS – Carole Schaudt thanked staff for getting Department information and resources televised on local TV stations.

Dr. Walter Haessler mentioned an article from the LA Times regarding COVID-19 survivors and the challenges they are experiencing. Dr. Haessler reported that COVID-19 survivors are facing real psychological, health, and financial struggles after leaving the ICU. Dr. Haessler inquired if the Department is considering instituting some type of program to help address the challenges of survivors.

Brenda Scott reported NAMI is holding English and Spanish Family Support Groups and Peer Support Groups online via Zoom. They are available via their website, weekly.

Anindita Ganguly reported there are resources available through SAMHSA (Substance Abuse Mental Health Services Administration) regarding mental health trainings in COVID for organizations and young people.

PUBLIC REMARKS – None

MINUTES OF THE PREVIOUS MEETING – Greg Damewood and Bill Brenneman identified an error. Minutes were revised and accepted as written.

NEW BUSINESS

1. **HHOPE PROGRAM OVERVIEW:** Marcus Cannon, HHOPE Program Administrator, provided a brief overview of the number of services available in his program. The HHOPE (Homeless Housing Opportunities, Partnership & Education) Program started a year and a half ago by Lynne Brockmeier, which has expanded exponentially over the years with the support and leadership of Executive Management, Mr. Cannon and his team. While the Department's core mission is to deliver mental health and substance use services, it is the belief of the Executive Team that safe and secure housing is an essential foundation for consumers receiving services. The program is designed to meet the housing needs and challenges that a consumer may face. The goal is to get consumers off the streets, stably housed, and connected to appropriate levels of care. One of the ways they do this is through street outreach teams. There are mobile street teams working in and

around each region of Riverside County. Each team is staffed with a Behavioral Health Specialist and a Peer Support Specialist. Occasionally, they're also able to have a Clinical Therapist or Psychiatrist on staff to meet and screen consumers when possible. The mobile teams operate 7-days a week with extended hours in some regions. Due to the number of homeless in the County, the mobile team triage their time and focus on those with the most significant mental health and/or substance use needs.

A service similar to the street outreach service is the Whole Person Care Services. The state launched a Whole Person Care Initiative a few years ago and encouraged local counties to design pilots around whole person integrated care. The HHOPE Team coordinates with other agencies within RUHS and the Probation Department to identify consumers released on probation or parole that are facing homelessness and have physical health and/or behavioral health needs. Consumers in this program are provided with resources and linkages to housing, healthcare, behavioral healthcare, and employment assistance in order to assist them towards self-sufficiency and reduce recidivism. The Department also work in partnership with the Probation Department for individuals released under AB109 or Prop 47 that need housing. Consumers are referred to transitional housing locations, where they receive case management assistance for re-entry into the community.

Permanent Supportive Housing is a program that started a few years ago, where the Department helped fund the construction of seven apartment complexes in the County. Each complex has a dedicated number of units to serve behavioral health consumers. Units are scattered throughout the property to avoid stigmatizing residents and case managers are available onsite in order to assist residents with all their behavioral health needs. The HHOPE Team perform regular home visits, provide life skills support, referrals to community resources and linkages to appropriate services.

The Permanent Supportive Housing program was initially 105 units, but in the last two years the Department has been able to expand this with funding from a state initiative called No Place Like Home. Mr. Cannon added that the Department has been aggressively pursuing this funding in order to build additional properties to serve our consumers. It is anticipated to have about four to five rounds of funding distribution and currently it is in its second round. One of the first properties that will be open as a result of this funding will be in Cathedral City. The property features 230 units of affordable housing and 68 of them will be allocated for behavioral health consumers.

Another service the Department provides through the HHOPE Program is emergency housing and rental assistance. These services are available for those on the street or referrals from within the Department. Emergency housing can be provided to consumers who are chronically homeless or those who run the risk of losing their home. Mr. Cannon noted that providing one month's rental assistance payment can really save lives of families and help them through some challenging times. If the Department was unable to provide this service, consumers and families of consumers can become homeless, which has a detrimental impact for everyone in the family.

Unfunded adult residential facilities also receive assistance from the Department to help consumers that require board and care level of service. HHOPE provides oversight of these facilities; one is located in Indio called the Desert Sage Adult Residential Facility, which has 49 available beds and Roy's Desert Springs in Palm Springs, which is scheduled to open in September.

Another model available for independent living is “The Place” located in Riverside and “The Path” in Palm Springs. It is a dormitory-style housing complete with a common living area, common kitchen, and a common recreation area. Peer staff are onsite and available 24/7 to assist consumers when needed. This model of care works with consumers whose symptoms may be significant enough that they don’t qualify for Permanent Supportive Housing in the community, but don’t quite rise to the level of conservatorship or institutional care. These individuals often struggle living on their own and have a tendency to be hospitalized several times a year. Mr. Cannon added that the most notable outcome for consumers that stay in The Path or The Place is that most (if not all) significantly decrease the number of times they are hospitalized annually or they stop being hospitalized completely, which is a significant improvement on the consumers’ quality of life.

The HHOPE Program also supports the Department by serving as the lead coordinator for the annual Point-in-Time Count, where volunteers and street outreach teams perform a count of homeless individuals/families on the street. Mr. Cannon noted that although it is an imperfect county, it is an important count. It provides the Department with a snapshot in time of who is on our streets and its demographics. Mr. Cannon added that the count is also a federal mandate in order for the County to qualify for funding.

2. APPOINT NOMINATING COMMITTEE FOR FY 20/21 BHC EXECUTIVE COMMITTEE ELECTIONS: April Jones, Paul Vallandigham, and Greg Damewood volunteered to be on the Nominating Committee. Ms. Jones agreed to Chair the Committee.

DIRECTOR’S REPORT: Dr. Chang thanked all those able to take time out of their day and participate in the first ever teleconference of the Behavioral Health Commission. Dr. Chang reported that thanks to everyone working together, the curve is indeed flattening; however, it is not the only challenge facing us today. At the Board of Supervisor’s meeting held on Tuesday, May 5, a great number of community members raised the issue of the financial impacts of COVID-19. Dr. Chang stated that Governor Newsom is scheduled to release some updated guidance and recommendations on Thursday, May 7 and the Board of Supervisors will reconvene on Friday, May 8 to discuss some planned next steps.

There’s a notion that this pandemic may lead to a mental health epidemic. The overarching theme in the Department has been to continue to provide maximal services while keeping the safety of our consumers paramount. Plans have previously been in place to address continuity of care and to respond to the evolving needs of the community at times such as these. Executive Management went through the different parts of the system and reactively changed how business was conducted. Operations were split into specialty clinics, community health clinics, crisis and outreach, homelessness services, hospital, and jail services. Similar to other specialties, the Department has shifted to primarily virtual visits, either through telephonic or telehealth service provisions. There was an initial drop as the tech side was being worked out and they are now observing service levels approaching pre-COVID levels. With regard to the hospital, many more beds were made available and they’ve also built out an entirely new level of care in the span of several weeks. RUHS-BH has been highly involved in the overall County response and as part of this involvement, they have participated in special projects including the County’s SOS teams, which are primarily for nursing homes. The 2-in-1 CARES Line has been available afterhours and on weekends and they have also established a brand new 24/7 phone line for healthcare and essential workers. One of their more recent endeavors is the Take My Hand App, which was launched recently and was designed and built by the Department. The Executive Team recognize that people communicate differently, while some may feel more comfortable texting instead

of a telephone or telehealth visit. This app is another way to connect with our staff and our first services as well as connection to other resources.

Dr. Chang addressed Dr. Haessler's question from "Commissioner's Remarks" and stated that the Department is aware of this and have transitioned and adapted to be able to continue to provide even more services. During this period, they have been able to build up several novel ways to help treat consumers where they are, which will be useful long after the pandemic is over.

Dr. Chang expressed his thanks to the staff who have risen to the challenge to help care for our community. The clinical staff has been flexible as the needs and capabilities have shifted on an almost daily basis. Their unwavering commitment has allowed us to continue to serve. Dr. Chang also thanked the non-clinical staff; the IT team has performed herculean tasks on a regular basis to get the Department functioning remotely and the administrative staff for teaming with the Arlington Campus where they assembled 70 new beds if necessary. This was a huge undertaking for both the IT and administrative team and deserve recognition for their hard work.

OLD BUSINESS

- 1.) REGIONAL ADVISORY BOARD BYLAWS: Dr. Haessler noted a minor formatting error, which was corrected after the meeting. Mr. Divine moved to approve the Regional Board Bylaws as written, Ms. Scott seconded the motion. Liaison took a roll-call for votes and the Regional Advisory Board Bylaws were approved by a majority.
- 2.) BEHAVIORAL HEALTH COMMISSION ANNUAL TRAINING: Commissioners agreed to provide the Liaison with their availabilities and will determine the date that work best for group.
- 3.) MHSA UPDATE: David Schoelen provided an update regarding the changes MHSA had to implement for their MHSA Annual Planning Update due to the restrictions of the COVID-19 Stay-at-Home Order. This time of year is usually when they begin scheduling public hearings, but since the Order has not been lifted and there are no crisis contingencies built within MHSA regulations and deadlines, they've had to identify and work on alternative processes. Mr. Schoelen noted these alternatives may also be integrated into their overall process long after the restrictions have been lifted.

On Friday, May 8, they will be doing the formal posting of the plan, which is a 30-day review and public comment period. This will be promoted via email distributions and through all social media platforms (Twitter, Facebook, and Instagram). The material will be available in English and Spanish and will include a full link to the plan and electronic feedback form. The material can also be translated into any language through Google Translate, which is a notable new feature.

Stakeholders requested from the previous year to have summary documents included within the Plan. The Plan is usually a large document and can be overwhelming for many to read, so they are developing summary documents to be included in the email distributed on Friday, May 8. The series of summary documents can help assist the public with understanding reviews, changes, and highlights. There will be a service component regional grid, which can look regionally of the major service and programs available via MHSA. There will be a PowerPoint that gives an orientation on what MHSA is and how stakeholder voice can be utilized and integrated into the process. A new addition to the Plan is the MHSA Action Story, which are testimonies of consumers and their

families who have received services as a way to demonstrate the impact of MHSA programs and how it has actually helped transform people's lives.

In addition to the email distribution and promotions through social media, MHSA has also established a hotline for individuals that would prefer to leave a voicemail message for their feedback. Callers can provide their feedback and if they have any questions or concerns regarding the Plan, they can leave their contact information and staff will do a follow-up.

They also considered the potential costs of participating online or by phone, so they've come up with the additional option of providing DVD copies of the presentation along with a hard copy of the Plan and feedback forms.

The comment period, which typically ends at the close of each Public Hearing will be extended by an additional week to give individuals sufficient and adequate time to review the Plan and provide their feedback. The last day to submit feedbacks will be Wednesday, June 24.

After the comment period, MHSA will compile the information and help the Commission develop responses. They hope to have the report completed by July for the Commission to approve the Plan for submission to the Board of Supervisor's Office.

- 4.) SAPT UPDATE: Rhyan Miller provided an update regarding services and how they were impacted after the COVID-19 Stay-at-Home Orders. First, Mr. Miller reported that beginning next month (June), April Marier will begin providing the SAPT Update. Regarding services, Mr. Miller noted that continuity of services was their number one priority when the Stay-at-Home Order was first issued. They did experience dips in services during their transition to telehealth. Residential treatment centers were especially affected as they are a 24-hour living facility. Mr. Miller reported that Ms. Marier and her team have worked with all the residential providers, who have really stepped up during this time. Providers created triage areas and obtained permission from the state to use separate houses for incoming consumers for screening. Currently, there are empty beds, which staff are actively working on by doing follow-ups with those who were turned away due to the Stay-at-Home Orders.

Currently, SAPT as a whole is producing thousands of telehealth services by video each week. Prior to the lockdown, SAPT provided an average of 15 telehealth services a week. In January, SAPT released a request for an increase of sober living beds. Initially, they had 72 beds and after they received the approval, they were able to increase to 148 beds. Mr. Miller added that having a safe and stable home for consumers leaving residential services and into outpatient treatment services results in much higher success rates.

To address the ongoing inquiries regarding admission rates, Mr. Miller reported that beginning of 2020, they averaged around 700 new admissions monthly, after the lockdown, admissions dropped to 495. With services returning within the last month, they hope to see admission rates increase back to pre-COVID levels or at least close to it.

The Prevention RFP has been closed and the SAPT Team is moving into their review phase of all the bidders' proposals. Staff will be working with Purchasing to review all the proposals and put a contract in place, which Mr. Miller will provide an update on at the next Commission meeting.

Over the last two years, Mr. Miller has discussed the different opioid grant funds that SAPT has

been able to secure. Mr. Cannon and Ms. Marier have worked together to fund five different levels of housing, which include sober living specifically for consumers with opioid use disorders. They did such an excellent job that the state has granted SAPT with another \$3 million dollars for the next two years. This time they are also expanding the grant to be used for consumers struggling with meth addiction. Mr. Miller noted that this expansion now covers everyone in the spectrum of services.

Recently, SAPT completed an integrated project that establishes a group of outreach crisis teams to serve the Mid-County region, specifically Lake Elsinore and its surrounding areas. The integrated team consist of CREST, REACH, HHOPE, and SAPT. Mark Thuve will be supervising the team and they have hired three out of the four staff members needed for the team. The three new staff members are currently in the process of completing their training and will soon be out in the field.

Lastly, Mr. Miller reported that they are having the All Provider SAPT Meeting on Thursday, May 7. The meeting will be done by Zoom and all are invited to attend.

EXECUTIVE COMMITTEE RECOMMENDATIONS: Brenda Scott and Richard Divine requested to have an update regarding the Department's budget at the next Commission meeting.

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
Anindita Ganguly, District 2	✓	✓	✓	A	✓	A	✓			
April Jones, District 3	✓	✓	A	✓	A	✓	✓			
Beatriz Gonzalez, District 4	✓	✓	✓	✓	✓	✓	✓			
Brenda Scott, District 3	✓	✓	✓	A	✓	✓	✓			
Carole Schaudt, District 4	A	A	✓	✓	A	A	✓			
Daryl Terrell, District 5	A	✓	✓	✓	✓	✓	✓			
Debbie Rose, BOS Rep. Dist. 2							A			
Dildar Ahmad, District 1	✓	A	✓	✓	A	✓	A			
Greg Damewood, District 5	✓	✓	✓	✓	✓	✓	✓			
Jose Campos, District 2		✓	A	✓	✓	A	✓			
Paul Vallandigham, District 5				✓	✓	✓	✓			
Richard Divine, District 2 (Redist. 4)	✓	✓	✓	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		
Akram Razzouk, MD, RUHS-BH	Amy McCann, RUHS-BH	Andrew Williams, RUHS-BH
Annie Leicht, RUHS-BH	Antonio Martinez, RUHS-BH	Ashley Hanson, RUHS-BH
Bernadette Regan, RUHS-BH	Bill Brenneman, RUHS-BH	Brandon Jacobs, RUHS-BH
Brian Betz, RUHS-BH	Carlos Chavez, Guest	Chris Duffy, Guest
Cynthia Rumford-Jones, RUHS-BH	David Schoelen, RUHS-BH	Deborah Johnson, RUHS-BH
Diana Brown, RUHS-BH	Dylan Colt, RUHS-BH	Gregory Burks, Guest
Jacob Penland, Guest	Janice Rooths, Guest	Janine Moore, RUHS-BH
Jeremy Goodland, Guest	Johnnie Gray, Guest	Joshua Korhely, RUHS-BH
Julie Stewart-Cleaveland, Guest	Kim McElroy, Guest	Kirk Yale, RUHS-BH
Kristen Duffy, RUHS-BH	Laurence Gonzaga, RUHS-BH	Lisa Morris, RUHS-BH
Lucy Lopez, RUHS-BH	Maria Martha Moreno, RUHS-BH	Maria Roman, RUHS-BH
Mariah Andrews, RUHS-BH	Matthew Chang, MD, RUHS-BH Director	Maureen Dopson, RUHS-BH
Maureen Martinez, RUHS-BH	Melinda Drake, Guest	Melissa Noone, RUHS-BH
Mo Martinez, Guest	Natalie Schmitz, RUHS-BH	Pamela Norton, RUHS-BH
Pedro Arciniega, RUHS-BH	Pierre Scott, RUHS-BH	Praise Okoh, RUHS-BH
Ravae Battest, RUHS-BH	Rhyan Miller, RUHS-BH	Richard Bolter, RUHS-BH
Rick Algarin, RUHS-BH	Robert Youssef, RUHS-BH	Samuel Murillo, RUHS-BH
Sarah Rodriguez, BOS Rep. Dist. 3	Sean Frederickson, RUHS-BH	Sheree Summers, RUHS-BH
Sylvia Aguirre-Aguilar, RUHS-BH	Tammy Moringlane, Guest	Tiffany Ross, RUHS-BH
Tony Ortego, RUHS-BH	Vernita Black, MD, Guest	Vicki Redding, RUHS-BH
Zach Tucker, RUHS-BH		