

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR APRIL 3, 2019 | 12:00 pm to 2:00 pm

CALL TO ORDER, PLEDGE OF ALLEGIANCE, AND INTRODUCTIONS – Chairperson, Rick Gentillalli called the Behavioral Health Commission (BHC) meeting to order at 12:00 pm, lead the Pledge of Allegiance, and commenced introductions.

CHAIRPERSON'S REMARKS – Rick Gentillalli brought the Commissioners attention to the Proclamation Pick-up list included in their packet. Mr. Gentillalli instructed Commissioners interested in volunteering to accept Proclamations on the Department's behalf to speak to the Liaison after the meeting.

Mr. Gentillalli informed the Commission they will have a designated table at the upcoming May is Mental Health Month event in Riverside, which will be held on Thursday, May 23 at Fairmount Park. Mr. Gentillalli encouraged all Commissioners to attend the event.

Lastly, Mr. Gentillalli reported Ric Riccardi has resigned from the Commission due to health reasons. Mr. Riccardi was a very proactive member and did a great deal of work. Mr. Riccardi participated in several Ad Hoc Committees and attended a number of events relating to behavioral health. He also worked to streamline the BHC's Site Review process and form. Mr. Riccardi has served as the Commission Secretary; Vice-Chair at the Western Regional Board and Veterans Committee; and as Chair of the Older Adult System of Care Committee.

COMMISSION MEMBERS REMARKS – Each Commissioner expressed their heart-felt appreciation for Mr. Riccardi and all his efforts with the Commission and the number of Committees he participated in. Mr. Riccardi was a joy to work with as he had a wonderful sense of humor and always had a positive attitude. Commissioners expressed their thoughts and prayers for Mr. Riccardi and hopes his health improves.

PUBLIC REMARKS – Sue Moreland returned and provided an update regarding their "Day of Awakening" Conference, which was held on Saturday, March 16. Ms. Moreland reported they had 115 people attend the event. During the Conference, a father and son shared their story, which highlighted the importance of educating faith-based communities in behavioral health.

Jason Reid shared that on March 26, he lost his 14-year-old son to suicide. After his son's death, Mr. Reid decided to get involved in advocacy and set a goal to end teen suicide by 2030. Mr. Reid founded an organization called ChooseLife.org and did a TedTalk on the subject, which is available online. Currently, he is working on a documentary film on teen suicide based on helping parents understand that depression is a disease and shouldn't be shrugged off. Mr. Reid believes parents need to be "shaken up" a bit and make them understand that this is a serious problem. Teen suicide is up 70% since 2003 and the statistics have only gotten worse. Mr. Reid noted that organizations such as Mothers Against Drunk Driving (MADD) and Students Against Drunk Driving (SADD) didn't say "let's raise awareness towards drunk driving," their statement was "let's end it." Mr. Reid stated he's aware he can't achieve his goal on his own, so he's encouraging everyone to get involved to help end teen suicide.

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

CELEBRATE RECOVERY – Dylan Colt from Consumer Affairs introduced this month's Celebrate Recovery Speaker, Stephanie Smith. Ms. Smith went into foster care at age 13 and was part of the program for seven years. She was born with a chemical imbalance due to her mother's heroin addiction. Ms. Smith was diagnosed with Bipolar Disorder, ADHD (Attention-Deficit Hyperactivity Disorder), and Manic Depressive

Disorder. At 13, she went through many phases with the LGBTQ community and at 16 she made the decision to transition and live her life as a female, which played a huge part in her recovery. After Ms. Smith turned 18, she was part of the extended foster care program and began participating with the TAY (Transitional Age Youth) Program and Stepping Stones.

Ms. Smith remarked that she is much more than what statistics say and she is much more than her mental health diagnosis. In 2016, she graduated from the County's TAY Peer Support Program and became a Certified Peer Support Specialist. Ms. Smith also established her own social media-mentoring program on Facebook called Positive Peer Community, which is something she does on her own time and dedicates it to others. She is also a transgender activist and mentor for the LGBTQ youth and speaks in panels and other organizations to help the LGBTQ youth and adults.

NEW BUSINESS

1. SUICIDE AWARENESS & PREVENTION – BEST PRACTICES & LANGUAGE: Diana Brown, Administrative Services Manager, introduced Stan Collins from “Know the Signs” Campaign to give some background on safe and effective messaging around suicide prevention. Mr. Collins has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology Communication Team and this role supports local agencies and their communication and media relations related to suicide. As part of his work with San Diego Suicide Prevention Coalition, he chairs the media and communications subcommittee. Through this work, he has developed media engagement strategies and plans to provide guidance to the council on promoting, reporting recommendations through news media and guided organizations working to address suicide to ensure they are promoting positive and effective communication. In addition, he has participated in numerous interviews on the topic as well as assisting county behavioral health agencies and responding to high profile suicides.

Mr. Collins reported the National Strategy for Suicide Prevention identified 13 key goals, two of which focus around messaging: “1) Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors. 2) Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and safety of online content related to suicide.” The National Action Alliance for Suicide Prevention Expert Panel found that there is too much emphasis on problem severity. Many focus on convincing people that there’s a problem, but fail to inform them on how to respond or address the situation. The Panel also determined that there were too few stories of hope, recovery, and resilience. The public hear more stories about suicide deaths, but rarely about coping with adversity without resorting to suicidal behavior. Mr. Collins noted this aspect has changed over the last few years as there have been more attempt survivors sharing their stories. Lastly, the field of suicide prevention lacked a core message. Unlike other awareness groups, suicide prevention does not have a pink ribbon, a slogan, or saying. This lead to a document called “Changing the Conversation.” This document identified two key areas around messaging that need addressing – 1) Media/ Entertainment – how the media portrays suicide, discussion around suicide, responses regarding suicide, and mental illness; and 2) Public Messaging – how mental health professionals, behavioral health agencies, and organizations discuss or portray the topic of suicide in campaigns, social media, newsletters, event publicities, websites, fundraisers, etc.

The authors of “Changing the Conversation,” conducted a poll around the country and they identified a majority of Americans agree that suicide is a problem. 78% of Americans agree that suicide is preventable and 86% believe that more should be done to prevent it. Mr. Collins remarked we do not need to continue emphasizing suicide is an issue as the public is fully aware. What needs to occur now

is to educate people on how to respond to the situation.

Mr. Collins shared some of the recommended language for safe and effective messaging. The phrase commonly used when someone died by suicide is “committed suicide.” Mr. Collins noted more often than not, when people hear the term “committed,” it is associated with crime and sin (i.e. committed adultery, committed treason, committed perjury, etc.). The recommended language to counter this is “died by suicide,” or “took their life.” Other terms used is “success” vs. “failure” of suicide attempts. In this instance, “success” would speak in terms of an individual’s attempt at suicide resulting in their death or “failure” in terms of surviving their attempt and not resulting in death. The recommendation is to discontinue the use of the words altogether as there should not be “success” or “failure” in terms of suicide. It should simply be referred to as “death by suicide,” or “an attempt at suicide.”

The research on safe and effective messaging is based around two factors: “Werther Effect” and “Papageno Effect.” The Werther Effect is based on a book titled, “The Sorrows of Young Werther,” which was released in Germany in the 1800s. The main character is a young man in his 20s who dies by suicide and as that book circulated through Germany and the rest of Europe, there was an increase in suicides of young men who identified with the character. Many of them were dressed in similar clothing as the character and many had the book in their possession. The book was later banned in Germany. The Werther Effect refers to how negative messaging around suicide will result in negative outcomes. A more recent example of this would be the death of Marilyn Monroe. The country experienced a 200% increase in young females within her age group copycatting or performing similar styles of suicide.

Alternately, the “Papageno Effect” is based on a character from the Magic Flute who was saved by the boys in the village. The idea behind this story is instead of telling someone “don’t do this or somebody might die,” we can instead give positive messages about life and people may choose to live. The Papageno Effect focuses on positive messages as opposed to fear based messaging.

The National Action Alliance for Suicide Prevention, the leading national entity in the country, identified four key points as framework for successful messaging: 1) Strategy; 2) Safety; 3) Positive Narrative; and 4) Guidelines. Factors to consider when determining “Strategy” include “What is your strategy for reducing suicide? How does messaging fit into your efforts? Lastly, decide ‘why’ before ‘how’.”

“Safety” is avoiding content that is unsafe or undermines prevention. Unsafe messages can influence vulnerable people to imitate risky behaviors. The unintended consequences of unsafe messaging can reinforce problem behaviors, give inaccurate and/or stigmatizing perceptions, perpetuate stereotypes, perpetuate negative “narratives,” and it can omit critical information. A key safety component that should be considered in safe messaging is including resources to services. Providing a suicide prevention resource is one of the most important components when messaging about suicide or suicide prevention. It is also important not to normalize suicide by presenting it as a common event (i.e. epidemic, skyrocketing). Most people who consider suicide do not act on those thoughts. However, presenting suicide as common may unintentionally remove a protective bias against suicide. Avoid sharing details about how a suicide was carried out such as specific details about weapon or means used, location of the wound, or the location of the incident. This can result in copycats or alternately, stir up the attempt survivor or loss survivor’s traumatic experience of the event. Discussion regarding causation of suicide is also a factor. Rather than offering a single reason for suicide (i.e. breakup, divorce, loneliness, bullying, divorce, etc.), frame suicide as a complex issue influenced by multiple factors. Oversimplification of suicide can mislead people to believe that suicide is a normal response to common life circumstances.

“Positive Narrative” counters the negative narratives and stereotypes surrounding suicide. We have a

perception in society that when someone has thought of or attempted suicide, they are now a fragile piece of glass. Posttraumatic growth is discussed a great deal in the suicide prevention community. They have found those experiences can actually strengthen individuals for the future and provide the opportunity for other individuals to learn from. Continuing the stereotype that once someone is suicidal, they will always be suicidal and a liability, instead we should educate people on successful prevention and sharing “lived experience” stories of resiliency and overcoming adversity. If people are educated about warning signs and risk factors for suicide and if they are taught what questions to ask and what resources are available, they are eight times more likely to reach out to somebody in their lives and have a conversation. Letting people know that “suicide” is not a dirty word and can be discussed openly, it helps to destigmatize and remove barriers for people seeking help.

“Guideline” refers to the use of message-specific best practices. “Know the Signs” campaign is a statewide awareness campaign. Their website is available in English and Spanish and they provide information on warning signs, risk factors and local resources. The organization can provide a code that can be embedded in your website that provides full access to their best practices and social marketing. “Know the Signs” Campaign created a number of materials specific to various populations, which are all culturally adapted, not just translated. Another resource for materials and information is Each Mind Matters’ website: www.emmresourcecenter.org. The information can be customized by using the filters available on the site.

In closing, Mr. Collins noted that in his many years in the field of suicide prevention, suicide most often happen when pain outweigh hope. Pain and hope are all things we as people have access to in each other’s lives. It’s about helping someone find their reasons for living and/or reminding them of their reasons for living. It doesn’t matter our background or experience, we all have the ability to do that.

OLD BUSINESS

1. MHSA UPDATE: David Schoelen reported they are in the process of preparing their submission to the state of the MHSA Annual Plan Update. It is currently in the 30-day posting stage and will be followed by a public hearing to allow the public the opportunity to provide their feedback and input on the plan itself. By regulation, the public hearing needs to be conducted by the Behavioral Health Commission. Mr. Schoelen stated they will need a minimum of one or two Commissioners and staff will assist them through the whole process to make sure they are being conducted according to State regulation. Each region will host a public hearing – in the Western Region, it will be held on May 1 at Rustin immediately after the BHC meeting. The Desert Region will host their public hearing on May 7 at the Wellness City in Indio and the Mid-County Region will host theirs on May 9 at the Wellness City in Perris. In addition to conducting the public hearing, Commissioners are also required to review the comments and implement them in the Annual Plan Update.
 - a) APPOINT COMMISSION MEMBERS TO HOST MHSA ANNUAL UPDATE PUBLIC HEARING: For the Western Region, April Jones and Brenda Scott volunteered to host. In the Desert Region, Bea Gonzalez and Carole Schaudt volunteered to host. In the Mid-County Region, Brenda Scott and George Middle volunteered to host.
2. SAPT UPDATE: Rhyan Miller provided an update on a number of grants the Department were awarded and applied for. The Department received a grant for Medication Assisted Treatment (MAT) in jails and they are working closely with Health Services to make sure things are implemented properly. The Department was also awarded \$400,000 from DHCS (Department of Healthcare Services) under the block grant funding for two things – implementing tele-therapy in Substance Abuse Programs and prevention services. Hemet Unified School District placed a request with the Department for a third full

time counselor in their schools, which will be funded by the grant from DHCS. The rest of the grant will be allocated to an RFP being released soon for prevention services. The next grant they were awarded was from the SOR (State Opioid Response) Grant through the State of California. The grant is worth \$3 million and will be used for every single level of HHOPE Housing, which includes emergency housing, recovery residences, sober living and long term housing for anyone struggling or diagnosed with opioid abuse disorder.

Another grant they are applying for is the Jail Diversion Grant Opportunity. Mr. Miller explained how the use of these funds will be valuable and helpful to our consumers by providing a scenario: "It's 2 am on a Saturday and law enforcement encountered a homeless man having active hallucinations; they are un-medicated; and is withdrawing from opioids. Usually, law enforcement will take them to either a hospital or take them into custody." Mr. Miller continued by stating that the Department would like to design a program that will give that individual an alternate option to a jail cell or heavily inundated emergency rooms. The grant they are writing is for construction costs for an identified building near ETS in Riverside. They plan to cross certify the entire building for mental health services, substance abuse services, doctors, nurses, withdrawal management services, and housing options. Once construction is over they will contract services to providers. Mr. Miller noted they are applying for several grants as a way to free-up monies they are currently using and allocate them towards mental health services and unfunded non-Drug MediCal Services.

Lastly, on June 11, DHCS is hosting an Opioid Summit in Anaheim and one of our consumers and Senior Peer Support Specialist will be speaking on the panel. This particular consumer has participated in a number of the Department's programs and will be speaking on their experiences.

DIRECTOR'S REPORT: Dr. Matthew Chang reported they are continuing with integration efforts and have recently met with our San Bernardino counterparts – ARMC (Arrowhead Regional Medical Center) and SACHS (Social Action Corps Health System). They were able to learn how those systems are pursuing integration and what integration looks like with their respective Behavioral Health Departments. Dr. Chang noted that although the County is a little behind, we are still on the right track. The week prior, Dr. Chang attended the HRSA (Health Resources & Services Administration) National Conference in Washington D.C. The biggest focus nationally, is integration of mental health services, behavioral health services, and provision of substance abuse services. Dr. Chang noted that integration of services is a quite an undertaking and thanked Deborah Johnson, Rhyan Miller, Janine Moore, and all others assisting in this effort.

On Monday, April 22, the Department is holding an event called "Send Silence Packing." Supervisor Chuck Washington will be attending to launch a countywide strategic planning initiative regarding suicide prevention and suicide prevention task force.

The next faith-based organization outreach event will be on Sunday, May 5 in Mecca. They will have physical health, behavioral health, and substance abuse services available during the event. Sylvia Aguirre-Aguilar plans to hold six faith-based outreach events a year; dates will be announced once they are determined.

There's been some discussion regarding psychiatrist shortages and Dr. Chang mentioned in 2014/15, with the support of the Board of Supervisors, the County partnered with UCR (University of California, Riverside) for the creation of psychiatry residency. Within the first year of its implementation, the program had four residents. Today, there are 22 psychiatry residents and fellows, this number will increase to 28 in July. This program continues to grow with increasing class sizes and the recent addition of Child and Adolescents Psychiatry Fellowship.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Richard Divine and Tori St. Johns reported Cynthia “Oma” Gray from Soroptomist House of Hope gave a presentation and they discussed the upcoming May is Mental Health Month Art Show in the Desert Region.

MID-COUNTY REGIONAL BOARD: Kim McElroy reported they recently added Celebrate Recovery to their agenda. They also discussed the upcoming May is Mental Health Month Mid-County event, which is being done differently this year. They will be hosting smaller events at different locations throughout Mid-County as a way to involve local community members and consumers. Dates and information will be provided as soon as they are available.

WESTERN REGIONAL BOARD: Greg Damewood reported May is Mental Health Month for the Western Region is being planned and organized by the County.

ADULT SYSTEM OF CARE: Brenda Scott stated the Committee meets on the 4th Thursday of every month at 12 pm at Rustin and all are invited to attend. The goals they discussed were getting more programs and resources into clinics and possibly establishing a food bank.

BYLAWS AD HOC COMMITTEE: Janice Quinn from the Desert Region Board expressed interest in participating in the Committee.

CHILDREN’S COMMITTEE: Tori St. Johns stated they meet on the 4th Tuesday of every month at Myers. Their next meeting will be held on April 23 at 12:15 pm. Diana Brown has been added to the monthly agenda to provide updates regarding Prevention and Early Intervention Program.

CRIMINAL JUSTICE COMMITTEE: Greg Damewood reported that they will be meeting next month at 14th Street.

COMMUNITY/ PUBLIC ADVOCACY AD HOC COMMITTEE: None

HOUSING COMMITTEE: Brenda Scott stated the Committee meets on the 2nd Tuesday of every month at 12. Goals they discussed were establishing a Room and Board Coalition and holding a Housing Conference in all three regions of the County.

LEGISLATIVE COMMITTEE: April Jones stated the Committee meets on the same day as the Commission at 10:30 am. They had an opportunity to meet Zach Tucker and Ryan Quist provided updates on legislations related to behavioral health. Ms. Jones reported there are over 1800 bills going towards mental health and behavioral health services this year and they would like to focus on legislation that promote and incorporate interagency collaboration.

MEMBERSHIP COMMITTEE: Richard Divine reported that with Ric Riccardi’s resignation, it brings membership down to 14 members, which means there are two slots open. Mr. Divine will provide more information regarding district vacancies at the next Commission meeting.

OLDER ADULT SYSTEM OF CARE COMMITTEE: George Middle reported there will be a change in supervision as Tony Ortego recently received a promotion at Department of Public Social Services and will be leaving his position at RUHS-BH.

QUALITY IMPROVEMENT COMMITTEE: Daryl Terrell reported the Board of Supervisors recently approved a \$500,000 increase to the Substance Abuse Prevention and Treatment recovery residents contract.

VETERANS COMMITTEE: Rick Gentillalli stated the Committee meets on the same day as the Commission at 10:00 am.

EXECUTIVE COMMITTEE RECOMMENDATIONS: None

ADJOURN: The Behavioral Health Commission meeting adjourned at 2:05 pm.

Maria Roman

Brenda Scott, 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	✓	✓	A	✓	A	✓	A	✓		
Anindita Ganguly, District 2				A	✓	✓	A	✓		
Beatriz Gonzalez, District 4	✓	✓	✓	✓	✓	✓	✓	✓		
Brenda Scott, District 3	✓	✓	✓	✓	✓	✓	✓	✓		
Carole Schaudt, District 4	✓	✓	✓	✓	✓	✓	✓	A		
Daryl Terrell, District 5	✓	✓	✓	✓	A	✓	✓	✓		
Dildar Ahmad, District 1	✓	✓	A	✓	✓	A	✓	✓		
George Middle, District 2 (Redist. 5)	✓	A	✓	✓	A	✓	✓	✓		
Greg Damewood, District 5	✓	✓	✓	✓	✓	✓	✓	✓		
Greg Rodriguez, BOS Representative		✓	✓	✓	A	✓	✓	A		
Ric Riccardi, District 5	✓	✓	A	✓	ML	ML	ML			
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. To request copies, please contact the BHC Liaison at (951) 955-7141 or email at MYRoman@rcmhd.org.

OTHERS PRESENT		
Adrienne Gee, RUHS-BH	Akram Razzovic, Guest	April Marier, RUHS-BH
Araceli Ruiz, BOS Rep – District 1	Bill Brenneman, RUHS-BH	Bruce Trainor, Guest
Dave Jacobs, Guest	David Schoelen, RUHS-BH	Deborah Johnson, RUHS-BH
Deborah Pagliuso, Guest	Denise Barbee, Guest	Denise Walker, RUHS-BH
Diana Brown, RUHS-BH	Diana Castillo, RUHS-BH	Diana Wynn, Guest
Donna Childers, Guest	Dylan Colt, RUHS-BH	Edmund Fisher, Guest
Ellis Fluett, Civil Grand Jury	Felipe Diaz, RUHS-BH	Greg Burks, Guest
Heidi Gomez, Guest	James Lucero, Guest	Jamie Russel, Guest
Jason Murie, Guest	Jason Reid, Guest	Jeaniel Dancer, RUHS-BH
Jeanine Moore, RUHS-BH	Johanna Mora, Guest	Karen O'Rear, RUHS-BH
Kim Bohlan, Civil Grand Jury	Kim McElroy, Guest	Laurence Gonzaga, Guest
Lucy Lopez, RUHS-BH	Maria Arnold, RUHS-BH	Maria Roman, RUHS-BH
Matthew Chang, MD, RUHS-BH Director	Maureen Dopson, RUHS-BH	Maureen Martinez, RUHS-BH
Melinda Drake, Guest	Michael Lynn, Guest	Monique Gordon, Guest
Nat Tollefson, RUHS-BH	Pamela Norton, RUHS-BH	Paul Baum, RUHS-BH
Rhyan Miller, RUHS-BH	Rick Algarin, RUHS-BH	Robyn Kelley, Guest
Ron Hoffman, Guest	Russell Monroe, Guest	Sandra Colon-Williams, Guest
Sarah Cranbury, RUHS-BH	Sarah Rodriguez, BOS Rep – District 3	Sean Frederikson, RUHS-BH
Sean Jackson, Guest	Sheree Summers, RUHS-BH	Shor Denny, Guest
Stan Collins, Guest	Stephanie Bennett, Guest	Stephanie Love, Guest
Stephanie Vanover, Guest	Steve Lusk, Guest	Sue Moreland, Guest
Sylvia Aguirre-Aguilar, RUHS-BH	Taide Arias, RUHS-BH	Tom Peterson, RUHS-BH
Vikki Roberts, Guest	Willard Wynn, Guest	Yaneth Garcia, Guest