

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



ITEM: 2.15  
(ID # 13681)

MEETING DATE:

Tuesday, November 17, 2020

FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Receive and File the Behavioral Health Commission Annual Report for FY 2018/2019 and FY 2019/2020, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and File the Behavioral Health Commission Annual Report for FY 2018/2019 and FY 2019/2020.

ACTION: Consent


  
Matthew Chang, Director 11/5/2020

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MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt  
Nays: None  
Absent: None  
Date: November 17, 2020  
xc: RUHS-BH

Kecia R. Harper  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$0	\$0	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS:</b> N/A			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b>	18/19 – 19/20

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

The Behavioral Health Commission (BHC) is established pursuant to the provisions of California Welfare and Institutions (W&I) Code Sections 5604 et seq., and Health and Safety Code Sections 11800-11803 et seq. The BHC serves as a liaison between the community, the Riverside University Health System – Behavioral Health, and the Riverside County Board of Supervisors. It is the function of the BHC, under the W&I Code 5604.2 and BHC Bylaws, Article I, Section 3, to review the services of the local mental health and substance abuse system and assess programs to make sure they meet the needs of our residents and ensure the citizens of Riverside County are provided with prompt, effective, efficient, and culturally competent community-based services. The BHC provides critical examination and review of services and proposes recommendations concerning delivery of services.

As required under the W&I Code, BHC Bylaws, and the Riverside County Board of Supervisors, Policy A-21, the BHC respectfully submits an analysis of the performance and needs of Riverside County's behavioral health system to the Board of Supervisors in the Behavioral Health Commission Annual Report. The BHC Annual Report for FY 2018/2019 and FY 2019/2020 are being submitted in order to maintain compliance with W&I Code and Board Policy A-21.

The BHC's commitment to their duties and responsibilities has always been met with cooperation and enthusiasm. Serving the mentally ill and those struggling with substance abuse is the ongoing goal of the Riverside County Behavioral Health Commission.

The BHC would like to take this opportunity to thank the Board of Supervisors for their continued support related to the needs of the Riverside University Health System – Behavioral Health, which in turn, allows them to provide effective and efficient mental health and substance abuse services to the citizens of Riverside County.

**Impact on Citizens and Businesses**

The BHC serves as an oversight committee of the Riverside University Health System – Behavioral Health to advocate as a united voice for consumers of substance abuse and mental

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

health services and to promote improvement in the quality, quantity, and cultural competency of behavioral health services delivered to the residents of Riverside County.

The services described in the Behavioral Health Commission Annual Report are a component of the Department's System of Care aimed at improving the health and safety of consumers and the community.

  
Alonzo Barrera 11/9/2020

  
Gregory L. Priarios, Director County Counsel 11/6/2020

COUNTY OF RIVERSIDE

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

# BEHAVIORAL HEALTH COMMISSION

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## ANNUAL REPORT FY 18/19

7/1/2018 – 6/30/2019

### BOARD OF SUPERVISORS

DISTRICT I – KEVIN JEFFRIES

DISTRICT II – KAREN SPIEGEL

DISTRICT III – CHUCK WASHINGTON

DISTRICT IV – V. MANUEL PEREZ

DISTRICT V – JEFF HEWITT



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## BEHAVIORAL HEALTH COMMISSION INTRODUCTION

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The Riverside County Mental Health Advisory Board was created on August 15, 1966 and transitioned to become the Mental Health Board on April 6, 1993. The purpose of the Mental Health Board was to review and evaluate the County's mental health needs, services, facilities and special matters; advise the Board of Supervisors and Director of Mental Health; review certain behavioral health related agreements; assess the impact of realignment of services from the state to the County; report to the State regarding the County's performance outcome data; and perform other enumerated tasks.

The Riverside County Substance Use Advisory Committee was formed on June 2, 1994 through the consolidation of the Riverside County Alcohol Advisory Committee and the Riverside County Advisory Committee on Drug Abuse. The purpose of the Substance Use Advisory Committee was to advise the Board of Supervisors and Director of Mental Health on the prevention, treatment, and recovery programs within the County; encourage and educate the public on the nature of drug and alcohol programs; and review the County's needs to address the ongoing problems associated with drug and alcohol abuse.

As these two issues are often so intertwined, the state legislature dissolved the State Department of Mental Health and the State Department of Alcohol and Drug Programs and merged them into the Department of Healthcare Services (DHCS) in 2013. Following suit, on November 24, 2014, Riverside County's Board of Supervisors approved the consolidation of the Mental Health Board and Substance Use Advisory Committee, establishing the Behavioral Health Commission (BHC).

The Behavioral Health Commission is committed to overseeing, evaluating, and reviewing Riverside University Health System – Behavioral Health's delivery of services to people struggling with mental illness and/or substance abuse residing within the county. It is the function of the BHC to ensure that citizens of Riverside County are provided with prompt, effective, efficient, and culturally competent community-based services. The BHC provides critical examination and review of services and provides recommendations concerning the delivery of services.

The BHC serves as a liaison between the community, Riverside University Health System – Behavioral Health, and the Riverside County Board of Supervisors. The Commission consists of consumers, family members of consumers, and public interest representatives from the medical, educational and other professional fields, as well as law enforcement, whose aim is to educate, advocate for ready access to services, and guide consumers through the mental health and substance abuse system.

The BHC is committed to ensuring that culturally competent services are provided to people of all ethnic, cultural, racial, and linguistic backgrounds through program review and appropriate recommendations.

## MISSION STATEMENT

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"The mission of the Riverside County Behavioral Health Commission is to provide public, consumer, and family member input into the planning process of mental health and substance abuse services and to assist the Riverside County Department of Behavioral Health in carrying out its mandated functions, to advocate as a united voice on substance use and mental health consumer issues, and to promote improvement in the quality, quantity, and cultural competency of behavioral health services delivered to the residents of Riverside County."

## THE MISSION OF THE CALIFORNIA MENTAL HEALTH MASTER PLAN

*(Passed as part of the Bonzan-McCorquodale Act of 1991)*

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"The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings."

## RECRUITMENT EFFORTS

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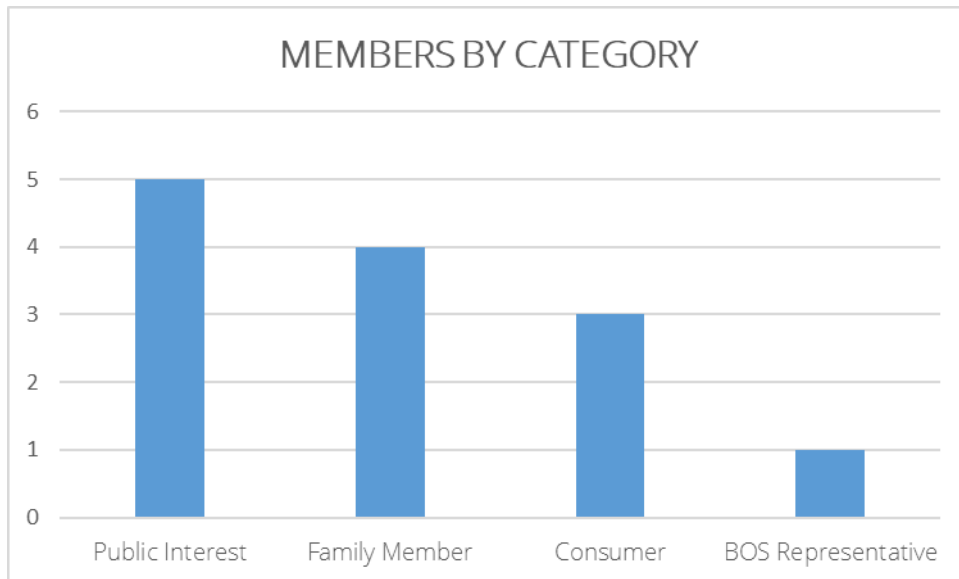
The Behavioral Health Commission continually supports recruitment efforts and encourages new members to join the Commission through a variety of methods that include community outreach and solicitation through diverse venues. These include postings on the Riverside University Health System – Behavioral Health and Board of Supervisors websites and distribution of information at community events such as the annual May is Mental Health Month Fair and other community gatherings.

## COMPOSITION OF THE COMMISSION AND BOARDS

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In accordance with Welfare and Institutions Code, Sections 5604, as amended by Chapter 1374: The Behavioral Health Commission (BHC) for the County of Riverside shall consist of 15 members appointed by the Board of Supervisors. An additional member of the BHC shall be a member of the Board of Supervisors or his/her formal designee. Fifty percent (50%) of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services. At least twenty percent (20%) of the total membership shall be consumers, and at least twenty percent (20%) shall be families of consumers. Each member of the Board of Supervisors shall appoint three persons from their district to the BHC.

The BHC for the County of Riverside also consists of three Regional Behavioral Health Advisory Boards: Western, Mid-County, and Desert. The purpose of the Regional Behavioral Health Advisory Boards is to serve in an advisory capacity to the Regional Administrators and the BHC, and to ensure that all County mental health and substance abuse programs and services of the respective geographical areas are responsive to community needs. The Regional Boards convey the goals and programs of service to the community. They also represent and serve as a two-way communication link between the regional services and the general public, key segments of the community, and geographic areas within the county. Each Regional BHC focuses on specific Supervisorial Districts. The Western Regional Board addresses Supervisorial Districts 1, 2, and parts of 5; the Mid-County Regional Board concentrates on Districts 1, 3, and parts of 5; and the Desert Regional Board focuses on District 4 and parts of 5.



As of June 30, 2019

Total No. of Members: 13

Number of Vacancies: 3



## FY 18/19 BEHAVIORAL HEALTH COMMISSION ROSTER

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### EXECUTIVE COMMITTEE

<b>RICK GENTILLALLI – CHAIR</b> Public Interest/ Law Enforcement District 3 - Chuck Washington	<b>APRIL JONES – VICE CHAIR</b> Consumer/ Education District 3 – Chuck Washington	<b>BRENDA SCOTT - SECRETARY</b> Consumer/ Public Interest District 3 – Chuck Washington
<b>ANINDITA GANGULY</b> Consumer/ Public Interest District 2 – Karen Spiegel	<b>ARACELI RUIZ</b> Board of Supervisor Representative District 1 – Kevin Jeffries	<b>BEATRIZ GONZALEZ</b> Public Interest/ Education District 4 – V. Manuel Perez
<b>CAROLE SCHAUDT</b> Public Interest District 4 – Manuel Perez	<b>DARYL TERRELL</b> Family Member District 5 – Jeff Hewitt	<b>DILDAR AHMAD</b> Public Interest District 1 – Kevin Jeffries
<b>GREG DAMEWOOD</b> Family Member District 5 – Jeff Hewitt	<b>RICHARD DIVINE</b> Family Member District 2 – Karen Spiegel	<b>VICTORIA ST. JOHNS</b> Family Member District 4 – V. Manuel Perez
<b>WALTER T. HAESSLER, MD</b> Public Interest District 1 - Kevin Jeffries		

Total No. of Members: 13  
 Number of Vacancies: 3

## FY 18/19 DESERT REGION ADVISORY BOARD ROSTER

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<b>RICHARD DIVINE</b> - <i>Chair</i> Family Member District 4	<b>JANICE L. QUINN, MD</b> - <i>Vice Chair</i> Public Interest District 4	<b>MARK MILLER</b> - <i>Secretary</i> Public Interest District 4
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<b>BEATRIZ GONZALEZ</b> Education District 4	<b>CAROLE SCHAUDT</b> Public Interest District 4	<b>DENISE DIAMOND</b> Family Member District 4
<b>EDWARD ANAYA</b> Public Interest District 4	<b>FLOYD RHOADES</b> Public Interest District 4	<b>JIM JONES</b> Public Interest District 4
<b>JOSEPH A. BUTTS</b> Public Interest District 4	<b>MAURA FISHER</b> Public Interest District 4	<b>SANDRA J. NEJA</b> Family Member District 4
<b>SCOTT STOCKHAMMER</b> Public Interest District 4	<b>SHARON HJERPE</b> Public Interest District 4	<b>TORI ST. JOHNS</b> Family Member District 4

Total No. of Members: 12  
Number of Vacancies: 3

## FY 18/19 MID-COUNTY REGION ADVISORY BOARD ROSTER

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<b>KIMBERLY MCELROY – Chair</b> Public Interest District 3	<b>GLORIA HERNANDEZ – Vice Chair</b> Consumer District 5	<b>BRENDA SCOTT – Secretary</b> Consumer District 3
<b>GLORIA WILLIAMS</b> Consumer District 3	<b>GEORGE MIDDLE</b> Public Interest District 2	<b>GLEN SHEPHERD</b> Consumer District 5
<b>PEPE DEL RIO</b> Public Interest District 1	<b>WALTER T. HAESSLER, MD</b> Public Interest District 1	

Total No. of Members: 8  
 Number of Vacancies: 7

## FY 18/19 WESTERN REGION ADVISORY BOARD ROSTER

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<b>GREG DAMEWOOD</b> - <i>Chair</i> Family Member District 5	<b>LISA MORRIS</b> - <i>Vice Chair</i> Public Interest/ Staff Member District 5	<b>JEANIEL DANCER</b> - <i>Secretary</i> Public Interest/ Staff Member District 5
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Total No. of Members: 3  
Number of Vacancies: 12

# COMMITTEE AND REGIONAL BOARD REPORTS

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The Behavioral Health Commission has regional boards and a number of committees tasked with assessing programs, their functions, and effectiveness.

## REGIONAL BOARDS:

DESERT REGIONAL BOARD

WESTERN REGIONAL BOARD

MID-COUNTY REGIONAL BOARD

## STANDING COMMITTEES:

ADULT SYSTEM OF CARE COMMITTEE

CHILDREN'S COMMITTEE

CRIMINAL JUSTICE COMMITTEE

EXECUTIVE COMMITTEE

HOUSING COMMITTEE

LEGISLATIVE COMMITTEE

OLDER ADULT SYSTEM OF CARE COMMITTEE

VETERANS COMMITTEE

An annual summary of each regional board and committee's activities are drafted and submitted by the Committee Chairs, Supervisors, and Administrators, which are included on the following pages.

# ADULT SYSTEM OF CARE COMMITTEE

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## MISSION STATEMENT

"To promote, support, and advocate for high quality and culturally appropriate services for severely and persistently mentally ill adults and their families residing in Riverside County through formal recommendations."

## GOALS

"To provide Riverside University Health System – Behavioral Health (RUHS-BH) and the Behavioral Health Commission with feedback from community stakeholders, consumers, and family members about the mental health and substance abuse needs of adults and their families; to make recommendations about services to best meet the needs of adult consumers and their families; to provide input about policies and advise of necessary changes to existing policies to ensure the delivery of high quality and culturally competent services; to review performance outcomes of mental health programs to determine if they meet the goals of Riverside University Health System – Behavioral Health; to improve coordination of services to consumers who receive services from multiple agencies and enhance interagency collaboration."

Goals the committee will consider:

- Start G.E.D /Learning resource at the programs.
- Open a food bank for Behavioral Health consumers at the Rustin Campus in Riverside.
- Create a sub-committee to increase membership by utilizing social media to promote and bring awareness of the committee to the community.

\* \* \* \* \*

The Adult System of Care (ASOC) Committee remained active and informed this past year. Through presentations by Bill Brenneman, Mental Health Services Act (MHSA) Administrator, the committee reviewed outcomes and provided feedback for the MHSA Three-Year Program and Expenditure Plan for FY17/18 through FY 19/20.

The committee hosted other presentations as well, which included Ms. Toni Lucas with Innovations, on the I.E. Psych Partners project, which is a public-private collaboration to transform emergency psychiatric services. Ms. Lucas gathered feedback from the committee on the project proposal.

Mr. Scott McClung supervisor for TAY, provided a presentation on the new TAY programs.

Mr. David Schoelen presented on MHSA programs, which include Crisis Service System (CSS), Full Service Partnership (FSP) and system development.

Robert Youssef gave a presentation on the benefits of using social media to promote the committee and ways to present it to the public.

Ms. Diana Brown presented MHSA Prevention and Early Intervention Plan for 2018.  
Glen Sheppard and Brenda Scott gave a presentation on NAMI Temecula and San Jacinto.

Mr. Steve Oppenheimer gave a presentation on the following Telecare programs: Crisis Stabilization Unit (CSU) in Indio, FSP in Mid-County, RISE in Western Region, and LAGOS and Urgent Care in Perris.

Ms. Toni Lucas presented on the MHSA Innovations Technology proposal: "Where Wellness and the Technology Age Meet."

Gustavo Valdez and Gilbert Espinoza gave a presentation on Benefits Assistance program and Pathways to Success Vocational Services.

A number of RUHS-BH Regions and partner agencies continue to participate and attend ASOC meetings and report on their collaboration with MHSA efforts. These include Recovery Innovations International (RII); Inland Empire Health (IEHP); National Alliance for the Mentally Ill (NAMI) Mt. San Jacinto; NAMI Temecula; Consumer Affairs; Telecare and the Family Advocate Program. Members also participated in the Behavioral Health Commission Board Training and at the May is Mental Health Event in the Mid-County Region.

Brenda Scott remains the Chairperson for this Committee and continues to focus on recruiting more members. James Lucero was re-instated as the Vice Chair.

Ms. Brenda Scott regularly attended the Behavioral Health Commission (BHC) meetings and reported on committee information and suggestions to the BHC. Vicki Redding, Behavioral Health Services Administrator for Adult Services continues to be the RUHS-BH Liaison for this Committee and is communicating information, findings, and suggestions to RUHS-BH Administration. This ensures that resolutions and recommendations are provided to both the BHC and RUHS-BH, and any necessary follow-up actions are taken, if needed. In turn, feedback is also provided by the ASOC Committee.

Respectfully submitted,

Brenda Scott, BHC Adult System of Care Committee Chairperson  
Vicki Redding, RUHS Behavioral Health Services Administrator

## CHILDREN'S COMMITTEE

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The Children's Committee is a standing committee of the Riverside University Health System – Behavioral Health Commission (BHC). The Committee is comprised of consumers, parent/caregivers of consumers, as well as public and private sector representation. The committee advocates for the needs of children who have been identified as, or at risk of, having emotional/behavioral challenges. Advocacy extends to their families and/or caregivers. The Children's Committee presents important issues to the BHC as well as involved agencies, encourages increased family/caregiver input, and networks with local community agencies.

### Presentations for the past year included:

- **July 2018** – ALMA Family Services – Presentation: ALMA Family Services is a contracted provider brought on through the System of Care (SOC) Expansion. They are dedicated to advancing the quality of life of families and individuals coping with a range of needs through strength-based services. A multidisciplinary team of bilingual and culturally competent professionals – provide a range of quality community integrated multicultural services. ALMA's professional multidisciplinary, multicultural staff is specifically skilled at listening, discussing individual and family problems, and providing support and empowerment to individuals who are often dealing with complex challenges, such as aggression, defiance, and acting out.

Contact information: [www.almafamilyservices.org](http://www.almafamilyservices.org) there are 15 locations all over the Los Angeles area. In Riverside County, they are located on the campuses of Jurupa Unified School District and they are the only SOC provider housed at a school district.

- **August 2018 - Dark**
- **September 2018** – Ending Homelessness in Riverside County “No Place Like Home” (NPLH) Housing Program Presentation by Tom Peterson, Senior Public Information Specialist – RUHS-BH and Marcus Cannon, MHSS-RUHS – BH HHOPE. Signed legislation on July 1, 2016 to dedicate \$2 billion dollars to develop permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness. Counties will be eligible applicants either solely or with a housing development sponsor. RUHS-BH will submit applications following the model of care established under its existing permanent supportive housing program.

Riverside County Board of Supervisors adopted a countywide strategic plan to address homelessness in January 2018. Riverside County will work closely with the Riverside County Housing Authority and Economic Development Agency to identify projects that will align with NPLH and department goals and guidelines. [www.rcmhd.org/Administration/NPLH](http://www.rcmhd.org/Administration/NPLH)

- **October 2018** – Presentation “Who We Serve Report” Consumer Population Profile FY 2017-2018 by Dr. Ryan Quist, Deputy Director – Quality & Research. Riverside University Health System – Behavioral Health (RUHS-BH) provided services to 59,298 consumers through mental health and substance abuse services. In mental health, a total 51,523 consumers were served through outpatient mental health,



detention services, and inpatient psychiatric services. The report provides County Comparison, Region, Gender, and Race/Ethnicity by age group, and History & Diagnosis. Overall, in mental health, 31.1% of consumers had a history of drug/alcohol abuse and 74.2% of consumers had Medi-Cal. In substance abuse, 31.2% reported to have mental illness and 75.8% had drug Medi-Cal.

Age Groups: The overall, total consumers served by mental health increased 2.93% from FY 16/17 to FY 17/18. The largest age group served were adults (66%). In mental health, both youth under 18 years and older adults showed an increase in the number served.

More youth were served in FY 17/18 as compared to FY 16/17. The report provides population comparison, among children. Hispanic/Latinos served more than any other race/ethnicity group across all regions.

- **November 2018 & December 2018 Combined**

- Diana Brown, Prevention and Early Intervention (PEI) Administrative Services Manager gave a presentation on the MHSA FY 18/19 Annual Update. We strive to provide consumers with services that will empower them to achieve and maintain their own recovery goals and personal wellness. People with mental illness can and do recover. The definition of recovery is not limited to the absence of symptoms. Our vision is to provide services that reflect our consumer, having a safe, stable, and comfortable living environment. Engaging in chosen daily activities such as work, school, and personal interests. The degree to which we help consumers meet the criteria for successful recovery is an important measurement of the departments' success. The programs and services are primarily offered in community and home-based settings.
- Tonica (Toni) Lucas, Social Service Planner, informed the Committee that The Mental Health Services Oversight and Accountability Commission approved the Tech Suite (Innovations Plan), which was submitted on May 2018. The presentation was entitled "Where Wellness and the Technology Age Meet." Ms. Lucas gave an overview of the research measurement tools and data collecting methods used to increase access to behavioral health care. The system can help recognize and acknowledge behavioral health symptoms sooner and increase early access to the appropriate level of care. The array of available services that will be available through the Tech Suite include:
  - Interventions by a Virtual Coach (an avatar), to help reduce the stigma associated with behavioral health by promoting wellness optimization.
  - Peer chatting with trained and certified peers that have lived experience. Virtual communities of support for specific populations, such as parents or family member and support services delivered by trained Peer staff. The service is provided in all threshold languages.
- Presentation by John Schwarzlose, Transitional Age Youth (TAY) Program Manager. There are now three TAY Drop-In-Centers open in Riverside County: The Desert Flow in La Quinta; The Arena in Perris; and Stepping Stones in Riverside. Transitional Age Youth age range is 16-25 years old. The Resource and Support Centers across Riverside County offer Innovative, non-

traditional approaches to working with TAY and their families. Each center has an open and safe environment. Welcoming every TAY who walks through the door, seeking clinical services, or just a safe place to spend time. TAY Peer-to-Peer Program will provide formal and informal outreach, informal counseling and support/informational groups to at-risk youth and their families.

- **January 2019** – Presentation by Luis Medina, Consul for Protection & Legal Affairs, for the Consulate of Mexico in San Bernardino, CA. Mr. Medina shared with the Children’s Committee members the objectives and the challenges faced by Mexican nationals. The Consulates provides legal representation to Mexican nationals that face judicial processes, including but not limited to attempted deportation, counsel regarding the rights and obligations under labor, civil, immigration, domestic violence and criminal laws. The Consulate also works closely with RUHS-BH to access needed behavioral health services for individuals who access the Consulate.
- **February 2019** – Presentation by Tawny Weir & J.D. Fuller, CA Mentor/Family Support Services. CA mentor offers Family Centered Treatment (FCT). This is an evidence-based family model new to Riverside County. The program is designed to find simple, practical, and common sense solutions for families faced with disruption or dissolution of their family. The core value is demonstrated via the use of individual family goals. The primary goal of FCT is obtaining successful engagement with the family structure. The role of the clinicians is to facilitate practice experiences in family sessions and to assist in identifying and altering maladaptive patterns. They have enrolled several families and are already seeing great results.
- **March 2019** – Kelly Grotsky, Behavioral Health Manager, Desert Region Children’s Services provided a few updates related to the Desert Region:
  - Supervisor Perez hosted a Green Ribbon Committee, which focuses on Coachella Valley Behavioral Health Initiatives. The Committee will be ongoing.
  - Eisenhower Hospital has Behavioral Health Services in the emergency department – a Social Worker and Psychiatrist are available for behavioral health triage.
  - HHOPE came out to talk about outreach efforts in Palm Springs and Blythe.
  - Acadia Hospital has plans to break ground for an 80-bed Behavioral Health Hospital in Indio between late 2019 to early 2020. With 20-beds dedicated to adolescents, 20 to geriatric, 20 to co-occurring, and 20 to adults.
  - HCC interns in the Coachella Valley – growing CV Workforce – looking to plan college interns over the summer at various health and behavioral health opportunities.
  - Outreach Fair at Church in Mecca – May 5, 2019, will have Behavioral Health and Physical Health screenings, assessments, information area, Substance Abuse Prevention and Treatment (SAPT) screenings, crisis services, etc. This was a full day event at all of the Catholic Masses.

- **April 2019** – April Marier, Mental Health Services Administrator, and Will Harris, Assistant Regional Manager, gave an overview of Adolescent SAPT Services. Indicated Prevention Services (IPS) is a one-on-one intervention with a Behavioral Health Specialist III located at one of our outpatient clinics. Services are provided for youth and adults who do not meet the medical necessity for treatment services.
  - The following SAPT clinics have IPS services available: Blythe, Indio, Palm Desert, DHS (School Services), San Jacinto, Riverside, Moreno Valley, Temecula, Corona and Lake Elsinore.
  - For Outpatient Services, the following levels of care are available to ensure complete substance use continuum of care; Intensive Outpatient Treatment (6-19 hours per week) and Recovery Services (tailored to the needs of the consumer).
  - Juvenile Success Team (JUST) is a drug court program for youth ages 14-17. The program aims at reducing drug use and help the youth remain law abiding. Currently, JUST is provided at 2 substance abuse prevention and treatment locations: Riverside and Moreno Valley.
  
- **May 2019** – Aurelio Sanchez, Veterans Services Liaison gave a presentation on access to Veterans Services. The Committee was interested in learning information about the Tri-Care process of getting children, youth and families of Veterans into care. There have been some mixed messages about how families of Veterans may access RUHS-BH services and/or other Children’s services contract provider and Mr. Sanchez provided some clarity. Mr. Sanchez suggested speaking directly with a Tri-Care Representative of the Armed Forces with any specific questions. Mr. Sanchez also provided websites to get more information. In addition, Mr. Sanchez provided the following information:
  - Tri-Care covers medical and psychologically necessary Mental Health and Substance Use Disorder care. This includes both inpatient and outpatient care.
  - When prescribed by an authorized provider as a part of a treatment plan. Tri-Care covers collateral visits when needed. These visits are between the provider and family member or other responsible person.
  - Family Therapy is considered, outpatient psychotherapy, and is a Tri-Care covered benefit, when it is determined to be medically or psychologically necessary for treatment of a valid diagnosed behavioral disorder. Family Therapy may involve all or a portion of the family.
  - Medically and psychotherapy are necessary mental health and substance use disorder care. This includes both inpatient and outpatient care.
  - Emergency care include professional and institutional charges, services and supplies, ordered or administered in an emergency department.

Nicole Dumaguindin from Filipino American Mental Health Resources Center shared that there is severe stigma associated with mental illness and a tendency to express psychological distress somatically continues to hinder Asian Americans from seeking care. Due to the diversity among Asians, it is important to address the mental health issues of each group separately, to overcome the cultural stigma and breakdown of those barriers.

Fil-Am Mental Health Matters offers information and referrals regarding Mental Health treatment, recovery, and community resources including Social Services, immigration and legal services, Medicare, health and nutrition, and academic tutoring.

- **June 2019** – Mario Diaz and Daniela Ramirez from IEHP gave a presentation on Connect IE presentation:
  - Connect IE is a free one-stop interactive website for partners and the public in the Inland Empire. It makes it easy for local organizations to put people in touch with resources in their community. Community-based organizations can streamline and access information and resources regarding housing services, food programs, transportation, job training and other low-cost or free programs.
  - Connect IE provides instant access to program listings in every zip code in the Inland Empire. Connect IE reports can help you identify how many people are using your program, track the referrals you make, and improve the health of your community.

Committee members also participated in several philanthropic activities throughout the year. The 2019 Directing Change Event is an opportunity for youth and young adults to promote mental health, reduce stigma and prevent suicide. This year, filmmakers were invited to the “Each Mind Matters Directing Change Statewide Event” at the Ace Hotel in Los Angeles and to the local Inland Empire Directing Change Ceremony hosted at the San Bernardino Theatre of the Performing Arts. Watch their inspirational videos at <http://www.directingchange.org/films>.

RUHS-BH – Prevention and Early Intervention (PEI) partnered with Active Minds, which is an organization that was established to inspire a new generation to change the conversation about mental health. Active Minds sponsored the “Send Silence Packing” exhibit, which was hosted at Mt. San Jacinto College and College of the Desert. Send Silence Packing is an emotionally powerful exhibit that increases awareness about suicide prevention.

Committee members participated in the 2019 May is Mental Health Month Events throughout the County.

Respectfully submitted,

Tori St. Johns, BHC Children’s Committee Chair  
Janine Moore, RUHS-BH Deputy Director, Children’s Services

# CRIMINAL JUSTICE COMMITTEE

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## VISION

To address housing issues by increasing beds and augmenting Board and Care facilities, to provide Law Enforcement Personnel Training, to promote integration and collaborate with different agencies, to monitor competency programs, and improve safety in jails.

## MISSION STATEMENT

To facilitate the recovery of people in the Criminal Justice System, who have behavioral health needs which can include mental health and/or substance use disorders, by enhancing programs in our community through collaboration with County partners, community stakeholders, families and other support systems.

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## GOALS OF THE CRIMINAL JUSTICE COMMITTEE

1. Housing Issues: Increase Beds and Augment Board and Cares: Monitor and provide feedback regarding housing issues including detox; diversion beds such as short-term transitional residential programs; and care beds with or without special programs such as dual diagnosis.
2. Training for Law Enforcement Personnel: Monitor training provided to all Riverside County law enforcement and other agencies on crisis intervention. Work toward getting the training to more staff and other Law Enforcement agencies and expanding the training curriculum.
3. Promote Integration and Collaboration with Different Agencies: Work with different agencies in order to promote communication and collaboration.
4. Restoration of Competency Placement: Monitor the current restoration to competency program and bring forth any concerns for the benefits of inmates with behavioral health needs.
5. Safety in Jails: Discuss safety issues occurring in the jails involving inmates with behavioral health issues with the goal of providing feedback, identifying trends and issues and providing information to the appropriate persons with the goal of a safer incarceration period.
6. Proposition 47: Divert Riverside County collaborative court defendants and Probation clients with behavioral health needs, which can include mental health and/or substance use disorders from convictions and/or incarceration. Reduce recidivism of diversion and post-conviction program enrollees. Reduce the risk of recidivism/re-offense by increasing success in multiple life domains.

(Continued)

7. Health and Human Services:

- a. Decrease Positive Drug Tests: Riverside University Health System – Behavioral Health has set the goal to reduce positive drug tests of AB109 offenders by 10%. This can be achieved by providing comprehensive screening for substance abuse, linkage to substance abuse services, providing offenders with appropriate guidance and support to maintain sobriety such as attending substance abuse groups, 12-step, residential treatment, educational groups such as “Facing Up” that help empower offenders to “face” challenges of sobriety and maintaining good mental health.
- b. Increase Attendance at AB109 Graduation Ceremonies: The goal for FY19/20 is to improve attendance of upcoming graduations for both the graduates and those in attendance to celebrate successful re-engagement into the community without formal supervision.

The Criminal Justice Committee (CJC) currently has a total of six members with an average of 22 in regular attendance at these meetings. The Committee contains representation from a number of agencies including the Prop 47 Advisory Board, Behavioral Health Detention Services, Riverside County Sheriff’s Department, Probation Department, Public Defender’s Office, National Alliance on Mental Illness (NAMI), Behavioral Health Peer Support Specialists, Western and Mid-County Regional Behavioral Health Advisory Boards, and Detention Health Services. Consumers and family members also attend CJC meetings. Throughout the past year, the CJC was involved in a variety of activities and had a number of accomplishments.

Members participated in various events in Riverside County including the Substance Abuse “Recovery Happens” event, which occurred on Friday, September 14, 2018 at the Rustin Campus and the May is Mental Health “Live Life Well” event, which took place on Thursday, May 23, 2019 at Fairmount Park. Many Criminal Justice Committee members attended the 2018 NAMI Walk at Diamond Valley Lake in Hemet and various NAMI meetings throughout the year.

Assistant Behavioral Health Director of Programs, Deborah Johnson has continuously advocated for the mentally ill in the criminal justice system and has been an integral part in implementing accepted best practices, resulting in the decriminalization of persons with serious mental illness.

**PROP 47 ADVISORY BOARD**

In June of 2017, the Department was awarded a Proposition 47 Grant for 6 million dollars. The Grant targets individuals who are involved in the criminal justice system with serious mental health and/or substance abuse issues. The goal is to divert individuals out of the legal system by offering them Community Based Treatment options. To accomplish this goal the department established two Integrated Care Behavioral Health Full Service Partnership programs that will provide integrated mental health, substance abuse treatment and connection to primary care services. The model of care includes intensive treatment, case management, support, and wrap-around type services. Treatment services may also include evidence-based practices, psychiatric, medications services and peer supports. Other life domains such as housing and vocational supports are offered to reduce the likely of recidivism. Individuals referred to the program are identified by the Veteran’s, Homeless, and Mental Health Courts, Probation, and Whole Person Court.

One of the requirements of the Grant is that the Department must have a Local Advisory Committee (LAC). The Committee's purpose is to act as an advisory body to the Department to help inform, direct, provide feedback on Grant development, implementation and decision making. The Committee is comprised but not limited to Community Groups/ Organizations, Agency Partners, Forensic Representatives, Law Enforcement, Courts, District Attorney, Probation, Public Defender, community members, consumers and family members and Departmental staff.

In January of 2018, the decision to merge the LAC and the Criminal Justice Committee was made. The intent of the merger was to streamline the meetings, increase attendance and avoid duplication of meetings. The Prop 47/ Criminal Justice Committee meets on the second Wednesday of every other month at noon. The current focus is on providing all members on-going grant progress updates, elicit feedback on programmatic issues, explore strategic efforts to increase and refine referral process as well as inform the Department on any other Grant related issues. The LAC will continue to meet throughout the course of the grant. The Department reports Committee activities and provides meeting minutes to the Board of State and Community Corrections (BSCC). The grant will end September 30, 2021.

### HOUSING

The objectives are to increase beds, housing options, and augment licensed adult residential care ("board and care") facilities.

Individuals with a mental health challenge and/or those with substance use issues who need residential placement are provided opportunities for housing by the Riverside University Health System – Behavioral Health (RUHS-BH) based on their individual needs, choice and eligibility for resources through a Housing First lens.

The Department continues to expand the opportunities for housing to meet the needs of the justice involved individuals such as the AB109, Whole Person Care, and Prop 47 population. This can include connections to outreach and engagement teams for those living on the streets, short-term emergency shelter if viable, rental assistance to move in to housing and some opportunities for rapid re-housing and transitional housing. RUHS-BH continues to actively work through the architectural design and approvals for a new augmented Board and Care or licensed adult residential facility. We have completed a soon to be released Request for Proposal (RFP) for the staffing of this new Augmented Board and Care location. The much-needed facility will be located in East County/Desert Region of North Palm Springs.

RUHS-BH was also selected to be the HUD Continuum of Care and Coordinated Entry Lead for Riverside County. The Coordinated Entry System provides access and assessment to housing resources on needs and availability basis. The RUHS-BH Housing Crisis Response Teams, Whole Person Care teams and AB109 staff conduct housing needs assessments, provide case management assistance to maximize consumers personal responsibility and assists with access to available housing options. A team of Behavioral Health Specialists and Community Service Assistants is providing other supports in the residences. They assist with developing independent goals with mainstream benefits applications; bus passes; emergency food and hygiene packets; individual budgeting and menu planning, which include grocery shopping and food purchases; and developing a long-term housing plan.

The Department continues to explore additional housing options, such as "Rapid Re-Housing" and longer term rental assistance as well as other county, state and federal housing opportunities. It is projected that we will

provide more than 3,000 days' worth of housing to those eligible and who are without stable housing. Similarly, the Department was recently notified of an award to assist with construction of an integrated residential behavioral health and substance use treatment center that will assist with jail diversion particularly for homeless consumers. The center, to be known as Arlington Recovery Community, will provide access and assessment to residential treatment including withdrawal management (WM), medication assisted treatment (MAT), the continuum of substance use and mental health levels of care and case management assistance with discharge planning, which will include creating housing plans based on the consumers' needs and resources.

### **LAW ENFORCEMENT COLLABORATIVE**

The Law Enforcement Collaborative is a cooperative relationship between RUHS-BH and Riverside County law enforcement agencies and first responders. The collaborative is coordinated and maintained by a RUHS-BH licensed clinician.

The clinician teams with the Riverside Sheriff's Office (RSO) and Riverside Police Department (RPD) to develop and facilitate Crisis Intervention Trainings (CIT), a curriculum designed to enhance law enforcement response to people in mental health crisis. The goal of CIT is to provide mental health education and awareness, empower law enforcement personnel, maintain safety for all, and strengthen de-escalation skills in hopes of diverting consumers from involuntary interventions and instead partnering with them to access voluntary care. CIT is created specifically for correctional and patrol officers, but has also been successfully adapted to meet the training needs of dispatchers, school resource and community service officers.

Although our primary partnership has been with RSO and RPD, enrollment and/or requests for specific mental health education courses from outside law enforcement and allied agencies have increased (including law enforcement agencies throughout Southern and Northern California, California Highway Patrol, Palm Springs PD, Hemet PD, Chaplains Association, Department of Social Services Welfare Fraud Investigator Association, Pechanga Rangers, and American Medical Response, among others).

Both an 8 and 16-hour CIT course have been certified by the Commission on Peace Officer Standards and Training (POST). The CIT team consists of law enforcement and behavioral health lead trainers and guest speakers from various County Behavioral Health program. Guest speakers provide lived experience as consumers and family members who have required law enforcement intervention.

Last year, over 765 participants attended CIT and the education provided access to resources and strengthening collaboration continues to grow.

### **RUHS-BH NEW LIFE (AB109) PROGRAM**

The New Life (AB109) Program operates three Day Reporting Center (DRC) locations in each of the three regions of Riverside County – Western, Mid-County, and Desert. Consumers are currently provided services in Riverside in the Western Region, Temecula in the Mid-County Region, and at the Indio location in the Desert Region. Each location provides mental health and substance abuse treatment and services. Educational classes are available for any consumer in need or as ordered by the Probation Department. Each DRC location has a team that includes a Clinical Therapist I/II, Behavioral Health Specialist II/III, Community Service Assistant, and a Peer Support Specialist that work in collaboration with the Probation Department to provide behavioral health services. Along with the DRC locations, Behavioral Health also operates three New Life Outpatient Clinics



(Riverside and San Jacinto) and one Forensic Full Service Partnership program located in Riverside. These outpatient clinics also have a treatment team comprised of Behavioral Health Specialists, Clinical Therapists, Peer Support Specialists, and Community Service Assistants. Both the DRC and Outpatient New Life Clinics are staffed by these teams to serve as a collaborative conduit to provide treatment, transportation, linkage, and recovery by example for all consumers.

#### **RUHS-BH SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DRUG COURTS, AND FAMILY PRESERVATION COURT**

Substance Abuse Prevention and Treatment Program (SAPT) operates four adult Drug Courts in the County located in Riverside, San Jacinto, Indio, and Blythe. These long standing adult collaborative courts boast high outcomes and work in close proximity with the judicial courts for the best guidance and treatment possible for consumers. In the last year and a half, SAPT has also been working with the Riverside Court to set up the Juvenile Drug Court. This endeavor is now coming to life with the first consumer being referred to Juvenile Drug Court in January 2017. Family Preservation Court has been operated for the County by a contractor since 2007 and as of April 2017 the Department has taken back all treatment services for this population. These Family Preservation Court services are now located in RUHS-BH SAPT Clinics in Corona, Moreno Valley, Riverside, San Jacinto, Temecula, Indio, and Desert Hot Springs. The Collaborative Courts are an evidence based drug court model, which establishes a court team that builds on a long lasting partnership of community provided services that involve county government departments and Superior Court administration. The Collaborative Courts work with individuals and families in the criminal justice, and child welfare systems that have been met with the challenge of substance abuse, mental illness and other social welfare issues. Clients are supervised by judicial officers who oversee the consumer treatment progress through regular court hearings, which includes the use of incentives and sanctions. It is vital that this community collaborative creates access to substance abuse and mental health treatment along with a myriad of additional agencies that provide academic and vocational programming, social services for offenders and their families, housing resources, and other resources needed for a successful reentry into the community. The goal of the Collaborative Courts is to improve consumer outcomes, reduce recidivism and improve public safety.

#### **SMITH CORRECTIONAL FACILITY STEP DOWN PROGRAM**

A 192-bed behavioral health step-down program was created in June 2015 at Smith Correctional Facility to provide intensive behavioral health services to inmates with a severe and persistent mental illness. The first therapeutic group session was held in January 2016. The step-down program has been fully operational and has functioned at the 192-bed capacity since March 2016.

Inmates housed on the step down unit receive intensive behavioral health services, which include weekly individual therapeutic contact, multiple opportunities to attend group therapy sessions per week, recreation therapy, and psychotropic medication management services. Group therapy opportunities include Anger Management, a trauma-informed group therapy program known as Seeking Safety, Discharge Planning, and two substance use prevention and treatment programs known as Co-Occurring Life of Recovery (COLOR) and A New Direction.

An additional 110 designated behavioral health beds were added at Smith Correctional Facility in February 2018 on two additional housing units. The program for the 110 new behavioral health beds is designed to serve

inmates who were formerly housed in the step-down unit, but who have experienced significant psychiatric stabilization and who are now nearly ready to be placed into general population. These additional housing units are designed to provide up to 30 days for inmates to adjust to no longer being housed on the step-down unit and to continue to receive supportive behavioral health services as to maintain the treatment gains achieved once transferred to general population.

A Medication Assisted Treatment (MAT) program was developed for inmates with diagnosed opiate and/or alcohol use disorders. Start-up funds totaling \$310,000 were provided via a grand from the Department of Health Care Services (DHCS) and Health Management Associates (HMA). Provision of MAT services to those in custody is scheduled to begin in September of 2019.

The Substance Abuse Mental Health Services Administration (SAMHSA) program known as SSI/SSDI Outreach Acceptance and Recovery (SOAR) began at Smith Correctional Facility. Behavioral Health Specialists began a robust SAMHSA training program detailing how to complete and submit SSI/SSDI applications to the Social Security Administration for those in custody so that qualifying individuals will be ready or nearly ready to receive SSI/SSDI benefits upon their release.

Robust discharge planning services are provided to inmates in the step-down program and to those housed in the 110 newly created behavioral health beds. Discharge planning services include: Assessing the needs that an inmate will have upon his/her return to the community (i.e., housing, benefits establishment or re-establishment, transportation, etc.). Additionally, all inmates on the step-down unit are linked to an appropriate level of behavioral health care in the community, with level of care ranging from an outpatient behavioral health program to a forensic full service partnership (FFSP) program, which provides field-based 24-hours per day, seven days per week wrap around behavioral health services, including psychotropic medication management. Two additional FFSPs were created during fiscal year 2018-2019, one in Perris and one in Rancho Mirage. Each program is capable of serving 90 consumers. The programs are staffed by Recovery International and are funded by Proposition 47 grant monies. Finally, assessment of community-based substance abuse prevention and treatment (SAPT) needs occurs for those housed on the step-down unit and in the newly designated 110 designated behavioral health beds. Inmates are linked to community-based SAPT services at the appropriate level of American Society of Addiction medicine (ASAM) level of medical necessity. Inmates are offered and provided with transportation to SAPT programs upon their release from custody.

### MENTAL HEALTH COURT

The Mental Health Court program continues to have a positive impact on those in the criminal justice system that are struggling with behavioral health challenges. During the period of July 1, 2018 through June 30, 2019, the Mental Health Court programs received 243 new referrals (Indio: 79; Riverside: 116; and Southwest: 48) from our collaborators in the Public Defender's office and community private attorneys. When comparing the overall total number of referrals received across the three programs (Indio: 89; Riverside: 131; and Southwest: 79; total: 299), there was a 19% decrease between this fiscal year and the previous one. On July 1, 2019, Governor Brown signed the budget into law, which also included Penal code 1001.36, also known as Mental Health Diversion. With the passage of this new pre-trial diversion law, individuals who are accused of committing a crime may be able to postpone further action taking place with their case, in lieu of receiving mental health treatment. Successful completion of this program allows the individual's charges to be dismissed and the record of their arrest sealed. Since the passage of this law, Mental Health Court staff have received an additional 94 referrals (Indio: 16; Riverside: 74; and Southwest: 4), during this period in addition to the 243 referrals as part of the

Mental Health Court program. In total, Mental Health Court staff received 337 new referrals over the course of this period, which is an increase of approximately 13% as compared to FY 17/18.

The Veterans' Court is another program that continues to remain a positive influence in the lives of veterans who served our country so nobly, along with the lives of those closest to them and the communities in which they live. From July 1, 2018 through June 30, 2019 the Veterans' Court program received 118 new referrals, which is an almost 19% increase from the previous period. In addition to the 118 referrals received, there were also 114 referrals given to Mental Health Court staff to assess Active Duty, Reserve and Veterans who may not be interested in the Veterans Treatment Court program, but are interested in the Military Diversion and Mental Health Diversion, also offered through Veterans Treatment Court. This is a 61% increase as compared to the previous fiscal year. Both diversion treatment programs run in conjunction with the Veterans; Court but unlike Veterans' Courts, participants are not required to plead guilty to enter into the program, which is a unique benefit, as it will allow those on Active Duty and in the Reserves to remain serving while they are also receiving treatment.

In addition to the Veterans' Court program, Mental Health Court also supports the Misdemeanant Alternative Program (MAP), which provides the court with treatment plans designed to link individuals who have been found by the court to be incompetent to stand trial with mental health services. The overall goal of this program is to assist the individual in regaining competency so that they move forward with their criminal proceedings. From July 1, 2018 through June 30, 2019, MAP received 65 referrals, which is a 9% increase in the total number of referrals received within the previous period, which was 59.

Updates for Mental Health Court, Veterans Treatment Court, Realignment Presentencing Program, and MAP are given at the Criminal Justice Committee Meeting.

#### PATTON STATE HOSPITAL WAITING LIST

The average wait time for a Patton State Hospital bed has increased over the past year, from 80.79 days to 93.27 days. The number of individuals on the State Hospital waiting list has increased over the course of the past year: The State Hospital Waiting List typically averaged 15 individuals during fiscal year 2017-2018 and has increased to an average of 36 individuals during fiscal year 2018-2019. The Liberty Healthcare Restoration of Competency (ROC) Program that started in October 2013 has allowed clients to receive services competency restoration. Those who successfully complete the Liberty Health ROC program are deemed competent to stand trial by the Court and to move forward with the adjudication of their case and avoid a State Hospital sentence.

A total of 127 inmates were referred to Liberty Health for restoration of competency during fiscal year 2018-2019. Of those referred, 63 (49%) were successfully restored to competency by the RPDC-based Liberty Health Program. Sixty-four inmates (51%) admitted to the Liberty Health program were determined not to be restorable at Robert Presley Detention Center (RPDC) and were transferred to Patton State Hospital for competency restoration.

Respectfully submitted,

Greg Damewood, Criminal Justice Committee Chair, and  
Deborah Johnson, Deputy Director, Forensics

## EXECUTIVE COMMITTEE

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During fiscal year 2018/ 2019, the Riverside County Behavioral Health Commission has become a fully integrated commission bringing both mental health and substance use as one voice and is a fully operational Commission with most, if not all, of the glitches fixed.

Our Executive Committee continues to discuss topics and schedule speakers to provide a brief synopsis of their programs and gives the Commission members an opportunity to ask questions and voice concerns. The Executive Committee has made sure those topics regarding substance abuse and mental health issues are equally covered during Commission meetings. At our Commission hearings we ask for input from our Commissioners and also the public to discuss issues of concern and use the same for our executive meetings and monthly agenda structure.

The Behavioral Health Department has done an excellent job in keeping the Commission informed on staff changes and structure with organizational charts, staff introductions and the Director's report, which is provided to the Commission at every meeting. This year marks our new endeavor with RUHS Director Dr. Matthew Chang, M.D., Psychiatrist, leading the department with style and grace. Dr. Chang is willing to discuss just about any topic including financial issues. Some of his topics include staffing, budget, legislative, and other matters that might affect the Department, the commission and our consumers.

During the year, each Commission member is asked to conduct one or more site visits to our various behavioral health clinics/programs to review their services and provide feedback and recommendations. Several of our Commissioners have streamlined the site visit intake sheet and the same has made the visits both fruitful, enjoyable and a positive final product. The data accumulated through these visits are then brought back before the Commission where members are afforded to chance to ask questions, provide input and help our process. The Commission has hopes of visiting each clinic/program every three years based with the help of the regional boards and their membership.

During each Commission meeting, one to three presenters are invited to speak about their programs, clinics and most importantly the people we serve. The Commission continues to research the problem of un-served and underserved consumers. The Department's Research and Technology Division drafts an annual report entitled "Who We Serve," which outlines the County's progress and how we compare to other counties throughout California. The Mental Health Services Act (MHSA) Program and Substance Abuse Prevention and Treatment (SAPT) Programs provide at least a 5 minute update on current projects and any issues concerning them. We are on the right track and moving forward!

In accordance with Proposition 63 directives, the Behavioral Health Commission is required to conduct Public Hearings on the MHSA FY 18/19 Annual Plan Update. The Plan was posted for public review 30-days prior to the Public Hearing. The Commission held three Public Hearings to accommodate members and citizens living in the Western and Desert Regions. All of the Public Hearings were well attended and all feedback and recommendations were recorded, discussed and evaluated. Public comments were compiled and three members of the Commission reviewed the comments and made recommendations as appropriate with the help of expert staff and others.

The Behavioral Health Commission has been able to solicit new members this year, which has brought membership up to 13 including the Board of Supervisors representative. I would respectfully ask each Board of Supervisor that oversees the regions, to forward applications of prospective members to the Commission for consideration and processing.

We have taken into consideration stigma, opioid abuse and a very important Riverside STAR program of which we are seeking assistance with the Los Angeles County START program (Emergency Outreach Program) related to schools and potential problems therein. Our intention is to integrate the Los Angeles County's START procedures to help prevent problems before they happen; we have an outstanding joint effort to help our educators and student population.

Riverside County has the only California Behavioral Health Commission that has appointed three regional behavioral boards to ensure that all areas of our county are represented. The regional boards ensure that those with a behavioral health diagnosis have local representation and do not have to travel to Riverside to have their information heard. The three regional boards cover the Western, Mid-County and Desert Regions. Our regional boards have done a great job, however we need more members in an effort to complete our mission.

The Commission takes great pride in the Riverside University Health System – Behavioral Health Department, its staff, the programs and services provided to the consumers of Riverside County. The Commission thanks the Board of Supervisors for providing the guidance and funding to make our programs and Department, the finest in California. Our County Supervisors are of the same mind-set to prevent problems and be able to react to situations in a manner where the fix is immediate and effort is to protect the public as best as possible.

Our recent observation by the County Grand Jury has proved to be a positive influence on our Commission. The Grand Jury members have shown a great interest on our Commission and RUHS-BH's programs and services in the past, and continued to do so at the beginning of 2019.

Respectfully Submitted,

Richard Divine, Behavioral Health Commission – Chair  
Beatriz Gonzalez, Behavioral Health Commission – Vice-Chair  
Victoria St. Johns, Behavioral Health Commission – Secretary

# HOUSING COMMITTEE

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## GOALS

The goal of the Housing Committee is to provide input on housing crisis strategies, housing planning, and provide input to staff on emergent issues and concerns that impact consumers of the Riverside University Health System – Behavioral Health (RUHS-BH). The Housing Committee members also serve as key stakeholders in reviewing Behavioral Health (RUHS-BH) housing development projects. The Housing Committee continues to meet monthly with community members, RUHS-BH staff, and Commission members.

## OVERVIEW

The Mental Health Services Act (MHSA) provides funding specifically for the development of permanent supportive housing for people who are living on the street in a housing crisis, or those who remain at risk of homelessness and have a chronic, persistent, and disabling mental health challenge. RUHS-BH, with input from our stakeholders and the committee, has implemented a balanced county-wide strategy to ensure that continuums of housing and street engagement services are available for those in a housing crisis. These services are provided across the balance of the County service delivery regions and ensure that the housing and outreach response opportunities address the housing crisis needs of all ages and populations. RUHS-BH department practices Housing First principles and recognizes that safe and stable living conditions are essential for wellness and recovery.

## CONTINUUM OF HOUSING

Using the available funding, the HHOPE Program provides access to multiple opportunities for housing. The Housing Committee has been part of guiding those opportunities and provided valuable input on program priorities.

During FY18/19, a Continuum of Housing was provided through the MHSA and other community grants:

- Prevention
- Temporary emergency housing
- Short term rental assistance
- Rapid Re-Housing programs
- Permanent Supportive Housing
- Licensed Residential Care

HUD – Permanent Supportive Housing – Utilizing a Housing First Approach, RUHS-BH Housing Region supports those chronically homeless individuals with awarded HUD funding for longer and more permanent housing in two primary programs: 1) Low Demand Safe Haven Model Permanent Housing and 2) Scattered Site Permanent Supportive Housing (located in the community of the individual's choice). Permanent supportive housing for individuals with behavioral health challenges is an integral part of the solution to homelessness in Riverside

County and is a cornerstone of our consumers' long term wellness and recovery. These HUD funded projects have a nearly 100% occupancy.

### **MHSA FUNDED PERMANENT SUPPORTIVE HOUSING**

RUHS-BH has expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA). RUHS-BH leveraged more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850-units of affordable housing throughout Riverside County. Integrated within each of these unique MHSA-funded projects, were 15 units of affordable housing for those at-risk individuals served by the Department Full Service Partnerships. MHSA-funded RUHS-BH apartment models include 15 integrated supportive housing units within the complexes and supportive services including on-site services in an on-site private dedicated office for our at-risk individuals. The MHSA units within each of these communities operate at near 100% occupancy and experience very little turnover. There continues to be a wait list of over 100 eligible consumers for housing of this kind. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

### **AGENTS OF CHANGE**

RUHS-BH continues to actively engage community stakeholders and partners in order to facilitate in active dialogue and community conversations, which allow us opportunities to be positive Agents of Change in our community.

- RUHS-BH continues close partnerships with local community agency partners such as the Riverside County HUD Continuum of Care (COC) to increase the ways in which to meet the housing needs for those living on the streets or at risk and served by our programs and educate on the special needs of an individual with a behavioral health challenge.
- The HHOPE Program has been selected as the lead agency of our county wide efforts to develop a fully functional Coordinated Entry System (CES) in the community. This strategy utilizes a vulnerability assessment to identify and link individuals living on the streets who, once assessed, demonstrate to have the highest vulnerability and needs, to available housing as a priority.
- HHOPE continues to support and facilitate weekly meetings with all the community outreach and engagement teams, as well as housing staff, employed by many other private and non-profit supportive service agencies to engage in active, collaborative and positive dialogue regarding those living on the streets and linking them to appropriate housing and services, including our mental health services. This has been an exciting opportunity to be Agents of Change to our community partners on the needs and priority for housing for our individuals.

In November of 2016, this group of our community partners, including the Veterans Administration and Services programs, as well as HHOPE was recognized by the Board of Supervisors, HUD and Veterans program leaders in Washington D.C. for reaching Functional Zero in veterans' homelessness. As the first large community in the nation to do so, we now strive forward to ensure the sustainability of that achievement.

## LOOKING AHEAD TO FY18/19

There continues to be a large gap in funding for new permanent supportive housing that severely constrains the capacity of RUHS-BH to expand this innovative and proven program. Affordable housing communities provide a natural setting and partnership for the development and co-location of supportive housing units within those communities. RUHS-BH continues to support affordable housing development and development projects as funding becomes available and advocacy for special needs housing for very low-income residents, particularly those who are in a housing crisis living on the streets or at risk, who have severe and persistent mental health challenges.

New initiatives include the Whole Person Care (WPC) – RUHS-BH collaborative with Population Health and Probation. We are currently receiving referrals daily and are providing case supports, including housing supports to individuals who are leaving incarceration experiencing behavioral health challenges, as well as multiple health challenges. We continue to fill the staff vacancies for this program. Additionally, Proposition 47 grant cycle for Mental Health Services, Substance Use Disorder Treatment and Diversion Programs for People in the Criminal Justice System grant application was approved. This project includes funding for Full Service Partnership programs to serve the individuals, as well as housing supports. We have met with the recently identified provider and have begun our collaboration on the housing protocols to be in place.

RUHS-BH and the HHOPE program received an award of \$23.7 million in funding through the state's No Place Like Home Program. The funds will create 162 units of permanent supportive housing for individuals with severe and persistent mental illness who are homeless, chronically homeless, or are at risk of homelessness. The housing units will be embedded within four affordable apartment communities that will be newly constructed or will undergo rehabilitation. Construction and rehabilitation of units is expected to begin in 2020.

## "WELLNESS BEGINS WITH A HOME"

RUHS-BH recognizes the integral part that housing plays in the recovery and wellness of those we serve and with the Housing Committee to guide us.

We are committed in continuing our efforts to be a leader and innovator in serving those housing needs, as we strive to hold open the door to healing and recovery.

Respectfully submitted,

Brenda Scott, Housing Committee Chair  
Marcus Cannon, RUHS-BH HHOPE Manager



# LEGISLATIVE COMMITTEE

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## MISSION STATEMENT

To bring the Behavioral Health Commission abreast of all pertinent issues or topics currently being discussed in State and Federal Government Legislation.

## GOALS

To keep the Behavioral Health Commission informed of legislative activities whether Federal, State, or County. To advocate for legislation that would be beneficial to our community.

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In September 2018, April Jones, LMFT took over as chair. Since Ms. Jones has taken over the mission and goals of the Legislative Committee have been reviewed. No changes have been made however; the standing committee will take a more active role in informing the Commission as well as the community, of important legislation.

Initially, this committee met monthly and reviewed current legislation with limited direction as to stance or which bills to prioritize. Ms. Jones recommended selecting laws that are supported or opposed by RUHS-BH and CALBHB/C to create some focus. There are currently over 1,000 laws related to mental health currently being reviewed by the State Senate and Assembly. The Committee has come to an agreement to review laws that support integration across systems. The current priority of the Director, Dr. Matthew Chang, is cross collaboration of systems to promote better overall health. The Legislative Committee believes this vision is important and in an effort to support this initiative, the Committee chooses to keep the public and Commission informed of legislation that affects all domains.

In 2019, Zachary Tucker, Executive Director at RUHS-BH has joined the Committee. Mr. Tucker has been an integral part in creating a focus and platform for the Committee. Mr. Tucker has provided a monthly report on relevant legislation that the State Mental Health Boards have taken a stance on. This report includes where the bills are in the legislative process and overview of the bills' positive and negative impact. In addition, Mr. Tucker has provided a spreadsheet of current legislation that is supported or opposed across the following domains: Behavioral Health, Medical Care, Public Health and Mental Health.

The following is the most recent report from Mr. Tucker.

### Proposed Legislation: State

Both the Assembly and the Senate continue their work on bills that originated in the other house. This process must be completed by August 30, 2019.

**NEW:** The following are samples of a number of bills that have been recently reviewed by the CBHDA Legislative Committee.

SB 331 (Hurtado D): Suicide Prevention: Strategic Plans.

This Steinberg Institute Sponsored bill would require counties to create and implement, and update every 3 years, a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age and includes specified components, including long-term suicide-prevention goals and the selection or development of interventions to be used to prevent suicide. This bill will be implemented only if an appropriation is made in the annual Budget Act or another measure, or if the county uses MHSA funds as specified.

CBHDA Position: *Support if Amended* – CBHDA has been working the authors to make modifications that will improve this bill to ensure local participation by specified organizations.

STATUS: This bill has passed the Health Committee of the Assembly and has moved to Appropriations with the recommendation that it be placed on the Consent Calendar.

SB590 (Stone R): Mental Health Evaluations: Gravely Disabled Due to Impairment by Chronic Alcoholism.

This bill would allow any person to petition to a county designated entity to have an individual suffering from chronic alcoholism who is suspected of being a danger to their self or others, or is gravely disabled, to be screened and assessed for purposes of initiating a 5150, intensive treatment, or conservatorship, if necessary.

CBHDA Position: *Oppose* – CBHDA has joined the CA PA I PG I PC, CSAC and LA County in opposition to this bill for a number of reasons, not the least of which is involuntary treatment has been proved to not work well.

STATUS: This bill is under review by the Assembly Health Committee and will be heard on July 2.

AB1767 (Ramos D): Pupil Suicide Prevention Policies.

This bill expands the suicide prevention policies that school districts develop for grades 7-12 (existing law) to include a policy on youth suicide prevention for kindergarten and grades 1 to 6 by the beginning of the 2020-21 school year. This policy should specifically address the needs of high-risk groups, would require this policy to be age appropriate, and delivered in a manner that is sensitive to the needs of young pupils. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program.

CBHDA Position: *Support if Amended* – CBHDA has been working the authors to make modifications that would require consultation with county Behavioral Health Departments and support better coordination between the agencies involved.

STATUS: This bill has passed the Senate Education Committee and will be heard by the Appropriations Committee on July 8.

**UPDATES:** The three CBHDA sponsored bills continue to move through the process:

SB428 (Pan D): Pupil Health: School Employee Training Youth Mental Health First Aid.

This bill, contingent on an appropriation made for these purposes, would require the State Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils on youth mental health first aid.

STATUS: Moved through Senate entirely and has moved to the Assembly where it has been assigned to the Education Committee and expected to move to the Committee on Health.

AB 1031 (Nazarian D): Youth Substance Use Disorder Treatment and Recovery Program Act of 2019.

This bill would repeal those inoperative provisions in the original bill and would enact with similar provisions to the original bill in part, requiring the State Department of Health Care Services to establish community-based

nonresidential and residential treatment and recovery programs to intervene and treat the problems of alcohol and drug use among youth under 21 years of age.

CHEAC Position: *Support*

STATUS: Moved through the Senate Committee on Health and is now being reviewed by Appropriations Committee with a hearing scheduled for 7/8/19.

AB 1058 (Salas D) Medi-Cal: Specialty Mental Health Services and Substance Use Disorder Treatment.

Would require the State Department of Health Care Services to engage in a stakeholder process to develop recommendations for addressing legal and administrative barriers to the delivery of integrated behavioral health services for Medi-Cal beneficiaries with co-occurring substance use disorders and mental health conditions who access services through the Drug Medi-Cal Treatment Program.

STATUS: Moved on to the Senate where the Committee on Health reviewed it. It has been referred to the Senate Appropriations Committee – hearing scheduled for July 8.

**CROSS SYSTEM ISSUES**

The following are some of the legislative proposals that are supported across the RUHS pillars:

AB 4 (Arambula D) Medi-Cal: Eligibility.

This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status among other provisions.

CBHDA Position: *Support*

CHEAC Position: *Support*

STATUS: Has been assigned to the Senate Health Committee with the hearing scheduled for July 10.

AB 577 (Eggman D) Health Care Coverage: Postpartum Period.

Under current law, an individual is eligible for Medi-Cal benefits as though the individual was pregnant, for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy. Under this proposal, an individual is eligible for Medi-Cal benefits as though the individual was pregnant, for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy.

CBHDA Position: *Support*

CHEAC Position: *Support*

STATUS: This bill has been assigned to the Senate Health Committee where it will be heard on July 10.

AB 715 (Arambula D) Medi-Cal: Program for Aged and Disabled Persons: Now: Health and Safety Code, relating to Parkinson's disease.

This bill addresses certain financial eligibility requirement for federal programs. After federal approval, this would modify all countable income over 100% of the federal poverty level, up to 138% of the federal poverty level, to be disregarded, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons.

CBHDA Position: *Support*

CHEAC Position: *No Position as language has changed to only include Parkinson's disease.*

STATUS: This bill has been assigned to the Senate Health Committee where it will be heard on July 10.

## Proposed Legislation: Federal

I will share information from the Federal level, as there may be interest to the committee. Recent activity in the House Ways and Means Committee includes:

### HR 3414: Opioid Workforce Act of 2019

This would add 1,000 new GME residency slots over the next 6 fiscal years for hospitals that have established and approved programs in addiction medicine, addiction psychiatry, or pain medicine.

### HR 3417: Patient Improvements and Rural and Quality Improvements under the Medicare Program.

The draft text of this has yet to be printed, but will include language that will help expand tele-health for programs such as mental health (must see patient in person first, but then can use this technology going forward).

The Legislative Committee will continue to support cross collaboration of systems and ensure the community and commission is informed of relevant and pertinent information.

Respectfully submitted,  
April Jones, LMFT, Legislative Committee Chair

# OLDER ADULT SYSTEM OF CARE COMMITTEE

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## VISION

"Our vision is to value self-determination and independence of the older adult and culturally diverse consumers."

## MISSION STATEMENT

"To enable older adult consumers, who are significantly impaired by a mental illness, to access the services that will promote empowerment and recovery."

## GOALS

"To reduce stigma and increase utilization of services through education and awareness, and to support the mission to RUHS to provide high quality care to residents of Riverside County."

## OBJECTIVES

"Older Adult Services seeks to assist consumers in their recovery by maintaining a physically and emotionally healthy lifestyle so they are able to remain in their home or community-based housing for as long as possible. Services are provided by a multi-disciplinary staff with specialized training in evaluating and addressing both mental illness and issues of aging."

*"Empowering lives to promote wellness and recovery"*

[www.rcdmh.org/Mature-Adult-Services](http://www.rcdmh.org/Mature-Adult-Services)

## COMMITTEE REPORT

The Older Adult System of Care Committee meets on a monthly basis with consumers, community stakeholders, other local agencies, and staff to increase understanding, educate, and inform members of available services, to share common concerns, and to advocate and promote quality services to all consumers.

Guest speakers from different agencies provide 30-40 minute presentation on their area of expertise. During the past year presentations included the Wellness and Recovery for Mature Adults, Pets Assisting in Recovery, Community Action Partnership, HHOPE, Long Term Care Ombudsman, MHSA Annual Plan Update, Crisis System of Care, HICAP, Community Education and Outreach, Inland Caregivers Resource Center and Veteran's Services Liaison. Meetings are typically held at Riverside University Health System – Behavioral Health's (RUHS-BH) Conference Center on Rustin Avenue in Riverside and occasionally in Mid-County and Desert Regions.

Older Adult regional staff members are encouraged to participate in, and promote many local events and health fairs to increase awareness of treatment, access to services and reduce stigma. These events include the May is Mental Health Month Wellness Fair, Substance Abuse "Recovery Happens" event, and the Annual Elder Abuse Symposium. In addition, embedded RUHS-BH Older Adult Liaisons are located at the Office on Aging in Western and Desert Regions, promoting education, services and treatment throughout Riverside County.

This year's Annual Elder Abuse Symposium was on June 5 and focused on early intervention to help prevent and protect the elder or dependent adults from abuse and neglect. Dr. Rod Verbeck and Natalie Moy presented on

the subject of Crisis Support System of Care. Ida Bach and Gary Robbins presented on the subject of Older Adult Depression.

Older Adult clinics now have on-site Substance Abuse Prevention and Treatment programs in Lake Elsinore, Temecula, San Jacinto, Desert Hot Springs, and Riverside.

There have been some significant organizational re-structuring in the Older Adult program. In March, Tony Ortego, Administrator for Older Adult System of Care accepted a promotional transfer to Department of Public Social Services (DPSS). Mr. Ortego's promotion resulted in the decision to move the oversight of the programs to the regions. As a result, Rod Verbeck now serves as the supervisor for the Western Region, Vicki Redding for Mid-County, and Jim Grisham for the Desert Region. Rod Verbeck and Dr. Chris Cooper represent the Department at the Older Adult System of Care Committee.

The Department will also be asking the Behavioral Health Commission to designate a new chair to manage Older Adult System of Care Committee meetings for fiscal year 19/20.

Respectfully submitted,

Bill Brenneman  
Deputy Director of Adult and Older Adult Services  
Riverside University Health System – Behavioral Health

# VETERANS COMMITTEE

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## VISION

We look forward to a day when a grateful nation will fully recognize and meet the needs of its veterans and their families. We envision this happening and plan to use every resource and ability we have to serve our veterans and their family.

## MISSION STATEMENT

To address and alleviate the mental health and substance abuse disorder needs of veterans and their families, and to recommend and propose related services. We have joined our meetings with neighboring counties as well as the United States of America Veteran Affairs to accomplish our goals.

*"...The Veterans Committee is sponsored by the Riverside County Behavioral Health Commission and consists of one Behavioral Health Commissioner, several Riverside County Department employees, neighboring county employees the U.S. Department of Veteran Affairs and California Department of Veterans Affairs; along with a group of volunteers. Its purpose is to identify strategies for improving supports reducing the stigma of mental illness and improving the quality of life for veterans and their families dealing with mental illness. Its function is to advise and foster a collaboration of veteran's families' and mental health support organizations to address and alleviate the mental health needs of veterans and their families, as well as, recommend and propose related services..."*

## GOALS

To monitor and assure that all veterans requesting Riverside University Health System – Behavioral Health (RUHS-BH) services receive those services pursuant to department policy and veteran needs; to continue our expansion of the committee and welcoming members from diverse backgrounds and positions to participate in meeting our goals. We set four areas of importance to address; Opioid Abuse, Veteran Suicide, PTSD and Stigma.

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Committee members are aware and have discussed the importance of our new Veterans Services Liaison (VSL) by RUHS-BH. We have fulfilled the goal of bringing on-board a very competent and enthusiastic county employee – a retired U.S. Navy Veteran with a degree in Social Work (MSW) Aurelio Sanchez, to serve in this role. The VSL has begun interviews, diagnosing, developing care plans, providing therapeutic interventions and case management services for veterans who elect to receive services from the Department. During this reporting period, the VSL has driven an average of 500 miles a week or 26,000 miles during this reporting period throughout Riverside County engaging eight weekly Veteran clients and 48 individual contracts with other Veterans. The VSL has received referrals from local police departments, VA Loma Linda, local non-profits and families in the community. The VSL also represents the Department at relevant committees, events, community programs, and helps develop recommendations to better serve veterans and their families. The aforementioned position is under the Behavioral Health chain of command and has direct supervision and contact with upper management.

It should be noted that the Riverside County Department of Veteran Services is not directly under the Behavioral Health Department organizational chart; however, we collaborate our efforts and have a genuine goal to maximize our help for veterans.

Another important issue has been the Department's commitment to provide services to veterans who elect to receive assistance from the County instead of Veterans Affairs (VA). The Mission Act has empowered our veterans to get immediate assistance for most needs they may have. Additionally, our new Director, Dr. Matthew Chang, M.D., Psychiatrist, has continued to support our quest to help Veterans as need be.

The Veterans Committee continues to collaborate with the Veterans Court. The mission of Riverside County Veterans Court is to provide an inter-agency, collaborative treatment strategy for veterans in the criminal justice system suffering from mental health and/or substance abuse disorder problems. The committee receives regular input on this matter from representatives from the Veterans County and a Behavioral Health Department Family Advocate's, who are regular attendees at committee meetings.

The Committee continues to grow significantly and the energy level and camaraderie remains strong. The Riverside County Department of Veteran Services Director Grant Gautsche or his Deputy attends the meetings regularly. In addition, we have a representative from the Inland Empire IEHP who attends most, if not all, of our meetings. This along with our counterpart from San Bernardino County Behavioral Health the Department of Veterans Affairs, and the California Department of Veterans Affairs has built a strong foundation for our committee to build on.

In conclusion, with our sincere efforts and vested interest in serving and saving veterans, we will make a positive impact on our veteran population.

Respectfully submitted,

Rick Gentillalli, M.Ed., PI, BT  
Veterans Committee Chair



# REGIONAL BEHAVIORAL HEALTH ADVISORY BOARDS

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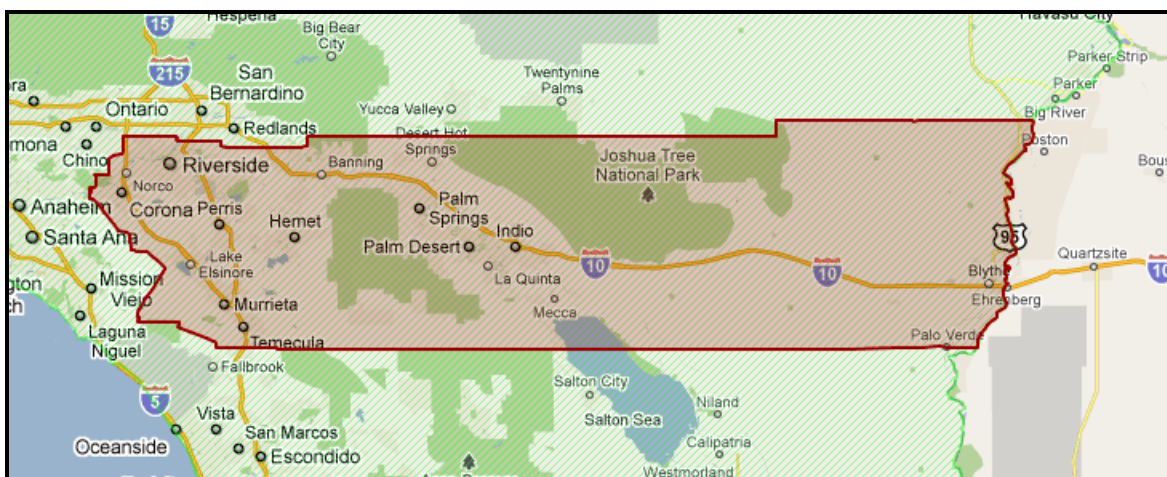
Richard Divine, Desert Region Board Chair  
DESERT REGIONAL BOARD

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Kimberly McElroy, Mid-County Region Board Chair  
MID-COUNTY REGIONAL BOARD

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Greg Damewood, Western Region Board Chair  
WESTERN REGIONAL BOARD



# DESERT REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

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RICHARD DIVINE  
Desert Regional Board Chair

JAMES GRISHAM  
Desert Region Mental Health Services (MHS) Administrator

## MISSION STATEMENT

“To continue to build upon the success of the “May is Mental Health Month” Creative Writing and Art Show. Establish full Board capacity and make sure recruited members represent the populace of the Desert Region, make the community aware of the services offered in the Desert Region. To ensure that these programs meet the community’s needs. To educate the public in an effort to reduce the stigma attached to mental illness.”

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The Desert Regional Behavioral Health Advisory Board is one of three Regional Boards located throughout Riverside County. Because our County covers such a large geographical area, the Behavioral Health Commission has formed the regional boards to act as a liaison between the citizens of each region, the Behavioral Health Commission and the Department of Behavioral Health. The Desert Region covers from Calimesa, through Banning and Beaumont, the Coachella Valley continuing east to Blythe and the Arizona Border.

The Desert Regional Board continues to keep apprised of current events and programs within the Behavioral Health Department and makes sure that the Desert Region receives those programs necessary for our clients. The Behavioral Health Department has been very good making sure that most programs cover the entire County, at least some variation of it.

The Regional Board has maintained a constant level of membership with 12 members throughout the year. Our members cover the legal, medical, education and business community and are very committed to bringing the best services possible to our Desert Regional consumers.

Every May the Desert Regional Board hosts a creative writing and art show. This year was our 17<sup>th</sup> annual and the third annual John J. Benoit Art Show and Creative Writing contest. This year’s event was held at the Coachella Valley Rescue Mission’s Auditorium and this year’s show was another great success. As the chair person, I would like to thank Dr. Janice Quinn, Mark Miller, the Behavioral Health Board members, Peer Support Specialists and the Behavioral Health Department for making this year such an outstanding success. Our creative writing received over 55 entries and our art show received over 275 pieces of art. Attendance this year was approximately 450 people and was a huge success.

The Desert Regional Board members continued to visit the various cities in our region to accept the “May is Mental Health” proclamations. During the visit, board members are afforded a few minutes to discuss mental illness and the stigma associated with it.

The Desert Regional Board continues to do site visits to our regional clinics that gives the Board member a chance to experience the clinic surroundings and the services each clinic offers. It also allows us to talk to the staff to get their feedback on what the clinic's wants and needs are.

The Desert Regional Board wishes to thank the Riverside County Behavioral Health Department, especially the regional staff, for the quality and range of services provided to the Desert Regional community.

Respectfully submitted,

Richard Divine, Desert Regional Chair

James Grisham, Desert Region Behavioral Health Services Administrator

# MID-COUNTY REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

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KIMBERLY G. McELROY  
Mid-County Regional Board Chair

VICKI REDDING  
Mid-County Regional Behavioral Health Services Administrator-Adult Services

BEVERLY McKEDDIE  
Mid-County Regional Behavioral Health Services Administrator-Children's Services

HEIDI GOMEZ  
Substance Abuse and Treatment Services Supervisor

JACQUELINE MARKUSSEN  
The Arena TAY Supervisor

## MISSION STATEMENT

To support the Behavioral Health Commission's mission with our input, voice, advocacy, and promotion of quality services for the culturally diverse communities of the Mid-County Region.

## GOALS

To reduce stigma and increase utilization of services through education and awareness; to support the mission of Riverside University Health System – Behavioral Health (RUHS-BH) to provide recovery-oriented services; to empower consumers of the Mid-County Region to achieve greater independence; to advise the Mid-County Region and the Behavioral Health Commission; and to promote Board membership.

## INTRODUCTION

This has been a busy year for the Mid-County Regional Advisory Board. Over the course of the past year the board has met ten times. We have had the opportunity to learn about all the changes that have occurred within Mid-County through the help of the agencies, program administrators and supervisors. Board members have continued to increase their efforts at outreach and advocacy as well as training and educating themselves on the salient issues affecting behavioral health services within the region.

## BOARD ACTIVITIES

Over the course of FY19, the Mid-County Regional Behavioral Health Advisory Board of Riverside University Health Systems has held its meetings in different locations throughout the region each month. This is done to build appreciation and understanding of the various agencies and programs in the Mid-County region and to be present and available to area staff and encourage local public involvement at the meetings. The site supervisor

typically attends the meeting held in their facility to provide the board with an overview of their services and any new programs. It is also an opportunity to share any challenges the program is experiencing. Administrators and/or Supervisors from Adults, Children's, TAY, Substance Abuse, and Older Adult Services attend Board meetings monthly, bi-monthly, and/or quarterly where they present updates on their programs. This direct access for supervisors and staff supports the relationship between the Board, Mid-County program staff and the area programs. Finally, each site invites a consumer to share their experiences with the Board during a Celebrate Recovery Presentation each month. The Board's knowledge of the services and the recovery process grows as the consumers share their growth and recovery stories.

There were several changes in program representatives over the course of the fiscal year. Due to the County's hiring freeze, many programs experienced staffing issues and increased duties. As a result of this, the Adult and Child Behavioral Health Administrators began to alternate attendance every other month. Mr. Tony Ortego, Behavioral Health Services Administrator for Older Adults, Mark Thuve, Substance Abuse Program Supervisor, and Mr. John Schwarzlose, Behavioral Health Services manager for Transitional Age Youth left their positions. Ms. Heidi Gomez now attends meetings on a monthly basis as the Substance Abuse Supervisor. The Older Adult programs are now overseen by Ms. Redding; and Mrs. Beverly McKeddie has absorbed the Mid-County TAY program. Mrs. Jacqueline Markussen continues to attend monthly to provide ongoing updates on the new and developing TAY program. The Board expressed their appreciation for the work of the departing representatives and for their commitment to quality programming. Having reports from all major program areas as well as consumers has been very helpful in increasing the Board's awareness of services, of the recovery process, and of the new and existing programs in the area. The Board's intent is to provide a forum for programs to share their concerns as well as their successes.

Regretfully, the Board has lost two of its own members over the past year due to poor health. Ms. Gloria Williams and Mrs. Rita Bendlin were unable to attend regularly and have not returned. However, we were able to add a new Board Member, Mr. Glen Shepard. We are excited to have him on the Board. He has experience working in both Mental Health and Substance Abuse programs including his work at Jefferson Wellness where he assisted with helping the homeless experiencing Mental Health and Substance Abuse concerns. He is currently Executive Director of the Temecula Valley NAMI and has been an active Board member since January 2019.

### **MEMBER ACTIVITIES**

Mid-County Regional Behavioral Health Board Members are active and involved in both community and department activities. In addition to having two Behavioral Health Commissioners on the Regional Board, it also has two members representing NAMI Hemet/ San Jacinto and NAMI Temecula Valley. Each Regional Board member is responsible for attending monthly and/or bi-monthly Committee meetings of the Behavioral Health Commission. Each member has been assigned to each of the committees. Since the Board's membership is limited, some Board members attend several committee meetings on behalf of the Regional Board. The Chair of the Regional Board attends every Commission meeting and provides updates to the Commission of the activities of the Regional Board during the Committee Reports portion of the agenda. She is also the Regional Board's representative to the Commission's Children's Committee, the Commission's Ad Hoc Bylaws Committee, and the Criminal Justice Committee meetings. In the past few months the Chair has been invited to sit at the Commission's table during its meeting. This will allow for increased opportunity to provide input on Mid-County needs during Commission meetings. Though the Chair does not have any voting rights on the Commission, the

increased opportunity to provide input has been greatly appreciated by the Mid-County Regional Board. In addition, Mrs. McElroy attended the Commission Retreat held in April 2019.

Board members have participated in community and county activities in support of Behavioral Health. Several Board members attended the four (4) Mid-County May is Mental Health Month (MIMHM) events as well as the Western Region event and the 2018 Recovery Happens event in Riverside. Each of the Board members accepted MIMHM proclamations from the area city councils and spoke on behalf of Behavioral Health Services. Articles have been written by Dr. Haessler and Mrs. Scott on Mental Health related subjects and activities and published in professional newsletters and local papers. Dr. Haessler Chairs the Legislative Committee, which has grown significantly under his watch, and serves as the Regional Board's representative to this committee. Mrs. Scott chairs both the growing Housing Committee and the active Adult System of Care Committee on behalf of the Commission and also serves as the Mid-County Regional Board's representative on those committees. Mrs. Scott, in her role as Executive Director of NAMI San Jacinto, coordinated the 13<sup>th</sup> Annual Hemet/ San Jacinto NAMI Walk 2018, which was a huge success with over 2,200 participants. In addition, Mrs. Scott judged the entrants to the Directing Change competition and attended this year's Inland Empire Awards Ceremony. Tahquitz High School held a Cinco de Mayo event and Mrs. Scott assisted their committee in its planning. Also, she hosted the LGBTQ Pride event in San Jacinto, which was well attended.

Mr. Glen Shepherd provided information monthly on the numerous programs he coordinated in his role as the Vice President of the NAMI Temecula Valley. He also serves as a representative to the Substance Abuse Providers meeting for the Regional Board. Mrs. Gloria Hernandez attends the Veterans Committee, volunteers at a local community center and has been present at several of the MIMHM events. Dr. George Middle served on the Commission and as the Chair of the Older Adults Committee for the last few months of FY19 and once again provided support to RI Artworks for a table at the Annual Canyon Lake Fiesta Day.

### **MEMBERSHIP RECRUITMENT EFFORTS**

1. Board members attended the MIMHM and the Recovery happens fairs and promoted the Board through the distribution of information and membership applications at each fair.
2. The Board requested Mid-County Behavioral health programs take Board Membership flyers and applications to any community event where they have a table to promote Board membership.
3. Discussed promoting Board membership through advertising in the newspaper and online social media, such as the Department's website and Facebook page.
4. Discussed contact with the Board of Supervisors (BOS) office to identify possible candidates.
5. Developed and distributed Board information flyers and applications, which were placed in all area agencies waiting rooms and reception areas.

Over the past year the Board is pleased to have had four candidates for membership on the Board as a result of its efforts. We have added one new member and we currently working with another candidate as she completes the application process.

## **MAY IS MENTAL HEALTH MONTH**

The Board again delegated its Chair, Mrs. Kimberly McElroy to work with Mid-County programs to coordinate this year's Mid-County Resource Fair. However, due to staffing challenges, it was decided that each of the major agencies in Mid-County would implement their own event closer to their sites. It was felt they could do this in less time while focusing on their own clients and the immediate around their offices. The Office Assistants to the Children and Adult Administrators coordinated the various events. This provided continuity among the events. Also, many of the agency personnel that worked to plan their agency's event had worked on the past resource fairs, which also helped in creating four very successful Fairs at their home sites. Lake Elsinore was the first program to host an event on May 15, 2019, followed by Temecula on May 21, 2019, Hemet Adults on May 22, 2019 and San Jacinto Children's on May 22, 2019, with the last event occurring on May 30, 2019 at The Arena TAY in Perris. Over 1,000 participants across the region attended the various events. In total, 116 vendors had tables at the events. Entertainment was provided at the events with lots of fun and music available to all participants. Each event held raffles with many donated prizes available to lucky participants. The events were well received by staff and participants alike. Best of all, the cost came in significantly under budget.

## **REGIONAL BOARD UPDATED BYLAW DRAFT**

The Board completed its work on the draft of the updating of the 1999 By-Laws last year and presented it to the other Regional Board chairs for input prior to presenting it to the Commission's Executive Committee. The Chair of Western Regional Board, who also serves as a Commissioner, requested that the Commission establish an ad hoc committee to review and advise the Commission on the suggested revisions. The Commission agreed, and the Chairs of Western and Mid-County were named to the committee as well as an additional Commissioner. This work is still in progress.

## **SUMMARY**

Over the course of the year there were many changes within Mid-County. Staff was lost, a hiring freeze has brought challenges to the area programs, new programs were started, new agencies received contracts and additional services were implemented. The Board has met in ten different sites and heard from many additional program supervisors as well as consumers of our programs. As a Board we have grown, not in a number, but in our knowledge and appreciation of the services we are tasked with monitoring. We have increased our efforts to reach out to the general community as well as efforts to recruit new members to our board. We look forward to another year of growth both in number and in knowledge. We thank you for the opportunity to serve.

Respectfully submitted,

Kimberly G. McElroy, Mid-County Regional Advisory Board Chair  
Vicki Redding, Mid-County Adult Services Administrator  
Beverly McKeddie, Mid-County Children Services Administrator  
Mark Thuve, Substance Abuse and Treatment Services Supervisor  
John Schwarzlose, TAY Program Manager

# WESTERN REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

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GREG DAMEWOOD  
Western Regional Board Chair

BERNADETTE REGAN  
Western Region Mental Health Services Administrator

## MISSION STATEMENT

To support the Behavioral Health Commission's mission with our input, voice, advocacy, and promotion of quality services for the culturally diverse communities of Western Region.

## GOALS

To reduce stigma and increase utilization of services through education and awareness to support the mission of Riverside University Health System – Behavioral Health (RUHS-BH) to provide recovery and wellness oriented high quality services to residents of the Western Region; and, to promote Board membership and support the Behavioral Health Commission to the best of its abilities.

\* \* \* \* \*

The Western Regional Board (WRB) members meet monthly with consumers, community stakeholders, other local agencies, department programs and staff to increase awareness, reduce stigma, educate and inform members of available programs and services, share common ideas and concerns, and to educate, promote and advocate for quality services to all consumers. The Western Region experienced a loss in membership with the passing of a valued Board member, Ric Riccardi, this past spring. His contributions to the mission and his sense of humor will be greatly missed.

## BOARD ACTIVITIES

Guest speakers from different programs and agencies provide 30-45 minute presentations on their programs and events. The guests this year have included the following:

- Guest speaker, Sheree Summers, Workforce Education and Training (WET) Administrative Services Manager, presented the MHSAs Annual Plan and spoke about Workforce Education and Training, Prevention and Early Intervention (PEI) and the Innovations project. WET provides diverse advanced trainings throughout the year like funding, peer employment training, and advance training to clinicians and Behavioral Health Specialists. There is also Crisis Intervention Training, which is a collaboration with local Law Enforcement. They train law enforcement on how to deal with those people that have mental health issues so that in a crisis, the police department will not use excessive force. PEI plan has seven different categories and is all geared around early detection.



- Special Guests from “No Place Like Home” initiative presented four new supportive housing projects that will be available for consumers.
  - 1) St. Michaels is a 50-unit Permanent Supportive Housing. There are 25 Affordable Housing (60-80% AMI). Community Development Partners (CDP) develops and operates sustainable, life-enhancing affordable housing. CDP creates housing to serve low-income families, senior and veteran households, including for those considered chronically homeless. Amenities include social services, community gardens, commercial kitchens, local art installations and afterschool programs.
  - 2) The Riverside Oasis Senior Villas project is a new construction of a 95-unit permanent supportive and affordable housing community for seniors, ages 55 and older. It has 82 one-bedroom units, 13 two-bedroom units, two units for onsite property managers. Amenities include a large community room, kitchen computer room, TV, lounge, gym, laundry facilities, community garden, barbecue area, picnic area, separate outdoor classroom, a gathering space, walking paths, landscaped sitting areas, and grade parking. Services on site include case management and service staff will provide free, at-will supportive services to the residents.
  - 3) The Cedar Glen project is a combination of two and/or three story residential buildings appropriately positioned throughout the site. There are 49-units plus one manager’s apartment. Amenities include community space, activity center, swimming pool, gym, tot lots, and a basketball court. Service amenities include educational courses, lifestyle classes, afterschool programs and supportive housing.
  - 4) The North Town/ Mission Gateway Villas property is located in Jurupa Valley. They have been working on the project for 10 years with the County of Riverside. There will be 68-units of affordable housing on seven acres. The concept is to create economic viability within the city and provide jobs for residents. There will be a large grass area, volleyball court, picnic benches and barbecue sites. Services onsite include afterschool programs, nutritional classes, recreation, special events for holidays, special events for homeless veterans, financial management and youth leadership programs.

Support of community events included:

- Sunday, June 2, 2019, RUHS-BH collaborated with the Church Diocese and Loma Linda Medical sponsoring a health fair at St. Edward’s Church in Corona. At the health fair, there was medical, behavioral health, and vision services provided. There were over 100 consumers who sought behavioral health services and 70 referrals were made to the Main Street Clinic, FACT of Corona and Mature Adults.
- One member of this Board also serves on the Criminal Justice Committee and keeps the Board apprised of community events supported by that committee.
- The National Alliance on Mental Illness (NAMI) Walk was held in October 2018.

- Recovery Happens, sponsored by the Substance Use programs, was on September 14, 2018, at Fairmont Park.
- The Board Chair member participated in serving an annual holiday meal for seniors at the Rustin facility in December 2018.
- Behavioral Health Commission and Regional Board training was provided in March 2019.
- May is Mental Health Month Resource Fair was on May 23, 2019 at Fairmont Park; Proclamations were accepted at the MIMHM fair on behalf of the Department from Moreno Valley and various other cities within the Region.
- RUHS-BH Jefferson Wellness Center – Full Service Partnership program collaborates with Loma Linda Medical by creating and making specially designed cards, such as Get Well and birthday cards for children. These cards are a special project and are created by consumers and staff in the BH department programs to be provided to children receiving medical care.
- The Longest Night was on December 21, 2018 and RUHS-BH donated blankets, warm clothing and other miscellaneous items to provide to our homeless consumers in efforts to provide warmth and comfort on cold winter days and nights.
- May is Mental Health Month for Children was on May 9, 2019 at the Myers facility and this event provided food, games, entertainment and prizes to children and families.

There are over 50 service points in the Western Region. Substance Abuse Prevention and Treatment Program is also under the purview of the Commission, therefore, the Western Region also provides feedback on these programs. Several site visits were completed and submitted for Western Region.

Two members of the Western Regional Board served as Commissioners on the Behavioral Health Commission. Participating commissioners provide updates to the Western Region Board regarding events, projects, achievements, and challenges.

The Administrators, Supervisors, and leads of the County programs attending our meetings have been supportive of this Board. We have had peer support members attend and provide insights regarding services provided.

This year many consumers have attended the monthly meetings and two RUHS-BH county employees have joined the Board as members. Welfare and Institutions Code 5604 was modified to allow county employees to serve on a behavioral health board or commission as long as they are a consumer. Any assistance for additional qualified members to join the Western Region Board is most appreciated.

We always look forward to the insight and support of the Western Region management. The Board will continue to provide another year of service and means to provide Western Region with our volunteerism to the best of our abilities.

Respectfully submitted,

Greg Damewood, Western Board Chair

Bernadette Regan, Western Region Adult Behavioral Health Services Administrator (BHSA)

Novanh Xayarath, Western Region Children's Behavioral Health Services Administrator (BHSA)

## SITE REVIEWS

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The goal of the Behavioral Health Commission and its Regional Advisory Boards is to visit all service locations within a three year time period to assess the community's mental health and substance use needs, to evaluate the extent to which these needs are being met, and to make any necessary recommendations in regard to policy and procedural matters.

\*\*\*\*\*

**Site Name & Address:** RI International Wellness City – Perris  
170 Wilkerson Avenue, Suite A/B  
Perris, CA 92571  
(951) 358-4705

**Supervisor:** Tammy Moringlane

**Completed by:** April Jones

**Date Completed:** July 9, 2018

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**Site Name & Address:** "The Journey" Transitional Age Youth (TAY) Program  
2085 Rustin Avenue, Section 3  
Riverside, CA 92507  
(951) 955-4100

**Supervisor:** Frank Jefferson-Glipa

**Completed by:** Ric Riccardi

**Date Completed:** July 28, 2018

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**Site Name & Address:** Moreno Valley Substance Abuse Prevention and Treatment Program  
23119 Cottonwood Avenue  
Building A, Suite 100  
Moreno Valley, CA 92553  
(951) 413-5130

**Supervisor:** Lupe Madrigal

**Completed by:** Greg Damewood

**Date Completed:** October 16, 2018  
**Site Name & Address:** Blythe Behavioral Health and Substance Abuse Clinic  
1297 West Hobsonway  
Blythe, CA 92225  
(760) 921-5000

**Supervisor:** Andrea Perez

**Completed by:** Tori St. Johns

**Date Completed:** April 22, 2019

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**Site Name & Address:** Latino Commission  
1612 First Street  
Coachella, CA 92236  
(760) 398-9000

**Supervisor:** Robert Jones

**Completed by:** Tori St. Johns

**Date Completed:** May 1, 2019

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**Site Name & Address:** Larry Smith Correctional Facility – Detention Behavioral Health Services  
1627 S. Hargrave Street  
Banning, CA 92220  
(951) 922-7612

**Supervisor:** Aaron Perez

**Completed by:** Tori St. Johns

**Date Completed:** May 8, 2019

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**Site Name & Address:** Banning Behavioral Health  
1330 W. Ramsey Street  
Banning, CA 92220  
(951) 849-7142

**Supervisor:** Cynthia Roth-Felter

**Completed by:** Tori St. Johns

**Date Completed:** May 8, 2019

COUNTY OF RIVERSIDE

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

# BEHAVIORAL HEALTH COMMISSION

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## ANNUAL REPORT FY 19/20

7/1/2019 – 6/30/2020

### BOARD OF SUPERVISORS

DISTRICT I – KEVIN JEFFRIES

DISTRICT II – KAREN SPIEGEL

DISTRICT III – CHUCK WASHINGTON

DISTRICT IV – V. MANUEL PEREZ

DISTRICT V – JEFF HEWITT



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# BEHAVIORAL HEALTH COMMISSION INTRODUCTION

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The Riverside County Mental Health Advisory Board was created on August 15, 1966 and transitioned to become the Mental Health Board on April 6, 1993. The purpose of the Mental Health Board was to review and evaluate the County's mental health needs, services, facilities and special matters; advise the Board of Supervisors and Director of Mental Health; review certain behavioral health related agreements; assess the impact of realignment of services from the state to the County; report to the State regarding the County's performance outcome data; and perform other enumerated tasks.

The Riverside County Substance Use Advisory Committee was formed on June 2, 1994 through the consolidation of the Riverside County Alcohol Advisory Committee and the Riverside County Advisory Committee on Drug Abuse. The purpose of the Substance Use Advisory Committee was to advise the Board of Supervisors and Director of Mental Health on the prevention, treatment, and recovery programs within the County; encourage and educate the public on the nature of drug and alcohol programs; and review the County's needs to address the ongoing problems associated with drug and alcohol abuse.

As these two issues are often so intertwined, the state legislature dissolved the State Department of Mental Health and the State Department of Alcohol and Drug Programs and merged them into the Department of Healthcare Services (DHCS) in 2013. Following suit, on November 24, 2014, Riverside County's Board of Supervisors approved the consolidation of the Mental Health Board and Substance Use Advisory Committee, establishing the Behavioral Health Commission (BHC).

The Behavioral Health Commission is committed to overseeing, evaluating, and reviewing Riverside University Health System – Behavioral Health's delivery of services to people struggling with mental illness and/or substance abuse residing within the county. It is the function of the BHC to ensure that citizens of Riverside County are provided with prompt, effective, efficient, and culturally competent community-based services. The BHC provides critical examination and review of services and provides recommendations concerning the delivery of services.

The BHC serves as a liaison between the community, Riverside University Health System – Behavioral Health, and the Riverside County Board of Supervisors. The Commission consists of consumers, family members of consumers, and public interest representatives from the medical, educational and other professional fields, as well as law enforcement, whose aim is to educate, advocate for ready access to services, and guide consumers through the mental health and substance abuse system.

The BHC is committed to ensuring that culturally competent services are provided to people of all ethnic, cultural, racial, and linguistic backgrounds through program review and appropriate recommendations.

## MISSION STATEMENT

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"The mission of the Riverside County Behavioral Health Commission is to provide public, consumer, and family member input into the planning process of mental health and substance abuse services and to assist the Riverside County Department of Behavioral Health in carrying out its mandated functions, to advocate as a united voice on substance use and mental health consumer issues, and to promote improvement in the quality, quantity, and cultural competency of behavioral health services delivered to the residents of Riverside County."

## THE MISSION OF THE CALIFORNIA MENTAL HEALTH MASTER PLAN

*(Passed as part of the Bonzan-McCorquodale Act of 1991)*

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"The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings."

## RECRUITMENT EFFORTS

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The Behavioral Health Commission continually supports recruitment efforts and encourages new members to join the Commission through a variety of methods that include community outreach and solicitation through diverse venues. These include postings on the Riverside University Health System – Behavioral Health and Board of Supervisors websites and distribution of information at community events such as the annual May is Mental Health Month Fair and other community gatherings.

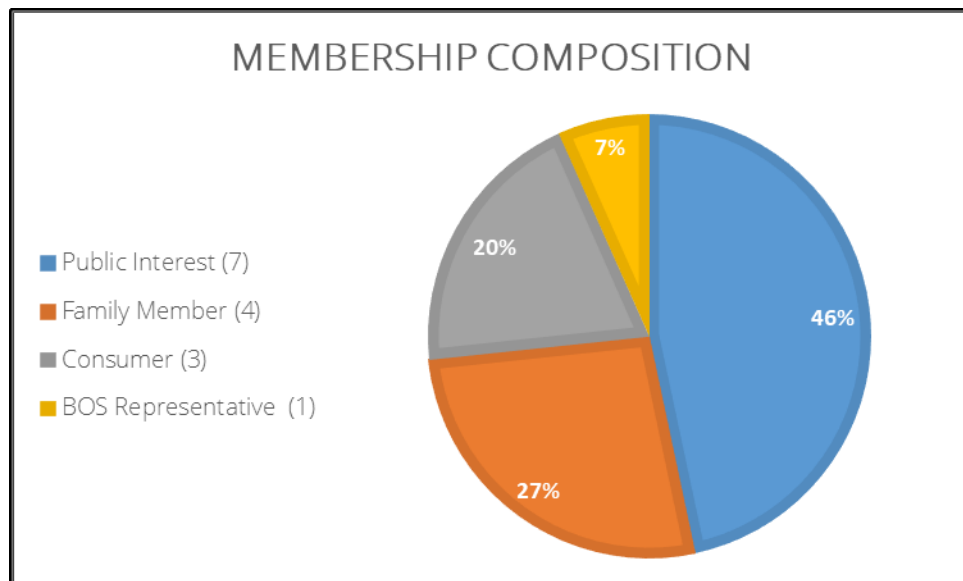


## COMPOSITION OF THE COMMISSION AND BOARDS

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In accordance with Welfare and Institutions Code, Sections 5604, as amended by Chapter 1374: The Behavioral Health Commission (BHC) for the County of Riverside shall consist of 15 members appointed by the Board of Supervisors. An additional member of the BHC shall be a member of the Board of Supervisors or his/her formal designee. Fifty percent (50%) of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services. At least twenty percent (20%) of the total membership shall be consumers, and at least twenty percent (20%) shall be families of consumers. Each member of the Board of Supervisors shall appoint three persons from their district to the BHC.

The BHC for the County of Riverside also consists of three Regional Behavioral Health Advisory Boards: Western, Mid-County, and Desert. The purpose of the Regional Behavioral Health Advisory Boards is to serve in an advisory capacity to the Regional Administrators and the BHC, and to ensure that all County mental health and substance abuse programs and services of the respective geographical areas are responsive to community needs. The Regional Boards convey the goals and programs of service to the community. They also represent and serve as a two-way communication link between the regional services and the general public, key segments of the community, and geographic areas within the county. Each Regional BHC focuses on specific Supervisorial Districts. The Western Regional Board addresses Supervisorial Districts 1, 2, and parts of 5; the Mid-County Regional Board concentrates on Districts 1, 3, and parts of 5; and the Desert Regional Board focuses on District 4 and parts of 5.



As of June 30, 2020

Total No. of Members: 15

Number of Vacancies: 1

## 2020 BEHAVIORAL HEALTH COMMISSION ROSTER

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### EXECUTIVE COMMITTEE

<b>RICHARD DIVINE – CHAIR</b> Family Member District 2 – Karen Spiegel	<b>BEATRIZ GONZALEZ – VICE CHAIR</b> Public Interest/ Education District 4 – V. Manuel Perez	<b>VICTORIA ST. JOHNS – SECRETARY</b> Family Member District 4 – V. Manuel Perez
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<b>APRIL JONES</b> Consumer/ Education District 3 – Chuck Washington	<b>ANINDITA GANGULY</b> Consumer/ Public Interest District 2 – Karen Spiegel	<b>BRENDA SCOTT</b> Consumer/ Public Interest District 3 – Chuck Washington
<b>CAROLE SCHAUDT</b> Public Interest District 4 – Manuel Perez	<b>DARYL TERRELL</b> Family Member District 5 – Jeff Hewitt	<b>DEBBIE ROSE</b> Board of Supervisor Representative District 2 – Karen Spiegel
<b>DILDAR AHMAD</b> Public Interest District 1 – Kevin Jeffries	<b>GREG DAMEWOOD</b> Family Member District 5 – Jeff Hewitt	<b>JOSE CAMPOS</b> Public Interest District 2 – Karen Spiegel
<b>PAUL VALLANDIGHAM</b> Public Interest District 5 – Jeff Hewitt	<b>RICK GENTILLALLI</b> Public Interest/ Law Enforcement District 3 – Chuck Washington	<b>WALTER T. HAESSLER, MD</b> Public Interest District 1 – Kevin Jeffries

Total No. of Members: 15  
 Number of Vacancies: 1

## 2020 DESERT REGION ADVISORY BOARD ROSTER

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<b>RICHARD DIVINE</b> - <i>Chair</i> Family Member District 4	<b>JANICE L. QUINN, MD</b> - <i>Vice Chair</i> Public Interest District 4	<b>MARK MILLER</b> - <i>Secretary</i> Public Interest District 4
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<b>BEATRIZ GONZALEZ</b> Education District 4	<b>CAROLE SCHAUDT</b> Public Interest District 4	<b>FLOYD RHOADES</b> Public Interest District 4
<b>JIM JONES</b> Public Interest District 4	<b>JOSEPH A. BUTTS</b> Public Interest District 4	<b>MAURA FISHER</b> Public Interest District 4
<b>SANDRA J. NEJA</b> Family Member District 4	<b>SHARON HJERPE</b> Public Interest District 4	<b>TORI ST. JOHNS</b> Family Member District 4

Total No. of Members: 12  
 Number of Vacancies: 3

## 2020 MID-COUNTY REGION ADVISORY BOARD ROSTER

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<b>KIMBERLY MCELROY</b> – <i>Chair</i> Public Interest District 3	<b>GLEN SHEPHERD</b> – <i>Vice Chair</i> Consumer District 5	<b>BRENDA SCOTT</b> – <i>Secretary</i> Consumer District 3
<b>GLORIA HERNANDEZ</b> Consumer District 5	<b>PEPE DEL RIO</b> Public Interest District 1	<b>SHANI TODD</b> Public Interest District 1
<b>WALTER T. HAESSLER, MD</b> Public Interest District 1		

Total No. of Members: 7  
 Number of Vacancies: 8

## 2020 WESTERN REGION ADVISORY BOARD ROSTER

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GREG DAMEWOOD - <i>Chair</i> Family Member District 5	LISA MORRIS - <i>Vice Chair</i> Public Interest District 5	VACANT
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Total No. of Members: 2  
Number of Vacancies: 13

# COMMITTEE AND REGIONAL BOARD REPORTS

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The Behavioral Health Commission has regional boards and a number of committees tasked with assessing programs, their functions, and effectiveness.

## REGIONAL BOARDS:

DESERT REGIONAL BOARD

WESTERN REGIONAL BOARD

MID-COUNTY REGIONAL BOARD

## STANDING COMMITTEES:

ADULT SYSTEM OF CARE COMMITTEE

CHILDREN'S COMMITTEE

CRIMINAL JUSTICE COMMITTEE

EXECUTIVE COMMITTEE

HOUSING COMMITTEE

LEGISLATIVE COMMITTEE

OLDER ADULT SYSTEM OF CARE COMMITTEE

VETERANS COMMITTEE

An annual summary of each regional board and committee's activities are drafted and submitted by the Committee Chairs, Supervisors, and Administrators, which are included on the following pages.

# ADULT SYSTEM OF CARE COMMITTEE

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Brenda Scott – Behavioral Health Commissioner – Adult System of Care Committee Chairperson

Vicki Redding – Riverside University Health System – Behavioral Health – Behavioral Health Services  
Administrator

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## MISSION STATEMENT

To promote, support, and advocate for high quality and culturally appropriate services for severely and persistently mentally ill adults and their families residing in Riverside County through formal recommendations.

## GOALS

To provide Riverside University Health System – Behavioral Health (RUHS-BH) and the Behavioral Health Commission (BHC) with feedback from community stakeholders, consumers, and family members about the mental health and substance abuse needs of adults and their families.

To make recommendations about services to best meet the needs of adult consumers and their families.

To provide input and recommendations regarding policies and any necessary changes to existing policies to ensure the delivery of high quality and culturally competent services.

To review performance outcomes of mental health programs to determine if they meet the goals of Riverside University Health System – Behavioral Health.

To improve coordination of services to consumers who receive services from multiple agencies and enhance interagency collaboration.

Goals the committee will consider:

- Increase membership and utilize social media to promote the committee;
- Create RUHS-BH Resource folders; and
- Create COVID-19 Training groups and prevention videos to RUHS BH clinics.

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Ms. Feliciano Rodriguez from Riverside County Office of Education gave a presentation on Alternative Education. Gave information on different programs available for GED and/or high school diploma.

Ms. Kristin Ellis, team lead for Recovery Innovations (RI) International presented on Prop 47. The program supports adults with mental health issues, who have criminal justice involvement on their journey to recovery.

Mrs. Sylvia Aguirre-Aguilar, Mental Health Services Program Manager presented on the Cultural Competency Program. Ms. Aguirre-Aguilar presented on the different cultural committees and cultural competence trainings offered to RUHS-BH employees.

No Place Like Home Competitive Funds development plans were presented by the following developers:

- Mr. Erik Halter and Mr. Mitch Sagerman from Palm Communities presented on the Tres Lagos Apartment proposal;
- Mr. Tony Mize from National Community Core and Ms. Judy Conner from Mercy House presented on the Golden Pierce Apartments/National Community Renaissance of California proposal;
- Mr. Tung Tran, Mr. John Witkowski and Ms. Danielle Latteri from Jamboree presented on the Rancho Family Housing proposal; and
- Mr. Clemente Mosica and Ms. Jenny Ortiz from NPHS along with Mr. Eddie Estrada from Step Up presented on the Sunrise at Bogat, a permanent supportive housing development proposal.

Ms. Diana Brown, Administrative Services Manager for Prevention and Early Intervention gave a MHSA Annual Plan Update. Update pertained to Capital Facilities and Technology component, Community Services and Support, Work Force Education and Training, Innovation, Prevention and Early Intervention.

Ms. Natalie Martin, President of the Riverside Chapter of Depression and Bipolar Support Alliance (DBSA), presented a report update on DBSA Riverside. Ms. Martin talked about the new support and services she hopes to offer RUHS-BH consumers and the community.

Ms. Dakota Brown, Sr. Peer gave a presentation on the "Take My Hand" Project. "Take my Hand" is a 24/7 online peer support resource, which can quickly connect to anyone needing mental health support.

Mrs. Tammy Moringlane, with RI International presented RI International programs. Ms. Moringlane discussed services offered and their goals for their consumers.

Ms. Julie Ann Stewart, founder of Building Up Lives gave a presentation on Building Up Lives Foundation. Ms. Stewart talked about how easy it is for our consumers to get assistance through their Program with no hoops to jump.

Mr. Michael Woodward MPH, Trans Community Health Manger, presented on Borrego Health Systems.

A number of RUHS-BH Regions and partner agencies continue to participate and attend Adult System of Care (ASOC) Committee meetings and report on their collaboration with MHSA. These include Recovery Innovations International (RII); Inland Empire Health Plan (IEHP); National Alliance on Mental Illness (NAMI) Mt. San Jacinto; NAMI Temecula; Consumer Affairs; Telecare and the Family Advocate Program. Members also participated in the Behavioral Health Commission Board Training.

Brenda Scott remains the Chairperson for this Committee and continues to focus on recruiting more members. James Lucero continues to serve as the Vice-Chair of the Committee.



Ms. Scott regularly attended the Behavioral Health Commission (BHC) meetings and reported on committee information and suggestions to the BHC. Vicki Redding, Behavioral Health Services Administrator for Adult Services, continues to be the RUHS-BH Liaison for this Committee and is communicating information, findings, and suggestions to RUHS-BH Administration. This ensures that resolutions and recommendations are provided to both the BHC and RUHS-BH, and any necessary follow-up actions are taken, if needed. In turn, feedback is also provided to the ASOC Committee.

Adult System of Care Committee worked on a goal to open a Food Bank at Rustin and other Behavioral Health Facilities in order for consumers to get food without all the necessary requirements needed at the different community food banks. The Committee researched different avenues to accomplish this goal. The Adult System of Care has collaborated with Building Up Lives Foundation and they have been providing much needed support such as food, clothing, hygiene products and household supplies to Behavioral Health consumers. They have provided supplies to Behavioral Health Clinics to distribute to their consumers at their locations. JWC Ambassadors, who are part of the ASOC Committee have been volunteering and taking food to homeless camps in addition to other Behavioral Health facilities.

In FY 19/20, the ASOC Committee actively participated in the following events:

- Recovery Happens event on September 13, 2019;
- NAMI Walk fundraiser on October 26, 2019 at Diamond Valley Lake in Hemet;
- Marines Toys for Tots – collaborated to distribute toys to nine Think Together Afterschool Program sites in Moreno Valley School District, Children’s Services in Western and Mid-County Region Clinics and NAMI San Jacinto/Hemet;
- Street maintenance – Keeping our City Beautiful in Moreno Valley, maintain 1-mile stretch on Pigeon Pass Rd by cleaning the streets 4 times a year, which bears the RUHS symbol and Adult FSP/JWC sign on the street;
- Holiday Card Making for Children in Loma Linda Hospital (Kards 4 Kidz). Collaborated with RUHS-BH staff and clients to produce over 400 cards;
- Longest Night Event at Rustin – Distributed over 100 grooming kits, hats, gloves and blankets to Homeless community and served hot coffee, donuts and treats throughout the day;
- Prayer for Soldiers – Helped organize distribution of over 400 toy soldiers to households to remind them to pray for soldiers that are away from their families during the Holidays; and
- Volunteering with the Building Up Lives Foundation to distribute hot meals, food and essential supplies during the COVID-19 Pandemic to those in need.

Respectfully submitted,

Brenda Scott, BHC Adult System of Care Committee Chairperson  
Vicki Redding, RUHS Behavioral Health Services Administrator

# CHILDREN'S COMMITTEE

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Tori St. Johns – Behavioral Health Commissioner – Children's Committee Chair

Janine Moore – Riverside University Health System – Behavioral Health – Deputy Director, Children's Services

\* \* \* \* \*

The Children's Committee is a standing committee of the Riverside University Health System – Behavioral Health Commission (BHC). The Committee is comprised of consumers, parents/caregivers of consumers, as well as public and private sector representation. The Committee advocates for the needs of children who have been identified as, or at risk of, having emotional/behavioral challenges. Advocacy extends to their families and/or caregivers. The Children's Committee presents important issues to the BHC as well as involved agencies, encourages increased family/caregiver input, and networks with local community agencies.

## Presentations for the past year included:

- **July 2019** – Tech Suite Update: Staff assigned to the Tech Suite are currently vetting over 100 Smart Phone Apps. This is the 2<sup>nd</sup> phase of the Innovation Project this will identify which apps to pilot. The plan is to start with two apps. The name of the Suite is going to be Help at Hand.
- The purpose of the project is to add services already available, not fill current service delivery gaps. There are people that we have not been able to reach throughout our County due to stigma, accessibility, transportation challenges, and healthcare costs. These apps will help reach them.
- **August 2019 - Dark**
- **September 2019** – The Volunteer Services Coordinator presented on RUHS-BH WET Volunteer Services and provided an overall description of the volunteer program. She described the specifics on how individuals can volunteer both in clinics and in the administrative settings. In addition, she spoke about the Educational Partnerships flier.
- A Tech Suite Update from July was provided. The staff explained that the department is developing an app to support behavioral health services. RUHS-BH is part of a second cohort and will be pilot testing an RUHS-BH developed "Peer Chat" app. The Pilot will begin in mid-December 2019 and will only provide the "Peer to Peer" service to adult consumers.
- **October 2019 –CA Mentor** services and support focuses on helping adults and children with intellectual and developmental disabilities, build increasingly rich independent lives. Specializing in creating individualized programs that combine personal choice and community integration with professional oversight, family involvement, and stability. In addition, they provide children and families with early intervention, family therapy, individualized service planning, case management, life skills and on-call support. Their home based outpatient services is provided by a BBS Registered Clinician, TAY Partner, and Parent Partner, with access to medication support services as needed.

Under the EPSDT contract with RUHS-BH they will provide these services to Medi-Cal beneficiaries between the ages of 0-21. Services offered with the FCT (Family Centered Treatment) modality based in the Family Systems Approach.

- **November 2019 & December 2019 (combined meeting)** – Staff from the Desert TAY Center announced that there is a Coachella Collaboration with Law Enforcement for “The Longest Night” event, which was held on Saturday December 21, 2019. This is an annual blanket drive to collect and distribute blankets, coats and other clothing to homeless individuals and families.
- **California Advancing and Innovating Medi-Cal (CalAIM)**  
Provided by Zachary D. Tucker, MPS, CFRE, Executive Director, External Affairs for RUHS-BH. He shared that there are a number of topics important to Behavioral Health in the CalAIM work thus far. The Department of Health Care Services (DHCS) has developed a framework for the upcoming waiver renewals. Medi-Cal has significantly expanded and changed over the last ten years. Most predominantly because of the changes brought by the Affordable Care Act and various federal regulations.
- **January 2020 – RCOE PowerPoint Presentation:** Come Back Kids (CBK) Charter School. Preparing every student for success in college, career, and the community.

Come Back Kids (CBK) is an independent study program for students 13 (in the 9<sup>th</sup> grade) – 25 years of age who want to re-enroll in a high school educational program. CBK will also serve students older than 25 years of age at selected sites. Creating personalized learning opportunities to prepare all students to be future ready through rigorous academics, post-secondary opportunities, and safe and supportive learning environments.

**Western Region TAY Stepping Stones** worked in collaboration with Borrego Health and supported their outreach efforts with TAY members on March 29, 2020 as part of “Trans Day of Visibility.” There will be plenty of activities for the TAY.

- **February 2020 – RUHS – BH Prevention and Early Intervention (PEI):** The PEI Manager presented the MHSA Annual update. She also presented on Youth MHFA, which is an 8-hour training that introduces participants to unique risk factors and warning signs of mental health problems in adolescents. The training builds understanding of the importance of early intervention, and teaches individuals how to help adolescents in crises or experiencing mental health challenges.

Both Youth and Adult Mental Health First Aid applies a five step action plan: **ALGEE** (**A**ssess for risk, **L**isten non-judgmentally, **G**ive reassurance, **E**ncourage appropriate professional help and, **E**ncourage self-help and other support strategies).

- **March 2020 – Dark due to COVID19**
- **April 2020 – Dark due to COVID19**
- **May 2020 – The RUHS–BH MHSA Administrator presented the MHSA Annual Plan Update:** He presented on the changes in the stakeholder process for the MHSA Annual Plan Update, which will include utilizing

technology in order to get input from those that are sheltering in place due to the COVID-19 Pandemic. This will allow individuals to share their input privately and will allow people the opportunity to give input over a period of time, as opposed to just the public hearing, which is typically a one day event. After the initial posting period, MHSA Administration staff developed a video presentation that included an overview of the MHSA Plan Update and how to provide feedback. The recordings were available in English and Spanish.

- **June 2020 – No formal presentation.** Attendees provided updates on their programs and services.

Respectfully submitted,

Tori St. Johns, BHC Children's Committee Chair  
Janine Moore, RUHS – BH Deputy Director, Children's Services

# CRIMINAL JUSTICE COMMITTEE

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Greg Damewood – Behavioral Health Commissioner – Criminal Justice Committee Chair

Deborah Johnson – Riverside University Health System – Behavioral Health – Deputy Director, Forensics

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## VISION

To address housing issues by increasing beds and augmenting Board and Care facilities, to provide Law Enforcement Personnel Training, to promote integration and collaborate with different agencies, to monitor competency programs, and improve safety in jails.

## MISSION STATEMENT

To facilitate the recovery of people in the Criminal Justice System, who have behavioral health needs which can include mental health and/or substance use disorders, by enhancing programs in our community through collaboration with County partners, community stakeholders, families and other support systems.

\*\*\*\*\*

## GOALS OF THE CRIMINAL JUSTICE COMMITTEE

1. Housing Issues: Increase Beds and Augment Board and Cares: Monitor and provide feedback regarding housing issues including detox; diversion beds such as short-term transitional residential programs; and care beds with or without special programs such as dual diagnosis.
2. Training for Law Enforcement Personnel: Monitor training provided to all Riverside County law enforcement and other agencies on crisis intervention. Work toward getting the training to more staff and other Law Enforcement agencies and expanding the training curriculum.
3. Promote Integration and Collaboration with Different Agencies: Work with different agencies in order to promote communication and collaboration.
4. Restoration of Competency Placement: Monitor the current restoration to competency program and bring forth any concerns for the benefits of inmates with behavioral health needs.
5. Safety in Jails: Discuss safety issues occurring in the jails involving inmates with behavioral health issues with the goal of providing feedback, identifying trends and issues and providing information to the appropriate persons with the goal of a safer incarceration period.
6. Proposition 47: Divert Riverside County collaborative court defendants and Probation clients with behavioral health needs, which can include mental health and/or substance use disorders from convictions and/or

incarceration. Reduce recidivism of diversion and post-conviction program enrollees. Reduce the risk of recidivism/re-offense by increasing success in multiple life domains.

7. Health and Human Services:

- a. Decrease Positive Drug Tests: Riverside University Health System – Behavioral Health has set the goal to reduce positive drug tests of AB109 offenders by 10%. This can be achieved by providing comprehensive screening for substance abuse, linkage to substance abuse services, providing offenders with appropriate guidance and support to maintain sobriety such as attending substance abuse groups, 12-step, residential treatment, educational groups such as “Facing Up” that help empower offenders to “face” challenges of sobriety and maintaining good mental health.
- b. Increase Attendance at AB109 Graduation Ceremonies: The goal for FY19/20 is to improve attendance of upcoming graduations for both the graduates and those in attendance to celebrate successful re-engagement into the community without formal supervision.

The Criminal Justice Committee (CJC) currently has a total of six members with an average of 31 in regular attendance at these meetings. The Committee contains representation from a number of agencies including the Prop 47 Advisory Board, Behavioral Health Detention Services, Riverside County Sheriff’s Department, Probation Department, Public Defender’s Office, National Alliance on Mental Illness (NAMI), Behavioral Health Peer Support Specialists, Western and Mid-County Regional Behavioral Health Advisory Boards, and Detention Health Services. Consumers and family members also attend CJC meetings. Throughout the past year, the CJC was involved in a variety of activities and had a number of accomplishments.

Assistant Behavioral Health Director of Programs, Deborah Johnson has continuously advocated for the mentally ill in the criminal justice system and has been an integral part in implementing accepted best practices, resulting in the decriminalization of persons with serious mental illness.

**PROP 47 ADVISORY BOARD**

The Local Advisory Committee (LAC) continues to provide advisory and oversight functions for the two Integrated Care Behavioral Health Full Service Partnership programs. To summarize, there are programs in Perris and Rancho Mirage and they have a capacity to serve 180 guests obtained through criminal justice and the courts system. The program is run by a contract provider, Recovery International, Inc., and is known as De Novo. The Community Based treatment program provides mental health and substance abuse treatment as well as connection to primary care services. The programs offer a full array of services including intensive wrap-around type treatment, case management, psychiatric, medication services, peer supports, housing and vocational supports, as well as drug and alcohol programs. Referrals are generated through the Justice Outreach Teams, Mental Health, Veterans, Homeless Courts, Probation and Whole Person Care. The total number of program enrollee’s as of June 30, 2020 was 370.

The LAC receives on-going program updates, service data reports, and Quarterly progress reports to help them provide feedback and monitoring for the Department. The LAC is comprised of Community Groups/Organizations, Agency Partners Forensic Representatives, Law Enforcement, Courts, District Attorney, Probation, Public Defender, Public Interest members, consumers and family members and Departmental Staff.

As with other community, service providers continuing to provide these essential programs have been a challenge during the COVID-19 crisis. The LAC received several updates on how De Novo was dealing with the continuation of services. This included moving toward Tele-Phonic/Health remote services both individually, in groups, substance counseling, case management and medication supports. Although the duration of services was less, the frequency of contacts increased. Staff are doing outreach at the Mental Health Urgent Cares to support guests enrolled in the program and to screen for potential new ones. Any in-person services were conducted with social distancing and face covering protocols along with other PPE as needed. On/Call and after hours support was maintained.

The LAC will continue its advisory role by meeting remotely through Zoom meetings during the COVID crisis. They will meet on the second Wednesday of every other month. The LAC will convene throughout the term of the grant that ends in September of 2021.

### HOUSING

The objectives are to increase beds, housing options, and augment licensed adult residential care (“board and care”) facilities.

Individuals with a mental health challenge and/or those with substance use issues who need residential placement are provided opportunities for housing by Riverside University Health System – Behavioral Health (RUHS-BH) based on their unique individual needs, choice and eligibility for resources through a Housing First lens.

The Department continues to expand the opportunities for housing to meet the needs of justice involved individuals such as the AB109, Whole Person Care, and Prop 47 populations. This can include connections to outreach and engagement teams for those living on the streets, short-term emergency shelter if viable and rental assistance to move into housing and rapid re-housing and transitional housing. RUHS-BH anticipates to open Roy’s Behavioral Health Oasis in August 2020. This facility is located in North Palm Springs.

RUHS-BH is the HUD Continuum of Care Coordinated Entry Lead for Riverside County. The Coordinated Entry System provides access and assessment to housing resources on a needs and availability basis. The RUHS-BH Housing Crisis Response Teams, Whole Person Care teams and AB109 staff conduct housing needs assessments, provide case management assistance to maximize consumer’s personal responsibility and assists with access to available housing options. A team of Clinical Therapists, Behavioral Health Specialists, Peer Support Specialists and Community Service Assistants provide in home supports to the residences. They assist with developing independent goals with mainstream benefits applications: bus passes, emergency food and hygiene packets, individual budgeting and menu planning which include grocery shopping and food purchases as well as developing a long-term housing plan.

The Department continues to explore additional funding opportunities through the State & Federal level, such as “CARES” funding. CARES funding provides emergency shelter and rental assistance for those that are homeless or at risk of homelessness through the COVID-19 pandemic. RUHS-BH has also partnered with The Housing Authority on the Mainstream Voucher Program which is a permanent supportive housing voucher for homeless or at risk consumers. We also received funding for OUD housing which provides temporary “Rapid Re-housing” or emergency housing for consumers who have an Opioid Use Disorder. The Department is moving forward with construction of an integrated residential behavioral health and substance use treatment center

that will assist with jail diversion particularly for homeless consumers. The center, to be known as Arlington Recovery Community, will provide access and assessment to residential treatment including withdrawal management (WM), medication assisted treatment (MAT), the continuum of substance use and mental health levels of care and case management assistance with discharge planning, which will include creating housing plans based on the consumers' needs and resources. The facility is expected to be ready November of 2021.

### LAW ENFORCEMENT COLLABORATIVE

The Law Enforcement Collaborative is a cooperative relationship between RUHS-BH, Riverside County law enforcement agencies and first responders. The collaborative is coordinated and maintained by an RUHS Behavioral Health Services Supervisor.

This Supervisor coordinates with the Riverside Sheriff's Office (RSO), Riverside Police Department (RPD), in addition to other Riverside County law enforcement agencies to develop and facilitate Crisis Intervention Trainings (CIT), a curriculum designed to enhance law enforcement response to people in mental health crisis. The goal of CIT is to provide mental health education and awareness, empower law enforcement personnel, maintain safety for all and strengthen de-escalation skills in hopes of diverting consumers from involuntary interventions and instead, partnering with them to access voluntary care. CIT is created specifically for correctional and patrol officers, but has also been successfully adapted to meet the training needs of dispatchers, school resource and community service officers.

Although our primary partnership has been with RSO and RPD, enrollment and/or requests for specific mental health education courses from outside law enforcement and allied agencies have increased (including law enforcement agencies throughout Southern and Northern California, California Highway Patrol, Palm Springs PD, Hemet PD, Chaplains Association, Department of Social Services Welfare Fraud Investigator Association, Pechanga Rangers, and American Medical Response, among others).

Both an 8 and 16-hour CIT course have been certified by the Commission on Peace Officer Standards and Training (POST). The CIT team consists of law enforcement and behavioral health lead trainers and guest speakers from various County Behavioral Health programs. Guest speakers provide lived experience as consumers and family members who have required law enforcement intervention.

Last year, over 950 participants attended CIT or related mental health education courses which is an increase from 765 participants the prior year. As training interest and development increases, the education, access to resources and strengthening collaboration continues to grow.

In addition, RUHS-BH has partnered with several law enforcement departments to develop a co-responder team referred to as "CBAT" or Community Behavioral Health Assessment Team. CBAT is a specialized unit that consists of a Clinical Therapist and Law Enforcement officer who are dispatched to urgent mental health calls, 5150's, participate in community homeless outreach and provide appropriate linkage to behavioral health services. The primary goals of this program are to reduce psychiatric hospitalizations, 911 emergency calls, ED visits, and complete outreach including linkage and referral. Current CBAT locations include Riverside PD, Moreno Valley Sheriff, Hemet PD, Temecula Sheriff, Murrieta PD and Indio PD. Other law enforcement locations have expressed interest in establishing CBAT programs at their department and we are working on those endeavors.



### RUHS-BH NEW LIFE (AB109) PROGRAM

The New Life (AB109) Program operates three Day Reporting Center (DRC) locations in each of the three regions of Riverside County – Western, Mid-County, and Desert. Consumers are currently provided services in Riverside in the Western Region, Temecula in the Mid-County Region and at the Indio location in the Desert Region. Each location provides mental health and substance abuse treatment and services. Educational classes are available for any consumer in need or as ordered by the Probation Department. Each DRC location has a team that includes a Clinical Therapist I/II, Behavioral Health Specialist II/III, Community Services Assistant and a Peer Support Specialist that all work in collaboration with the Probation Department to provide behavioral health services.

In addition to these DRC locations, Behavioral Health also operates two New Life Outpatient Clinics (Riverside and San Jacinto) and one Forensic Full Service Partnership program located in Riverside. These outpatient clinics and FSP team have a treatment team comprised of Behavioral Health Specialists, Clinical Therapists, Psychiatrist, Peer Support Specialists, and Community Services Assistants. Both the DRC and Outpatient New Life Clinics are staffed by these teams to serve as a collaborative conduit to provide treatment, transportation, linkage and recovery by example for all consumers.

### RUHS-BH SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DRUG COURTS, AND FAMILY PRESERVATION COURT

Substance Abuse Prevention and Treatment Program (SAPT) operates four adult Drug Courts in the County located in Riverside, San Jacinto, Indio, and Blythe. These long standing adult collaborative courts boast high outcomes and work in close proximity with the judicial courts and probation for the best guidance and treatment possible for consumers. Over the past few years, SAPT has also been working with the Riverside Court to develop best practices and increase participation of the Juvenile Drug Court. This endeavor has had some challenges with obtaining referrals to the program. However, we have witnessed three graduations of the Juvenile Drug Court since inception in January 2017.

The Family Preservation Court program has operated in Riverside County since 2007. From 2007 to 2017, the program was operated by a contract provider. Beginning of April 2017, RUHS-BH took over the operation of this program. Family Preservation Court services are now located in RUHS-BH SAPT Clinics in Corona, Moreno Valley, Riverside, San Jacinto, Temecula, Indio and Desert Hot Springs. These programs operate in conjunction with the courts in Riverside, Indio, and Murrieta.

These Collaborative Courts are an evidence based drug court model, which establish a court team that builds on a long lasting partnership of community provided services which involve County government departments (Behavioral Health and Department of Public Social Services) and Superior Court administration. The Collaborative Courts work with individuals and families in the criminal justice and child welfare systems that have been met with the challenge of substance abuse, mental illness and other social welfare issues. Clients are supervised by judicial officers who oversee the consumer treatment progress through regular court hearings, which include the use of incentives and sanctions. It is vital that this community collaborative creates access to substance abuse and mental health treatment along with a myriad of additional agencies that provide academic and vocational programming, social services for offenders and their families, housing resources and other resources needed for a successful reentry into the community. The goal of the Collaborative Courts is to improve consumer outcomes, reduce recidivism and improve public safety however, these programs provide so

much more than just those services. Our county has witnessed many of the miracles associated with these programs: lives changed, families reunited, youth turning their lives around and graduating school and consumers finding long lasting recovery.

### **SMITH CORRECTIONAL FACILITY STEP DOWN PROGRAM**

A 192-bed behavioral health step-down program was created in June 2015 at Smith Correctional Facility to provide intensive behavioral health services to inmates with a severe and persistent mental illness. The first therapeutic group session was held in January 2016. The step-down program has been fully operational and has functioned at the 192-bed capacity since March 2016.

Inmates housed on the step down unit receive intensive behavioral health services, which include weekly individual therapeutic contact, multiple opportunities to attend group therapy sessions per week, recreation therapy and psychotropic medication management services. Group therapy opportunities include Anger Management, a trauma-informed group therapy program known as Seeking Safety, Discharge Planning and two substance use prevention and treatment programs known as Co-Occurring Life of Recovery (COLOR) and A New Direction.

An additional 110 designated behavioral health beds were added at Smith Correctional Facility in February 2018 on two additional housing units. The program for the 110 new behavioral health beds is designed to serve inmates who were formerly housed in the step-down unit but who have experienced significant psychiatric stabilization and who are now nearly ready to be placed into general population. These additional housing units are designed to provide up to 30 days for inmates to adjust to no longer being housed on the step-down unit and to continue to receive supportive behavioral health services as to maintain the treatment gains achieved once transferred to general population.

A Medication Assisted Treatment (MAT) program was developed for inmates with diagnosed opiate and/or alcohol use disorders. Start-up funds totaling \$310,000 were provided via a grant from the Department of Health Care Services (DHCS) and Health Management Associates (HMA). Provision of MAT services to those in custody began September 16, 2019 at RPDC and were offered at all five adult jails as of December 9, 2019.

Robust discharge planning services are provided to inmates in the step-down program and to those housed in the 110 newly created behavioral health beds. Discharge planning services include assessing the needs that an inmate will have upon his/her return to the community (i.e., housing, benefits establishment or re-establishment, transportation, etc.). Additionally, all inmates on the step-down unit are linked to the appropriate level of behavioral health care in the community, with level of care ranging from an outpatient behavioral health program to a forensic full service partnership (FFSP) program, which provides field-based 24-hours per day, seven days per week wrap around behavioral health services, including psychotropic medication management. Two additional FFSPs were created during fiscal year 2018-2019, one in Perris and one in Rancho Mirage. Each program is capable of serving 90 consumers. The programs are staffed by Recovery International and are funded by Proposition 47 grant monies. Finally, assessment of community-based substance abuse prevention and treatment (SAPT) needs occur for those housed on the step-down unit and in the newly designated 110 designated behavioral health beds. Inmates are linked to community-based SAPT services at the appropriate level of American Society of Addiction Medicine (ASAM) of medical necessity. Inmates are offered and provided with transportation to SAPT programs upon their release from custody.

The arrival of the COVID-19 pandemic in Riverside County required Riverside University Health System (RUHS) Detention Behavioral Health (BH) to revamp how BH services are provided within the County jails. All BH staff members, correctional health staff members and Sheriff's deputies began wearing N95 masks while working in the jails beginning in March 2020. Behavioral Health began conducting daily wellness checks with all consumers diagnosed with a serious mental illness and housed in one of the designated 564 behavioral health beds, which are located at Robert Presley Detention Center, Larry Smith Correctional Facility and Cois Byrd Correctional Facility. During their wellness checks, inmates are offered their choice of activity-based materials, such as coloring book pages, word puzzles, and a choice of clinical materials, such as pages from substance use disorder treatment workbooks or coping skills workbooks. Inmates with a serious mental illness receive at least once weekly individual contacts with a behavioral health clinician and/or behavioral health specialist. Additionally, they continue to receive medication management services with a psychiatric provider.

### MENTAL HEALTH COURT

The Mental Health Court program continues to have a positive impact on those in the criminal justice system that are struggling with behavioral health challenges. During the period of July 1, 2018 through June 30, 2019, the Mental Health Court programs received 176 new referrals (Indio: 64; Riverside: 67; and Temecula: 45) from our collaborators in the Public Defender's office and community private attorneys. When comparing the overall total number of referrals received across the three programs (Indio: 79; Riverside: 116; and Temecula: 48; total: 243), there was a 28% decrease between this fiscal year and the previous one. On July 27, 2018, Governor Brown signed into law Assembly Bill 1810, also known as PC 10001.36 or Mental Health Diversion. With the passage of this new pre-trial diversion law, individuals with a DSM-V diagnosis and who are accused of committing a crime may be able to postpone further action taking place with their case, in lieu of receiving mental health treatment. Successful completion of this program allows the individual's charges to be dismissed and the record of their arrest sealed. Since the passage of this law, Mental Health Court staff have received an additional 147 referrals (Indio: 47; Riverside: 87; and Southwest: 13), during this period. In comparison to the total number of referrals received across all three programs (Indio: 16; Riverside: 74; and Temecula: 4) during the previous period, there was a 56% increase in the number of Mental Health Diversion referrals. In total, Mental Health Court staff received 323 new referrals over the course of this period, which is a decrease of approximately 4% as compared to FY 18/19. This decrease is likely due to the number of city, county and state closures brought about by COVID-19.

The Veterans' Court is another program that continues to remain a positive influence in the lives of veterans who served our country so nobly, along with the lives of those closest to them and the communities in which they live. From July 1, 2019 through June 30, 2020 the Veterans' Court program received 91 new referrals, which is a 23% decrease from the previous period. In addition to the 91 referrals received, there were also 55 referrals given to Mental Health Court staff to assess Active Duty, Reserve and Veterans, who may not be interested in the Veterans Treatment Court program but are interested in the Military Diversion and Mental Health Diversion also offered through Veterans' Treatment Court. This is a 48% decrease as compared to the previous fiscal year. Both diversion treatment programs run in conjunction with the Veterans' Court but unlike Veterans' Court, participants are not required to plead guilty to enter into the program which is a unique benefit as it allows those on Active Duty and in the Reserves to remain serving while they are also receiving treatment.

In addition to the Veterans' Court program, Mental Health Court also supports the Misdemeanant Alternative Program (MAP), which provides the court with treatment plans designed to link individuals who have been found by the court to be incompetent to stand trial with mental health services. The overall goal of this program is to

assist the individual in regaining competency so that they move forward with their criminal proceedings. From July 1, 2019 through June 30, 2020, MAP received 48 referrals, which is a 26% decrease in the total number of referrals received within the previous period, which was 65.

Updates for Mental Health Court, Veterans Treatment Court, Realignment Presentencing Program, and MAP are given at the Criminal Justice Committee Meeting.

### PATTON STATE HOSPITAL WAITING LIST

The average wait time for a Patton State Hospital bed has increased over the past year, from 93.27 days to 102.10 days largely resulting from a hold placed on transfers to-and-from the Department of State Hospitals due to COVID-19. The number of individuals on the State Hospital waiting list has increased over the course of the past year. Typically, the State Hospital Waiting List averaged 36 individuals during fiscal year 2018-2019 and has increased to an average of 45 individuals during fiscal year 2019-2020. The Liberty Healthcare Restoration of Competency (ROC) Program that started in October 2013 has allowed clients to receive services competency restoration. Those who successfully complete the Liberty Health ROC program are deemed competent to stand trial by the Court and move forward with the adjudication of their case as well as avoid a State Hospital sentence.

A total of 123 inmates were referred to Liberty Health for restoration of competency during fiscal year 2019-2020. Of those referred:

- 42 inmates (34%) were successfully restored to competency by the Robert Presley Detention Center (RPDC) based Liberty Health Program.
- 57 inmates (46%) admitted to the Liberty Health program were determined not to be restorable at RPDC and were transferred to Patton State Hospital for competency restoration.
- 24 inmates (19%) who were admitted to the Liberty Health restoration program during fiscal year 2019-2020 remain in treatment.

Respectfully submitted,

Greg Damewood, Criminal Justice Committee Chair  
Deborah Johnson, Deputy Director, Forensics

## EXECUTIVE COMMITTEE

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Richard Divine – Behavioral Health Commission – Chair

Beatriz Gonzalez – Behavioral Health Commission – Vice-Chair

Tori St. Johns – Behavioral Health Commission – Secretary

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During the 2019/2020 fiscal year, the Riverside County Behavioral Health Commission has continued as fully integrated Commission bringing both mental health and substance abuse equally together. Our Executive Committee continues to analyze topics and schedule speakers to provide a brief synopsis of their programs and afford the Commission members an opportunity to learn, ask questions, and voice concerns of those services, if any. The Executive Committee has made sure that topics of substance use and mental health receive equal time before the Commission.

During this year the Commission Behavioral Health Department and the County experienced a completely new form of challenge – the COVID-19 Pandemic. The Behavioral Health Department has excelled in keeping the Commission informed on the status of their continued efforts to provide services to our clients while doing everything possible to ensure the safety of clients, staff and Commission members. Until March 2020, the Commission met in person where we continued to receive information regarding the Department’s programs and afforded community members to ask questions and offer their input.

Our April meeting was dark while the Commission members and Department searched for ways to continue our meetings while keeping every one safe. In May, the Commission held a teleconference meeting, which allowed the Commission to be informed of the Department’s crisis protocol and how best our clients were being served, while maintaining a high degree of safety for everyone involved. For the months of June and July, the meeting was held via Zoom, which seemed to bring the meeting a step closer to normalcy.

In my opinion, Director Matthew Chang, MD, the program heads and most notably the staff have done a fantastic job in providing services to the clients of Riverside County during these trying times. Whether the services were delivered in person, through Face Time, Zoom or “Doc in the Box,” the department delivered services to our clients.

The Director’s report is provided to the Commission at every meeting. Dr. Chang has done an amazing job of informing the Commission of the Department’s information, which include updates on budget, legislations, staffing and other programs under consideration.

During the year, each Commission member is asked to conduct one or more site visits to our various behavioral health clinics/programs to review their services and provide feedback and recommendations. The data accumulated through these visits are brought back before the Commission where members are afforded the chance to ask questions. The Commission has hopes of visiting each clinic/program every three years but is based on the help of Regional Boards and their membership. The site visits have now been suspended as well as proclamation pickups to ensure the safety of everyone involved.

During each Commission meeting, one to three presenters are invited to speak about their programs, clinics and most importantly the people we serve. The Commission continues to research the problem of consumers not receiving the services needed. The Department's Research and Technology Division keep us informed on items such as "Who We Serve" and how we compare to other counties in California. The MHSA program and Substance Abuse programs supervisors present a three to five minute description of what they are working on or problems that concern them.

One of the Commission's mandates under Proposition 63 is to hold Public Hearings on our Annual Plan Update. Each Plan Update must be posted for public review for a minimum of 30-days before a Public Hearing can be held. This year, the Commission held virtual Public Hearings. At the virtual Public Hearings, all comments and recommendations were recorded. After the public comments were compiled, three members of the Commission reviewed the comments and made recommendations as appropriate.

The Behavioral Health Commission has been able to maintain a full roster of 15 members plus a BOS Representative. I would respectfully ask each Supervisor responsible for the Western and Mid-County regions, if you have applications please send them our way.

Riverside County is the only California Behavioral Health Commission that has appointed three Regional Behavioral Boards to ensure that all areas of our county are accounted for. The Regional Boards ensure that those with a behavioral health diagnosis have local representation and do not have to travel to Riverside to have their information heard. The three Regional Boards cover the Western, Mid-County and Desert Region. I would like to thank the members of our Regional Boards for the work they do and the information they provide.

I take great pride in the Riverside County Behavioral Health Department, its staff and programs/ services that are provided to our consumers of Riverside County. The Commission thanks the Board of Supervisors for providing the guidance and funding to make our programs and Department the finest in California.

Respectfully Submitted,

Richard Divine, Behavioral Health Commission – Chair  
Beatriz Gonzalez, Behavioral Health Commission – Vice-Chair  
Victoria St. Johns, Behavioral Health Commission – Secretary

# HOUSING COMMITTEE

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Brenda Scott – Behavioral Health Commissioner – Housing Committee Chair

Marcus Cannon – Riverside University Health System – Behavioral Health – HHOPE Manager

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## GOALS

The goal of the Housing Committee is to provide input on housing crisis strategies, housing planning, and provide input to staff on emergent issues and concerns that impact consumers of the Riverside University Health System – Behavioral Health (RUHS-BH). The Housing Committee members also serve as key stakeholders in reviewing Behavioral Health (RUHS-BH) housing development projects. The Housing Committee continues to meet monthly with community members, RUHS-BH staff, and Commission members.

## OVERVIEW

The Mental Health Services Act (MHSA) provides funding specifically for the development of permanent supportive housing for people who are living on the street in a housing crisis, or those who remain at risk of homelessness and have a chronic, persistent, and disabling mental health challenge. RUHS-BH, with input from our stakeholders and the committee, has implemented a balanced countywide strategy to ensure that continuums of housing and street engagement services are available for those in a housing crisis. These services are provided across the balance of the County service delivery regions and ensure that the housing and outreach response opportunities address the housing crisis needs of all ages and populations. RUHS-BH department practices Housing First principles and recognizes that safe and stable living conditions are essential for wellness and recovery.

The Behavioral Health Commission Housing Committee held monthly meetings to inform, educate, and plan future homeless and housing services. Due to the COVID19 pandemic meetings began to be held virtually in April of 2020. Highlights of presentations during FY19-20 included presentations on housing development, transitional housing for restorative justice, tenants' rights, and licensed care type housing from: City of Riverside, Starting Over Inc., RUHS-BH Homeless Housing Partnership & Opportunities (HHOPE) program, RUHS-BH Workforce Education and Training (WET), Palm Communities, Jamboree Housing, Neighborhood Partnership Housing Services (NPHS), National Community Renaissance, & Inland Counties Legal Services to name a few.

## CONTINUUM OF HOUSING PROGRAMS

Using the available funding, the HHOPE Program provides access to multiple opportunities for housing. The Housing Committee has been part of guiding those opportunities and provided valuable input on program priorities.

During FY19/20, a Continuum of Housing was provided through United States Department of Housing and Urban Development (HUD), MHSA and other State and community grants. Services included:

- Prevention
- Temporary emergency housing
- Short term rental assistance
- Rapid Re-Housing programs
- Permanent Supportive Housing
- Licensed Residential Care
- Street outreach and field-based clinical services needed to connect individuals to housing and healthcare
- Housing Development

HUD – Permanent Supportive Housing – Utilizing a Housing First Approach, RUHS-BH Housing Region supports those chronically homeless individuals with awarded HUD funding for longer and more permanent housing in two primary programs: 1) Low Demand Safe Haven Model Permanent Housing and 2) Scattered Site Permanent Supportive Housing (located in the community of the individual's choice). Permanent supportive housing for individuals with behavioral health challenges is an integral part of the solution to homelessness in Riverside County and is a cornerstone of our consumers' long-term wellness and recovery. These HUD funded projects operate at 100% occupancy.

Across the continuum of housing services, RUHS-BH provides serves over 2000 distinct consumers annually and provides over 200,000 total nights of housing.

#### **PERMANENT SUPPORTIVE HOUSING DEVELOPMENT ACTIVITIES**

RUHS-BH has expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA). RUHS-BH leveraged more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850-units of affordable housing throughout Riverside County. Integrated within each of these unique MHSA-funded projects, were 15 units of affordable housing for those at-risk individuals served by the Department Full Service Partnerships. MHSA-funded RUHS-BH apartment models include 15 integrated supportive housing units within the complexes and supportive services including on-site services in an on-site private dedicated office for our at-risk individuals. The MHSA units within each of these communities operate at near 100% occupancy and experience very little turnover. There continues to be a wait list of over 100 eligible consumers for housing of this kind. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

RUHS-BH and the HHOPE program received an award of \$23.7 million in Round 1 of California Department of Housing and Community Development's (HCD) No Place Like Home Program (NPLH). The funds will create 162 units of permanent supportive housing for individuals with severe and persistent mental illness who are homeless, chronically homeless, or are at risk of homelessness. The housing units will be embedded within four affordable apartment communities that will be newly constructed or will undergo rehabilitation. Construction and rehabilitation of units has begun with the first units expected to be available in November of 2020.



## AGENTS OF CHANGE

RUHS-BH continues to actively engage community stakeholders and partners in order to facilitate in active dialogue and community conversations, which allow us opportunities to be positive Agents of Change in our community.

- RUHS-BH continues close partnerships with local community agency partners such as the Riverside County HUD Continuum of Care (COC) to increase the ways in which to meet the housing needs for those living on the streets or at risk and served by our programs and educate on the special needs of an individual with a behavioral health challenge.
- The HHOPE Program continues to serve as the lead agency of Riverside County's Coordinated Entry System. The program named HomeConnect serves as a 24/7 access, assessment, and referral system for those who are homeless. HomeConnect staff connect those who are homeless to services and use a vulnerability assessment to identify those with the longest lengths of homelessness and highest severity of service need to prioritize those for the first available housing resources.
- HHOPE continues to support and facilitate weekly CES meetings with a multitude of public, private, and non-profit stakeholders in the homeless system to coordinate homeless and housing services. Average weekly attendance is 50+ (though meetings are now held virtually due to the COVID19 pandemic). This has been an exciting opportunity to be Agents of Change to our community partners on the needs and priority for housing for our individuals.
- In November of 2016, this group of our community partners, including the Veterans Administration and Services programs, as well as HHOPE was recognized by the Board of Supervisors, HUD and Veterans program leaders in Washington D.C. for reaching Functional Zero in veterans' homelessness. As the first large community in the nation to do so, we now strive forward to ensure the sustainability of that achievement.

## LOOKING AHEAD TO FY20/21

There continues to be a large gap in funding for new permanent supportive housing that severely constrains the capacity of RUHS-BH to expand this innovative and proven program. Affordable housing communities provide a natural setting and partnership for the development and co-location of supportive housing units within those communities. RUHS-BH continues to support affordable housing development and development projects as funding becomes available and advocacy for special needs housing for very low-income residents, particularly those who are in a housing crisis living on the streets or at risk, who have severe and persistent mental health challenges.

Roy's Desert Springs will open in August 2020 and will provide an additional 92 beds of augmented adult residential facility (ARF) housing and support. This will improve the care across our psychiatric system and allow consumers to live more independently.

Construction will continue on the Arlington Recovery Community, a 54 bed integrated mental health and substance use residential treatment center, designed to reduce unnecessary incarceration and offer a full suite of services needed to reduce recidivism particularly among the homeless population.

RUHS-BH will continue to pursue No Place Like Home funding to create affordable housing. We will work with development partners to identify opportunities to apply in Round 3 of NPLH (applications are due in January 2021).

**"WELLNESS BEGINS WITH A HOME"**

RUHS-BH recognizes the integral part that housing plays in the recovery and wellness of those we serve and with the Housing Committee to guide us.

We are committed in continuing our efforts to be a leader and innovator in serving those housing needs, as we strive to hold open the door to healing and recovery.

Respectfully submitted,

Brenda Scott, Housing Committee Chair  
Marcus Cannon, RUHS-BH HHOPE Manager

# LEGISLATIVE COMMITTEE

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April Jones, LMFT - Behavioral Health Commissioner – Legislative Committee Chair

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## MISSION STATEMENT

To bring the Behavioral Health Commission abreast of all pertinent issues or topics currently being discussed in State and Federal Government Legislation.

## GOALS

To keep the Behavioral Health Commission informed of legislative activities whether Federal, State, or County. To advocate for legislation that would be beneficial to our community.

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April Jones continues to chair the Legislative Committee. In April's absence Brenda Scott assists in co-chairing and facilitating these meetings. The Committee meets monthly and remains dark in August and December. Zachary Tucker is no longer employed by RUHS and has not provided a legislative update this reporting period. However, NAMI CA and the CALBHC provide legislative reports that have been used by the Committee to review pending and vetted legislation that impacts Mental Health Services. These reports are reviewed and discussed monthly by the Committee. The Committee has agreed to follow the process of several bills that are of significant importance to the Riverside Behavioral Health Department. In addition, the Legislative Committee pays close attention to funding efforts by the State and Federal Government that impact our County Behavioral Services, including realignment. Below is a summary of the most recent Legislative Bills that the Legislative Committee has been discussing and following:

- Proposition 63 which increased taxes imposed on personal income exceeding \$1 million to fund MHSA.
- Laura's Law, AB 1421 which is the CA Law that allows for Court Ordered Assisted Outpatient Treatment.
- The 21st Century Cures Act which is a Bipartisan effort for public health and medical research to direct \$6 Billion dollars to address mental health challenges in the Criminal Justice System.
- SB 803 which is a bill that has been vetoed by the Governor on multiple occasions however, continues to re-emerge with new language.
- SB 855 which strengthens the CA Parity Act that requires medically necessary treatment for all mental health and substance use disorders to ensure individuals receive comprehensive care.
- The Legislative Committee will continue to support cross collaboration of systems and ensure the community and commission is informed of relevant and pertinent information.

Respectfully submitted,

April Jones, LMFT, Behavioral Health Commissioner, Legislative Committee Chair

# OLDER ADULT SYSTEM OF CARE COMMITTEE

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Brenda Scott – Behavioral Health Commissioner – Older Adult System of Care Committee Chair

Tony Ortego – Riverside University Health System – Behavioral Health – Behavioral Health Administrator, Older Adult System of Care

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## VISION

“Our vision is to value self-determination and independence of the older adult and culturally diverse consumers.”

## MISSION STATEMENT

“To enable older adult consumers, who are significantly impaired by a mental illness, to access the services that will promote empowerment and recovery.”

## GOALS

“To reduce stigma and increase utilization of services through education and awareness, and to support the mission to RUHS to provide high quality care to residents of Riverside County.”

## OBJECTIVES

“Older Adult Services seeks to assist consumers in their recovery by maintaining a physically and emotionally healthy lifestyle so they are able to remain in their home or community-based housing for as long as possible. Services are provided by a multi-disciplinary staff with specialized training in evaluating and addressing both mental illness and issues of aging.”

*“Empowering lives to promote wellness and recovery”*

[www.rcdmh.org/Mature-Adult-Services](http://www.rcdmh.org/Mature-Adult-Services)

The Older Adult System of Care Committee meets on a monthly basis with consumers, community stakeholders, other local agencies, and staff to increase understanding, educate, and inform members of available services, to share common concerns, and to advocate and promote quality services to all consumers.

Guest speakers from different agencies provide 30-40 minute presentations on their area of expertise. During the past year presentations included The Southern California Council on Aging HICAP Presenter – Mary Sherman, The Department of Social Security Community Education and Outreach Spokesperson – Teresa Campbell, MHSA 3-Year Plan Presentation – Mariah Andrews, Tech Suite PowerPoint Presentation – Pamela Norton, NAMI Presentation – Brenda Scott, and The Care Program – Geri Crippen-Richardson. Meetings are typically held at Riverside University Health System – Behavioral Health’s (RUHS-BH) Conference Center on Rustin Avenue in Riverside and occasionally in Mid-County and Desert Regions. Due to the COVID-19 Pandemic, OASOC meetings were held in telephonic and virtual forums. Older Adult regional staff members are

encouraged to participate in, and promote many local events and health fairs to increase awareness of treatment, access to services and reduce stigma. Consumers have actively participated in the OASOC and contributed valuable perspectives thus promoting an authentic community led direction.

Community Events Include: May is Mental Health Month Virtual Wellness Fair 2020, Participation in the Annual NAMI Walk October 10, 2019 – A National Day of Hope, Community presentation at the Mary Phillips Senior Center – for “Senior Talk 2019,” ongoing presentations at the Rotary Club in Desert Hot Springs for outreach and engagement. Other notable initiatives include partnering with Riverside County Office on Aging to design and craft public service announcements for vulnerable older adults in our community. We partnered with Riverside County Office on Aging on several initiatives aimed at identifying older adult consumers who may be in need of assistance with depression and anxiety related to the COVID-19 Pandemic, and other stressors such as life changing events.

Other notable collaborative services include: Maintained status as Title V clinics throughout the mature adult programs, which enabled our clinics to be training grounds for the Senior Community Service Employment Program – a program, funded by The California Department of Aging and the US department of Labor. The Mature Adult program also introduced the National Institute on Aging program Go4Life – an everyday fitness program for mature adults to increase holistic health. Additionally, with emphasis on local interagency fluidity of services, we established and maintained a close relationship with partners at Legacy Apartments, Snowberry and the Vineyards supporting consumers who live there. This includes monthly partnership meetings. We also expanded intra-county program embedding by welcoming Andrea Tomescu, Supervisor of Mature Adult liaison staff that are embedded in two Office on Aging locations (Riverside and Desert regions). We also have been working collaboratively with DPSS staff imbedded in the Desert Hot Springs Clinic and Office on Aging staff embedded in the Lake Elsinore Mature Adult clinic.

Older Adult clinics now have on-site Substance Abuse Prevention and Treatment programs in Lake Elsinore, Temecula, San Jacinto, Desert Hot Springs, and Riverside. This past year has brought significant expansion of the Older Adult program. In September of 2019, Mid-County Mature Adults welcomed a new Full Service Partnership Program: Southwest Mid-County Older Adult FSP. This program has specialized in reaching disenfranchised mature adults, homeless, and those with co-occurring disorders. This program now services over 70 mature adults and has actively engaged them in locally accessible behavioral health services thus increasing community penetration rates for those in most critical need.

In addition, there have been a significant change in organizational re-structuring in the Mature Adult program. In February of 2020, Tony Ortego has resumed the position as Administrator for the countywide Older Adult System of Care. Tony has assisted Brenda Scott in co-chairing the Older Adult System of Care Committee.

Respectfully submitted,

Brenda Scott, Behavioral Health Commissioner, Committee Chair

Tony Ortego, Riverside University Health System – Behavioral Health, Behavioral Health Administrator, Older Adult System of Care

# VETERANS COMMITTEE

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Rick Gentillalli, M.Ed., PI, NCPT – Behavioral Health Commissioner – Veterans Committee Chair

David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHS Administrator

Aurelio Sanchez – Riverside University Health System – Behavioral Health – Veterans Services Liaison

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## VISION

We continue to work and plan for a day when a grateful nation will fully recognize and meet the needs of its veterans and their families. We envision this happening and plan to use every resource and ability we have to serve our veterans and their families. Our committee is dedicated, concerned, hopeful and ready to serve our veterans as they have served and sacrificed for our nation.

## MISSION STATEMENT

To address and alleviate the mental health and substance abuse disorder needs of veterans and their families; and to recommend and propose related helpful services. We have joined our meetings with neighboring counties as well as the United States of America Veteran Affairs and Cal-Vet to accomplish our goals.

*"...The Veterans Committee is sponsored by the Riverside County Behavioral Health Commission and consists of one Behavioral Health Commissioner, several Riverside County Department employees, neighboring county employees, the U.S. Department of Veteran Affairs and California Department of Veterans Affairs; along with a group of volunteers. Its purpose is to identify strategies for improving supports reducing the stigma of mental illness and improving the quality of life for veterans and their families dealing with mental illness. Its function is to advise and foster a collaboration of veteran's families' and mental health support organizations to address and alleviate the mental health and substance abuse problematic needs of veterans and their families, as well as, recommend and propose related services..."*

## GOALS

To monitor and assure that all veterans requesting Riverside University Health System – Behavioral Health (RUHS-BH) services receive those services pursuant to department policy and veteran needs; to continue our expansion of the committee and welcoming members from diverse backgrounds and positions to participate in meeting our goals. We set four areas of importance to address, however, the dynamics of our society have recently changed and we are addressing areas of concern as they become a priority. Our goal is to continue the focus on: 1.) Opioid Abuse; 2.) Veteran Suicide; 3.) PTSD; and 4.) Stigma. The cultural dynamics have enhanced the aforementioned issues the veterans face and our goal is to help the veterans and their families overcome and succeed in a time of added adversity.

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One of our newly introduced topics this past year at our committee meeting is a “Veteran in Need” that was established and introduced by Riverside County Veterans Services Liaison (VSL,) retired U.S. Navy Veteran Aurelio Sanchez, Clinical Therapist I, Workforce Education and Training. As Chair, I feel strongly that a one page write-up of Mr. Sanchez’s hopeful experience with “Thomas’ Story.” It is a fitting and appropriate story that gives our audience a better understanding of a positive outcome with a real life story *(please read this story)*.

### THOMAS’ STORY

*“...My youngest memories as a child involved CPS, parent’s drug use (meth), foster home and staying with family members. My mother and father were drug addicts for quite a few years.*

*I graduated high school on time and entered the Marine Corps (USMC) six days after graduating high school. I was in the marines for three years and was medically discharged due to a bad knee (torn patellar tendon). That was my first introduction to the power of pain pills. I was discharged with a disability rating allowing for some source of regular monthly income.*

*Eventually, I found myself taking up to 50 pain pills a day (at five dollars a pill). I continued this pace until I lost my job, apartment and all my belongings. When I could no longer afford pain pills, I started “dabbling” with meth. Eventually, I sold everything to meth. I was homeless and addicted on the streets of Riverside for three years.*

*The funny thing was, I lost all possessions in my life as a result of meth addiction and I did not think I had a problem... until I lost my wallet. For some reason, losing my wallet forced me to come to terms with the fact I was addicted and homeless; life became dark and aimless.*

*And then I met Aurelio, the Veteran Services Liaison (VSL). The VSL started to visit me each week on the streets of Riverside, laying behind a dumpster of a local fast food place or walking the streets off University Avenue. Each week, the VSL would find me. On one occasion, the VSL even had me admitted to a hospital because he feared for my health and safety; I was in bad shape. The VSL’s regular visits, continuous encouragement, desire to help and unwillingness to give up on me proved to be a key part to my road to Recovery.*

*I have been clean now for one year; go to all my scheduled medical and legal appointments. I now have a valid California driver’s license, have a social security card, and even saved enough to buy my own car, free and clear; and I pay my own auto insurance.*

*I have proven to myself that with my personal desire to live, along with the help of others, I can pull myself away from homelessness and addiction.*

*My future is, once again, promising and I thank the VSL and so many others in my life that supported me through my journey.*

*I would like to also thank Amy and Eleno of the HHOPE team for their unwavering personal commitment to help me find and achieve my Recovery...”*

***(NOTE: Release with signed approval from Veteran Consumer to share “Thomas’ Story.” Dated 2/26/2020)***

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This is just one example of our committee member's dedication to help our Veteran's. To better understand the effort put forth by the members - such as driving a long distance to attend our meetings, putting aside 1.5 hours each month to both attend the meetings and participate in finding solutions to the problems, and being patriots with the will to help and put forth a heartfelt commitment to better serve our veteran population. I am proud to be associated with all of the members who attend and serve our committee.

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Another important issue has been the Department's commitment to provide services to veterans who elect to receive assistance from the County instead of Veterans Affairs (VA). The Mission Act has empowered our veterans to get immediate assistance for most needs they may have. Additionally, our Director, Matthew Chang, MD, has continued to support our quest to help Veterans as needed.

The Veterans Committee continues to collaborate with the Veterans Court. The mission of Riverside County Veterans Court is to provide an inter-agency, collaborative treatment strategy for veterans in the criminal justice system suffering from mental health and/or substance abuse disorder problems. The committee receives regular input on this matter from representatives from the County and Behavioral Health Department's Family Advocates, who are regular attendees at committee meetings.

The Committee continues to grow significantly and the energy level and camaraderie remains strong. The Riverside County Department of Veteran Services Director Grant Gautsche or his Deputy, attends the meetings regularly. In addition, we have a representative from the Inland Empire IEHP who attends most of our meetings. This along with our counterpart from San Bernardino County Behavioral Health, the Department of Veterans Affairs, and the California Department of Veterans Affairs, has built a strong foundation with a wealth of exchange of information for our committee to build on.

In conclusion, with our sincere efforts and vested interest in serving and saving veterans, our goal is to make a positive impact on our veteran population and give back to them for their service as best we can.

Respectfully submitted,

Rick Gentillalli, M.Ed., PI, NCPT – Behavioral Health Commissioner – Veterans Committee Chair  
David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHSA Administrator  
Aurelio Sanchez – Riverside University Health System – Behavioral Health – Veterans Services Liaison



# REGIONAL BEHAVIORAL HEALTH ADVISORY BOARDS

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Richard Divine, Desert Region Board Chair  
DESERT REGIONAL BOARD

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Kimberly McElroy, Mid-County Region Board Chair  
MID-COUNTY REGIONAL BOARD

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Greg Damewood, Western Region Board Chair  
WESTERN REGIONAL BOARD



# DESERT REGIONAL BEHAVIORAL HEALTH BOARD

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Richard Divine – Desert Regional Board – Chair

James Grisham – Desert Region Mental Health Services (MHS) Administrator

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## MISSION STATEMENT

To continue to build upon the success of the “May is Mental Health Month” Creative Writing and Art Show, establish full Board capacity and make sure recruited members represents the populace of the Desert Region, make the community aware of the services offered in the Desert Region, ensure that these programs meet the community’s needs, and educate the public about and reduce the stigma attached to mental illness.

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The Desert Regional Behavioral Health Advisory Board is one of three Regional Boards located throughout Riverside County. Due to the County’s large geographical area, the Behavioral Health Commission has formed the regional boards to act as a liaison between the citizens of each region, the Behavioral Health Commission and the Department of Behavioral Health. The Desert Region stretches from Calimesa, through Banning and Beaumont, the Coachella Valley continuing east to Blythe by the Arizona Border.

The Desert Regional Board continues to keep apprised of current events and programs within the Behavioral Health Department and makes sure that the Desert Region receives the programs necessary for our clients. The Behavioral Health Department has done very well making sure that most programs are able to accommodate the entire County, or at least some variation of it.

The Regional Board has maintained a constant level of membership with 14 members throughout the year. Our members come from various career fields: the legal, medical, education and the business community. All members are very committed to bringing the best services possible to our consumers in the Desert Region.

Every May the Desert Regional Board hosts a Creative Writing and Art Show. This year was our 18<sup>th</sup> year hosting the event, and is the fourth annual John J. Benoit Art Show and Creative Writing contest. This year’s event was to be held at the Riverside County Fair Grounds with a continuing art gallery preview in the following weeks at various art galleries throughout Palm Desert and Rancho Mirage. This year was to be our first year with a minimal cost to the county in dollars and time spent.

As the Board of Supervisors are well aware, the COVID-19 Pandemic forced the cancellation of this year’s event. Due to the efforts of Vice Chair Dr. Janice Quinn, the Board has arranged a showing of art at the “Rivers” outdoor mall in Rancho Mirage. With the permission and enthusiasm, the Rivers has allowed us to display our clients’ artwork in the windows of vacant storefronts. Artwork can be displayed through the remaining summer months and possibly into the fall season.

The Board cancelled the April meeting due to the COVID-19 Pandemic, but reconvened in May via teleconference. Meetings held in June and July were hosted through Zoom. As is our tradition, the August Regional Board meeting remains dark and will reconvene in September via Zoom.

As always, the Desert Regional Board and I personally would like to thank James Grisham and Kelly Grotsky for the outstanding work provided to our clients in the Desert Region. Without their help and the entire staff of the Desert Region our ability would be greatly affected. Staff and supervisors from Substance Abuse Prevention and Treatment Program and TAY join our meetings monthly. Presentations by the Departments programs are provided when requested, to keep the Board informed of the services available to the clients of the Desert Region.

The Desert Regional Board wishes to thank the Riverside County Behavioral Health Department, especially the regional staff, for the quality and range of services provided to the Desert Region community.

Respectfully submitted,

Richard Divine, Desert Regional Chair

James Grisham, Desert Region Behavioral Health Services Administrator

# MID-COUNTY REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

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Kimberly G. McElroy – Mid-County Regional Board Chair

Vicki Redding – Mid-County Regional Behavioral Health Services Administrator-Adult Service

Tony Ortego – Older Adult Services

Beverly McKeddie – Mid-County Regional Behavioral Health Services Administrator – Children’s Services/ TAY Services

Heidi Gomez – Substance Abuse and Treatment Services Supervisor

Jacqueline Markussen – The Arena TAY Supervisor

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## MISSION STATEMENT

To support the Behavioral Health Commission’s mission with our input, voice, advocacy, and promotion of quality services for the culturally diverse communities of the Mid-County Region.

## GOALS

To reduce stigma and increase utilization of services through education and awareness; to support the mission of Riverside University Health System – Behavioral Health (RUHS-BH) to provide recovery-oriented services; to empower consumers of the Mid-County Region to achieve greater independence; to advise the Mid-County Region and the Behavioral Health Commission; and to promote Board membership.

## INTRODUCTION

This has been a year of growth, of change and of crisis. The Mid-County Regional Behavioral Health Advisory Board began the year with excitement. The expansion of the Mental Health and Substance Abuse programs throughout Mid-County was exciting to watch. New programs were added, and old programs were reconfigured and/or expanded. Collaborations among behavioral health services and other community providers have been occurring throughout this year to serve more people. There were new crisis counselors working alongside police, there were increasing involvement with schools, and our coordination with community health centers grew. Then the country was hit with a pandemic and we watched as the county quickly reconfigured and found a way to reach out and support clients and the communities we serve. All the while with the safety of the clients and staff constantly at the forefront. It has been a challenging year for the County and for Mid-County. Though it has been a tremendous challenge, the number of clients being served is increasing again, and our programs continue to serve our communities with the help and courage of the agency staff, supervisors, administrators and directors.

## BOARD ACTIONS

Over the course of FY20, the Mid-County Regional Behavioral Health Advisory Board of Riverside University Health Systems has held its meetings in different locations throughout the region each month. This is done to build appreciation and understanding of the various agencies and programs in the Mid-County region and to be present and available to area staff to encourage local public involvement at the meetings. The site supervisor typically attends the meeting held in their facility to provide the board with an overview of their services and any new programs. It is also an opportunity to share any challenges the program is experiencing. Administrators and/or Supervisors from Adults, Children, TAY, Substance Abuse, and Older Adults Services attend Board meetings monthly, bi-monthly, and/or quarterly where they present updates on their programs and answer questions Board members may have. This direct access for supervisors and staff supports the relationship between the Board, Mid-County program staff and the area programs. Finally, each site invites a program consumer or graduate of their programs to share their story and provide information about their experience with the services they have received/are receiving. Board members have used this as an opportunity to understand how our programs interact with consumers and gain a greater understanding of ways to further improve services.

Last year's decision to alternate agency representatives at the Board meetings over the course of this fiscal year worked well. Vickie Redding and Beverly McKeddie, the Adult and Child Behavioral Health Administrators alternated attendance every other month. The Substance Abuse Supervisor, Heidi Gomez, attends meetings monthly or has a representative attend. The Older Adult programs were overseen by Ms. Redding until the return of Tony Ortega; and Ms. Beverly McKeddie has absorbed the Mid-County TAY program. Ms. Jacqueline Markussen continues to attend monthly to provide ongoing updates on the developing TAY program in its final year under the MHSA grant. Having reports from all major program areas as well as consumers has been very helpful in increasing the Board's awareness of the services, of the recovery process, and of the new and existing programs in the area. The Board sees this as an opportunity to provide a forum for programs to share their concerns as well as their successes. In FY21, the Board has asked the following programs to attend and provide program updates: Family Advocate Program, Consumer Affairs, Cultural Competence, Prevention, Education, and Intervention Program, Parent Support and Training Program. These programs have agreed to send a representative to provide quarterly updates. Though many of these programs have made effort to attend over the past years, this formalizes their involvement with the Board and hopefully will provide a similar forum for information and support that the other programs have enjoyed.

We are pleased to welcome our newest member, Shani Todd to our Board. She expressed interest in joining the Board last Fall and became a member after attending the requisite meetings. We are excited to have her on the Board. She brings an active interest in children, families, and advocacy. She has already attended several trainings in the County on parenting partners and supporting parents and families. Her interest in customer service quality focuses the Board's attention on this issue. We are excited to learn more about this challenge faced by the agencies, especially while services have been so impacted by the restrictions due to the current health crisis.

This year brought the Commission's approval of the updated version of the Regional Advisory Boards Bylaws. Mid-County worked on the original draft and then over the past year worked with the Commission's ad hoc committee to finalize and present to the Commission the updated bylaws. These were approved in the May, 2020 meeting of the Commission.

With the approval of the bylaws, the Board is moving forward in establishing annual goals consistent with its mission and have created an ad hoc committee that will provide recommendations to the advisory board on ways to implement the goals of the Board for FY21. We are excited about moving forward in our advisory role to the Commission in regard to the needs of Mid-County.

Mid-County Regional Behavioral Health Advisory Board voted to establish the following four goals for FY21:

- a. Assess the efficacy and quality of current BH programs/services to minorities and diverse groups within the Mid-County Region.
  1. Identify current programs, services, collaborative.
  2. Seek data on number served, staffing, services, gaps, etc.
  3. Explore ways to advocate/participate as board members in increasing/improving effort.
- b. Monitor the growth/quality of the FSP program in Mid-County
  1. Schedule a panel presentation of agency representatives from area programs.
  2. Track statistics, staffing, services, clients served and compare to past numbers
  3. Encourage trainings and review any trainings held
  4. Set up focus groups with consumers and family members
- c. Monitor any cuts planned for Mid-County programs, if any, due to reduction of monies coming to the county for BH services.
- d. Support the development of programs and services specific to victims, survivors and family members of COVID-19.

An overarching focus will include customer satisfaction to ascertain how all of our services impact our consumers and the community.

#### BOARD MEMBER ACTIVITIES

Mid-County Regional Behavioral Health Board Members are active and involved in both community and department activities. In addition to having two Behavioral Health Commissioners on the Regional Board, it also has two members representing NAMI Hemet/San Jacinto and NAMI Temecula Valley. Each Regional Board member is responsible for attending monthly and/or bimonthly Committee meetings of the Behavioral Health Commission. Each member has been assigned to one of the committees. Since the Board's membership is limited, some Board members attend several committee meetings on behalf of the Regional Board. The Chair of the Regional Board attends every Commission meeting and provides updates to the Commission of the activities of the Regional Board during the Committee Reports portion of the agenda. She is also the Regional Board's representative to the Commission's Ad Hoc Bylaws Committee, the Membership Committee, and Criminal Justice Committee meetings. In the past few months, the Chair has been attending the Commission's Executive Committee meeting and the Policy Advocacy Committee. In addition, Ms. McElroy was actively involved in an effort to organize the May is Mental Health Month event for 2020 until it was cancelled due to the health crisis.

Board members have participated in community and county activities in support of Behavioral Health. Several Board members attended the 2019 Recovery Happens! Event in Riverside. Several have attended area events related to health resources: Mrs. Hernandez attended a Veteran's event at Mead Valley, Ms. Todd attended a

health resources event in Sun City as well as the trainings previously mentioned. Mrs. Scott, in addition to her work with NAMI and her involvement with the NAMI Walk and Minority Mental Health Event last July, 2019, she has been actively involved with planning and supporting community input into MHSA planning over the past year. As a Commission member she chairs two of their sub-committees and regularly attends many of the other committee meetings as well. Dr. Haessler is a Commission member and serves on the Legislative committee. He also writes articles on topics related to behavioral health, one of which was published in May 2020. Mr. Shepherd has been active with Temecula NAMI as their Vice President, responds to numerous calls from area consumers, organizes presentations on mental health through his role with NAMI and has mentored our new Board member. Dr. Haessler and Mr. Shepherd completed two (2) site reviews each for a total of four (4) completed site reviews this past year.

### SUMMARY

Over the course of the year there were many changes within Mid-County. A national health crisis brought challenges to the area program operations and productivity. This resulted in loss of income and yet this year saw the start of new programs and the expansion of others, new agencies received contracts and additional services were implemented. New partnerships have been forged with the schools and community partners, which appears to only enhance the services we provide to Mid-County. The Board has met in 9 different sites and heard from many additional program supervisors as well as consumers of our programs. As a result of the health crisis our April meeting was cancelled, but we returned in May for a telephonic meeting and then in June with the help of our amazing support staff we were able to meet over Zoom. As a Board, we have grown in our knowledge and appreciation of the services we are tasked with monitoring. We have increased our efforts to reach out to the general community as well as efforts to recruit new members to our Board. We look forward to another year of growth both in number of services provided and in knowledge of the needs of our consumers. We are energized by our goals for the upcoming year and look forward to engaging with more of the programs. We are ever thankful for the opportunity to serve.

Respectfully submitted,

Kimberly G. McElroy, Mid-County Regional Advisory Board Chairperson  
Officers: Glen Shepherd, Vice Chairperson; Brenda Scott, Secretary,  
Members: Walter T. Haessler, MD, Gloria Hernandez, Pepe Del Rio, Shani Todd

# WESTERN REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

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Greg Damewood – Western Regional Board – Chair

Lisa Morris – Western Regional Board – Vice Chair

Bernadette Regan – Adult Western Region Mental Health Services Administrator

Novanh Xayarath – Western Region Children’s Behavioral Health Services Administrator

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## MISSION STATEMENT

To support the Behavioral Health Commission’s mission with our input, voice, advocacy, and promotion of quality services for the culturally diverse communities of Western Region.

## GOALS

To reduce stigma and increase utilization of services through education and awareness, and to support the mission of Riverside University Health System – Behavioral Health (RUHS-BH) to provide high quality care to residents of the Western Region.

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The Western Region Behavioral Health Advisory Board (WRBHAB) members supported the efforts of the Behavioral Health Commission (BHC) to the best of its abilities. The challenges of the COVID-19 pandemic greatly altered the daily operations of RUHS-BH. New ways to meet and provide services to consumers in a safe manner were quickly devised. Due to the restrictions placed on all social gatherings, the April meeting was cancelled and reconvened in May through a virtual meeting hosted online. The Western Region again experienced changes this year due to staff turnover and relocation of programs. Our Regional members and attendees applaud the Department’s efforts to provide the same level of services through this challenging year, to the extent that an additional meeting was scheduled for the month of August. Site reviews were put on hold due to the restrictions of COVID-19, as well as many other large social gathering celebrations like May is Mental Health Month.

Support of community events included:

- Welcomed any personnel changes or new services such as drug treatment and alcohol abuse;
- Two members of this Board also served on to two other committees: Criminal Justice Committee and Adult Services;
- The National Alliance on Mental Illness (NAMI) Walk held in October 2019;
- Dare to Be Aware Youth Conference in October 2019;



- Served holiday meal for seniors at the Rustin location in December 2019;
- Partnered with Marines Toys for Tots, Think Together Afterschool Program, and NAMI Mid County to provide toys to over 1500 children in the community;
- Partnered with Jefferson Wellness (JWC) Ambassadors, Western Region staff and Consumers to make over 400 homemade greeting cards for the Children at Loma Linda Hospital during the holidays;
- Partnered with JWC Ambassadors, Western Region staff and HHOPE to facilitate *The Longest Night Event*, which provided blankets, grooming kits, hats and gloves to over 100 homeless Consumers during the coldest night of the year;
- Behavioral Health Commission and Regional Board training is being scheduled;
- May is Mental Health Month Resource Fair at Fairmont Park was suspended due to the pandemic and health concerns;
- Directing Change Event held via the internet, PSA announcements to address issues of youth suicide;
- Outreach efforts regarding behavioral health challenges to Inland Empire Disabilities Collaborative, Inland Regional Center, and the Regional Coalition Office on Aging;
- The Chair attended both Inland Empire Disability Collaborative meetings and Inland Regional Center Trustee meetings to be informed of events and issues occurring in our area and those we serve in the community; and
- Linked with the nonprofit Agency, *Building Up Lives Foundation* to provide food, clothing and essential supplies to Consumers during the COVID-19 pandemic.

There are over 50 service points in the Western Region. Substance Abuse Prevention and Treatment Program is also under the purview of the BHC, therefore, the Western Region also provides feedback on these programs. Site visits were suspended for this service period due to restrictions of COVID-19.

One member of the Western Regional Board also serves as a Behavioral Health Commissioner. The Administrators, Supervisors, Leads, and Peer Support of the County attending our meetings have been very supportive of this Board. Peer Support members provide insights as to services and suggestions for improvement of services and savings.

The Western Region Board members conduct meetings monthly per the Commission schedule, therefore, ten meetings are targeted yearly, but this period was changed due to the pandemic. Transportation has been a challenge for some attending meetings when we were meeting face to face, but has improved noting our new bus stop at the front of Rustin complex.

Since Welfare and Institutions Code 5604 was modified to allow county employees to serve on a behavioral health board or commission as long as they are a consumer, we added one such member to our board. Members have also been called away due to relocation, resuming education, new employment, health concerns and a death. As a reminder, our member, Ric Ricarrdi - Board Member and former Commissioner, passed last May, 2019, after over 7 years of service. Ric Ricarrdi was named posthumously Advocate of the Year with a plaque presented to his widow at the May is Mental Health Month event in May of 2019.

Our Board would also ask for any assistance for additional qualified members to join the WRBHAB. The Chair, Greg Damewood, is currently serving on the Behavioral Health Commission besides this Board and Chairs the Criminal Justice Committee along with Membership Committee. Our Board would be more effective with more than our current few members. We appreciate any guidance and support from our District 5 Supervisor, Mr. Jeff Hewitt, and his staff. We invite any other BOS that cover Western Region to direct volunteer members for consideration to our Regional Board.

The Western Region Board has appreciated the guidance of Behavioral Health Director, Dr. Matthew Chang, Assistant BH Director of Programs, Deborah Johnson, Deputy Director Forensics Behavioral Health and Substance Abuse Prevention, Rhyan Miller, Bill Brenneman, Deputy Director of Mature Adult and Adult programs, Janine Moore, Deputy Director of Children's programs, along with all the other leaders at the Riverside University Behavioral Health System. We always look forward to the insights and support of the Western Region management and staff, such as BOS staff Boomer Shannon and Paul Vallandigham.

The Board will continue to provide another year of service and offer support to Western Region with our volunteerism to the best of our abilities. Please review the following insights to add to the understanding of some of the ongoing service efforts.

Respectfully submitted,

Greg Damewood, Western Board Chair  
Bernadette Regan, Western Region Adult Behavioral Health Services Administrator (BHSA)  
Novanh Xayarath, Western Region Children's Behavioral Health Services Administrator (BHSA)

## SITE REVIEWS

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The goal of the Behavioral Health Commission and its Regional Advisory Boards is to visit all service locations within a three year time period to assess the community's mental health and substance use needs, to evaluate the extent to which these needs are being met, and to make any necessary recommendations in regard to policy and procedural matters.

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**Site Name & Address:** Temecula Children's Behavioral Health Clinic  
41002 County Center Drive, Suite 320  
Temecula, CA 92592  
(951) 600-6355

**Supervisor:** Kirk Yale

**Completed by:** Dr. Walter Haessler

**Date Completed:** October 30, 2019

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**Site Name & Address:** Temecula Substance Abuse Treatment and Prevention  
40925 County Center Drive, Suite 200  
Temecula, CA 92591  
(951) 600-6360

**Supervisor:** Anthony Frye, SBHS

**Completed by:** Dr. Walter Haessler

**Date Completed:** December 16, 2019

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**Site Name & Address:** Temecula Adult Behavioral Health Clinic  
40925 County Center Drive  
Temecula, CA 92591  
(951) 600-6300

**Supervisor:** Jennifer Vasquez

**Completed by:** Glen Shepherd

**Date Completed:** February 4, 2020

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**Site Name & Address:** Temecula Wellness and Recovery for Mature Adults  
40925 County Center Drive, Suite 101  
Temecula, CA 92591  
(951) 600-6420

**Supervisor:** Rebeckah Birkinsah

**Completed by:** Glen Shepherd

**Date Completed:** February 5, 2020