RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR MARCH 3, 2021 | 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 12:04 pm.

Commissioner attendance was taken by roll-call.

CHAIRPERSON'S REMARKS – None

COMMISSION MEMBERS REMARKS – Jose Campos reported that the COVID-19 vaccine is available at the local county health centers. They have increased the number of vaccines available to accommodate everyone in the community.

Paul Vallandigham responded to Dr. Walter Haessler's report from February regarding the decriminalization of Schedule 1 substances in the State of Oregon. When it was initially reported, it was suggested that it was a bad policy direction and we should work to prevent it from happening in California. Mr. Vallandigham presented an opposing view on the initial stance providing a detailed and broad perspective on the full impact of the war on drugs, positing that it has done more harm than good. A policy position more worthy of promotion is pragmatic harm reductions through decriminalization or legalization.

Brenda Scott announced that NAMI Mt. San Jacinto has two Family-to-Family classes offered in English and Spanish. Flyers will be distributed when available.

April Jones announced that Hemet will be holding their first town hall meeting at My City Youth on Friday, March 5 at 5:00 pm – 7:00 pm.

PUBLIC REMARKS – Lisa Morris expressed her concern over the way former clients are treated after they have passed away. Having been a big part of their lives through their recovery, Ms. Morris felt it was wrong to simply cut them off after their passing. Many require additional supports and assistance because some have no family to speak of. Ms. Morris expressed that there has to be a way for them to support, say good-bye, and process their loss.

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

DIRECTOR'S REPORT – Dr. Chang reported that they have been working with the Sheriff Department and other law enforcement agencies to identify new areas to expand CBAT (Community Behavioral Assessment Team). Dr. Chang added that the cities that have had CBAT views them as a positive and helpful, so they hope to continue expanding the teams to other cities.

Regarding the Department's ongoing fiscal inequalities, Dr. Chang reported that they've managed to defray operational costs with investments and infrastructure, referring to the expansion of the continuum of care with urgent cares, crisis residential treatment centers, etc. Dr. Chang noted that being able to keep people out of the hospital and jail helps save funding. They have the opportunity to expand this and increase savings with the state's upcoming grant proposal for $750 million dollars for statewide behavioral health infrastructures. Dr. Chang noted that this is an incredible opportunity for the Department to really invest heavily on the behavioral health infrastructure and improve it for our consumers to be able to provide the right care, at the right time, at the right place. Dr. Chang added

that they also hope to use some of the grant funding to invest in the sequential intercept model, which is a system that helps identify community-based solutions for those with behavioral health challenges avoid the criminal justice system and into treatment.

In response to Dr. Haessler's and Mr. Vallandigham's comments regarding decriminalization of substances, Dr. Chang referred to the cost of incarceration and how the sequential intercept model ties into the topic. In terms of the cost of incarceration, they've discovered that there is considerable savings that can be utilized and repurposed for more appropriate, less restrictive services if we're able to keep individuals out of jail. Dr. Chang noted that they'll be able to show proof of concept relatively soon and have the opportunity to continue expanding those services.

NEW BUSINESS

1. GROWING HEALTHY MINDS WEBSITE: Miranda Robinson, Children's Services Administrator, provided an overview and tour of their newly developed website. Ms. Robinson is the Administrator of the Pre-school 0-5 Programs that serve children ages 0-5 throughout Riverside County. Three years ago, the Pre-school Programs received funding allotment from First 5 to support an early childhood integrated system of care across the County. That effort is now referred to as the Growing Healthy Minds Initiative. As part of the work, the Growing Healthy Minds website was launched in November of 2020. Currently, the site averages 60 new users per week and the content of the site is revised and updated on an ongoing basis to provide users with the latest resources and information.

   On the homepage of the website (growinghealthyminds.org), there are four tabs at the top of the page – 1) About Us; 2) Parents & Caregivers; 3) Provider; and 3) Community. The "About Us" tab has four sections: History, Preschool 0-5, Growing Healthy Minds Collaborative, and 2020 Zero to Five Needs Assessment Report. The History section provides background of the work done through the Growing Healthy Minds Initiative and an image of a pyramid depicting the direct services work done by the pre-school programs as well as their contract providers and community based organizations. The Preschool 0-5 section is a compilation of the results from the 2020 Zero to Five Needs Assessment Report, which was an assessment project that identified the needs of this population – i.e. what resources exist, gaps in services, etc. The Growing Healthy Minds Collaborative section gives information about the group, which consist of mental health practitioners, social services, First 5 Riverside, early care providers, educators, and community based providers. They currently meet twice a month where they discuss and review what the needs are in various areas and receive informative educational presentations regarding different topics and programs relating to the population and their needs.

   The "Parent & Caregivers" tab has a breakdown of the different age ranges and what the normal developmental milestones and expectations are for each age group. It also includes positive parenting tips applicable to each age range. They hope to enhance this particular area by adding coaching videos to the parenting tips to provide additional guidance to parents, caregivers, and guardians.

   The "Provider" tab includes the primary developmental screening tools used to screen the younger aged population. Examples are the Ages and Stages Questionnaire for children who are 3-66 months and the Devereaux Early Childhood Assessment, which is for infants through school age. They've also included a resource list organized by geographical area for parents, caregivers, and

guardians to refer to when seeking services.

The "Community" tab has additional resources for the 0-5 population. Ms. Robinson noted that in addition to adding the coaching videos for parents, they also hope to include some e-learning content that parents, caregivers, guardians, and early childhood providers can access to further enhance their knowledge and skills when providing interventions and support to the younger population in Riverside county.

2. MHSA ANNUAL PLAN UPDATE: David Schoelen, Diana Brown, Toni Lucas, and Sheree Summers provided an overview and update on each of their respective component in the MHSA Annual Plan Update. MHSA (Mental Health Services Act) is a ballot measure passed in 2004 that imposed a 1% tax on personal incomes exceeding $1 million dollars. This funding provided for the expansion and transformation of the public mental health services system with the expectation to achieve results and a reduction of incarcerations, school failures, unemployment, and homelessness for individuals with severe mental illness. MHSA has five components – 1) CSS (Community Services and Supports); 2) PEI (Prevention and Early Intervention; 3) WET (Workforce Education and Training); 4) Innovations; and 5) Capital Facilities & Technology.

   CSS is the largest component of MHSA, it includes FSP (Full Service Partnership), Peer Support Services, Crisis System of Care, housing and homeless outreach, and the specialized programs for justice involved consumers. A notable change in the countywide behavioral healthcare system is the reorganization of service delivery to create consistency across regions and to better identify a service match to consumer need. Services are developed in a tiered approach that include the continuation of a specialty FSP programs that currently operate, the development of FSP care track in each of the outpatient treatment programs for all ages, standard outpatient behavioral healthcare and general outpatient behavioral healthcare at integrated community or neighborhood health centers in a primary care setting.

   HHOPE (Homeless Housing Opportunities Partnership & Education Program) expanded staff with the addition of certified substance abuse counselors to further increase street outreach and to support people who are participating in our housing programs. The success of the mobile crisis team CBAT (Community Behavioral Assessment Team) resulted in the development of nine additional teams based on community need. Additionally, there was another mobile crisis team that piloted a new interdisciplinary model in Lake Elsinore that incorporated experts in crisis response, substance abuse, and homelessness. Due to its success, two more of these teams were developed that will be stationed in Jurupa Valley and Desert Hot Springs.

   The second component of MHSA is PEI, which include outreach and engagement to reduce stigma around behavioral health and in seeking behavioral health care. Fifty-one percent of the funding must be focused on youth or their families. PEI provides education and training on suicide prevention and developing wellness. They also offer early intervention programs geared toward people who have not been diagnosed or have had symptoms for less than a year.

   PEI has seven work plans, Ms. Brown and Ms. Lucas provided an update on a number of them to give an idea of how much they've achieved in the past year. The first work plan is the mental health outreach, awareness, and stigma reduction, which include Cultural Competency. One of the highlights this year is the hiring of a new Cultural Competency Manager, which is Ms. Lucas. They've identified new populations to include under the Cultural Competency umbrella, some are

new ethnic groups and non-ethnic specific groups – Middle Eastern, North African, veterans, and all abilities population. They have also formed a new subcommittee focusing on the LatinX population and they'll be recommencing their faith-based spirituality committees. A new innovations social service planner position was recently created to give them the ability to make sure all new innovations projects and plans keep cultural competency in the forefront.

Suicide Prevention had a significant year, in June of 2020 PEI released a Suicide Prevention Strategic Plan and in September of 2020, the Board of Supervisors approved a resolution recognizing and adopting the Plan as a countywide initiative. In October of 2020, the first convening of the Suicide Prevention Coalition took place. The Coalition is made up of 6 subcommittees designed to implement each of the strategic approaches identified in the Plan. Ms. Brown encouraged those interested in participating in the Coalition to visit PEIruhealth.org for more information.

Work plan two, which is the Parent Education and Support Program, Ms. Brown highlighted their Strengthening Families Program, which is a 14-week parenting program that involves the whole family. Transitioning to the virtual platform due to COVID-19 was a challenge. It required a great deal of creativity and resourcefulness in order to maintain fidelity in the evidence-based practice. Two contract providers worked together alongside PEI to adapt the model. The virtual program was reviewed by the master trainer of the model and recognized it as the only program in the country to transition to a virtual platform while maintaining fidelity. The teams were so successful that they were asked to present to other Strengthening Families Program facilitators across the country.

Work plan four focuses on their Transition Aged Youth (TAY) population and they began a new contract called the TAY Resiliency Project, which includes 2 programs – Stress and Your Mood and the TAY Peer-to-Peer Services. While these individual programs have been in the PEI plan for many years, the new contract joined the services together under one contract allowing for improved service delivery.

The fifth work plan is their first onset for older adults, which has a few programs built in. Ms. Brown highlighted their cognitive behavioral therapy for late life depression program was recently put out to bid and they anticipate having an expansion for this program to all three regions in the next fiscal year.

Their seventh work plan focuses on the underserved cultural populations. This includes programs designed to specifically address the needs of identified unserved or underserved cultural populations. Ms. Brown clarified that all unserved and underserved populations in Riverside also benefit from the other PEI programs, but these are specifically designed to address particular cultural needs. After the success of the Building Resilience in African American Families (BRAAF) girls' pilot program, an RFP was released for each of the three regions. They anticipate to continue the current boy's program and the expanded girl's program in all three regions beginning next year. The Native American Project is also expected to begin services before the end of the FY20/21. The project includes culturally tailored family programs, which reflect cultural values, traditions, and spiritual practices as well as offering cognitive behavioral based therapy.

The third component of MHSA is WET (Workforce Education and Training), which address the workforce development needs for the Department and the community at large. This includes a specific focus on recruitment, training, and retention efforts. They focus on making sure our

workforce is culturally competent and practicing from a recovery-oriented standpoint. Some highlights for the program include the Executive Management's support of securing grant funding to bring in more advanced trainings, loan repayments for staff, stipends for interns, and career promotion activities for our K-12 system over the next four years. To help improve and strengthen their most critical evidence-based practices, they've made various investments such as purchasing their first e-learning software, providing continuing education credits to more professional staff in the agency, and have added multiple trainings on culture and trauma. They have made cultural competency training mandatory for all staff and contractors and they've put hundreds of training and development hours to improve supports for the supervisors throughout the agency. They took the lead in negotiating, securing, and implementing a clinical supervision plan for the entire Southern California region. They advanced the employee recognition program to support retention. When the pandemic created more isolation, they led efforts to launch social media campaigns to ensure that important information was shared with the public. They've hosted one of the most diverse student cohorts in the Department's history, with 70% of students identifying as a minority or an underserved group and 51% who are bilingual. Lastly, they revitalized and re-launched the volunteer services program and proudly enjoyed a 70% retention rate among staff who was issued tuition reimbursements; many, if not most, promoted within the agency.

The fourth component is Innovation, which is funded by MHSA, CSS, and PEI. About 5% of funding is allocated for Innovation projects, which are essentially research projects. This particular component is a way for the Department to create and test out new programs to see if it is viable and beneficial to the community and our consumers. Innovation projects are time-limited to 3-5 years. If the project is not successful, they use it as a learning experience and share their findings to other counties. If the project is successful, the project is incorporated into our service delivery system and the information is shared with other counties as well.

Current Innovations projects in the testing stages are the CSEC (Commercially Sexually Exploited Children) Mobile Team and the Help at Hand App Project, formerly known as the Tech Suite. The Help at Hand App Project was sped up last year due to the COVID-19 restrictions. They were in the process of developing the peer chat where people can log in to any mobile device or desktop and they'll have the ability to chat with a peer one-on-one. During its development, COVID-19 restrictions were implemented resulting in the isolation of many in the community. The Innovations team was able to expedite the app's development and implement the peer chat making it accessible early on during the pandemic. The app is officially named "Take My Hand," and can be downloaded on any mobile device, tablet or desktop from takemyhand.co. Another Innovations project that ended in August of 2020 was the TAY Drop-In Centers. The project was deemed successful by community feedback and they were able to implement the new program into the Department's system of care. TAY Drop-In Centers are presently open and active, but has a limited capacity due to COVID-19 restrictions.

The fifth and final component of MHSA is Capital Facilities and Technology. This component funds the building or improvement of physical infrastructures and updating/modernizing technology for the behavioral health system. Mr. Schoelen noted that this component no longer receives dedicated funding as part of MHSA, but instead use portions of CSS monies to support new projects. The most notable achievement this past year was the opening of Roy's Desert Oasis, which is a 92-bed augmented board and care home. The facility opened in August of 2020 and serves as a step-down for consumers from a more restrictive level of care.

An essential element of MHSA is community collaboration, commonly known as the stakeholder process. It includes a 30-day public posting of the draft plan in April and a public hearing in May. The dates have not yet been selected, but for those interested in receiving updates regarding these events may contact MHSA administration to be added to the distribution list. Due to COVID-19, last year's events had to be adjusted to accommodate the community and stay in compliance with the state's mandated deadlines and COVID-19 restrictions. These adjustments unexpectedly resulted in overwhelming success in terms of reach and feedback, so they plan to replicate the process this year with or without the lifting of COVID-19 restrictions.

OLD BUSINESS

1.) MHSA UPDATE: Sheree Summers, Administrative Services Manager for Workforce Education and Training, presented the Employee Appreciation Award to Brenda Anderson. Ms. Anderson demonstrated the kind of compassion, creativity, and grit that RUHS-BH staff is known for. Ms. Summers noted that the pandemic has definitely brought opportunities and challenges for us. Ms. Anderson was selected for the Employee Appreciation Award for her unyielding efforts in this unusual time.

2.) SAPT UPDATE: April Marier, SAPT Administrator, reported that they have been working on a master report to look at services throughout the SAPT system of care. Ms. Marier noted that once the report is finalized, it will be available for everyone to review. Some highlights from the report include the breakdown of services provided to specific genders. The report showed males were predominantly in the system at 57.5% and females were in the majority in IOT (Intensive Outpatient Treatment) and recovery services. The age range of women most served were 26-35 at 40.8%. The modalities most utilized was ODF (Outpatient Drug Free) at 41% and residential as the second highest at 32.5%.

Ms. Marier reported that one of the things they observed in the report is how the Waiver has changed SAPTs system of care. Before the Waiver, they rarely saw consumers move through the continuum of care. Once an individual has completed one form of treatment, they leave, which can lead to recidivism. What they discovered in the report is that more and more people are moving and transitioning through various levels of care – whether they are requiring lower or higher levels of care. The percentage of consumers transitioning from lower levels of care to higher levels of care (i.e. outpatient to residential) are at 32% and those consumers transitioning from higher levels of care to lower levels, which can include outpatient care, are at the highest percentage, which is at 42.3%. Ms. Marier remarked that before the Waiver, they rarely saw people transition to different levels of care, now that percentage is at 25%. The report also showed the pace in which consumers are transitioning. They found that 69% of consumers transition to a lower level of care in 14-days and 75% transition to a higher level of care within the same timeframe.

Recently, they received an email regarding the SU (Substance Use) Navigation Team at the hospital. Ms. Marier noted that the hospital is definitely seeing the benefit of having those teams stationed there. The SU Navigation Team never left the hospital, even with the increase of patients due to COVID-19. The Team stayed in the hospital meeting the needs of consumers and transitioning them to appropriate levels of care and treatment. They were able to link consumers to MAT (Medically Assisted Treatment) services and outpatient clinics from the hospital, which was a service that was never offered before. Ms. Marier singed the praises of the Navigation Team for their efforts and dedication, especially through these challenging times.

Lastly, Ms. Marier reminded everyone of the Family Advocate groups in SAPT. SAPT has been providing groups and services to consumers and their families as well as the general public. Ms. Marier noted that individuals and families do not have to be a consumer to participate and receive this benefit. These groups are very helpful for family members that don't know how to respond or care for a loved one that has a substance use disorder.

3.) MENTAL HEALTH AND SUBSTANCE USE DISORDER WAIVER UPDATE: Rhyan Miller, Deputy Director of Forensics and SAPT, reported that the Waiver extension passed and has been extended to December 31, 2021 and on January 1, 2022, CalAIM (California Advancing & Innovating Medi-Cal) proposals will be implemented. CalAIM is a multi-year initiative by the Department of Healthcare Services to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program The major components of CalAIM build upon the successful outcomes of the Whole Person Care (WPC) Pilot, Health Homes Program (HHP), Coordinated Care Initiative, and 1115 federal waivers (including Drug Medi-Cal Organized Delivery System aka DMC-ODS).

The primary goals of CalAIM is to identify and manage member risk and need through whole person care approaches and addressing social determinants of health. It also plans to move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility. Overall, it aims to improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

There were five workgroups that helped develop the proposals and they met between November 2019 to February 2020. The workgroup included: 1) Population Health Management and Managed Care Plan Annual Enrollment; 2) Enhanced care Management and In Lieu of Services; 3) Behavioral Health/ Behavioral Health Payment Reform; 4) Full Integration Pilots; and 5) NCQA (National Committee for Quality Assurance) Accreditation. Mr. Miller noted that Riverside County was heavily represented in these workgroups, which they had to apply for in order to participate.

Department of Healthcare Services is exploring the workgroups main item proposals to improve the way mental health and substance use disorder services are delivered to beneficiaries. Proposals include: mental health and substance use disorder payment reform; revisions to medical necessity criteria for specialty mental health services; county-level mental health and substance use disorder integration; and mental health institutions for mental disease (IMD) 1115 waiver opportunity.

The items that Behavioral Health is most interested in CalAIM are: peer support specialists across the mental health and substance use disorder systems. New laws were passed recently regarding formal certifications for peers and the Department is very excited about this change as it'll allow them to do more with peers in terms of serving consumers and improving the system of care. The second item is mandatory Medi-Cal application and behavioral health referral, release from adult and juvenile facilities. Mr. Miller noted that this is not a requirement of Behavioral Health, but DPSS (Department of Public Social Services). They're currently working with DPSS, Probation, RSO (Riverside Sheriff's Office) and population health to find a way to get this started in advance as it would greatly benefit the consumers if they are discharged with active Medi-Cal.

The next item is ECM (enhanced care management) and ILOS (in lieu of services) concepts and

crossover with Whole Person Care and Health Home Programs. This refers to intensive care management and mirrors much of what the Department does with the Whole Person Care teams, Health Home teams, and long-term care staff. Funds will be directed through the Managed Care Program and will pay the providers in the community.

For DMC-ODS, they will be updating the standard terms and conditions based on everything the Department has learned since the implantation of the Waiver. Much of what the county has done under the Waiver influenced the changes to the regulations, such as the use of peer support specialists in multiple levels of care.

"Medical Necessity/ No Wrong Door," is a big item, as it presented difficulty with consumers seeking services. The state recently modified the process to remove unnecessary barriers, documentations, requisites, etc. to help support Behavioral Health in their effort to provide/link consumers to appropriate levels of care as well as be able to bill for services prior to diagnosis. Engagement is a big piece in terms of serving consumers, which oft times can begin at street level with outreach teams or screenings with the CARES Line. Currently, those are not billable services, and having the ability to bill for those services before the consumer receives their diagnosis can help improve RUHS-BH ongoing fiscal inequities and allow for more enhanced services overall.

The final item is Administrative Integration, which refers to documentation and bill coding for consumers. Mr. Miller explained that this is "one human, one file, one set of billing codes," for all behavioral health staff, i.e. Mental Health, SAPT, Children's Services, Older Adults, etc. This piece will be implemented throughout the Department and its various services and programs in an effort to simplify and streamline the documentation processes.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: Tabled

MID-COUNTY REGIONAL BOARD: Tabled

WESTERN REGIONAL BOARD: Tabled

ADULT SYSTEM OF CARE: Tabled

CHILDREN'S COMMITTEE: Tabled

CRIMINAL JUSTICE COMMITTEE: Tabled

HOUSING COMMITTEE: Tabled

LEGISLATIVE COMMITTEE: Tabled

MEMBERSHIP COMMITTEE: Tabled

OLDER ADULT SYSTEM OF CARE COMMITTEE: Tabled

PUBLIC ADVOCACY COMMITTEE: Tabled

QUALITY IMPROVEMENT COMMITTEE: Tabled

VETERANS COMMITTEE: Rick Gentillalli reported that Toni Robinson from MHSA did a presentation on the Annual Update. The Committee has had great turnout with different representatives from Adult Protective Services and Child Protective Services attending their meeting.

EXECUTIVE COMMITTEE RECOMMENDATIONS:

ADJOURN: The Behavioral Health Commission meeting adjourned at 1:58 pm.

Tori St. Johns, BHC Secretary
Maria Roman, Recording Secretary

Riverside University HEALTH SYSTEM Behavioral Health

FY 2020/21 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	JUL	AUG	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
Anindita Ganguly, District 2	✓	✓	A	✓	✓	✓	✓	✓			
April Jones, District 3	✓	✓	✓	✓	✓	✓	✓	✓			
Beatriz Gonzalez, District 4	✓	✓	✓	✓	✓	✓	✓	✓			
Brenda Scott, District 3	✓	✓	✓	✓	✓	✓	✓	✓			
Carole Schaudt, District 4	✓	✓	✓	✓	✓	✓	✓	A			
Daryl Terrell, District 5	✓	✓	A	✓	✓	✓	A	✓			
Debbie Rose, BOS Rep. Dist. 2	✓	A	✓	A	✓	✓	✓	✓			
Greg Damewood, District 5	✓	✓	✓	✓	✓	✓	✓	✓			
Jose Campos, District 2	A	✓	✓	✓	✓	A	✓	✓			
Paul Vallandigham, District 5	A	✓	✓	✓	✓	✓	✓	✓			
Richard Divine, District 2 *(Redist. 4)*	✓	✓	✓	✓	✓	✓	✓	✓			
Rick Gentillalli, District 3	✓	A	✓	✓	✓	✓	✓	✓			
Tim Barton, District 1							✓	✓			
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.