

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR FEBRUARY 2, 2022 • 12:00 pm to 2:00 pm

CALL TO ORDER AND ROLL CALL – Chairperson, Rick Gentillallil called the Behavioral Health Commission (BHC) meeting to order at 12:00 pm.

Commissioner attendance was taken by roll-call.

CHAIRPERSON'S REMARKS – None

COMMISSION MEMBER REMARKS – Greg Damewood reported that he recently learned about the UNRUH Act and is interested in learning more. Mr. Damewood stated that it may be beneficial for the Commission and the public to learn more about the UNRUH Act and requested to have a presentation on it in the next month or two. Mr. Gentillalli responded stating that it will be considered at the next BHC Executive Committee meeting.

PUBLIC REMARKS – Carole Schaudt shared that she recently lost her eldest son to COVID-19. It has been a difficult two years for Ms. Schaudt as she has lost several cousins and close friends to COVID-19. Ms. Schaudt expressed her great appreciation for Desert Region Supervisor, Jim Grisham, for being incredibly supportive during this tough time. Members of the Commission and the public expressed their condolences and wished Ms. Schaudt well.

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

DIRECTOR'S REPORT – Dr. Chang gave an update regarding the upcoming round of infrastructure funds being distributed in the next coming months. Staff are working diligently on ensuring that capital investments will defray operational costs, which can help support efforts in expanding our continuum of care and reaching more consumers and getting them in the right level of care.

Since the beginning of the pandemic in 2020, Dr. Chang reported that RUHS-BH has achieved a great deal with regard to providing units and beds. Since 2020, RUHS-BH has made 300 beds available for consumers in different levels of care. RUHS-BH has provided more for its consumers and community than any other behavioral health agency in the state. Dr. Chang attributed the Department's accomplishments to the commitment and dedication of staff and ongoing successful partnerships with other agencies and organizations. Dr. Chang hopes that everyone recognizes the Department and its staff for their hard work and achievements, especially during these challenging times.

NEW BUSINESS

- 1) **"PROJECT LEAD" OVERVIEW** – Lorie Lacey-Payne, Parent Partner and Support Supervisor, gave an overview presentation on Project LEAD, a project they are involved in with CAMHPRO (California Association of Mental Health Peer-Run Organizations). LEAD stands for Lived Experience Advocacy and Diversity, which are the core elements of the project. "Lived Experience" targets storytelling as

an advocacy modality and upholds the value of lived experience in motivating collaboration and change. “Advocacy” is for empowering and equipping leadership of consumer run groups to ensure system change is driven by consumer priorities and needs. “Diversity” focuses on the underserved and underrepresented populations. It incorporates social justice as integral to system change and peer supports by bringing diverse voices to local and state policy making.

The Department is working with CAMHPRO to focus on underserved populations, specifically migrants, the LatinX population, and others that have a difficult time accessing care and services. RUHS-BH and CAMHPRO will be holding listening sessions to make a list of priorities based on feedback from the community. Ms. Lacey-Payne encourages members of the public and the Commission to participate and help promote the listening sessions. Flyers for promotions will be available in English and Spanish and will be distributed once it is approved.

Dates for the upcoming listening sessions are: March 4 at 9:00 am; March 9 at 6:00 pm; March 24 at 6:00 pm. They are also determining additional listening session dates specifically for the migrant farm workers in the Desert Region, which will be posted as soon as they are available. The listening sessions will be held via Zoom and translation services will be available at each meeting. They will share the link via email, which will include a survey and a sample of questions that will be discussed during the sessions. Incentives (\$25 gift cards) will also be available for the first 10 (or so) participants of the listening session.

Additionally, local and statewide summits will be held in the upcoming months to further discuss and determine priorities across the state. All the data gathered from the listening sessions and summits will help determine planning and implementation and establish ongoing advocacy plans as they move forward.

Brenda Scott asked if the information will be shared with MHSA for their Annual Planning Update and if MHSA funding will be involved. Kristin Duffy and Toni Robinson explained that Project LEAD has separate funding and will not involve any funds from MHSA. However, in terms of the research and data collection, Cultural Competency will be involved in some form. Ms. Robinson stated that they do plan on considering information and feedback that may be pertinent from Project LEAD that can help strengthen MHSA Planning.

- 2) **RIVERSIDE COUNTY OFFICE ON AGING – AGING & DISABILITY RESOURCE CONNECTION – OVERVIEW OF PROGRAMS AND SERVICES** – Traci Cornelius, Social Services Supervisor from Office on Aging, gave a presentation on the number of programs and services available through Office on Aging. Their main line is 877-932-4100, callers will be connected to an information specialist that can help determine the appropriate resources and linkages for services. Another phone number associated with Office on Aging is 800-510-2020, which is a statewide number that will connect you to your area’s closest agency on aging.

On June 18, 1974, the Board of Supervisors designated the Riverside County Office on Aging as a County Department on Aging for the Planning and Service Area 21 (PSA21). It serves as the Area

Agency on Aging (AAA) for all of Riverside County and is one of 33 AAAs within the State of California, and one of 622 in the United States.

Riverside County's Office on Aging receives funding from the federal level through the Older Americans Act, and the state level through California Department on Aging (CDA). Additionally, they also receive funding through partnerships and contracts with other county departments, including RUHS-BH Prevention and Early Intervention. The Older Americans Act is a major funding vehicle for delivery of social and nutritional services for older persons. Programs funded at the federal level has a required age of 60, however, there are other programs through separate funding that help serve other age groups and populations.

The Older Americans Act funds supportive services that include: congregate nutrition services (meals served at group sites such as senior centers, schools, churches, or senior housing complexes), home delivered nutrition, family caregiver support, community service employment, long-term care ombudsman program (ombudsman are embedded in all long-term care facilities such as nursing homes), material aid assistance (utility assistance, replacement of small appliances, transportation, etc.), and other services that help prevent the abuse, neglect, and exploitation of older persons.

Ms. Cornelius shared a "partial list" of Office on Aging's partnerships and collaborations with other county departments and health organizations. Among the list are RUHS-Behavioral Health (BH), RUHS-Medical Center, Department of Social Services (DPSS), Inland Caregiver Resource Center, and Molina Healthcare. RUHS-BH and Medical Center are two of Office on Aging's most notable partnerships. RUHS-BH have embedded behavioral health liaisons in Office on Aging offices in Riverside and Indio. They serve as advocates and case managers by reconnecting clients to services, determining eligibility for services, private insurance eligibility, and assistance in locating clinics or counseling nearby. RUHS-BH's Prevention and Early Intervention (PEI) developed a program based on patient self-empowerment model called "Healthy Ideas." Healthy Ideas is an evidence-based program embedded within one of their case management programs to help consumers struggling with depression. Ms. Cornelius noted that since the implementation of "Healthy Ideas," there has been a statistically significant decline in depression among clients that participate in the program.

Office on Aging and RUHS-Medical Center's collaboration lead to the development of direct service program called "Care Transitions Intervention (CTI)." It is an evidence-based model developed by geriatrician Dr. Eric Coleman at the University of Colorado. Liaisons or a "CTI Coach" is embedded at the Medical Center to provide assistance for discharged seniors and disabled adults. The goal of Care Transitions Intervention is to reduce the readmission of seniors and disabled adults to the hospital for avoidable reasons. Ms. Cornelius explained that many times they are readmitted for something as simple as their discharge instructions being unclear, medications went unfilled, or follow-up care/appointments were not made. Since the implementation of Care Transitions Intervention, the number of readmissions of seniors and disabled adults have decreased from 23% to 6-8%.

DPSS and Office on Aging developed an education program called "STAR" (Support Training and Retention) for Public Authority. Care Pathways is an educational program that train family members

and/or caregivers of someone with dementia, on how to provide them with the appropriate care and support. A similar training is also provided to Public Authority's caregivers from their In-Home Supportive Services program to help them understand how to work and care for someone with dementia. In addition to training and education, DPSS also has a case management program called HARTS, which is done in collaboration with Adult Protective Services and IHSS clients.

Office on Aging works in collaboration with the Inland Caregiver Resource Center to coordinate and host family caregiver conferences. With their joint funding, resources, and connections they are able to provide quality presentations, assemble a variety of resources, and produce a panel of expert speakers (physicians, therapists, etc.) to help educate family members and caregivers on older adult care.

Molina Healthcare works in conjunction with Office on Aging to provide Enhanced Case Management services as required by CalAIM. It was initially called Health Home Program, but with the changes implemented by CalAIM, they've transitioned to Enhanced Case Management. Molina Healthcare provides Office on Aging a list of assigned zip codes where they are to provide Enhanced Case Management according to CalAIM standards.

Office on Aging's referred and contracted services include respite for family caregivers, homemaker services, senior legal assistance, home-delivered meals/ congregate meals, adult day health center (Eisenhower 5 Star Club), long-term care ombudsman program, transportation services, and bus tickets. A notable resource is their contract with HICAP (Health Insurance Counseling and Advocacy Program), which is a program that assist clients with inquiries or concerns regarding MediCare, MediCal, HMOs, medi-gap insurances, etc.

In addition to CTI, Office on Aging offers a wide array of direct services ranging from outreach services, system navigation, employment, multiple case management services, and many others. Their main line phone number (877-932-4100) is called HelpLink I&A. It connects callers to trained information assistance specialist that can help determine their needs and provide guidance on how to navigate through the system. Their InfoVan or Healthy Lifestyle Van is an outreach program where staff participate in health fairs and community events, or go to different locations (i.e. grocery stores, clinics, etc) where they provide resources, screenings, linkages, blood pressure checks, and assistance with services they may be eligible for. Assistance at Home is also an outreach program, but is focused on providing assistance and support directly in the client's home.

Health promotion programs offered by Office on Aging are Fit After 50, Chronic Disease Self-Management Program, Healthy Options Program (HOP), Gingosize, Walk With Ease Walking Program, and SNAP-Ed (Supplemental Nutrition Assistance Program Education. Nutritional services offered are the home delivered and congregate meals for older adults. Employment services include Senior Community Service Employment Program (SCSEP), which is a subsidized work-based training for low-income and unemployed adults 55 and over. There is also the Retired and Senior Volunteer Program (RSVP), which places volunteers aged 55 and over in the public sector and community-based organizations.

Care Pathways is a comprehensive family caregiver support and education program for nonpaid family caregivers. It is a 12-week program that teaches a series of classes that cover topics such as identifying signs of stress, stress reduction techniques, legal issues related to caregiving, and prevention of caregiver burnout. Care Pathways also offers transportation and caregiver services to allow family caregivers participating in the program to attend their classes. All participants are given a pre and post-test, which is based on The Center for Epidemiologic Studies Depression Scale (CES-D20), which measures symptoms of depression and feelings of stress. Data has shown that caregivers that participate in the program experience a significant decrease in their symptoms of stress and depression. Ms. Cornelius noted that the program has been so successful that Office on Aging received the “Bright Idea Award” from the Ash Center for Democratic Governance and Innovation at Harvard Kennedy School.

Office on Aging also offers a wide array of case management services that provide comprehensive support and assistance, such as Grandparents Raising Grandchildren (GRG), CareLink/Healthy IDEAS, and Family Caregiver Support Program (FCSP), Helplink Plus, and Senior Housing Integrative Partnership (SHIP). They also provide a fairly niche case management service called Tech Access, which is a case management service that provide technology support, equipment and education to select seniors 60 years and older that are isolated or are caregivers with limited knowledge of technology. Ms. Cornelius explained that the goal of Tech Access is to reduce isolation and loneliness, and increase the participants’ ability to utilize technology.

Ms. Cornelius noted that when the COVID-19 pandemic began, some of these services were unavailable due to social distancing restrictions. However, services that they were able to transition virtually or telephonically, they managed to continue until restrictions began to lift. When restrictions began to lift and facilities were allowed to re-open, they provided personal protective equipment and free vaccinations to all staff members. Case managers contacted each of their clients to determine what their comfort level is with regard to in-home visits and gave them the option to continue virtually, if preferred.

OLD BUSINESS

- 1) **MHSA UPDATE** – David Schoelen, MHSA Services Administrator, reported that they are entering into their formal stakeholder process for MHSA and are requesting the Commission to form an ad hoc to participate in conducting the public hearings, review community feedback, and develop responses and recommendations for this year’s MHSA Annual Update. This year they will be replicating the last two year’s virtual version of the MHSA public hearings and stakeholder process, and all materials and forms will be available in English and Spanish. As things are slowly returning to normal, Mr. Schoelen and his staff are making some pre-emptive plans in the event they are able to conduct this year’s planning process in a hybrid form (virtual and in-person). Mr. Schoelen reported that April Jones has already expressed interest in participating, however, he still needs a minimum of two additional Commissioners for the ad hoc. After a brief discussion, Commissioners Brenda Scott and Beatriz Gonzalez agreed to participate in the ad hoc.

Mr. Schoelen also announced that Robert Youssef was recently promoted within the Department and their new Public Information Specialist is Andrea Ramirez. Ms. Ramirez will be the point of contact for the ad hoc and will coordinate with the group to make arrangements. Mr. Schoelen added that they are also on schedule for the March BHC meeting to give a presentation on this year's MHS Annual Update.

- 2) **SAPT UPDATE** – April Marier, SAPT Administrator, reported that they have completed their Contingency Management Proposal and is currently being routed for approval. The Contingency Management Proposal is an evidence-based treatment program that provide incentives to reduce the use of stimulants by recognizing and reinforcing positive behavior changes. Many services are also being expanded such as the addition of early drug intervention services in all county clinics and contract provider facilities, which will be covered by MediCal.

Ms. Marier reported that they have added and filled two much-needed positions in SAPT – an Assistant Medical Director and a Perinatal Navigator for the Navigation Team in the hospital. The new Assistant Medical Director for SAPT is a psychiatrist specializing in addiction. Ms. Marier added that they are working on expanding Medically Assisted Treatment (MAT) services to more clinics, provide psychiatric services to START consumers and perinatal consumers. The Perinatal Navigator will be providing assistance to the perinatal community at the hospital to provide resources and service linkages.

Will Harris, Prevention Services Manager, provided an update on their current Strategic Prevention Framework Plan. One of the goals of the Program is to reduce access and availability of alcohol and drug use for young adults and youth in the Desert Region. They have contracted with a provider, REACHOUT, to conduct focus groups over the next several weeks to gather feedback indicating the prevalence of alcohol and drug use of young adults and youth in the Desert Region. Mr. Harris stated that the agency will be reaching out and encourages everyone in the community to provide as much information as possible to get an accurate set of data. Mr. Harris also encouraged everyone to promote the study and to contact him if there are any organizations they believe would be interested in participating.

COMMITTEE UPDATES

DESERT REGIONAL BOARD – Carole Schaudt announced that Jim Grisham will be a part of a panel at the upcoming town hall meeting in Blythe. Flyers for the event are available for more information.

MID-COUNTY REGIONAL BOARD – Brenda Scott reported that they met on January 6. Dylan Colt and Andrea Ramirez are helping them work on membership and recruitment strategies. They also received a presentation on an upcoming housing project in Wildomar, which will be low-income, affordable, and supportive housing.

WESTERN REGIONAL BOARD – Greg Damewood reported that their minutes will be available for review after their meeting later in the afternoon. Their biggest concern at the moment is membership.

ADULT SYSTEM OF CARE – Ms. Scott reported that Venise Russ, Mid-County Region Supervisor, introduced them to the new supervisor for the Hemet Clinic. Shannon McCleerey-Hooper gave an update on the Wellness Cities in Riverside and an overview of this year’s MHSAs Annual Plan Update.

CHILDREN’S COMMITTEE – Tori St. Johns reported that they met on January 25 and their next meeting will be held on “2/22/22.” All are invited to attend.

CRIMINAL JUSTICE COMMITTEE - Tabled

HOUSING COMMITTEE – Ms. Scott reported that the four No Place Like Home (NPLH) Project proposals were submitted in January.

LEGISLATIVE COMMITTEE – Tabled

MEMBERSHIP COMMITTEE - Tabled

OLDER ADULT SYSTEM OF CARE COMMITTEE – Ms. Scott reported that they received a presentation on the CARE Program, which stands for Curtailing Abuse Related to the Elderly. Ms. Scott noted that it was an excellent and informative presentation, it would be worth considering to have them present at a Commission meeting.

QUALITY IMPROVEMENT COMMITTEE - Tabled

VETERANS COMMITTEE - Tabled

EXECUTIVE COMMITTEE RECOMMENDATIONS – Greg Damewood requested to have the UNRUH Act presentation considered as an agenda item for one of the upcoming Commission meetings.

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

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

FY 2021/22 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	Jul	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
April Jones, District 3	P	P	P	P	A	P				
Beatriz Gonzalez, District 4	P	P	P	P	P	P				
Brenda Scott, District 3	P	P	P	P	P	P				
Carole Schaudt, District 4	P	P	P	P	P	P				
Daryl Terrell, District 5	P	A	P	P	P	P				
Debbie Rose, BOS Rep. Dist. 2	P	P	P	P	P	P				
Greg Damewood, District 5	P	P	P	P	P	P				
Jose Campos, District 2	P	P	A	P	P	P				
Paul Vallandigham, District 5	ML	ML	ML	P	P	P				
Richard Divine, District 2	P	P	P	P	P	P				
Rick Gentillalli, District 3	P	P	P	P	P	P				
Victoria St. Johns, District 4	P	P	P	P	P	P				
Dr. Walter Haessler, District 1	P	P	P	P	P	P				

Present = P • Absent = A • Medical Leave = ML