

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

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

COMMISSION MEMBERS REMARKS – Brenda Scott reported that the 15th Annual NAMI Walk will be on October 10. Due to COVID-19, the NAMI Walk will be a virtual event and the kickoff luncheon will also be held virtually on September 9 at 11:00 am.

PUBLIC REMARKS – None

MINUTES OF THE PREVIOUS MEETING – Minutes were accepted as written

NEW BUSINESS

1. FAREWELL TO COMMISSIONER – DR. DILDAR AHMAD: Dr. Ahmad was unable to attend the meeting due to a schedule conflict with work. April Jones reported that she and Dr. Ahmad coordinated a time and date to meet to accept his plaque. Mr. Divine shared the language on the plaque, which read: "It is with deep gratitude, you are thanked for your years of service from 2016-2020 as a Commissioner for the County of Riverside. For your support and leadership of Behavioral Health, upon you are recognized. With care and best wishes, we salute your contributions and count you as a friend. It is our honor to present you with this plaque, September 2020."
2. BEHAVIORAL HEALTH COMMISSION ANNUAL REPORT FY 19/20: Brenda Scott made a motion to approve the Annual Report for submission to the Board of Supervisor's Office, Carole Schaudt seconded the motion. Liaison performed a roll call to collect votes and the Annual Report was approved by a majority.
3. SUICIDE PREVENTION MONTH – BUILDING HOPE & RESILIENCY: Diana Brown and Mindy McFarland from Prevention and Early Intervention (PEI) gave a detailed overview of the newly adopted suicide prevention plan called "Building Hope and Resiliency – A Collaborative Approach to Suicide Prevention in Riverside County." The Plan was formally adopted by the Board of Supervisor's Office the day before and PEI will be recognizing Suicide Prevention Week beginning September 6 – 12. Ms. Brown provided an overview of how PEI developed the Plan and Ms. McFarland gave an overview of the Plan itself.

One of the primary goals of PEI is suicide prevention. They have offered suicide prevention gatekeeper trainings for many years and in the last two years, they have increased the training teams significantly. PEI programs contribute to the goals of suicide prevention through building

protective factors and decreasing risk factors. The increased energy around suicide prevention began in June 2018, when the CDC released the “Preventing Suicide – A Technical Package of Policy, Programs, and Practices” report, which indicated an increase in suicides across the nation. In November 2018, Riverside County started their participation in the Suicide Prevention Learning Collaborative, which is the statewide effort lead by our state partners through Each Mind Matters. In January 2019, they developed a suicide risk assessment tool for schools, which was created in partnership with RUHS-Public Health, RUHS-Behavioral Health, Riverside County Office of Education (RCOE), Parks, and Riverside County School Districts. In July 2019, they hosted Riverside County Suicide Prevention Stakeholder meetings, where 55 individuals from 33 different organizations across the County came together to review local data that contributed to the Plan. In December 2019, the Mental Health Services Oversight and Accountability Commission released the “California Strategic Plan for Suicide Prevention Striving for Zero.” Then in June 2020, Riverside County released “Building Hope and Resiliency – A Collaborative Approach to Suicide Prevention” Plan, which was formally adopted by Riverside County’s Board of Supervisors on September 1. The Plan is based on several national documents, including the CDC’s Preventing Suicide Technical Package, The National Action Alliance for Suicide Prevention Transforming Communities Report, and California’s Striving for Zero Strategic Plan. With feedback and input from the Riverside County Suicide Prevention Stakeholders, they’ve developed strategies to prevent suicide in Riverside County.

The Plan starts with the suicidal crisis path, which is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual’s suicidal experience. The purpose is to match intervention approaches with the training risk factors and protective factors that would be the mechanisms to prevent a suicide from happening. This was taken from Fresno County’s Suicide Prevention Strategic Plan that was created in 2018. This is a multi-layered approach that include three levels of intervention – 1) Universal: referring to approaches designed for an entire population without regard to individual risk factors; 2) Selective: referring to approaches whose strategies are targeted to one or more sub-groups of a population determined to be at-risk; and 3) Indicated: referring to interventions aimed at an individual showing signs of suicidal ideations or behavior.

The suicidal crisis path framework for suicide prevention includes four components – 1) Upstream, which refers to life skills and resilience, social connectedness and support of help-seeking; 2) Prevention, referring to identifying persons at-risk through gatekeeper training; 3) Intervention, which includes access to effective mental health and suicidal care and treatment, effective response to individuals in crisis, safe care transitions, linkage, and reducing access to lethal means; and 4) Post-vention, which is immediate and long-term post-vention referring to after a suicide death has occurred and those who have been affected by that loss.

By combining the suicide prevention resource center’s comprehensive approach to suicide prevention with the suicidal crisis task to the three levels of intervention, they are able to identify potential programs, interventions to implement, and how they can be most effective in the Plan. Ms. McFarland reviewed the Overarching Strategic Approaches of the Plan and the first is Building Infrastructure and Support. This refers to the creation of leadership and partnerships in order to manage assets, resources, and help guide the implementation of the strategic plan. The next Overarching Approach is Effective Messaging and Communications, which refers to safe messaging and disbursement of information. National Action Alliance for Suicide Prevention found that

certain types of public messaging about suicide can actually increase risk among vulnerable individuals and conversely, communications can be a powerful tool to promote resiliency, encourage help-seeking, publicize prevention successes and encourage actions that help prevent suicide. It was an expressed need to improve the way we advertise and communicate available services and prevention services. Additionally, with safer de-stigmatizing messaging around suicide, we can promote utilization of prevention and intervention services, increase awareness, and encourage help-seeking behaviors. The last Overarching Approach is Measuring and Sharing Outcomes. This refers to the development of strategies and effective methods of sharing and collecting data across different departments and agencies. The World Health Organization states that improved surveillance and monitoring of suicide and suicide attempts is required for effective suicide prevention. Data helps paint a picture of who is most at risk, are services/programs having the intended impact, what are the successes/failures, and what needs improvement.

Ms. McFarland reviewed the supporting strategic approaches that fall under each component of the suicidal crisis path framework. Upstream has two supporting strategic approaches – 1) Healthy and Connected Communities and 2) Promoting Resiliency. Healthy and Connected Communities refers to the promotions of effective programs and practices that reduce suicidal behaviors and support wellness and recovery by increasing social engagement and access to peer support services. Promoting Resiliency refers to the promotion of effective programs and practices that enhance protective factors by teaching coping and problem solving skills and strengthening internal supports that promote resilience.

Prevention has two supporting strategic approaches – 1) Trainings and 2) Engaging Schools. Trainings refers to being able to provide training to community groups on the prevention of suicide and to clinical service providers on the recognition, assessment, and management of at-risk behaviors. Research has found that there are some evidence from the literature that gatekeeper training can improve knowledge, beliefs and attitudes, self-efficacy, and reluctance to intervene. By having more of our population trained to recognize warning signs of suicide, how to appropriately link and connect to services and how to intervene will support someone at-risk, potentially increase intervention behavior and reduce suicide deaths in the County. Engaging Schools refers to the standardization and implementation of policies across districts to improve communication, collaboration, and consistency of suicide prevention, intervention, and post-vention efforts. This also to creating an environment in which schools can serve as a resource to the community and foster social emotional growth and connection. Schools are a primary location for children and adolescents to develop connections and build protective factors. Research shows that school connectedness, which is built to have positive influences on many types of adolescent behavior, appears to be both directly and indirectly protected for suicidality.

Intervention's two supporting strategic approaches include – 1) Means Safety and 2) Expansion and Integration of Suicide Prevention in Health Services. Means Safety promotes efforts to reduce access to lethal means of suicide among individuals experiencing suicidal thoughts. Many empirical studies have shown that means restriction is effective. Although some individuals might seek other methods, many do not. Those who do, the means chosen are less lethal and are associated with fewer deaths compared to when dangerous means are available. The Expansion and Integration of Suicide Prevention in Health Services aims to promote suicide prevention as a core component of healthcare services to increase access to assessment, intervention, and care. Additionally, this effort creates a continuity across the spectrum of emergency inpatient primary

care, mental health, and substance abuse services. Numerous research studies suggest that there is a need for integration to primary and behavioral healthcare. They learned that integrated healthcare providers can reduce overall suicide rates.

The final component of the suicidal crisis path framework is Post-vention. Post-vention's supporting strategic approach is Post-vention Services, which refers to a coordinated response following a suicide death. This strategic approach provides supports to those impacted by a suicide death. Post-vention Services' goal is to promote healing and reduces risk of additional suicides. Research shows survivors of suicide loss are at a higher risk of developing major depression, post-traumatic stress disorder and suicidal behaviors, as well as a prolonged form of grief called "complicated grief." Currently, Riverside County does not have a peer suicide loss team. Post-vention efforts in Riverside County is a primary area of focus in order to work toward reducing suicides in the County.

Ms. Brown concluded that they are now in the process of recruiting for their coalition and looking for members to help bring the Plan to life. For more information on how to get involved, she encouraged those interested to contact them at PEI@ruhealth.org.

Ms. Brown reported that the Board of Supervisors also formally recognized September as National Recovery Month. PEI has launched a virtual campaign where each week throughout the month of September they will send an email listing a variety of activities to recognize suicide prevention and mental health overall. The activities are designed to promote hope, resiliency, and recovery in our communities, while bringing attention to suicide prevention and celebrating recovery.

September 10 is World Suicide Prevention Day, individuals can participate by lighting a candle by their window at 8:00 pm and taking a moment of silence to remember the lives that have been lost to suicide. Ms. Brown added that they have a calendar full of events that can be found on the Up2Riverside landing page.

DIRECTOR'S REPORT – Dr. Chang first thanked Diana Brown and Mindy McFarland for doing their presentation at the Commission and the Board of Supervisors Office the day before. Dr. Chang also thanked the whole team that participated in the formulation of the strategic plan.

Dr. Chang welcomed the return of Toni Robinson as MHSA's new Cultural Competency Manager.

Dr. Chang reported that the Department is beginning to utilize the Whole Person Health score with the integration efforts. There are parts of the Whole Person Health score that correlate with the functioning of a consumer and is a good indicator of what type of service they may need as well as how intensive their needs may be.

The Whole Person Health score was originally designed for adults, which won the Safety Net Institute Award. The Department is working with the Community Health Centers to develop it for children and adolescents. Dr. Chang believes this will be beneficial in their efforts as they discover more nuanced approaches in treatments and services.

Dr. Chang reported that Community Health Centers have experienced a jump in consumers receiving both physical and behavioral healthcare services. When the integration of services first began, there were less than 3% of consumers receiving both physical and behavioral health services. Recent data shows there is over 42% of consumers now receiving physical and behavioral health services. The

Corona facility, which has three facilities consolidated in one location, has experienced a 600% increase in services. Dr. Chang recently had the opportunity to present at the CHC Board, where they had some consumers speak regarding their experience. One consumer shared their experience struggling with hip surgery and the number of behavioral health challenges it presented. Since the consumer was receiving services in Corona, they were able to get primary care service for their hip surgery, as well as behavioral health services (i.e. group peer support, psychiatry services, parenting classes, etc.).

Dr. Chang reported that the mobile site services within FSP, which is a team dedicated to assist people with the highest needs in the county, has made some significant strides in reducing recidivism. The Department has a "Top 40" list of individuals that struggle the most with hospitalizations and arrests on an annual basis. Dr. Chang stated that these are individuals that have had dozens of psychiatric admissions, hospitalizations, or arrests every year. Dr. Chang reported that 72% of those on the list have not had any subsequent hospitalizations since their encounter with the mobile site team.

Lastly, Roy's Desert Springs recently experienced a fire, which was safely put out with no injury or incident. The Department along with EDA has been working around the clock to get construction back on track as they are scheduled to re-open after Labor Day.

OLD BUSINESS

- 1.) MHSA UPDATE: Toni Robinson provided the update in David Schoelen's absence. Ms. Robinson reported that she is the newly hired MHSA Cultural Competency Manager. Ms. Robinson looks forward to working with the community to develop a new cultural competency plan for Behavioral Health. Their work will rely heavily on feedback from the community and from their cultural consultants.

Ms. Robinson also reported that the MHSA Plan has been adopted by the Board of Supervisors and they are waiting for the minute order to forward to the State.

- 2.) SAPT UPDATE: April Marier reported that Friday Night Live is back and seeing kids virtually. They are excited to have youth services available once again and hope to have more youth involved in the coming weeks.

Recovery Happens will be a virtual event this year. Due to COVID-19, they're unable to hold their usual outdoor event at the park, so staff found creative ways to celebrate the event virtually. Ms. Marier reported that they have been busy capturing and editing videos of various staff and consumers sharing their stories and service highlights to be posted on YouTube and social media. Ms. Marier shared one of the videos to showcase the work they've done and encouraged everyone to visit YouTube and the Department's social media platforms to view and share the videos.

COMMITTEE UPDATES:

DESERT REGIONAL BOARD: None

MID-COUNTY REGIONAL BOARD: Kim McElroy reported that the Board finalized their four goals, which are listed in the BHC Annual report. They formalized the adoption of an ad hoc committee to assist the Board in implementing those goals and look at how they can address and accomplish them.

WESTERN REGIONAL BOARD: None

ADULT SYSTEM OF CARE: Brenda Scott reported that Jim Hill from Family Advocate and Will Harris from Substance Abuse Prevention and Treatment Program gave a presentation on how Family Advocate and Forensics are working together to support families in need. JWC is continuing their work with the Building Up Lives foodbank in Moreno Valley. They are working on two goals – 1) increasing membership and 2) developing an RUHS resource folder to be disseminated with the COVID-19 pandemic is over. Lastly, Tom Peterson shared that they are working on having educational videos about COVID-19, to be played at the clinic’s lobbies. Mr. Peterson stated that many consumers are not fully informed on the disease, how to stay safe, and how to slow the spread.

CHILDREN’S COMMITTEE: Tori St. Johns reported that they had a roundtable discussion sharing details about programs and projects they were involved in. The next meeting will be on Tuesday, September 22.

CRIMINAL JUSTICE COMMITTEE: None

HOUSING COMMITTEE: Brenda Scott reported they discussed their goals of putting together a virtual housing education forum and a room and board coalition. Marcus Cannon shared some information regarding an upcoming Elder Abuse Awareness Webinar that addresses the issue of financial fraud. The HHOPE Program continues to operate at full capacity and the Coordinated Entry System continues to help connect people experiencing homelessness to supportive housing programs. The Housing Program is currently exploring the idea of acquiring motels and converting them into transitional housing units. The area they’re currently focusing on is the Coachella Valley as they have identified a big need in the community. Mr. Cannon also reported that there are vacancies in HUD grants and surplus of HUD vouchers for veterans. The No Place Like Home’s 22-unit permanent supportive housing will be ready in November and will be accommodating homeless seniors in the County through the Coordinated Entry System Home Connect. Lastly, they discussed the tenant-based rental assistance and the challenges of moving formerly incarcerated individuals from transitional housing onto permanent supportive housing.

LEGISLATIVE COMMITTEE: April Jones reported that they discussed the expansion of AB 3242 to include individuals that have a chronic illness that if goes untreated can be life threatening. Ms. Jones reported that if the individual is not taking precautions to get the medical treatment, this legislation would increase the doctor’s documentation and follow-up to secure medical treatment for them as well as part of that gravely disabled. They also discussed their concern over Public Health’s order prohibiting visitation at hospitals as it increases isolation for those in the hospital, which can be counterproductive for patients undergoing treatment/recovery.

MEMBERSHIP COMMITTEE: None

OLDER ADULT SYSTEM OF CARE COMMITTEE: Tony Ortego reminded everyone that their next meeting is on Tuesday, September 8 at noon. Brenda Scott reported that they discussed using politically correct language in their mission and goal statements. Regional supervisors provided updates on PPEs and social distancing measures. Some clinics have experienced an increase in the number of consumers coming to the site for appointments. Remote group therapy appointments are held every week and clinics are running field based services, such as transportation to urgent doctor appointments. There was a discussion regarding Boards and Cares community care licensing and populations at risk of being homeless. Lastly, they discussed Mid-County FSP locations and their long-term goals within the Older Adult FSPs.

PUBLIC ADVOCACY COMMITTEE: April Jones reported that they discussed the need for more communication and more information on what's happening in the clinics. They plan to extend an invitation to David Schoelen as his programs cover about 98% of what the Commission typically request updates on. Their goal is to have more communication about programming, what issues they are seeing in clinics, how they can provide support, and how to get the information back to their Supervisors, the public, and the Commission. They would like to work on a process of doing that and their first goal is to be completely informed about what is happening in the clinics/programs.

QUALITY IMPROVEMENT COMMITTEE: None

VETERANS COMMITTEE: None

EXECUTIVE COMMITTEE RECOMMENDATIONS:

ADJOURN: The Behavioral Health Commission meeting adjourned at 1:45 pm.

Maria Roman

Tori St. Johns, BHC Secretary

Maria Roman, Recording Secretary

FY 2020/21 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

MEMBERS	JUL	AUG	SEP	OCT	NOV	JAN	FEB	MAR	APR	MAY	JUN
Anindita Ganguly, District 2	✓	✓	A								
April Jones, District 3	✓	✓	✓								
Beatriz Gonzalez, District 4	✓	✓	✓								
Brenda Scott, District 3	✓	✓	✓								
Carole Schaudt, District 4	✓	✓	✓								
Daryl Terrell, District 5	✓	✓	A								
Debbie Rose, BOS Rep. Dist. 2	✓	A	✓								
Dildar Ahmad, District 1	✓	A	A								
Greg Damewood, District 5	✓	✓	✓								
Jose Campos, District 2	A	✓	✓								
Paul Vallandigham, District 5	A	✓	✓								
Richard Divine, District 2 (<i>Redist. 4</i>)	✓	✓	✓								
Rick Gentillalli, District 3	✓	A	✓								
Victoria St. Johns, District 4	✓	✓	✓								
Dr. Walter Haessler, District 1	✓	✓	✓								

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

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.