

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

212



**FROM:** Department of Animal Services and Department of Mental Health

**SUBMITTAL DATE:**  
August 30, 2012

**SUBJECT:** Receive and file the Memorandum of Understanding between the Riverside County Department of Animal Services and Riverside County Department of Mental Health for a Program called Pets Assisting in Recovery (PAIR) (District: 2<sup>nd</sup>/2<sup>nd</sup>)

**RECOMMENDED MOTION:** Move that the Board of Supervisors receive and file the Memorandum of Understanding (MOU) between Riverside County Department of Mental Health (RCDMH), and Riverside County Department of Animal Services (RCDAS) for Pets Assisting in Recovery (PAIR).

**BACKGROUND:**

RCDMH and RCDAS desire to collaborate and implement PAIR. PAIR is a Therapeutic Services Program that will provide RCDMH clients the opportunity to participate in a variety of supervised therapeutic services coordinated with RCDAS to include but not be limited to, animal training, animal visits, animal fostering and animal adoption. The Departments recognize that individuals with mental health challenges often experience isolation and often lack ability to become involved in meaningful community activities without support. Research shows many positive results for these individuals from interaction with animals and adding this therapeutic activity into RCDMH services will benefit both animals and mental health consumers. This program will be implemented within the parameters of what is agreeable between the Parties. It is the intention of this program for both the RCDMH clients and RCDAS animals to benefit from the interaction.

*Jerry A. Wengerd*  
\_\_\_\_\_  
Jerry A. Wengerd, Director  
Department of Mental Health

*Robert P. Miller*  
\_\_\_\_\_  
Robert P. Miller, Director  
Department of Animal Services

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

<b>SOURCE OF FUNDS:</b> None	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is received and filed as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: October 2, 2012  
xc: Animal Services, Mental Health

Kecia Harper-Ihem  
Clerk of the Board  
By: *[Signature]*  
Deputy

Prev. Agn. Ref.: \_\_\_\_\_ District: 2<sup>nd</sup>/2<sup>nd</sup> Agenda Number: \_\_\_\_\_

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

2.5

Departmental Concurrence

Dept' Recomm.:  Consent  Policy  
Per Exec. Ofc.:  Consent  Policy

## Riverside County Memorandum of Understanding

**DEPARTMENTS:** Riverside County Department of Mental Health ("RCDMH")  
and  
Riverside County Department of Animal Services ("RCDAS")  
RCDMH and RCDAS collectively referred to as the ("Parties")

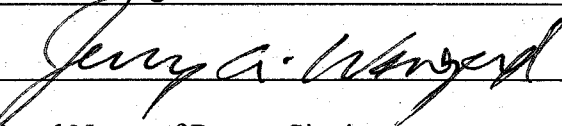
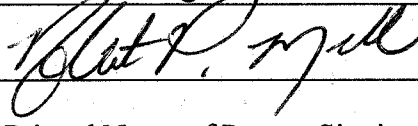
**PROGRAM:** Pets Assisting in Recovery (PAIR), a Therapeutic Service Program

THIS MEMORANDUM OF UNDERSTANDING, herein after referred to as MOU, is entered into by and between the Department of Mental Health (hereinafter RCDMH), and the Department of Animal Services (hereinafter RCDAS), collectively known as the "Parties". This MOU will provide for mutual beneficial services to RCDMH clients and RCDAS animals and is based upon the following representation and statements of purpose:

WHEREAS, the RCDMH has experience with providing clinical consultation and mental health therapeutic services within Riverside County; and

WHEREAS, the RCDAS has experience with animal care and husbandry, animal fostering and animal adoption services and has a volunteer program for individuals to work with animals of the animal shelter.

NOW, THEREFORE, the RCDMH and RCDAS will enter into an MOU and provide said mutual services in accordance with the terms and conditions contained in this MOU.

Authorized Signature for RCDMH:	Authorized Signature for RCDAS:
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Jerry A. Wengerd	Robert Miller
Title: Mental Health Director	Title: Director of Animal Services
Address: 4095 County Circle Drive Riverside, CA 92503	Address: 6851 Van Buren Blvd. Riverside, CA 92509
IN WITNESS WHEREOF, the parties hereto have executed this MOU on this _____ day of _____ 2012.	

**1. PROGRAM GOALS AND BACKGROUND:**

RCDMH and RCDAS desire to enter into an MOU for Pets Assisting in Recovery (PAIR). PAIR is a therapeutic service program that will provide RCDMH clients the opportunity to participate in a variety of supervised therapeutic services coordinated with RCDAS. Therapeutic Services may include but are not limited to, animal training, animal visits, animal fostering and animal adoption as appropriate and within the agreed upon parameters for PAIR. The intent of this program is for both RCDMH clients and RCDAS animals to benefit from the interaction.

**2. RCDMH RESPONSIBILITIES:**

- 2.1 RCDMH will screen mental health clients to find those who are within the parameters of what is agreeable between the Parties.
- 2.2 Assign staff to develop and coordinate therapeutic services in collaboration with RCDAS for the PAIR Program.
- 2.3 Provide staff to supervise RCDMH clients at all times while on site at the RCDAS facilities.
- 2.4 Schedule an appointment prior to arriving at RCDAS for therapeutic services.
- 2.5 Approve RCDMH clients identified as ready to foster and/or adopt an animal from RCDAS.

**3. RCDAS RESPONSIBILITIES:**

- 3.1 RCDAS will identify the animals available to participate in PAIR.
- 3.2 Assign staff to develop and coordinate therapeutic services in collaboration with RCDMH for the PAIR Program.
- 3.3 Approve animals identified as foster ready and/or adoptable to be paired with RCDMH client.
- 3.4 Approve foster/adoption of animals to RCDMH clients.

**4. PARTIES RESPONSIBILITIES:**

- 4.1 Develop and mutually agree to the therapeutic services for RCDMH clients working with RCDAS animals.
- 4.2 Develop and mutually agree to specific arrangements for therapeutic services to RCDMH Clients who are under thirteen (13) years of age.
- 4.2 Seek grant funding to support and supplement mutually beneficial program costs.
- 4.3 Work cooperatively to ensure the success of the PAIR Program.

**5. PERIOD OF PERFORMANCE:**

The period of performance for this MOU is the date of execution through June 30, 2013, with the option to renew in one year increments through June 30, 2017, if mutually agreed upon in writing by the Parties.

6. **TERMINATION:**

Either RCDMH or RCDAS may terminate this MOU without cause by giving a thirty (30) business day written notice to the other party. The notice of termination shall state the effective date of termination.

7. **DESIGNATED CONTACTS:**

**RCDMH CONTACT:**

Jerry Wengerd, Director  
Riverside County Department of Mental Health  
4095 County Circle Drive  
Riverside, CA 92503

**RCDAS CONTACT:**

Robert P. Miller, Director  
Department of Animal Services  
6851 Van Buren Boulevard  
Riverside, CA 92509

or to such other address(es) as the parties may hereafter designate.

8. **MISCELLANEOUS PROVISIONS:**

- 8.1 There is no exchange of funds between RCDMH and RCDAS for the implementation and/or program services contained within this MOU.
- 8.2 In the event of a dispute, the designated contacts will work cooperatively to resolve any issues that may arise during the performance of this MOU.

**Riverside County Board of Supervisors  
Request to Speak**

Submit request to Clerk of Board (right of podium),  
Speakers are entitled to three (3) minutes, subject  
Board Rules listed on the reverse side of this form.

**SPEAKER'S NAME:** REBECCA LUDWIG

**Address:** \_\_\_\_\_  
(only if follow-up mail response requested)

**City:** \_\_\_\_\_ **Zip:** 92509

**Phone #:** 951-784-0112

**Date:** 10-2-12 **Agenda #** 2.5

**PLEASE STATE YOUR POSITION BELOW:**

**Position on "Regular" (non-appealed) Agenda Item:**

**Support**       **Oppose**       **Neutral**

**Note:** If you are here for an agenda item that is filed  
for "Appeal", please state separately your position on  
the appeal below:

**Support**       **Oppose**       **Neutral**

**I give my 3 minutes to:** \_\_\_\_\_