

## **RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION**

MEETING MINUTES FOR JULY 6, 2022 • 12:00 pm to 2:00 pm

**CALL TO ORDER AND ROLL CALL** – Madam Chairperson, Tori St. Johns called the Behavioral Health Commission (BHC) meeting to order at 12:00 pm.

Commissioner attendance was taken by roll-call.

**ADOPTION OF AB 361 RESOLUTION NO. 2021-001** – Ms. St. Johns commenced the vote for “AB 361 to authorize teleconference meetings for the Behavioral Health Commission for an additional 30-days.” The BHC Liaison conducted votes by roll-call; Commissioners unanimously approved the adoption of the Resolution.

**DIRECTOR'S REPORT** – (Please note: Director's Report was moved up on the agenda per Director's request). Dr. Chang reported that a few weeks earlier, the Coachella Recovery Village received \$75.9 million in grant funding from the Behavioral Health Continuum Infrastructure Program (BCHIP). It was the highest single award in the state and in terms of region (Southern California), RUHS-BH received the entirety of the allocated BCHIP funding. Dr. Chang noted that there is also additional funding granted to RUHS-BH in terms of related discretionary funding components. The Hemet Recovery Village, unfortunately, did not receive any BCHIP funding in this round, however, the team designed the project so well that it also qualifies for the Community Care Expansion Program (CCE), which offers \$100 million in grant funding.

No Place Like Home Program recently awarded their fourth round of funding, and RUHS-BH received \$29.6 million for supportive housing. Dr. Chang noted that this fourth round of funding brings the Department's total awarded grant a total of \$78.8 million. This will allow RUHS-BH to build a total of 428 units for those with SMI (serious mental illness), as well as allow developers to leverage the funds to build 1039 affordable housing units. Dr. Chang added that this is not the final round of funding the Department can receive from No Place Like Home as there are additional rounds of funding to come.

**CHAIRPERSON'S REMARKS** – Madame Chair, Tori St. Johns, expressed that she is honored and thankful for becoming the newly elected Chairperson for the BHC. Ms. St. Johns began with the Substance Abuse Board several years ago, prior to the merge of Mental Health and Substance Use into the Behavioral Health Commission in 2014. She has seen all the work the Department has done over the years and is incredibly proud to hear all the successes from both consumers and staff with regard to the available programs and treatment services.

**COMMISSION MEMBER REMARKS** – Beatriz Gonzalez and Brenda Scott both expressed their gratitude for the Department's hard work with regard to all the innovative projects they've designed, as well as the grant funding they've received. Many are excited to see these projects come to fruition and the positive impact they will have in the community.

Richard Divine thanked the executive team from the previous year for their hard work and effort, and looks forward to working with the new team this fiscal year.

**PUBLIC REMARKS** – Lisa Morris shared that she truly appreciated hearing the success stories of consumers during the BHC meetings and inquired if it's possible to bring these presentations back. Ms. Morris noted that the Department does a great deal of good works and it would benefit the public to hear some of the outcomes and success stories of consumers that participate in the different programs and services that RUHS-BH offers/provides.

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

## **NEW BUSINESS**

- 1) **STAR TEAM UPDATE** – Captain Michael Koehler from the Riverside Sherriff's Office (RSO) gave an overview of the School Threat Assessment and Response (STAR) Team and their recent efforts. Capt. Koehler is one of Sheriff Bianco's Regional Commanders in the field. His primary day-to-day responsibilities include patrolling the communities of Highgrove, Jurupa Valley, Norco, Eastvale, Home Gardens, and other unincorporated county areas surrounding the cities of Corona and Riverside. In this role, Capt. Koehler supervises a significant number of school resource officers, his previous positions were SWAT Commander for the Sheriff's Department, which also manages the Hazardous Device Team and a few special resources that specifically relate to the STAR Protocol. He's also served as the Active Shooter Response Instructor for RSO for over a decade and has been deliberately tracking school related violence for several years.

The STAR Protocol is a cooperative agreement with a number of agencies within the County. The initial iteration of this was called "Kids with Guns Protocol," which was developed in 1998 and modified in 2003 based on changes in the law along with other best practices across all fields. The STAR Protocol was first adopted in 2017 and continues to evolve over time. All stakeholders involved in this agreement did a full revision of the Protocol in December 2021, and they have all signed on to the new agreement.

The RSO oversees 276 school sites across the County and has approximately 50 school resource officers available. The multidisciplinary team that the STAR Protocol reflects is a cooperative agreement between law enforcement, probation, Riverside County Office of Education, District Attorney's Office, Department of Public Social Services (DPSS), Child Protective Services (CPS), and RUHS' multiple agencies (behavioral health, public health, etc.).

In the event that a specific risk factor is identified involving a student or some form of threat (via hearsay or social media), it triggers a chain of events where all stakeholders weigh in based on the nature of the issue. With the dominance of social media, these issues can become incredibly overwhelming for the school sites and families, due to the ability for misinformation being spread at a rapid pace. Each law enforcement agency throughout the county has a responsibility to their school sites and it is important for everyone to understand that they have a deeply rooted communication network with their respective school districts, RCOE, and a newly implemented communication

network managed by the DA called Aware to Care Exchange Network. This gives them the ability to communicate quickly to the student population throughout the county, either in a broad sense or narrowly focused on specific families in particular school sites.

If a student makes a threat of violence, regardless of the nature of the threat, there are some public safety exceptions that exist within juvenile law that offer them significant protections in terms of search warrants and the presence of an attorney for interviewing. We're able to bypass some of those based on the exigency of a potential threat to the other students, families, school staff, and teachers. They are able to quickly access their social media, conduct locker searches at school, and potentially, home visits. Capt. Koehler explained that these things are happening quickly in the background, while the school and ultimately, CPS get involved to make an assessment. If there are other factors in play that could be driving the student's behavior, this would then require a mental health evaluation to determine whether it's a law enforcement issue or a behavioral health issue.

Capt. Koehler reported that a majority of these threats are often determined to be without merit, however, they do continue to occur. Over Memorial Day weekend, there were a number of threats nationwide that was determined to be false. However, it did influence copycats to make similar threats and attempt to manipulate situations to avoid taking a test or just to get out of coming to school, demonstrating little to no consideration for other students, families, and school staff. Capt. Koehler shared that there was a recent incident at a school where they were able to confirm the validity of a student's threat, which put the STAR Protocol into play. Capt. Koehler was pleased to report that due to the collective effort of stakeholders involved in the STAR Protocol, it allowed for a rapid response coordinated within the framework as each agency understood their roles, expectations, and the necessary steps to take as a team.

In cooperation with their local school districts, law enforcement undergo periodic training, which usually occurs during summer breaks when school sites are empty. This allows law enforcement to become more familiar with the layout of the campuses and the access controls to different areas of the school, so in the event of an emergency, law enforcement won't be stymied by basic logistics.

Greg Damewood inquired about the Sheriff's equipment in terms of surveillance. Capt. Koehler stated that there are numerous aviation resources at their disposal and they also have the ability to deploy an armed platform to deal with threats by air. These are driven by a select number of SWAT teams in the County. Additionally, there are many communities now deploying drones to include the Sheriff's Department. Based on significant privacy concerns and political considerations related to drones, the framework is narrowly defined to specific capabilities to ensure the community's safety and privacy.

Daryl Terrell shared that LA County has a similar program called START, which also includes a number of stakeholders and a coordinated response protocol. However, START's lead agency is their Behavioral Health Department. Mr. Terrell has been an advocate for RUHS-BH to be the lead agency in this program and inquired if this is something they can put to a vote. Capt. Koehler responded stating that there is in fact a program that heavily involves RUHS-BH, which is the Community Behavioral Assessment Teams (CBAT), which is a combination of law enforcement and a licensed

behavioral health clinicians deployed in the field to fully bolster the initial intervention capability. Additionally, having Behavioral Health as the lead agency to address threats of violence at a school may not be the best approach as it may pertain not only the student, but the entire student body and school staff's safety. Capt. Koehler noted in terms of these violent threats coming from students, the approach should be an even-footed one – behavioral health and law enforcement, simultaneously as they are equally important when addressing this issue. In terms of CBAT, Capt. Koehler has been deeply involved in the Program dating back to 2018 when the pilot was initially launched at the Moreno Valley Sheriff's station.

Capt. Koehler concluded that Riverside County, in general, has adopted a great deal of proactive measures to balance police intervention, when it may not be necessary or helpful to a situation. Other forms of intervention are being considered, i.e. risk factors, counseling, treatment, etc. Riverside County as a whole is doing a fantastic job in preventing a significant number of bad outcomes because of these partnerships and coordinated efforts. Another example of this is the Mobile Crisis Management Teams. They are in constant communication with the deputies and officers on the ground to address issues cooperatively on a daily basis.

- 2) **CALAIM JULY 2022 ROLLOUTS AND SYSTEM IMPACT** – Rhyan Miller and Brandon Jacobs presented on the upcoming CalAIM rollouts in the upcoming fiscal year. Mr. Miller briefly explained the background of CalAIM. The DMC-ODS waiver was the beginning of CalAIM, which was initially implemented in 2017. Riverside County began having representation in the initial meetings in 2018 and in 2019, SAPT gave a report of the County's involvement.

The state of California is intensely focused and determined to bring behavioral health services in areas considered “underserved.” In terms of “underserved,” the state identified this as any barrier within the spectrum – whether it's transportation, underserved neighborhoods, family income, insurance, etc. The state's vision is to do a complete overhaul of the system and revise policies to guide us as health workers to deliver quality care of both mental health, substance use, and physical health. Mr. Miller quickly defined some acronyms – MCP: Managed Care Program, which represents IEHP, Molina, and Kaiser; MHP: Managed Health Program, represents the Behavioral Health Department; and DMC-ODS: Drug MediCal Organized Delivery System, which is Substance Use related. These systems are tearing down old regulations and policies that didn't necessarily treat the individual, if at all. The “No Wrong Door” policy was implemented beginning of July. This policy allows anyone requiring mental health or substance use disorder treatment to walk into any MHP and MCP. Previously, this was not an option as the issue came down to billing and payment. Mr. Miller remarked that the changes made in the system allows the Department, IEHP, Molina, and Kaiser to provide treatment, whether they are insured or uninsured.

The new policy also allows MCP and MHPs to bill accordingly without determining eligibility, which leads to the following policy of payment reform, also implemented on July 1. Brandon Jacobs and his team have been participating in workgroups with the state and California Behavioral Health Directors Association (CBHDA) to determine how to modernize the payment system. This policy allows providers and those working in the field, the incentive to reach and strive for quality of care as opposed to the number of individuals that walk through the door.

Grant fundings, such as the BCHIP for The Recovery Village and other grants secured by the Department to expand the mobile crisis services and infrastructure to bolster the system, are all covered under CalAIM.

Contingency Management refers to evidence-based practice for stimulant use disorder. Mr. Miller added that this will be the first time in medical history that offer monetary incentives for behavioral change. This particular policy was initially supposed to rollout in July, but has been delayed until September

Administrative Integration refers to the complete merge of mental health and substance use in terms of administration and “housekeeping.” Once Administrative Integration is complete, there will be one set of certifications for both mental health and substance use, one set of billing rules, one set of billing codes, and one contract between the county and the state for all behavioral health services.

The foster care model is also undergoing intense re-evaluation from the state and counties. This is something the state truly wants to reform with best-practices policies to help regulate and provide foster kids improved and compassionate care.

The SMI (serious mental illness), SUD (substance use disorder), and SED (serious emotional disturbance) Waiver did not roll out in July, however the state, CBHDA, and various workgroups are beginning to meet to start discussion surrounding residential mental health programs, and IMDs (institution for mental disease) locked facilities. Currently, we cannot bill the state or the federal government for these services. However, if there are more than 16 beds in a facility, they will allow us to do so. An example of this is the MHC (Mental Health Center) in Riverside with 59 beds available. This is why it is incredibly important for the Department to apply for funding as these services are paid for with multiple grants. Currently, there are three grants pushing in to cover those needed services to decrease the wait times in ITF (inpatient treatment facility) and the hospital.

Managed Care Program funded services include enhanced care management (ECM), such as respite care, housing, day rehabilitation, etc. ECM is a statewide benefit that has to be approved by the Managed Care Providers (IEHP, Kaiser, and Molina). They are currently working on a contract with the MCPs to allow them to provide these services. Currently, there are four teams under Marcus Cannon, as well as teams in the medical center, all Federally Qualified Health Centers (FQHC) and Community Health Centers (CHC) across the county. The primary focus of ECM is to serve children and youth with complex needs, individuals risking homelessness, high risk individuals, high utilizers, those at risk for institutionalization, and those transitioning out of incarceration. The teams working at the CHC are focused on the high utilizers with medical needs. Mr. Jacobs and his team has set up a system to enter information into an electronic medical record and the Department sends an authorization to the Managed Care Program to begin collecting for services.

Community Supports previously known as In Lieu of Services, RUHS has elected to the Community Support administrative oversight for the Managed Care Program in its entirety. Mr. Miller explained that some of the things we may encounter are asthma remediation, which will be addressed by Public

Health. The administrative oversight authorizes the community support to provide services based on a consumer's need, which includes a spectrum of services from housing, hospitalization, medical respite, sobering centers, etc. As the services available has increased, Deborah Johnson approved the adjustment of staffing with providers in various facilities to meet this increased level of care, which enables them to get authorization and payment from the MCP.

Mr. Jacobs reported that there is a heavy emphasis on the data readiness and sharing, which means a problem list and SNOMED codes, which is a structured clinical vocabulary for use in an electronic health record and is considered the most comprehensive and precise clinical health terminology and coding to represent care information in a clear, consistent, and comprehensive manner. The system is moving away from doing what's previously called as "static care" to a more "dynamic problem list," which would include a variety of social determinants of health such as food insecurity, housing, etc. There is a real big emphasis on standardizing the way we intake and deliver data.

Another piece to this is the Universal Release of Information. Tackling social determinants of health requires the involvement of other stakeholders, such as DPSS, Medical Center, housing providers, CHCs, etc. Mr. Jacobs and his staff have been working on determining one standard form of universal release that allows them to easily communicate and share the data among all partners. Documentation reform was a huge undertaking, which Maureen Dopson and staff have done a tremendous job at completing and preparing for implementation. Streamlining assessments, which typically takes hours, is being drawn down to get to the core information needed to be able to provide those type of services. These include care plan and progress notes. This was also a huge undertaking as there is a big emphasis on streamlining and moving away from treating the chart to treating the consumer.

The Health Information Exchange is funded by BHQIP (behavioral health quality improvement performance). This required us to demonstrate that we are able to share data with all of the different stakeholders. Maria Martha Moreno and her team did an excellent job at getting us up to speed with the health information exchange in Riverside County, which we also share with the medical center to enable an exchange of information such as diagnoses and medication allergy information with our partners.

There are also significant data sharing initiatives within this QIP, such as the fast healthcare interoperability resource, which sets the standard for the ability to share data and how it is shared. This will eventually lead to the development of modality that can be used by every consumer (under Medi-cal) to access their healthcare records from a single application. RUHS will be responsible for sharing the information once we have a release with a third-party type of vendor, for the consumer to access their information.

Mr. Miller concluded that the promises of CalAIM are being fulfilled and is happy to report that the team has really come together to make much of this change possible. They've began billing for services before a diagnosis and assessment is completed, which is something CalAIM promised. They have not received any "denials" in terms of billing, which allows them to do the work and bill accordingly.

## OLD BUSINESS

- 1) **MHSA UPDATE** – Diana Gutierrez provided this month’s MHSA Update. Ms. Gutierrez reported that the Directing Change Program and Film contest were awarded again this past May and Riverside County’s number of submissions have returned to normal participation levels post-COVID. Riverside County had 170 submissions, the most in the state, and they took home 10 statewide wins, sweeping the “Lens of Culture” category. The Directing Change website developed a Riverside County landing page as a part of their website, which makes it easier to find the student’s videos. Ms. Gutierrez shared the link in the chat, which lists both the monthly and the annual program contest winners throughout the year, as well as some other local news that you might want to know about as it relates to the youth in Riverside County and Directing Change.

The Suicide Prevention Coalition meets quarterly, and their next meeting is on July 27. Dr. Shola from UC Davis will be presenting on adverse childhood experiences and resilience within marginalized communities. Those interested in participating or joining the coalition may contact Ms. Gutierrez for more information.

PEI continues to provide free trainings to residents and those that work for Riverside County. Upcoming trainings include Mental Health 101 on July 20 and Self-Care and Wellness on August 25. Ms. Gutierrez encourages those who have not attended these trainings to do so and to share the information broadly within the community. Trainings are available in both English and Spanish. A link to the flier was added to the chat.

PEI also continues to work closely with the Cultural Community Liaisons to develop a series of training. The next scheduled training is July 14 on Realities and Impact of the Model Minority Myth, which will be presented by Dr. Erin Navarro. This focuses on increasing awareness in the Asian American and Pacific Islander community. This training is open to anyone interested in joining and learning more. They will also be holding an in-person training for suicide prevention called Safe Talk ASIST, which is applied suicide intervention, skills training, or mental health first aid for either youth or adults. For those interested in participating and getting a schedule of upcoming trainings, please send an email to [PEI@ruhealth.org](mailto:PEI@ruhealth.org).

The Up to Riverside campaign, which is the mental health awareness, stigma reduction and suicide prevention multi-media campaign, has launched a targeted outreach and awareness effort to the farmworker community in partnership with the Coachella Valley Behavioral Health Initiative. For more information about this targeted outreach as well as downloadable tip sheets (available in English and Spanish), Ms. Gutierrez shared the link in the chat.

Ms. Gutierrez announced that they are getting a new national suicide prevention and mental health crisis line – now known as “988.” It has a soft launch on July 16 and PEI wants to make sure that as they work through the system to identify any issues, that the local community members are ensured to get access and connected to supports. PEI asks that everyone continue to promote the local suicide prevention crisis line (951) 686-HELP or the CARES line at one 800 499-3008, as well as the



National Suicide Prevention Lifeline 1-800-273-8255 and the national crisis text line at 741-741. Ms. Gutierrez noted that she will keep everyone updated with regard to the rollout of 988 and they are also developing a training for later in the month, which will provide greater detail about what 988 is and what it will look like in Riverside County. For those interested in participating, it will be an in-person training at the Rustin Conference Center.

- 2) **SAPT UPDATE** – April Marier reported that ABC in the Desert received a \$27 million grant funding, which will allow for more perinatal services and 3.3, which is the co-occurring consumers and services coming to the desert region. They've also decided to expand the Palm Springs and Perris Clinic to include a MOMs program as there is currently a big push to focus on perinatal consumers and services. Those clinics will also offer IOT (intensive outpatient treatment), OT (outpatient treatment), prevention, and recovery services. Recovery services has been provided in county clinics for several years, but Ms. Marier observed that there are more and more providers adding this service to their programs.

FNL is working on increasing their chapters to return to pre-COVID numbers. FNL teams are doing outreach to each of the schools they previously had chapters at, to encourage them to start their chapter again. They also hope to increase prevention services with FNL, Kids Live, and Club Live. FNL and the San Jacinto Clinic wanted to help bolster engagement over the summer as enrollment tend to decrease over the break. FNL and staff quickly put together a "Safe Summer Kickoff" to let students and families know that they are available over the summer time break. Ms. Marier shared a video showcasing the event. The kids and their families really appreciated the event and would like to continue doing it annually. Ms. Marier added that she would also like to hold this event in every region, annually, so the team is working on making this a reality for next summer.

#### **COMMITTEE UPDATES:**

**DESERT REGIONAL BOARD:** None

**MIDCOUNTY REGIONAL BOARD:** None

**WESTERN REGIONAL BOARD:** Mr. Damewood reported that one of their supervisors have left the Department. Their next meeting will be held at 3:00 pm later in the day, via Zoom.

**ADULT SYSTEM OF CARE COMMITTEE:** None

**CHILDREN'S COMMITTEE:** Ms. St. Johns announced that their next meeting will be held July 26 at 12:00 pm and they will be showcasing some of the Directing Change film clips at the meeting.

**CRIMINAL JUSTICE COMMITTEE:** Mr. Damewood reported that their next meeting will be held the following Wednesday, July 13 at noon via Zoom. Minutes will be available for review.

**HOUSING COMMITTEE:** None



**LEGISLATIVE COMMITTEE:** None

**OLDER ADULT SYSTEM OF CARE COMMITTEE:** None

**QUALITY IMPROVEMENT COMMITTEE:** None

**VETERANS COMMITTEE:** Rick Gentillalli reported that they had new attendees at their meeting earlier in the day. Mr. Gentillalli shared that they also discussed the Mission Act, which was enacted awhile back. The Mission Act allowed veterans to go to their own private physician or their own care facility instead of the VA. Mr. Gentillalli stated that the current administration is contemplating on removing the Mission Act, which would be devastating to the veteran community.

**EXECUTIVE COMMITTEE RECOMMENDATIONS** – Ms. St. Johns assured Ms. Morris that they will discuss adding Celebrate Recovery to future BHC meetings. Mr. Damewood inquired about Site Visits, the annual training, and the BHC Annual Update Report. Brenda Scott asked about receiving minutes from all other standing committees.

**ADJOURN** – The Behavioral Health Commission meeting adjourned at 2:03 pm.

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Dr. Walter Haessler, BHC Secretary  
Maria Roman, Recording Secretary

FY 2022/23 BEHAVIORAL HEALTH COMMISSION ATTENDANCE ROSTER

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

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