

RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH

Behavioral Health Commission – Legislative Committee

Wednesday, February 05, 2024

MEMBERS PRESENT	MEMBERS ABSENT	PRESENT
Brenda Scott Ashley Housley David Schoelen Dr. Haessler Melissa Vasquez Rhyan Miller Richard Divine Beatriz Gonzalez	April Jones Beatriz Gonzalez Brenda Scott Dolores DeMartino Dylan Colt James (Tony) Ortego Shelley Lowther-Gutierrez Timothy Kirkconnell	Marisela Gil Theresa Page Sandy Awad Erika Solis April Frey

ITEM	DISCUSSION	ACTION/FOLLOW-UP
CALL TO ORDER AND INTRODUCTIONS	Brenda Scott called the meeting to order at 10:42 am	
MEETING MINUTES	The committee did not have previous meeting minutes	
OLD BUSINESS	April on behalf of NAMI, said that NAMI still discussing the effectiveness of prop 1.	
NEW BUSINESS	<p><u>Prop 36 Update/April Frey</u></p> <p>April provided an update on Proposition 36, which was passed with 75% voter approval and went into effect on December 18th. The district attorney played a key role in drafting the proposition. Efforts are currently underway to develop implementation strategies and service provisions.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Legal Changes: Prop 36 increases penalties for certain theft and drug-related offenses by reclassifying some misdemeanors as felonies, imposing stricter sentencing, and mandating treatment for specific felony drug charges. • Eligibility: The law targets individuals with drug possession charges (e.g., fentanyl, heroin, cocaine, methamphetamine) who have prior convictions related to drug offenses. • Implementation & Workflow: <ul style="list-style-type: none"> ◦ The courts have requested assistance with screenings and assessments. ◦ A new email system has been created for courts to send referrals. ◦ Other counties, such as Orange County, have already received over 1,000 referrals. • Impact on Treatment Programs: <ul style="list-style-type: none"> ◦ The DA supports using treatment courts as an alternative to incarceration. 	

	<ul style="list-style-type: none"> ○ This initiative aims to redirect individuals toward mental health and substance use treatment. ○ Charges may be reduced or dismissed upon successful completion of treatment programs. ○ It could serve as a step before drug court, similar to mental health and military diversion programs. <ol style="list-style-type: none"> 1. Law Enforcement & Mobile Crisis Teams: <ul style="list-style-type: none"> ○ Some police and sheriff departments appear to be prioritizing arrests over crisis intervention, contradicting the intended role of mobile crisis teams. ○ The Mobile Crisis Administrator is compiling data on each department's approach to inform corrective actions. ○ If internal education efforts fail, leadership may escalate concerns to a higher-level law enforcement group for intervention. 2. Expected Increase in Arrests & Detention System Impact: <ul style="list-style-type: none"> ○ Other counties, particularly Orange County, have seen a significant increase in arrests under Prop 36. ○ This could lead to overcrowding in jails unless more individuals are diverted into treatment programs. 3. Screening & Referral Process: <ul style="list-style-type: none"> ○ The county will use mental health court teams for in-custody screenings and clinics for out-of-custody screenings. ○ A new email system has been created for courts to send referrals, though IT issues have delayed its implementation. ○ The goal is to return screening and assessment results to the courts within two weeks. 4. Upcoming Legislative Change – Military Diversion Expansion (Effective Jan 1, 2025): <ul style="list-style-type: none"> ○ Military diversion will now include felony charges. ○ Any active or reserve military member facing a felony may be eligible for diversion, potentially avoiding long-term legal consequences. ○ Anticipated increase in referrals has led to approval for an additional staff member to manage the caseload. 5. Concerns About Military Justice System: <ul style="list-style-type: none"> ○ Some attendees questioned how military authorities might handle felony cases differently, as dishonorable discharges are common for certain offenses. ○ There was a discussion about the gap in services for veterans, particularly in substance use treatment. <p>Next Steps:</p> <ul style="list-style-type: none"> • Continue working with law enforcement to align mobile crisis teams with their intended purpose. 	
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- Finalize IT support for the court referral email system.
- Prepare for increased military diversion referrals in 2025 by adding staff and streamlining processes.

April highlighted the ongoing need for education, influence, and advocacy to improve collaboration between mental health professionals and law enforcement.

Q&A: The discussion focused on the impact of immigration and deportation policy changes on behavioral health, particularly in the desert region, where ICE activity has increased. Key points included:

Confidentiality & Legal Guidance: Health staff received guidance on maintaining confidentiality, ensuring compliance with CFR 42 Part 2 (federal substance use confidentiality laws), and only disclosing information with a magistrate- or judge-signed warrant.

Community Concerns: Many individuals, including long-term residents and those in legal immigration processes, fear being targeted. Some families are avoiding leaving their homes, affecting access to basic needs and services.

Red Cards & Rights Awareness: Resources like "red cards," which outline constitutional rights in immigration situations, are being distributed. However, schools have been restricted from handing them out directly.

School & Community Impact: Some students are avoiding school due to fear, and school districts are training staff on handling immigration-related concerns while ensuring students feel safe.

Support Services & Advocacy: Agencies are working to support affected families with resources like food and essential supplies. Community leaders emphasize the need for continued education and advocacy to address fear and misinformation.

Overall, the meeting highlighted the intersection of immigration policies with behavioral health services, education, and community well-being, emphasizing the importance of confidentiality, rights awareness, and support systems.

MHSA PLAN UPDATE/ DAVID SCHOELEN

David presentation centered on the transition from MHSA to BHSA, highlighting key differences in goals and service structures. MHSA focused on early intervention to prevent serious mental illness, while BHSA prioritizes mitigating its consequences and preventing worsening conditions. Outreach under MHSA aimed at raising awareness and reducing stigma, whereas BHSA's outreach emphasizes reducing barriers to care and connecting individuals to services.

A major challenge discussed was the shift in reporting requirements

	<p>Housing support structures also differ; MHSA included services like case management, while BHSA restricts housing funds strictly to physical housing development and rental support. Additionally, several programs previously funded under different categories must now be consolidated under BHSA's broader funding pool, creating potential financial strain.</p> <p>Prevention services will move to the state level, meaning counties will no longer manage population-based prevention efforts. Early intervention services will shift under BHSA but with revised definitions, affecting how crisis services are categorized.</p> <p>The state has introduced draft modules to guide counties in operationalizing these changes, but final guidelines and reporting templates are still pending. There are concerns about the impact on existing programs, particularly those serving marginalized communities. Some services may need to transition to Medicaid-certified providers to continue operating, particularly programs like Promotores, which provide mental health education.</p> <p>The meeting concluded with discussions on how counties can prepare for these changes, assess which programs are at risk, and explore strategies to sustain essential services under the new system.</p>	
COMMITTEE UPDATES	David might present next meeting as there were no enough time for his full presentation	David accepted to be on the agenda for April
NEXT MEETING	Wednesday, April 2 nd , 2025	
PUBLIC COMMENTS	No public comments/ they engaged into the two-presentation discussion	
ADJOURNMENT	The meeting adjourned at 11:35 am.	

FY 24/25 LEGISLATIVE COMMITTEE ATTENDANCE ROSTER

Present = **P** · Absent = **A** · Medical Leave = **ML**

Members	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1. April Smith	A											
2. Beatriz Gonzalez	A											
3. Brenda Scott	P											
4. Dr. Walter Haessler	ML											
5. Melissa Vasquez	P											

DRAFT