

RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

MEETING MINUTES FOR March 1, 2023 • 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 12:02 pm.

Commissioner attendance was taken by roll-call.

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

CHAIRPERSON'S REMARKS – Madame Chair, Tori St. Johns, thanked everyone for being present at the Behavioral Health Commission.

COMMISSION MEMBER REMARKS –

Brenda Scott thanked the department for being present at the city council meeting and for their work on the Hemet Recovery Village project although it was rescinded there was a large show of support from the Hemet Clinic and an amazing number of people speaking in favor of the project. Mrs. Scott thanked Dr. Chang and his team as well as a peer support specialist who gave an incredible testimony.

Daryl Terrell shared two weeks ago there was a city council meeting held and there was constant mention of no homeless shelters in the community of Moreno Valley. Mr. Terrell suggested utilizing the March Air Force Base to house a homeless shelter and asked that Dr. Chang look into this being an option. Mr. Terrell also asked why there is no CBAT Team and can we use nonprofits involving people that know the community and can team up with law enforcement.

Greg Damewood asked if the commission can be advised as to how the department of behavioral health gets included on new laws that might affect individuals that could be exposed to human trafficking and if the county has influence towards laws that might affect people with mental health issues. Mr. Damewood commented that as of January Bill 357 passed and the concern now is a crime of loitering in public places with the intent to commit prostitution which may reduce law enforcements ability to rescue a young person and that the Sheriff of Riverside County has also expressed concerns that it may increase human trafficking.

PUBLIC REMARKS – None

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

DIRECTOR'S REPORT –

Dr. Chang thanked Brenda and the team for the amazing work they do and gave recognition to the peer specialist who spoke at the Hemet City Council meeting that provided his perspective and spoke about the behavioral health services he was provided and what it did for him and how it helped him turn his life around. Dr. Chang shared it was an inspiring story and good reminder to us all what we do and why

we do what we do. He continued to share that during the meeting they county was not asking for land or money but asking to invest hundreds of millions of dollars into their city and explaining the jobs and projects having the Recovery Village in Hemet would generate. Dr. Chang did share that he was able to meet with three of the five city council members but unfortunately two of them refused and explained there is concern about the lack of accurate information people may have but it was helpful to be able to rebut some of the narratives that were shared. He continued to thank Aaron Pratt, Sandy Idle and Ashley Williams amongst others who spoke at the Hemet City Council meeting and that the community is better because of the challenging work they do. Dr. Chang mentioned that there will be a lot of information coming up about homelessness and the numbers will come out in those places that have preliminary data. A recent report out of L.A. showed that their numbers are looking at about an 18% increase in homelessness and there's a lot of conversation about why and which are valid concerns. And a few things he pointed out were the type of services we're providing which calls out for permanent supportive housing and the need for wraparound services for the homeless individuals which was highlighted as an effective way to prevent homelessness with 8% experience homelessness again in six months due to the availability of affordable housing in California. Another point was often times there's conversations where people think those that are homeless are also mentally ill or have a substance use disorder, but we know that's not always the case but rather in those situations it puts them at a disadvantage to compete with the very limited resources, in this case, housing. So if you hear upcoming numbers of people becoming homeless in Riverside County, it will follow what is being seen in data from other counties, so we will have to double our efforts. But the theme today is one of gratitude for the work the team has done and for those that who came before the team that pushed to get more involved into the housing need. Dr. Chang also replied to the comment about the county working with CBOs, sharing the county is on board with this and as of today works with 140 CBOs to best serve the community and reminded the committee that we went into COVID with 15 crisis teams consisting of mobile crisis teams, CBAT teams, mobile crisis management teams and CAT teams and as of today we have 39 crisis teams spread throughout the county and people want more. Dr. Chang continued to express he would like to provide more, but as he's explained before we are \$186 million short each and every year to provide behavioral health and social services throughout the county, \$800 million short compared to L.A. He continued to share they have gone to the board and thank them for their support and more recently HR has worked on adjusting salary and compensation so they are able to recruit more staff. And because of these efforts they now have 39 teams and so things are headed in the right direction but it continues to be a struggle and they are stepping up the crisis teams because they are critical. Lastly he gave a brief reminder that the sobering center remains open and have met with the state multiple times and they've had an onsite visit recently and are hoping to reopen the side of the house within the next three weeks or so because it is a critical need for the county and the state recognizes that as well. Dr. Chang closed by thanking the team again for the incredible work they have done and continue to do and took questions from the committee members.

CELEBRATE RECOVERY-

Maria Arnold program manager for the Parent Support and Training Program introduced Melissa Sanchez who is a parent that has been supported by parent partners. Mrs. Sanchez thanked parent partners for everything they've done for her, sharing her parent partner is Gwen who helped her with her parenting classes and everything that she needed. She was grateful to Gwen for always making herself available to her. Mrs. Sanchez continued to shared that she had an open CPS case and when CPS gave her children back Gwen and the clinic supervisor worked with her step by step ensuring she had everything for her children prior to coming home. They ensured she had safety latches and outlet plugs to help her have a safe environment for her children. Ms. Sanchez shared when she was experiencing homelessness Gwen made sure she and her family had all the supplies they needed while staying in a motel to help make them as comfortable as possible and had helped her and her two sons pack on a Sunday. Ms. Sanchez said "I'm thankful to her because of the support she gave me I'm now in

recovery. I don't know how I would have done it without her help and support. It was a lot of weight on my shoulders and I'm thankful for her because I knew if I asked her for she would be there." She continued to share that the parenting classes she took helped her to be a better parent and she has been sober for 11 months and because of all the resources she's received she's a better person all around. Ms. Sanchez said "Gwen and the staff really care and are dedicated to the work they do it's not about the money. I can tell because she always makes sure I have everything so when the social workers' come to the house there is no reason my children cannot stay. I'm really involved in my programs because I appreciate the encouragement and support I receive. Their motivation makes me want to keep trying."

Ms. Sanchez continued to share she had a successful CPS case and she is forever thankful to the team for sharing their personal stories with her which helped her in her recovery and gave her the opportunity for a second chance and because of that she is sober. Ms. Sanchez said "I feel encouraged to help others, I think them knowing I can relate, offer a listening ear and be in recovery it will motivate them too. I still struggle, it's challenging being a single parent of six children because my husband is incarcerated. But I'm clean and sober and functioning and I look forward to the future. I want to help the next person because no matter what you could be whatever you want."

NEW BUSINESS-

1. Mental Health Service Act (MHSA) Annual Plan Update- (David Schoelen, Nisha Elliott, Diana Gutierrez): David Schoelen introduced himself as the MHSA Services Act Coordinator for the Behavioral Health Department followed by introductions from Nisha Elliott, Workforce Education and Training (WET) Manager and Diana Gutierrez Prevention and Early Intervention (PEI) Manager.

David continued to explain that they are currently in their annual process where they engage the stakeholders to be able to educate them on the MHSA plan and gather their feedback regarding the MHSA planning. He presented a power point presentation explaining what MHSA is, it was a proposition on the 2004 California ballot and became law in 2005, creating a 1% tax on millionaires to generate a dedicated funding stream specific for the transformation of public mental health care. And because the economy can change over time, impacting people's income, so can the amount of money that is collected for MHSA. Counties are required by law to spend their MHSA funds within 3 years of receipt, with certain exceptions, or the money reverts back to the state for redistributing, Riverside has a very low history of this. Regulations also allow for a rainy day fund that allows some of the money to be set aside to cover costs when the economy takes a dip so that services will not be disrupted. MHSA has regulations as it is not a free pot of money that can be use any way the department wants. In most cases the funds cannot be used to pay for services in hospital or institutional settings, but there is a new law AB 2242 has allowed some flexibility for those under conservatorship, but because the law is still new the state and county are still figuring out the parameters. The funds cannot replace a funding source or budget was already in place prior to when the law was originally passed in 2004. MHSA regulations also require a mandate for Community Program Planning around the funds. The county involves the community's perspective in MHSA funded program development, it mandates that counties provide education on MHSA such as this presentation for BHC, this process is called the Community Program Planning Process (CPPP) also known as the Stakeholder Process. Anyone who has vested interest in county behavioral health care is a stakeholder. The state reviews the county's compliance on community participation and Riverside had its last review in November 2022. State reviewers were positive about Riversides stakeholder process, especially the adaptations that were made during Covid restrictions. The MHSA plan comes in two types, a 3-year plan that reviews goals over a 3-year period, or an Annual Update, which serves as a progress report. This year the

next 3-year plan is being developed and starts in July of 2023. The department program development is an on-going process year round and so MHSA feedback is welcomed and accepted all year round. The information provided by stakeholders is gathered and informs the vision of department leadership and the MHSA Plan feedback process is formalized during the first part of the calendar year. Riverside's feedback form is a network of advisory groups such as the BHC, the Regional Behavioral Health boards, subcommittees under the BHC that target the needs of specific populations (homeless, veterans, children, older adults) and advisory groups managed by Cultural Competency program which target the underserved populations. Before using the MHSA dollars by law, the county must look at other funding sources which creates braided funding streams which is combining funds from different areas to create a single budget for projects or programs. Public behavioral health has several funding streams besides MHSA which has its own rules and regulations. The departments planning is informed by several other sources in addition to the stakeholder feedback, this includes State, Federal, County data from Riverside County populations and service needs, the department's research and evaluation team's data, and needs that develop from current events such as covid or the opioid crisis. The programs in the MHSA plan are primarily rolled over from year to year into the next plan to prevent service disruption. Community voices and data can result in expansion or reinvention of programs, the termination of programs or starting/trying out new programs. Overall the MHSA plan is a 500-page report that goes to state, authorizes MHSA expenditures, demonstrates compliance with MHSA regulation, provides progress and outcomes on existing MHSA funded programs, but does not represent all RUHS-BH services or all service planning because not all programs are covered by MHSA. MHSA planning has 5 components (think of them as chapters), Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET) and Capital Facilities and Technology (CFTN). Each of these components addresses a different part of the public mental health service system.

David continued to explain the components and provide updates with the first component is CSS, it receives 76 percent of Riverside's MHSA funds and is designed to meet the needs of each age group (kids, transitional age youth-TAY ages 16 to 25, Adults ages 60 and over). The funds are used to help meet the treatment needs of people when those needs cannot be met by another funding source. CSS establishes high intensity case management and therapy program called Full Service Partnership (FSP). The county must spend over 50 percent of CSS dollars on FSP programs. CSS expands services to include all levels of peer support to pay for evidence base practices (EBP) which were typically too expensive to bring to the public sector and helps fund our crisis system of care including mobile crisis response teams and the mental health urgent care centers and helps fund the collaborative courts and other justice involved programs. A few updates and highlights from this year's CSS plan is they have improved outreach and engagement to clients in acute psychiatric hospital care settings, connecting them to FSP services prior to hospital discharge and providing assisted outpatient treatment as part of Laura's Law for consumers who present as a danger to self or others and who have had difficulty utilizing voluntary behavioral health services. Referrals are vetted for court review and the court can mandate outpatient services for 6 months. The departments New Life Clinics are the primary provider for the Laura's Law consumers. Also developed are new apartment units with supportive services for homeless consumers with severe mental health challenges. In 2023, 63 dedicated units are planned in Riverside and 30 units in Corona. Parent Support and Training was expanded and include new social emotional wellness group for children, new curriculum and development of Parent Partners in the Juvenile Justice System.

PEI manager, Diana Gutierrez explained the component of Prevention and Early Intervention that it is the next largest component and receives 19 percent of Riverside's MHSA funds. PEI is

unique in that it provides education and engagement to the general community whereas CSS is designed to address service needs of people with serious mental illnesses. PEI programs are designed to reduce stigma related to seeking behavioral health care, reduce discrimination against people who carry a diagnosis, and to provide services that could prevent the onset of a serious mental illness. PEI can also fund early intervention services for people with symptoms experienced for less than a year who do not meet the criteria of a mental health diagnosis, or who can benefit from low intensity, short term interventions. At least 51 percent of the funds must focus on programs for youth under the age of 25 or their families. Riverside's work plans or concentrated areas of need, were identified and developed using feedback from community focus groups in conjunction with a review of related regional risk and outcome data. Some updates from the PEI plan this year include returning to in-person events like Dare to Be Aware youth conference and May is Mental Health Month. Community Mental Health Promoters train people from underserved cultural populations to outreach their respective communities. As part of the Suicide Prevention Plan, the Suicide Prevention Coalition partnered with the Trauma Intervention Program (TIP) a program for specially trained volunteers that respond to families and victims following a traumatic incident. And based on stakeholder feedback, PEI will expand the use of the Guiding Good Choices parenting program targeting parents of middle school youth county-wide to support improved child-parent relationships and prevent substance use. PEI is also expanding social-emotional wellness programming to kids in grades K-5 by adding the Bounce Back program to the PEI plan. WET Manager, Nisha Elliott, then explained Workforce Education and Training component sharing that WET was designed to address the recruitment, retention and development of the public mental health workforce and helped allied professions to better serve people who carry a diagnosis. WET funds were originally time limited and expired in 2018, but WET programs can continue using portions of CSS funds. Riverside's funds provide for the WET team to coordinate and implement the WET plan that includes the development and coordination of behavioral health training, partnerships and affiliation agreements with schools, colleges and universities to support behavioral health career pipelines and internships that provides coordination and implementation of loan assumption, stipend and tuition reimbursement programs. Some of the WET updates from this year include continuing to develop and refine supporting infrastructure to bring evidence based practices to our clinics. Some of the EBP's include Dialectical Behavior Therapy (DBT), Trauma Focused Cognitive Behavioral Therapy, and Eating Disorder Treatments for both youth and adults. The department has trained over 400 clinicians. Eye Movement Desensitization and Reprocessing (EMDR) was added just this year based on stakeholder feedback. The Clinical Licensure Advancement and Support (CLAS) program was designed to support department journey level therapists gain clinical licensure. Applications to this program have increased over the past year with 32 percent of the cohort being bilingual and this past year the program assisted 15 participants in passing their State exams.

David then explained the next component Innovation (INN) which is funded using dollars from both CSS and PEI, the dollars are set aside by the State and require an additional approval process to access them. The Innovation component is unique in that it is not designed to fill service gaps but rather advance knowledge in the field. Funds are used to design research projects that allow the county to explore new ways to improve service access or service outcomes. Innovation regulations have a strong focus on traditionally underserved communities. Innovation Plans are time limited, for large counties like Riverside that usually means 5 years. Riverside's only current INN plan is Help@Hand, formally known as the Tech Suite. This is a multi-county plan that explores the use of modern technologies and smart phone applications to assist in consumer recovery. MHS Administration is currently in the process to develop new Innovation plans that we aim to have approved by the first half of

2024. Some INN updates and highlights are the Help@Hand is a collection of projects and programs one of those programs is The Take My Hand Live Peer Chat which provides chat-style peer intervention to people seeking emotional support. The App was developed and staffed by RUHS-BH and was the recipient of the CA State Association of Counties Challenge award. System Navigation Kiosks have also been installed in clinic waiting areas county-wide that engage community, help them connect to services and collect surveys. A new pilot is specific to consumers with eating disorders. And the Recovery Record Mobile App is a digital support tool that is integrated into a traditional treatment plan. The final component is the Capital Facilities and Technology (CFTN), this component funds new buildings or electronic technology to support the infrastructure of service delivery. No dedicated MHSA fund for CFTN have been provided since 2014 but a portion of CSS dollars can be used to address new projects. Some of the more recent completed CFTN projects include Roy's Place, Arlington Recovery Community, Mental Health Rehabilitation Center and Restorative Transformation Center. Some updates on the current CFTN plan include the renovation of the Riverside Permanent Housing called "The Place", the Hemet Recovery Village, there was a Recovery Village planned for Coachella Valley but it was voted down by their local city council. Next the MHSA regulations require that a draft of the plan be posted for the community to review and comment, the draft for this new 3-year plan is scheduled to be posted on the department's website from May 22nd to June 19th. A promotional marketing campaign to inform the community is already in development and a copy of last year's annual update and other historical plans are currently available on the department's website. Following the 30 day posting period is a Public Hearing, this is an additional opportunity to provide feedback on the plan. Public Hearing were traditionally a single, in-person two-and-a-half-hour event. During the years of Covid gathering restrictions and alternative virtual method was developed with input for the BHC, this included creating videos of the Public Hearing in both English and Spanish that were posted on the departments social media and available to the community 24/7 over a period of two weeks. Community members provided feedback using an electronic form on the departments website, or via dedicated hot line voice mail. This year the public hearing will be a hybrid of traditional and virtual methods: Public Hearing in Your Pocket videos will be posted from June 19-30 and an in person hearing will take place, 1 per region, during the same period in the early evening hours. Hearings will be preceded by community forums that will allow members to casually move between MHSA component education stations and talk to the MHSA administration at which time refreshments will be served in conditioned environments. By regulation the MHSA Public Hearing is conducted by the Riverside County BHC and the BHC is an advisory body composed of volunteers appointed by the Board of Supervisors, who work in conjunction with RUHS-BH to ensure citizen and professional input and involvement in all aspects of department services. All community feedback to the MHSA plan is reviewed by the BHC for a response, all comments and responses become a chapter in the final plan document and the final plan is sent to the Riverside County BOS for approval, upon approval the plan is then submitted to the State. More information about the MHSA Plan can be found on the departments website which is currently in the process of being updated. MHSA has its own tab in the website landing page and the annual update information can be found on the related drop down menu. The current and historical plans can be found in the quick links section of the page along with some other stake holder education materials. The new Innovations Manager who also serves as the department's Cultural Competency Manager has been selected and is in the initial onboarding process with HR and will be announced soon, meanwhile please find the contact information for the current MHA Administration leadership below:

MHSA@ruhealth.org

MHSA Admin: 951-955-7198

MHSA Admin: David Schoelen

DSchoelen@ruhealth.org

PEI: Diana Gutierrez

DAGutierrez@ruhealth.org

PEI@ruhealth.org

WET: Nisha Elliott

NElliott@ruhealth.org

WET@ruhealth.org

INN: Vacant, In recruitment

2. FY 21/22 Annual Behavioral Health Commission Report (Action Item):

Commissioners unanimously approved the FY 21/22 Annual Behavioral Health Commission Report as written.

OLD BUSINESS-

1. **Mental Health Services Act (MHSA) Update** – (Diana Gutierrez on behalf of David Schoelen)

Diana Gutierrez provided an update on May Is Mental Health Month (MIMHM). In person activities and PEI is serving as administrative support for all three regions. This year there will be 3 regional events, each region has a committee putting together community events following the theme from the state "Take Action for Mental Health". Desert Region's event is taking place May 3rd at the Palm Desert Civic Center, Mid County's event will take place on May 11th in partnership with the city of Menifee at Central Park and Western Region's event is taking place on May 18th at Fairmount Park. Flyers will be distributed once ready and currently working on receiving a Proclamation from Board of Supervisors recognizing May is Mental Health Matters Month.

2. **Substance Abuse Prevention and Treatment Program (SAPT) Update** – (Heidi Gomez on behalf of April Frey)

Heidi Gomez, assistant regional manager, provided an update on SAPT programs, Friday Night Live (FNL) and Prevention. Sharing that FNL has been doing great work over the last six months and went to numerous conferences and had several activities. In September went to Camp Pali and had an advisor training institute. October was Red Ribbon Week and they had motivational speakers throughout the county. In November they had the FNL Youth Summit which is part of the state partnership and so had that with the state partnership. December FNL group did a food and blanket toy drive and provided that to the community. In January they had an advisor training and in February they did the Youth Development Institute in San Diego. They also were out in the community and at the schools involved in rallies, dances and street fairs and had multiple kickoff events and hosted movie night. They also had a glow dance in February at one of the middle schools and hosted a Valentine's Day event but named it Kindness Week and about how to be kind to our peers. Last time she reported there were 64 or 66 chapters but are now up to 70 chapters and they continue to grow and are trying to get back to those pre-pandemic numbers when there were at 120 chapters. She then shared the update with prevention services and that they've been reaching out to more students in the schools and now the districts are reaching out to them wanting to partner with them and so they continue to grow. They have a prevention specialist starting at a new

high school next week and continue to recruit more staff to meet that need so they can go out and meet with the youth and provide them with services.

Lastly Heidi shared that they will be having a perinatal media campaign. The goal is to target the Moms, the women that are pregnant to provide education and reduce risks. They have a perinatal navigator who is embedded in the hospital in Moreno Valley and she works to connect with this vulnerable population and offers screenings to identify their needs and link them to care such as the need for medication for addiction treatment. And the navigator can connect the consumer to the physician there and they can be offered medication and then the mother can transition their care out into the community. If the consumer needs to go to a higher level of care they can link them to our residential treatment facility for withdrawal management or out into the community to one of our clinics or a contractor. There's a huge need for this population and it's an opportunity for them to impact that family. Heidi then shared a video that offered a sneak peek into the media campaign. The video discussed the increase of patients with opiate addiction while pregnant, the perinatal program is for any mother that is pregnant and struggling with substance use. Many mothers were unaware there was treatment which was one of the main reasons why this program is now being offered. The video offered testimonials from former patients of this program that shared their experience and how having an OBGYN that was also experienced in substance use because they didn't feel judged and they felt they received the proper care they needed. They found hope with this program during their pregnancy and are grateful to Dr. Oshiro and perinatal navigator, Lynn Basso. Lynn Basso also shared she is a recovering addict and sober for 17 years and used substances while pregnant 29 years ago had no program to go to for help. Her past experience allows the other mothers to build a rapport with her which allows them to have hope for a better future with their child/children.

COMMITTEE UPDATES-

Desert Regional Board:

Richard Divine reported committee met on February 14, 2023 and both Kelly Grotsky and Jim Grisham provided information on the First Annual Desert Wellness and Recovery Fair that will take place on May 3, 2023 at the Palm Desert Civic Center. He also reported Dr. Quinn announced they are going to have the 18th Annual May is Mental Health Month Art Show in Creative Writing on May 9, 2023 that will be held in Coachella Valley Rescue Mission.

Mid County Regional Board:

Brenda Scott reported Behavioral Health Services Supervisor, Christopher Salazar, provided an overview of the HHope program, discussing staffing, the coordinated entry system which is mandated by HUD, as well as discussing the HHope housing crisis response teams, emergency housing and rental assistance program, permanent supportive housing, HHopes no place like home affordable housing, Hhopes mainstream section 8 voucher program and the AB109 housing and life support funding. Ms. Scott also reported Keith R. presented on Cal Aims and discussed it started in January 2022 and how it overhauled the Medicaid system and then discussed previous state pilots and whole person care, and community support that receives referrals from the ECM team and what the team consists of. Ms. Scott continued to report that Toni Robinson provided an update on the Mid County Behavioral Health clinics and stated all clinics are working on ETS and ITF outreach to connect consumers and provide them with Full Service Partnership (FSP) services at their home clinics. Each clinic has a liaison that tracks the census and connects with consumer while they are in the hospital to link them with the FSP services. Hemet clinic is the 2nd largest clinic in the county and has 1,587 consumers and 86 are FSP consumers. Lake Elsinore has 701 consumers with 32 receiving FSP services, Temecula has 587 consumers with 15 receiving FSP services and Perris has 722 consumers with 39 receiving FSP services.

Western Regional Board:

Greg Damewood reported committee met on February 1, 2023 via zoom and shared the committee has a prospective member Richard Y. which is pending final approval by Dr. Chang and once approved he will be a board member. Mr. Damewood also shared Benita Ramsey liaison with Cultural Competency provided a presentation on Interfaith and Spirituality. Once February minutes approved after committees meeting today they will be available for all to review.

Adult System of Care Committee:

Brenda Scott reported committee met February 23, 2023 and Josephine Perez provided a presentation on Man Therapy and discussed outreaching Catholic Churches to provide this information to and it was discussed that this information would need to be available in Spanish as well. Ms. Scott also mentioned that the committee was provided with updates on the Mental Health events and the Desert will have Mia St. John as their guest. Tony provided an Older Adult update sharing Western Region has 1,649 consumers with 57 receiving FSP services and JWC has 164 consumers receiving FSP services. Pathways to Success has 63 consumers enrolled in Riverside and Temecula. Kristen Duffy provided update on Peer Centers sharing Temecula's Peer Center opens March 9, 2023 and Perris's Peer Center is to be announced and Peer Services hired staff development officer Ashely Hanson.

Children's Committee:

Victoria St. Johns reported committee met on February 28, 2023 and will meet again on March 28, 2023.

Criminal Justice Committee:

Greg Damewood reported Committee did not meet in February due to committee meeting every other month and will meet again on March 8, 2023 at noon at which time minutes for January will be approved and available for review to everyone.

Housing Committee:

Brenda Scott reported they met February 14, 2023 and provided update on affordable housing construction in Riverside county and Christopher Salazar provided Hhope data update. Room and Board Coalition update which has been a goal of committee to help to support a room and board coalition in our County and now staff Lance Bram is assigned to San Bernardino Room and Board Coalition and hope is to help Riverside to form a room and board coalition.

Legislative Committee:

Brenda Scott reported on behalf of April Jones and reported committee met March 1, 2023 and discussed two legislative bills SB43 and SB363 and watched them bills being introduced and the Mayor of San Diego, Anaheim and San Jose that were there. They discussed the housing problems and grave disability and LPS trying to work on redefining this but last two years it didn't pass so they've introduced it again to redefine grave disability because past few years we've had LPS laws that have not been working for a portion of our communities in California and there will be a presentation next month from Cynthia Ferrera.

Older Adult System of Care Committee:

Brenda Scott reported committee continues to implement Cal Aim initiatives providing Behavioral Health and integrated services which includes linkage to PCP services other essential services. It was reported that Western Region has approximately 500 consumers and FSP serves approximately 130 of those consumers, averaging 10 to 15 new referrals a week. She also shared new groups started in February including grief group, co-occurring disorders, nurse led group – living well with chronic conditions, anxiety group and a Spanish speaking CBT and DBT group and they will be implementing

Living Balance and evidence based curriculum modeled after the 12 step program. Desert Region, Desert Hot Springs serves 112 FSP consumers, 180 wellness and recovery consumers. Indio serves over 100 mature adults. Banning Clinic provides services to approximately 110 consumers. Mid County that includes Lake Elsinore, San Jacinto, Temecula and Perris serve 1,166 consumers in their four clinics and 247 consumers are receiving FSP services and 119 are wellness and recovery consumers. All clinics collaborate with Hhope to maintain members in support of independent housing, apartment complexes and have weekly case consultations.

Quality Improvement Committee:

Daryl Terrell did not have anything to report this month and would report next month.

Veterans committee:

Rick Gentillalli reported the committee met March 1, 2023 and Josephine Perez provided presentation on Man Therapy which discussed method to reduce suicidal ideation and depression and recommended Executive Committee review it and consider presentation at BHC.

Membership Committee:

Richard Divine had no report to provide.

EXECUTIVE COMMITTEE RECOMMENDATIONS-

Rick Gentillalli suggested the Man Therapy presentation

Brenda Scott suggested a meeting similar to the one held at Hemet City Council and bringing together various groups to speak about how they all work together so that can be communicated to the public.

Greg Damewood suggested a letter of support in response to Ms. Scott's suggestion that can be signed by all commissioners to support any projects in regards to Mental Health. He also suggested a discussion in regards to when the federal government lift all covid restrictions and if we will be returning to face to face meetings with zoom as an option for those who cannot make it in person. Also mentioning discussing if the meetings remain virtually how will the site visits be conducted.

ADJOURN – The Behavioral Health Commission meeting adjourned at 2:04 pm.

Dr. Walter Haessler, BHC Secretary
Sylvia Bishop, 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 | A | A | P | A | P | P | | | |
| Beatriz Gonzalez, District 4 | P | P | P | P | P | P | P | | | |
| Brenda Scott, District 3 | P | P | P | P | P | P | P | | | |
| Carole Schaudt, District 4 | P | P | P | P | P | P | P | | | |
| Daryl Terrell, District 5 | P | P | A | P | P | P | P | | | |
| Debbie Rose, BOS Rep. Dist. 2 | P | P | P | A | A | P | P | | | |
| Greg Damewood, District 5 | P | P | P | P | P | P | P | | | |
| Paul Vallandigham, District 5 | P | P | P | P | ML | ML | ML | | | |
| Richard Divine, District 2 | P | P | P | P | P | P | P | | | |
| Rick Gentillalli, District 3 | P | P | P | P | P | P | P | | | |
| Victoria St. Johns, District 4 | P | P | P | P | P | P | P | | | |
| Dr. Walter Haessler, District 1 | P | P | P | P | P | P | ML | | | |

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