

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



ITEM: 2.11  
(ID # 18443)

**MEETING DATE:**

Tuesday, March 08, 2022

**FROM :** RUHS-BEHAVIORAL HEALTH:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Receive and File the Behavioral Health Commission Annual Report for FY 2020/2021, All Districts. [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Receive and File the Behavioral Health Commission Annual Report for FY 2020/21.

**ACTION:Consent**

*Matthew Chang*  
Matthew Chang, Director 2/23/2022

---

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt  
Nays: None  
Absent: None  
Date: March 8, 2022  
xc: RUHS-BH

Kecia R. Harper  
Clerk of the Board  
By *[Signature]*  
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: N/A</b>			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b>	21/22

**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 Behavioral Health Commission respectively submit its annual report to the Board of Supervisors covering the needs and performance of Riverside County’s behavioral health system.

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

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

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.

  
Jacqueline Ruiz, Sr. Management Analyst

3/2/2022



Gregory V. Priamos, Director County Counsel

2/23/2022

COUNTY OF RIVERSIDE

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

# BEHAVIORAL HEALTH COMMISSION

---

## ANNUAL REPORT FY 20/21

7/1/2020 – 6/30/2021

### BOARD OF SUPERVISORS

DISTRICT I – KEVIN JEFFRIES

DISTRICT II – KAREN SPIEGEL

DISTRICT III – CHUCK WASHINGTON

DISTRICT IV – V. MANUEL PEREZ

DISTRICT V – JEFF HEWITT



## TABLE OF CONTENTS

---

Behavioral Health Commission Introduction.....	2
Mission Statement .....	3
The Mission of the California Mental Health Master Plan.....	3
Recruitment Efforts.....	3
Composition of the Commission and Boards.....	4
2021 Behavioral Health Commission Roster .....	5
2021 Desert Region Advisory Board Roster.....	6
2021 Mid-County Region Advisory Board Roster .....	6
2021 Western Region Advisory Board Roster .....	7
Committee and Regional Board Reports.....	8
Adult System of Care Committee .....	10
Children's Committee.....	13
Criminal Justice Committee.....	16
Executive Committee.....	30
Housing Committee.....	32
Legislative Committee .....	36
Older Adult System of Care Committee.....	38
Veterans Committee.....	41
Regional Behavioral Health Advisory Boards.....	44
Desert Regional Behavioral Health Board .....	45
Mid-County Regional Behavioral Health Advisory Board .....	47
Western Regional Behavioral Health Advisory Board .....	52
Site Reviews .....	56

## BEHAVIORAL HEALTH COMMISSION INTRODUCTION

---

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

---

“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)*

---

“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

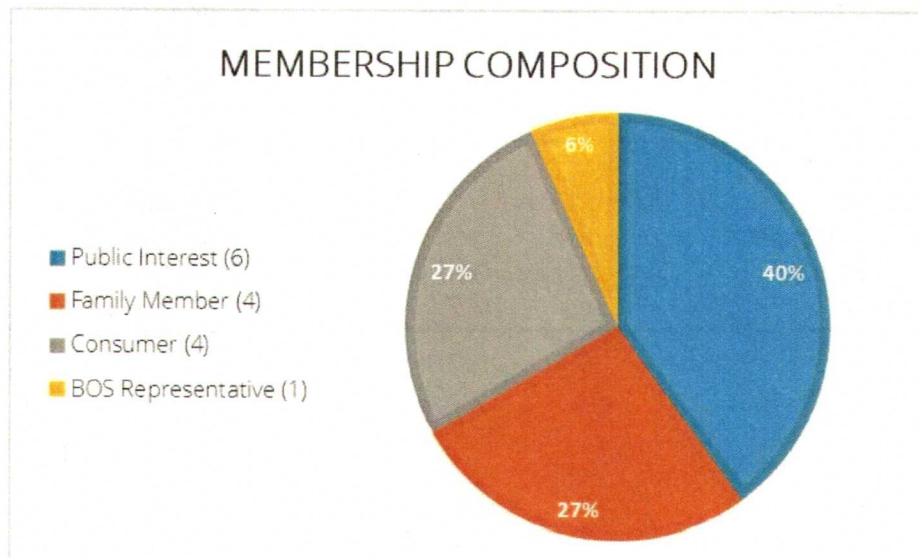
---

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

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, 2021

Total No. of Members: 15

Number of Vacancies: 1



## 2021 BEHAVIORAL HEALTH COMMISSION ROSTER

### EXECUTIVE COMMITTEE

**RICHARD DIVINE – CHAIR**  
Family Member  
District 2 – Karen Spiegel

**BEATRIZ GONZALEZ – VICE CHAIR**  
Public Interest/ Education  
District 4 – V. Manuel Perez

**VICTORIA ST. JOHNS – SECRETARY**  
Family Member  
District 4 – V. Manuel Perez

**APRIL JONES**  
Consumer/ Education  
District 3 – Chuck Washington

**ANINDITA GANGULY**  
Consumer/ Public Interest  
District 2 – Karen Spiegel

**BRENDA SCOTT**  
Consumer/ Public Interest  
District 3 – Chuck Washington

**CAROLE SCHAUDT**  
Public Interest  
District 4 – Manuel Perez

**DARYL TERRELL**  
Family Member  
District 5 – Jeff Hewitt

**DEBBIE ROSE**  
Board of Supervisor Representative  
District 2 – Karen Spiegel

**GREG DAMEWOOD**  
Family Member  
District 5 – Jeff Hewitt

**JOSE CAMPOS**  
Public Interest  
District 2 – Karen Spiegel

**PAUL VALLANDIGHAM**  
Public Interest  
District 5 – Jeff Hewitt

**RICK GENTILLALLI**  
Public Interest/ Law Enforcement  
District 3 - Chuck Washington

**TIM BARTON**  
Consumer  
District 1 – Kevin Jeffries

**WALTER T. HAESSLER, MD**  
Public Interest  
District 1 - Kevin Jeffries

## 2021 DESERT REGION ADVISORY BOARD ROSTER

---

<b>RICHARD DIVINE - Chair</b> Family Member District 4	<b>JANICE L. QUINN, MD - Vice Chair</b> Public Interest District 4	<b>MARK MILLER - Secretary</b> Public Interest District 4
--	--	---

<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>NANCY SPENCER</b> Family Member 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: 13  
 Number of Vacancies: 2

# 2021 MID-COUNTY REGION ADVISORY BOARD ROSTER

---

<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>DOLORES DE MARTINO</b> Family/ Public Interest 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: 8  
Number of Vacancies: 7

## 2021 WESTERN REGION ADVISORY BOARD ROSTER

---

GREG DAMEWOOD - <i>Chair</i> Family Member District 5	LISA MORRIS - <i>Vice Chair</i> Public Interest District 5	KATHY LIN Consumer/ Public Interest District 1
---	--	--

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

## COMMITTEE AND REGIONAL BOARD REPORTS

---

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

---

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

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

\*\*\*\*\*

## 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 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:

- Increase membership and utilize social media to promote the committee.
- Track transition from RI Wellness Cities to RUHS- Behavioral Health
- Ambassador workgroups at FSP tracks

\*\*\*\*\*

Mr. Jim Hill and Mr. Will Wynn from RUHS Family Advocate program gave a presentation on the Family Advocate Program. They gave an overview of services they provide to consumers and families in the clinics and in the community. Reviewed some of the trainings and presentations they provide to the public to reduce Mental Health stigma.

Ms. Karen Armijo from Scan Health Plan presented Independence at Home. She shared program service insight and benefits for those 55+ yrs. She reviewed some of the Community Health Promotions that they provide and talked about the volunteering opportunities available.

Mrs. Kristin Miller from RUHS Mental Health Crisis Support gave a presentation on the Crisis Support System of Care. She went over the different teams and services which include: Mobile Crisis Response Team, CBAT, Mental Health Urgent Care and CRT. She discussed the different services the Teams or programs offer and where they provide the support.

Ms. Toni Robinson administrator for RUHS Cultural Competency gave a presentation on the restructured Cultural Competency Program. She discussed the changes made in order to meet all the cultural needs in the department and community. She went over the targeted populations, which includes new communities. She reviewed trainings offered to staff for specific populations and resources.

Ms. Diana Brown Gutierrez, Administrative Services Manager for Prevention and Early Intervention gave a MHS A Annual Plan Update. Update pertained to the five components: Capital Facilities and Technology component, Community Services and Support, Work Force Education and Training, Innovation, Prevention and Early Intervention. She also talked about the stakeholder process and how different it is this year due to COVID-19.

Ms. Katarina Kucavikova from RUHS Crisis Response Team gave a presentation about their services. She discussed the merge of CREST, REACH and ROCKY to create one response team. She went over the team roles and how each of them collaborate with law enforcement, emergency departments, schools, cities and other community agencies in Riverside County.

Mr. Jacob Ruiz from MH- Fiscal presented an update of the department annual budget for fiscal year 20/21.

Mr. Tony Ortego, Administrator for RUHS Older Adult Services gave a presentation on the Wellness and Recovery clinics. He provided information on program locations, services, groups and resources provided to individuals 55 yrs. and older.

Mrs. Kochevar-Nolte from RUHS Pathways to success gave a presentation on Pathways to Success Vocation Program. She reported on the partnership they have with the Department of Rehabilitation to help behavioral health consumers focus on employment and provide the tools needed to maintain stability and obtain employment.

Melissa Vasquez from RUHS, Consumer Affairs gave a presentation on Take My Hand a Tech Suite Innovation project. She talked about the website that offers peer support for anyone in need and the support and resources offered. She also talked about the new kiosk that will be available at some RUHS mental health clinics for consumers to access.

A number of RUHS-BH Regions and partner agencies continue to participate, attend Adult System of Care (ASOC) Committee meetings, and report on their collaboration with MHS A. These include Recovery Innovations International (RI); Inland Empire Health (IEHP); National Alliance on Mental Illness (NAMI) Mt. San Jacinto; NAMI Temecula; NAMI Coachella Valley: Consumer Affairs and Cultural Competency.

Brenda Scott remains the Chairperson for this Committee and continues to focus on recruiting more members.

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 was the RUHS-BH Liaison for this Committee until April 2021. Venise Russ is the new liaison and 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 goals to create a RUHS folder displaying mental health and community resources. Folder intended for client use to store medication information and any necessary mental health documents. Committee worked together to determine what resources were highly needed and created folder with RUHS logo. Due to COVID pandemic the printing of folders were put on hold.

The committee created a goal to make a COVID-19 educational video for RUHS Behavioral Health clinics to play in their clinics so clients can watch while waiting for their appointment. Committee was successful in creating a video using CDC educational advertisement videos regarding COVID-19. Video distributed to RUHS behavioral health clinics.

In FY 20/21, the ASOC Committee actively participated in the following events:

- Recovery Happens event on September 13, 2019
- NAMI Walk virtual fundraiser on October 10, 2020, sponsored by Alkermes, National Partners and Takeda. They raised funds and awareness to help change perception about mental illness.
- May is Mental Health Month virtual campaign. Different activities throughout the month of May.
- Street maintenance- Keeping our City Beautiful in Moreno Valley, maintain 1-mile stretch on Pigeon Pass Rd by cleaning the streets 4x/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 Staff.
- Volunteering the Building Up Lives Foundation to distribute hot meals, food and essential supplies during Coronavirus 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

---

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.

**Please note that there was not a formal presentation every month.** There was, however, discussions each month on how attendees and program have been handling services during the pandemic, and what the programs and contractors are doing to ensure the provision of services by offering virtual trainings, telehealth and Zoom meetings.

**July 2020 – Presentation on RUHS – BH Prevention and Early Intervention Programs:** Diana Brown – RUHS – BH, PEI MHSA Prevention and Early Intervention (PEI) services are available virtually. PEI also announced that the quarterly PEI Collaborative is scheduled for July 29. The County suicide prevention efforts continue to move forward. The Board of Supervisors will be presenting a Board Resolution formally adopting the County Suicide Prevention Plan.

**Parent Support and Training** offering parenting classes virtually and are adding additional classes to their schedule as they are seeing an increase in requests from caregivers. In addition, there was a 2-week Parent Partner virtual training open to current and potential employees as well as contract agencies.

**August 2020 - Dark**

**September 2020 – No formal presentation.** Information shared included:

Roy's Resource Center (a previous homeless shelter) was converted to a 92 bed augmented Board and Care for adults ages 18-59. It is now known as Roy's Desert Springs and it is located in Palm Springs. This will house people who are coming from locked facilities. People that have been under conservatorship and are now transitioning to an unlocked setting. There are many activities and it is a beautiful site.

Prevention and Early Intervention (PEI) Developed 4 free virtual trainings.

- Know the Signs
- Mental Health 101
- Self-Care and Wellness and
- Building Resiliency and Understanding Trauma

**October 2020 – Presentation on Trauma Focused BT Outcomes for Fiscal Year 2019/2020:** Suzanna Juarez-Williamson - Research & Evaluation

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Outcomes Evaluation Report.
- Evidenced based practice that the department has been implementing across County clinics and provided to our workforce clinicians proficient in this practice.
- Had an outside trainer come in, and provide a booster training. Some staff have now become nationally certify in TF-CBT.
- Specific goals, Data Collection, Coping Skills Phase, Trauma Narrative and Processing Phase; and, Treatment Consolidation and Closure Phase.

**November & December 2020 Meeting Combined – Presentation on Children’s System of Care Expansion:** Janine Moore, Deputy Director for Children’s Services and TAY Programs

- The presentation included the background on the Children’s System of Care Expansion since 2018 and the number of youth that can access care.
- The number of youth served by contract providers has grown from 1157 in FY 16/17 to 5234 in FY 19/20, which is a 407% increase.
- The number of services provided by contract providers has grown from 29,270 in FY 16/17 to 161,033 in FY 19/20, which is a 450% increase.

**January 2021 – Presentation on the Mental Health Services Act Annual Plan Update FY 2020-2021:** Diana Brown, PEI Administrative Services Manager

- The Mental Health Services Act Annual Plan Update presented to the committee and feedback requested.
- Information provided to the members on how to submit feedback, share the update with their networks, and participate in the Behavioral Health Commission Public Hearing.

**February 2021 – Presentation on MHSA Prevention and Early Intervention Programs:** Diana Brown, PEI and Suzanna Juarez-Williamson, Research & Evaluation

- PEI receives 20% of the MHSA funding
- They shared about the specific PEI Programs and some of the COVID responses that our providers are initiating, as well as some of the unique things that PEI administration implemented to oversee some of the programs.
- The original PEI plan was approved in 2009. There are seven work plans within the PEI plan in Riverside County that support 29 different programs.
- Twenty-nine providers throughout the county are providing those programs.
- The PEI administrative team provides technical assistance trainings, and coaching to evidence practices and giving support to providers.
- In this last year, eight requests for proposals were released and funding went into the community for contractors to be able to provide these services.
- Ongoing community planning process all year long, that includes the quarterly PEI Collaborative and a quarterly newsletter to provide updates.

**March 2021 – No Presentation**

Meet & Greet with the Riverside County Youth Advisory Council (YAC). Special guests (15 youths), Alexia Angulo-Ceja, YAC, District 1 BOS, and Anindita Ganguly, BHC

- Exploring Resources and Possible Collaboration Opportunities for Behavioral Health and Homelessness for Youth.

**April 2021 – Presentation on the Family Urgent Response System (FURS):** Janine Moore, Deputy Director Children's Services & Transitional Age Youth (TAY) Programs

- Family Urgent Response System (FURS) is a free 24/7/365 hotline for current or former foster youth and their caregivers to call and get immediate help for any big or small issues.
- A contractor at the state level provides the hotline. Addressing concerns to determine if their needs require an in-person response.
- Initiate a 3-way call to the county where the youth resides.
- RUHS – BH will provide an in-person response when needed within 1-3 hours to provide crisis resolution.
- Mobile Crisis Response Teams will be providing the response during their hours and CARES staff will respond after hours.
- Follow up with Child Welfare will occur after the response to ensure coordination of care for the youth.

**May 2021 - No Presentation** - May is Mental Health Month

- Departments and programs shared how they celebrate May is Mental Health Month.

**June 2021 – Presentation on Directing Change:** Diana Gutierrez, PEI, Admin Services Manager

- Directing Change and May is Mental Health Matters Month 2021 Report.
- 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

---

Greg Damewood – Behavioral Health Commissioner – Criminal Justice Committee Chair

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

\*\*\*\*\*

## 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 (6) members with an average regular attendance of 30 people 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

In summary, Riverside County was awarded the Prop 47 grant in June of 2017 for a total award of \$6M. The intent of the grant was to divert individuals out of the legal system by offering Community Based treatment options. The Department proposed to satisfy the grant by implementing two Integrated Care Behavioral Full Service Partnership (ICBFSP) programs. Since the Department already had a Forensic FSP in Western Region, they wrote in the grant to expand services for this population in Mid-county and Desert Regions. The grant requires the services be provided by Community Based Organizations so the Department went through the RFP procurement process to select a provider. Recovery International Inc. was selected as the Community Provider and they chose to open ICBFSP programs called De Novo in Perris and Rancho Mirage.

The grant also requires that a Prop 47 Local Advisory Board be established to advise, inform, direct and provide feedback on all grant activities. The decision was made to merge the LAC with the Criminal Justice Committee since they shared similar membership. The LAC was comprised of entities such as Community Groups/Organizations/Members, agency partners, forensic representatives, law enforcement, probation, district attorney, public defender, family members and Departmental staff. The LAC routinely met every other month throughout the year, and continued to meet virtually due to the pandemic. Topics included program updates

from De Novo program staff, service updates from the Departments research division and Justice Outreach Team updates.

The grant proposal called for 90 consumers to be served at each location. The target population was individuals involved in the legal system with serious mental health and/or substance abuse issues or both. De Novo was forced to create alternative treatment modalities due to COVID in FY 20/21 that included a hybrid model of in-person and virtual platforms of service delivery. As of July 14, 2021 the programs have enrolled 518 unduplicated consumers and provided 33,807 services overall. FY 19/20 had the highest enrollment with 252 consumers.

The grant will conclude on August 15, 2021. In preparation, the Department worked very closely with De Novo on implementing a transition plan for all existing consumers to be moved to County run services. A master list of members was created and those with highest need were prioritized. An analysis was conducted to determine the types of services that were needed by each members. Members were transitioned to either Forensic FSP's, FSP's, Substance Abuse programs or regular Out-Patient services. The transition plan began in June and all members were moved into County services by the end of the month.

As the grant comes to an end, there a few activities that must be completed by August 15, 2021. There are two remaining progress reports and a Final Evaluation Report due. Fiscal must prepare and submit all the final grant invoices.

## HOUSING

The Department seeks to increase housing options of all types for consumers with criminal justice history. Frequently used housing types include emergency shelter, transitional housing, sober living, permanent housing, permanent supportive housing, and augmented licensed adult residential care ("board and care") facilities (ARF). 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 individual needs, choice and eligibility for resources. This includes housing utilizing a Housing First philosophy wherein consumers can enter with low-barriers to entry and retain housing despite treatment setbacks.

The Department continues to expand opportunities for housing to meet the needs of 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 into housing and some opportunities for rapid re-housing and transitional housing. RUHS-BH opened a 92-bed augmented adult residential facility in North Palm Springs in September of 2020 that has increased options for multiple populations needing a high level of support including Mental Health Court consumers.

RUHS-BH also continues to be the Coordinated Entry System operator for Riverside County. The Coordinated Entry System provides access and assessment to housing resources on a needs and availability basis. The RUHS-BH homeless outreach 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 in the next year. Similarly, the Department is nearing completion of an integrated substance use treatment center to assist with jail diversion particularly for homeless consumers. The center, known as Arlington Recovery Community, will provide access to residential treatment including withdrawal management (WM), medication assisted treatment (MAT), and referrals to 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. This 54-bed center will be co-located with a 15 chair sobering center to assist with reducing recidivism for those intoxicated in public.

Through efforts like these, RUHS-BH continues to break the cycle of incarceration and provide the foundation of stability to allow consumers to rebuild fulfilling and meaningful lives.

### **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 currently coordinated and maintained under the administration of the RUHS BH, Crisis Support System of Care.

#### **CIT Program – Crisis Intervention Training Program:**

Crisis Intervention Training (CIT) has been a collaborative effort with RUHS BH and Law Enforcement for over 12 years. In the CIT course a mental health professional teams with the Riverside Sheriff's Office (RSO) and Police Departments throughout Riverside County to develop and facilitate Crisis Intervention Trainings, 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, probation officers, school resource and community service officers and other criminal justice professionals.

Although our initial partnership had been with RSO and RPD for only the CIT course, enrollment and/or requests for specific mental health education courses from both inside and outside law enforcement and allied agencies continues to increase. As a result of the ongoing collaborative, CIT has developed into the CIT Program as opposed to only a training. The CIT Program, with the support of an additional instructor, includes POST and STC certified instruction with the Advanced Officer Training unit, Core Correctional Academies, and Juvenile and Adult Probation Departments.

The CIT Program continues to support mental health education and awareness through instruction, modification and development of new curriculum and courses. The CIT Program team consists of law enforcement, two behavioral health lead trainers and multiple guest speakers from various County Behavioral Health programs. In addition, Peer Support Specialists, Parent Partners and Family Advocates provide lived experience as consumers and family members who have required law enforcement intervention.

During the Fiscal Year 2020/2021, over 30 law enforcement trainings were provided with over 765 participants attending CIT, Corrections CIT, Trauma Informed Training for criminal justice professionals, Integrating Communications Assessment and Tactics (ICAT), among many more. The CIT Program also provided trainings for school security, a unified school district school police department, Riverside public law library, and was invited to present at the NAMI California 2020 Multicultural Symposium.

CBAT – Community Behavioral Assessment Team:

The Community Behavioral Assessment Team (CBAT) is a co-responder team comprised of a clinical therapist and a law enforcement officer (Sheriff or PD). Recognizing the role of law enforcement and the mental health needs of community members, this particular crisis response model was first implemented over six years ago with the Riverside Police Department, followed by the Hemet Police Department in 2017. CBAT functions as a special unit that responds to 911 behavioral health related crisis calls, mental health emergencies/5150, substance abuse and homeless related crisis. CBAT provides rapid response field based risk assessment, crisis intervention and de-escalation, linkage and referrals. One of the goals of CBAT is to provide field officers a resource for calls that require more time and specialized attention. In addition, the goal of CBAT is to divert and decrease psychiatric inpatient hospitalizations whenever possible, decrease incarceration, decrease ED admissions, reduce repeated patrol calls, make appropriate linkages to care and resources and strengthen partnerships between the community, law enforcement and behavioral health.

CBAT locations expanded from two teams working with the Riverside Police Department and the Hemet Police Department, to three additional sites in FY 18/19: Indio Police Department, Southwest Sheriff and Moreno Valley Sheriff. Then during FY 19/20, the Riverside Police Department acquired a second CBAT unit and the Murrieta Police Department acquired their first CBAT unit. Presently for FY 20/21, CBAT will expand county wide with an additional nine CBAT units: Sheriff's Office – Perris, Jurupa, Hemet, Palm Desert, Cabazon, Thermal; Police Departments – Corona, Menifee, Cathedral City, and Beaumont.

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

New Life (AB109 program) has provided the following services during FY 20/21, including those incarcerated in our county's five detention facilities:

- Mental health and substance use disorder screenings
- Crisis management and triage
- Adult full assessments
- Development of an individualized client care plan
- Individual therapy
- Case management
- Family therapy
- Group therapy
- Substance use treatment groups
- Mental health groups
- Educational groups
- Recreational therapy
- Psychotropic medication management
- Urinalysis testing (UA drug testing)



- Withdrawal management
- Substance Use Disorder (SUD) Recovery Services
- SUD Residential Services
- Recovery Residences (Sober Living)
- Medication Assisted Treatment (MAT) Services
- Comprehensive discharge planning including recovery services
- Coordination of prison releases with the Probation Department for PRCS offenders
- Emergency and Transitional housing
- Transportation

Behavioral Health Screenings for mental health and substance use are conducted at Probation sites, Behavioral Health (BH) outpatient clinics, and detention facilities to identify the AB109 offenders' needs and determine the course of treatment and linkage to services. Behavioral Health Screenings consist of questions related to mental health, substance use, housing, legal history, and treatment history. The BH screening form generates a referral based on the consumer's response to determine if there are any safety risks, if a risk assessment is necessary, and the acuity level which will dictate the level of care and referral. The BH screening form also determines if a substance use referral is necessary which would lead to a Substance Use Disorder screening to further determine the level of care needed for substance use treatment.

Behavioral health staff are dispatched to our detention facilities to provide collaborative jail in-reach. Jail in-reach involves an AB109 case manager, detention staff, and inmates with open BH cases who are approaching discharge. The AB109 case manager provides a brief presentation and discussion regarding New Life services available and provides collaborative linkage and referral as needed to Day Reporting Centers (DRCs), New Life AB109 outpatient behavioral health clinics or Forensic Full Service Partnerships (FFSPs). BH staff also work with the TRU probation officers to ensure linkage to New Life outpatient BH services and to provide a warm hand off to field probation officers.

Adult full assessments are completed on all AB109 offenders entering treatment with RUHS-BH. This assessment includes a thorough assessment of mental health and substance use treatment needs and identifies problem areas, medical necessity, treatment goals, and interventions to improve identified impairments. Re-assessments are completed annually.

Client care plans establish treatment focus by identifying treatment goals and interventions to be utilized. Goals are required to be specific, measurable, attainable, realistic and time bound. Goals may include improvements in mental health, substance use, educational, occupational, housing, relationships, etc.

Individual therapy, family therapy, group therapy, and BH groups (mental health and substance use) are offered at our New Life clinics, DRCs, and FFSP. In addition, educational groups are offered to AB109 consumers, which include:

- Courage to Change (facilitated by DRC Probation)
- Substance Use Education (New Direction)
- Release and Re-integration (New Direction)
- Criminal and Addictive Thinking (New Direction)
- Anger Management (SAMSHA)
- Wellness Recovery Action Plan (WRAP)
- Wellness and Empowerment in Life and Living (WELL)
- Facing Up (empowerment to 'face' life circumstances previously avoided)

- Triple P Parenting Classes

Comprehensive discharge planning is essential to continuity of care and the client's treatment success and maintenance. Discharge planning includes, when applicable, substance use recovery services, which are used when the client is no longer requiring primary treatment, and is ready for discharge. Recovery services occur in a variety of settings such as outpatient aftercare, relapse/recovery groups, 12-step and self-help groups as well as sober living housing.

We have established Medication Assisted Treatment (MAT) Services in our detention centers for those who need medication to assist with recovery from drug addiction. Also, to assist with referrals from jail and prisons, we established a SUD referral system where referrals for MAT services are provided to the RUHS-BH CARES Line to streamline referrals.

When appropriate, clients are linked to a RUHS-BH psychiatrist for assessment and medication management. AB109 staff work very closely with the psychiatrist to collaborate management of psychotropic medications and keep psychiatrists informed of outcomes including improvements or side effects.

STATISTICS:

During FY 20/21, RUHS-BH has provided 113,118 mental health services and 132,931 substance use services. RUHS-BH served 1,981 unduplicated clients with mental health diagnoses while also serving 822 unduplicated clients with substance use diagnoses. Services provided include mental health and substance use screenings and assessments, medication services (5,701 for FY 20/21), substance use detox services, intensive outpatient services and comprehensive full-service partnership wraparound services.

Riverside University Health System – Behavioral Health collaborates with Whole Person Care (WPC) nurses to provide screenings at probation sites to identify the physical needs and behavioral health needs of consumers. WPC is state funded program, with matching MHSA funding, designed to identify newly released probationer needs and provide linkages to services. WPC has provided 1845 AB109 screenings at Probation sites for FY 20/21.

Emergency housing and transitional housing also remain a core basic need for AB109 offenders. During FY 20/21, there were beds available to AB109 offenders through Behavioral Health's HHOPE Program.

During FY 20/21, AB109 Housing was provided as follows:

- Mental Health Emergency Housing Bed Nights – 682
- Mental Health Rental Assistance Bed Nights – 229
- Probation (Non-MH) Emergency Housing Bed Nights – 17,863
- Probation (Non-MH) Transitional Housing Bed Nights – 7,908
- Total Served to in FY 20/21:
  - 291 – Males
  - 34 – Females
  - 3 – Children
  - Grand Total = 328

ACCOMPLISHMENTS – FY 20/21:

GOALS – FY 20/21: (last year)

- Telehealth Services: RUHS-BH will aim to utilize technology better to provide BH services including screenings, individual sessions, and group sessions. Utilizing telehealth will address staff in remote areas who may have transportation problems, or a consumer forgets their appointment and instead of canceling can complete their appointment via telehealth. Also, RUHS – BH aims to conduct hybrid groups where there are a mixture of in-person consumers and consumers attending the group virtually via telehealth. RUHS – BH will work towards obtaining licenses for Zoom meetings and use Teams Meetings as well.

Goal attained: Largely due to the COVID pandemic, telehealth services were imperative in providing behavioral health services to AB109 probationers. Telehealth allowed us to provide individual and group services to consumers while socially distancing from their homes.

- Forensic Full Service Partnership (FFSP): Due to the increasing need of mental health and substance use services for consumers being released from jail and probation, the goal is to continue reducing recidivism into jails, prisons, inpatient psychiatric hospitals and emergency rooms and increase access to a primary care physician. In addition, FFSP will work to decrease homelessness by outreaching in the community to individuals that have chronic mental illness and chronic homelessness. The FFSP program provides individual therapy, intensive case management, field-based services, after-hours crisis hotline support, skills building and process groups, art therapies, and other behavioral health services.

Goal attained: The FFSP was able to reduce recidivism into jails, prisons, inpatient psychiatric hospitals and emergency rooms and we increased consumer access to primary care physicians.

GOALS – FY 21/22:

- Design Core Outcome Measures for Forensic Outpatient clinics: RUHS-BH will aim to develop core outcome measures for non-FSP forensic programs to demonstrate consumer progress (e.g. risk behaviors, behavioral health symptoms, medical, psychiatric crises and hospitalizations, legal, housing, education, employment, and coping skills). There are currently similar outcome measures and data collection for FFSP programs.
- Expansion of Forensic Full Service Partnership (FFSPs): RUHS-BH aims to expand FFSP for Mid-County and Desert Regions. In prior years, the only AB109 FFSP was located in Riverside. This year, the goal is to expand to San Jacinto into a new larger clinic space and implement a new Indio clinic to allow additional coverage areas for consumers who need intensive New Life services.

Promote Technology Based Programming to address Behavioral Health: RUHS-BH aims to utilize technology to promote wellness and recovery via the TakeMyHand.co live peer chat platform as well as installation of Kiosks in the lobbies of Day Reporting Centers and Forensic Outpatient clinics. The Kiosks offer wellness applications for consumers to address behavioral health symptoms, provide direct access to Take My Hand live peer chat and provide access to MyHealthPoint, which provides the consumer access to their health records, ability to download lab results, view current medications, etc.

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

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 who 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. The Collaborative Courts have experienced many challenges over the past 18 months during the COVID Pandemic however, our court programs have met these challenges and still maintained services. Although we saw a drop in referrals in all programs, our consumers were able to benefit from the programs as our court partners and treatment clinics adapted to virtual (Telehealth) services to keep participants engaged and focused on their recovery.

The Recovery Opportunity Center (ROC) program is a collaborative effort between Riverside University Health System-Behavioral Health (RUHS-BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners we work to develop a comprehensive 18 – 24 month program for each participant (must be at least 18 years of age) consisting of a stable place for the person to live, linkage to outpatient/community services to address their substance use/mental health treatment needs as well as frequent oversight by the Probation Department and the 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. The ROC Program has faced a decrease in referrals with the passing of AB1950 on January 1, 2021 which reduces probation supervision to a maximum of two years. Our Collaborative Team has been working diligently to address these changes and modify the program to continue the same quality services and make the program enticing for those that could benefit from it. The program collaborative participated in a NADCP training several years ago and our team worked to ensure the program meets the new Best Practices of NADCP Drug Court. In addition, Behavioral Health and Probation met over the course of a year to update the ROC Operations Manual and Participant Handbook.

In the past several years, SAPT has been working with the Riverside Court to serve the Juvenile Drug Court (JUST). This endeavor has been serving the youth that are referred to Juvenile Drug Court since January 2017. The collaborative team has been meeting over the past year to update the operations manual to meet Best Practices. The team has participated in many trainings about Juvenile Drug Court and has expanded its criteria to offer the program to more youth. The program has had 12 referrals this past year with three having been completed and five who are currently enrolled.

Family Preservation Court (FPC) seeks to do what is in the best interest of the family by providing a safe and secure environment for the child while intensively treating the parent's substance abuse and other related

issues. FPCs' goals are to protect children and to reunite families by providing parents support, treatment and access to services. 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 collaboration between SAPT and Children & Family Services (CFS) works to address and serve pre-filing and post-filing cases to reunite and keep families together. During the pandemic, services were moved to virtual and hybrid services to provide support and safety to families. These adjustments made it possible for parents to support their children's' school requirements and continue in their own services. Court attendance was modified to virtual hearings but has now resumed in-person. While this was very different for consumers, they adapted and continued services and some completed the program during virtual programming.

### **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 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.

Due to the COVID-19 pandemic and subsequent restrictions, most groups were postponed. A COVID-19 plan was established which included daily wellness checks. Although groups were postponed, group materials, activity sheets, coloring pages, color pencils, puzzles and Sudoku were offered daily during wellness checks to ensure consumers were safe while minimizing the spread of the virus. Since February 18, 2021, Discharge Planning, substance abuse as well as recreational therapy groups were resumed with limited group size to ensure adequate social distancing.

In February 2018 an additional 110 designated behavioral health beds were added on two additional housing units at Smith Correctional Facility. The 110 behavioral health beds was designed to serve inmates who were formerly housed in the step-down unit but experienced significant psychiatric stabilization and were nearly ready to be placed into general population. These additional housing units were designed to provide a period of up to 30 days for inmates to adjust to no longer being housed on the step-down unit and to continue receiving supportive behavioral health services so as to maintain the treatment gains achieved once transferred to general population. During the pandemic Smith Correctional Facility was designated as the hub for COVID-19 consumers thus, housing units were modified to accommodate COVID-19 consumers from the five county jails. At this time, the 110 behavioral health beds were reduced to 70 beds to accommodate other housing needs of the facility due to social distancing to minimize the spread of the virus.

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.

Discharge planning services are provided to inmates in the step-down program and to those housed in the expanded behavioral health beds. Discharge planning services include: Assessing the needs that an inmate will have upon his/her return to the community (e.g. – 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. However, these two programs were dissolved in May 2021 due to funding reasons. All consumers who were open to Rancho Mirage and Perris FFSP were referred to other clinics in the community for continuity of care.

Finally, assessment of community-based substance abuse prevention and treatment (SAPT) needs occurs for those housed on the step-down unit and designated behavioral health beds. Inmates are appropriately linked to community-based SAPT services based upon their 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.

A Medication Assisted Treatment (MAT) program was developed for inmates with diagnosed opiate and/or alcohol use disorders and MAT services have since begun at the detention facilities. Start-up funds totaling \$310,000 were provided via a grant from the Department of Health Care Services (DHCS) and Health Management Associates (HMA). During the COVID-19 pandemic, MAT services were briefly suspended for a short period of time but have since resumed. We recently applied for a grant and received approval for Sublocade.

Other updates:

In collaboration with other Forensic Behavioral Health Administrators, Behavioral Health Detention Services created a detailed discharge planning workflow to assist with linking consumers to appropriate community services upon discharge in an effort to provide continuity of care and to reduce recidivism.

In preparation with Cal Aims initiative, we recently partnered with the Department of Public Social Services (DPSS) and trained Behavioral Health Detention staff to assist Behavioral Health consumers who are interested and may need help in completing the Medi-Cal application prior to discharge. The Medi-Cal application will be submitted to DPSS but suspended until the individual is released back out into the community.

**MENTAL HEALTH COURT**

Mental Health Court Program: Riverside County's first Mental Health Court program came into existence in November 2006, under Proposition 63, MHSA funding and is located in the Downtown Riverside area. The Mental Health Court program expanded its service area to include the Desert Region in 2007 and the Mid-County Region in 2009. The Mental Health Court program is a collaborative effort between Riverside University

Health System Behavioral Health (RUHS – BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners we work to develop a comprehensive 12-month program for each participant (must be at least 18 years of age) consisting of a stable place for the person to live, linkage to outpatient/community services to address their mental health/substance use treatment needs, as well as frequent oversight by the Probation Department and the Court. During FY 20/21 there were a total of 147 referrals received across all three regions of which 53 were accepted into the program and a total of 20 successfully "promoted" from the program. In order for the court to consider a participant ready to "promote" from the Mental Health Court program, certain criteria must be met. The criteria requires that a participant have a stable place to live, actively engaged in their outpatient treatment for at least 90 consecutive days, have not produced a positive urinalysis over the last 90 days and have never been charged with a new crime during their time in the program.

The COVID-19 Pandemic continues to affect the overall number of referrals received, as the County jails are required to reduce the number of individuals they can house in order to mitigate the spread of the Coronavirus. In doing so, many individuals are released prior to their next court hearing or are having their jail sentences reduced in lieu of community supervision.

Additional programs, which fall under Mental Health Court, include Mental Health Diversion, Veterans Treatment Court, Military Diversion, Misdemeanor Alternative Placement, Homeless Court – West and Incompetent to Stand Trial (IST) Mental Health Diversion

*Mental Health Diversion Program:* On July 1, 2018, Penal Code 1001.36, also known as Mental Health Diversion, came into effect as Governor Brown signed the budget into law. With the passage of this new pretrial diversion law, individuals who are accused of committing a crime may now be eligible to postpone any further action from taking place in their case(s), in lieu of receiving mental health treatment. During FY 20/21 Mental Health Court received 81 referrals, across all regions, from the Riverside County Superior Court to assess individuals and assist the court in determining whether the person met the necessary criteria to be considered eligible for Mental Health Diversion. As part of the assessment process, Mental Health Court staff will provide the court with a detailed treatment plan for their consideration, which outlines recommended services for the individual as well as available housing options. Of the 81 referrals received, the court granted Mental Health Diversion in 41 of those cases. Because the Mental Health Diversion program may last anywhere from 12 – 24 months, the treatment plan prepared by Mental Health Court staff must also take this length of time into consideration when being developed. Should the court find the person to be eligible for the program and adopt the recommended treatment plan, Mental Health Court staff then work towards implementing said treatment plan and provide follow up case management services while the person is in the program. While in the program, participants are expected to be actively engaged in their treatment, remain abstinent from all illicit substances and alcohol, as well as report to the court at least every 30 – 90 days for a progress hearing. Successful completion of the Mental Health Diversion program will allow the person to have their charges dismissed and the record of their arrest sealed.

*Veterans Treatment Court/Military Diversion:* Veterans Treatment Court continues to have a positive impact in the lives of the men and women who so valiantly served our country, along with those closest to them and the communities in which they live. From July 1, 2020 through June 30, 2021, the Veterans Treatment Court program received 85 new referrals. In addition, 84 referrals were received to assess Active Duty, Reserve, and Veterans who were interested in the Military Diversion program, which is also offered through Veterans Treatment Court. Unlike Veterans Treatment Court, Military Diversion offers participants the opportunity to

enter the program without having to plead guilty 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. Due to the Covid-19 Pandemic an official graduation could not proceed however, as of May 2021, 21 people have graduated from the program and it is anticipated that another 30 people will graduate in May 2022.

Misdemeanant Alternative Program (MAP): The Misdemeanant Alternative Program provides the court with treatment plans designed to assist those in the criminal justice system who have been charged with a misdemeanor and found by the court to be incompetent to stand trial to obtain mental health services. The overall purpose for doing so is to link these individuals with the appropriate level of treatment in hopes that by doing so, their overarching symptoms which are preventing them from working with their legal counsel will be reduced so that they can be found competent and can move forward with their case. For FY 20/21, the Misdemeanant Alternative Program received 50 referrals.

Homeless Court – West (Community Outreach Resource Program – West): The Homeless Court – West program is a collaborative undertaking between RUHS-BH, Riverside Superior Court, District Attorney and Public Defender to provide those within the criminal justice system an opportunity to receive treatment instead of incarceration and/or costly fines and fees. Eligible participants include those with low-level charges/infractions, including trespassing, loitering, disturbing the peace and others. Those wishing to be considered receive an assessment and are referred for services based upon their specific needs. Often times individuals referred to this program receive charges as a result of their homelessness. To address this need, the Homeless Court case manager will work with our representatives from HHOPE to ensure that the person is able to enter emergency housing within 24 hours of being referred. This allows the person the opportunity to focus on their treatment in the interim, while their treatment team works to establish a more long-term housing plan for them. Individuals who have been able to show active involvement with their treatment plans and the ability to maintain a stable living situation for a minimum of 90 days, may petition the court to have their case dismissed and/or fines and fees permanently stayed or reduced. Additionally, those who are already engaged in treatment may also be eligible to receive the benefits of this program provided they have met the aforementioned requirements. During FY 20/21 RUHS received one referral for this program and had a total of one person complete the program.

Challenges: Obtaining housing for our consumers participating in the various Mental Health Court programs continues to be challenge as we are often times presented with individuals who are coming directly out of our community jails, who have no benefits to their name and/or have criminal charges, which cause concern amongst our free/low cost housing providers.

Incompetent To Stand Trial (IST): 3 referred, 1 accepted

Riverside County typically has an average of 37 individuals who were found incompetent to stand trial and are awaiting transfer to a State Hospital for competency restoration with Felonies. These individuals spend an average of three months in Riverside County Jail waiting for an available State Hospital bed. The County's mission is to provide intensive community-based psychiatric treatment for these individuals. Rather than allowing them to remain in custody awaiting transfer to a State Hospital for competency restoration, they will be transferred to residential mental health treatment step-down programs where they will receive a wide array of behavioral health services. The ultimate purpose of this program is not restoration for adjudication but rather long-term psychiatric stabilization such that following completion of the Felony Incompetent to Stand Trial (FIST) program, one's legal charges can be dismissed and he or she may reside in the community with on-going supportive behavioral health services.



The principle goals of the community-based FIST diversion program are: (1) – To establish a reliable and effective means of restoring psychiatric stability of those with felony-level charges and a serious mental illness in the community, rather than in custody. (2) – The program will work to provide short and long-term psychiatric stabilization through the prescription of psychotropic medication, individual and group therapy, and the provision of non-processing skill building groups. (3) – The program will ensure that enrolled individuals are linked to needed community-based services upon release from the program. Specifically, program staff will ensure that individuals are provided with benefits establishment services (SSI/SSDI, Medi-Cal, and Cal Fresh), linkage to permanent supportive housing via enrollment in the coordinated entry system (CES) and/or linkage to community-based substance use prevention and treatment services by completing an American Society for Addiction Medicine (ASAM) assessment during one's program participation.

### PATTON STATE HOSPITAL WAITING LIST

In the past year, there were 79 individuals transferred to State Hospital (15 in 2020 and 64 in 2021) with the bulk of these State Hospital transfers occurring in 2021 (from February- June). The wait time for State Hospital beds has dramatically increased over the past year, varying between 3 months up to 16 months. A delay in transfers was likely the result of the COVID-19 pandemic. The Liberty Healthcare Restoration of Competency (ROC) Program started in October 2013 and has allowed clients to receive competency restoration services within the Robert Presley Detention Center (RPDC). Those who successfully complete the Liberty Health ROC program are deemed competent to stand trial by the Court, move forward with the adjudication of their case and avoid a State Hospital sentence.

A total of 90 inmates were referred and admitted to Liberty Health for restoration of competency during FY 20/21. Of those referred and admitted, 25 (27%) were successfully restored to competency by the RPDC-based Liberty Health Program. Thirty-five (35) inmates (39%) admitted to the Liberty Health program were determined not to be restorable at RPDC and were transferred to Patton State Hospital for competency restoration.

In addition, in collaboration with Mental Health Court, RUHS-BH recently established a felony IST Diversion program. We accepted our first individual into the program in June 2021 and are awaiting other appropriate referrals from the courts. We believe that this program will help alleviate the extended wait time for State Hospital treatment and provide an alternative to DSH competency restoration.

Respectfully submitted,

Greg Damewood, Criminal Justice Committee Chair  
Deborah Johnson, LCSW, Director of Innovation/Integration

## EXECUTIVE COMMITTEE

---

Richard Divine – Behavioral Health Commission – Chair

Beatriz Gonzalez – Behavioral Health Commission – Vice-Chair

Tori St. Johns – Behavioral Health Commission – Secretary

\*\*\*\*\*

During the fiscal year 2020/2021, the Riverside County Behavioral Health Commission faced many new challenges due to the ongoing covid-19 pandemic. The commission continued to meet via zoom and unfortunately, many in person events were cancelled and adapted to meet the COVID-19 restriction requirements.

At the end of every BHC meeting, members are asked to suggest topics of interest or programs that they wish to learn about, the Executive Committee continued to meet via phone to review the suggestions and set the agenda for the next meeting.

The Behavioral Health Department has done an excellent job in keeping the Commission informed of the inner workings of the Department, everything from staff changes to the different programs and budgets. During the Commission meetings the agenda has 3 standing reports: Director's Report, MHSA (Mental Health Services Act) Update and SAPT (Substance Abuse Prevention and Treatment) Update. During these three standing reports, the Commission receives valuable data on most of the programs and clinics that the Department offers. To show some of the topics discussed at our meetings I would like to list the new business topics listed on our agenda.

July, 2020	Approval of MHSA 3 Year Plan Help@Hand Update
August 2020	TAY (Transitional Age Youth) Update
September 2020	BHC Annual Report Approval Suicide Prevention Month
October 2020	Riverside Resilience Project Family Resource Center Update
November 2020	Crisis Support System of Care
December 2020	No Meeting
January 2021	Trauma Focused Cognitive Behavioral Therapy Department Flu Vaccine Update
February 2021	Collaborative Courts Program Overview

Cares Line Update

March 2021	Growing Healthy Minds Website MHSA Annual Plan Update
April 2021	Cultural Competency Update Peer Support Specialists Certification Update
May 2021	Appoint Nominating Committee Behavioral Health Detention Screenings
May 2021	MHSA College Campus Collaboration
June 2021	BHC Election Committee Election Approval of MHSA Plan update

During the last 30 minutes of the meeting, our standing and ad-hoc committees report on their activities since our last meeting. Our committees will include a separate report in our annual report for your review.

The Executive Committee would like to take this time to thank Dr. Chang for always keeping the Commission aware of the Departments activities and for answering our questions. Dr. Chang has made sure that our Commission is well informed and challenges us to be the best we can be.

Hopefully, in reviewing this report, the Board of Supervisors will see that our Behavioral Health Commission, in conjunction with the Department, keeps well informed on the needs of RUHS-BH and the consumers throughout our regions.

Respectfully Submitted,

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

# HOUSING COMMITTEE

---

Brenda Scott – Behavioral Health Commissioner – Housing Committee Chair

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

\*\*\*\*\*

## 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 County 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 COVID-19 pandemic meetings began to be held virtually in April of 2020. Highlights of presentations during FY20-21 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 FY20/21, 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.

#### **HOUSING DEVELOPMENT ACTIVITIES**

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, and the first units have become available at Cathedral Palms Apartments in Cathedral City and Cedar Glen II in Riverside. Two additional projects, Oasis Senior Villas and St. Michael's Apartments—both in Riverside—are expected to open in 2022.

RUHS-BH and the HHOPE program received an award of \$25.6 million in Round 3 of California Department of Housing and Community Development's (HCD) No Place Like Home Program (NPLH). The funds will create 119 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 and will add 267 units total of affordable housing in Riverside County. The projects will be located in Palms Springs, Temecula, and Riverside. Units are expected to become available in 2023.

RUHS-BH has expended all available MSHA housing development funds held in trust by the California Housing Finance Agency (CalHFA). RUHS-BH leveraged more than \$19 million in MSHA 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 MSHA-funded projects, were 15 units of affordable housing for those at-risk individuals served by the Department Full Service Partnerships. MSHA-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 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 biweekly 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 100+ (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 FY21/22**

HHOPE is actively involved in our Department's CalAIM implementation. It is anticipated that our county health plan's will elect to provide in lieu of services (ILOS) as part of their CalAIM offerings. If so, this will allocate additional funding for HHOPE to increase housing transition and housing tenancy services. It is also anticipated that HHOPE will provide Enhanced Care Management Services (ECM) funded through CalAIM. Again, this will bolster our housing program's ability to serve high needs households and ensure needed connections in a holistic manner including healthcare, housing, and social services.

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.

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 will open November 1, 2021. It will be accompanied by a sobering center that can serve up to fifteen (15) clients concurrently.

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 4 of NPLH (applications are due in January 2022).

Continued community education remains a goal of the Housing Committee. This education covers all facets of homelessness and housing topics. In particular, the committee remains interested in augmenting existing room and board coalition efforts and beginning new ones if needed.

**"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

---

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

\*\*\*\*\*

## 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.

\*\*\*\*\*

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. The Legislative Committee reviews the legislative reports provided by NAMI California, California Behavioral Health Directors Association (CBHDA) and the California Association of Local Behavioral Health Commissions and Boards (CALBHC/B). These reports are reviewed and discussed monthly by the Committee. This year the Legislative Committee has paid close attention to the funding dedicated toward mental and behavioral health services through the American Relief Package, General Fund Grants and CalAIM. The Legislative Committee pays close attention to funding efforts by the State and Federal Government that impact our County Behavioral Services, such as realignment. The Legislative Committee has determined that realignment is not the best financial resource for Riverside County and supports the department's plan to pursue other means of funding. Below is a summary of the most recent legislation and funding opportunities discussed by the Legislative Committee in partnership with County Behavioral Health:

- \$750 million one-time GF competitive grants for the whole state, available over three years. County intends to be very aggressive in applying for these grants.
- Laura's Law, AB 1421 which is the California law that allows for Court Ordered Assisted Outpatient Treatment.
- American Rescue Plan offers \$300 million statewide of non-capital monies. The Department has discussed several ideas for use of this funding including; recovery and sober living residencies, Board and Cares for Elderly and Residential Treatment Facilities. Plans are still being discussed and the committee will continue to monitor and follow-up on allocation.
- An additional \$255 million in 2022-2023 to increase infrastructure for services for individuals 25 and younger. The department has also discussed the expansion of the CBATS team to have a Substance Abuse Counselor as a ride along with AMR.
- \$950 million is dedicated to school based mental health through ESSER funding.
- \$855 million has been allocated to workforce development. The Commission has discussed with the Department the allocation of these funds to support first responder training, peer support certification



and training, loan repayment programs for County employees and trainee and internships stipends to support retaining of interns and reduce turnover.

- CalAim focus and timeline of rollout has been of particular interest. The Legislative Committee is supportive and hopeful about the plans and services the department intends to provide.

The Legislative committee will also merge with the AdHoc Public Advocacy meeting in October. This merger will allow the Legislative Committee to continue discussing efforts to keep the community abreast of relevant changes in services and legislation.

Respectfully submitted,

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

# OLDER ADULT SYSTEM OF CARE COMMITTEE

---

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 and Committee Co-Chair

\*\*\*\*\*

## VISION

“To value self-determination and independence of the older adult and culturally diverse consumers.”

## MISSION STATEMENT

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

## GOALS

“To reduce discrimination and disparities, increase utilization of services through education, awareness and family involvement, and to support the mission of 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 homes 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 health conditions 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 (OASOC) meets on a monthly basis with consumers, community stakeholders, other local agencies, and staff to increase understanding, educate, and inform members of available Riverside University Health System – Behavioral Health (RUHS-BH) 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 – Renato de Moraes, The Department of Social Security Community Education and Outreach Spokesperson – Annie Walters, MHA 3-Year Plan – Diana Brown and Andrea Deaton, RUHS-BH TechSuite and Take My Hand – Pamela Norton, NAMI Presentation – Brenda Scott, The Riverside County Department of Public Social Services C.A.R.E. Program –

Michaela Williams, Veteran's Services Presentation – Aurelio Sanchez, RUHS-BH HOPE Program – Christine Shield, and RUHS-BH Crisis System of Care Presentation – Dr. Roderick Verbeck.

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 virtual forums. RUHS-BH Older Adult System of Care 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: RUHS-BH May is Mental Health Month Virtual Wellness Fair 2021, participation in the Annual NAMI Virtual Walk 2021, A National Day of Hope, ongoing presentations at the Rotary Club in Desert Hot Springs for outreach and engagement, as well as OASOC presentations at Safe Harbor Counseling and Community Mission of Hope in Temecula. Notable initiatives include partnering with Riverside County Office on Aging and Riverside County Department of Public Social Services (DPSS) – Adult Protective Service's Elder Abuse Forensic Center 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. Tony Ortego also represented OASOC as Co-Chair of the Cultural Competency Program Asian American Task Force (AATF) and planning committee for the annual Lunar Celebration on February 10, 2010 and the AATF HOPE event that addressed awareness of Asian hate crimes on May 26, 2010 for which he received recognition from the Riverside County Board of Supervisors. Representatives/ participants from the OASOC participated in both events. OASOC continues to work with the older adults moving into the new Cathedral Canyon Apartments and the RUHS-BH HHOPE Program for individuals who are experiencing homelessness, and might need mental health services. OASOC will continue to present updated program information to County partners, such as the Riverside County DPSS C.A.R.E. Program, the RUHS-BH Medical Center, Riverside County Public Health Department, local law enforcement agencies, and other community partners.

Other notable collaborative services include: Maintained status as Title V clinics throughout the Mature Adult Wellness and Recovery Clinics, 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. Additionally, with emphasis on local interagency fluidity of services, OASOC established and maintained close relationships with partners at Legacy Apartments (Western Region), Snowberry (Western Region) and the Vineyards (Mid-County Region) supporting FSP consumers who reside there. On site services include monthly partnership meetings on premise. OASOC also continues to expand intra-county collaborative efforts by embedding OASOC staff at two Office on Aging locations. In addition, OASOC continues to work collaboratively with DPSS Adult Protective Services, which also includes embedded DPSS staff in our Wellness and Recovery for Mature Adults clinics located in Riverside.

The OASOC continues to provide on-site Substance Abuse Prevention and Treatment programs in Lake Elsinore, Temecula, San Jacinto, Desert Hot Springs, and Riverside Wellness and Recovery for Mature Adults clinics. During the past year, Desert, Mid-County and Western Riverside Mature Adults programs provided Full Service Partnership (FSP) services to members with the highest needs. The FSP program specializes in reaching disenfranchised mature adults who are at risk of being homeless or hospitalized and those with co-occurring disorders.

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 **and Committee Co-Chair**

# VETERANS COMMITTEE

---

Rick Gentillalli, M.Ed., LPI, NCPT – Chair, Behavioral Health Commission – Chair, Veterans Committee

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

Tonica Robinson, LL.M., MPP - Riverside University Health System - Behavioral Health -  
Mental Health Services Program Manager - Cultural Competency and Innovation

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

\*\*\*\*\*

## 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 problem 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 according to department policy and veteran needs; to continue our expansion of the committee and welcome 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 veterans face and our goal is to help the veterans and their families overcome and succeed in a time of added adversity. In addition, this past year we have been challenged with the COVID-19 health crisis, which has increased the demands on our veterans.

This past October 2020, the VSL was assigned to Cultural Competency to better address the needs of those associated with the Military Culture. Also, in June of 2021, Aurelio became a Licensed Clinical Social Worker (LCSW). 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 "Aarons' 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*).

#### AARONS' STORY

*"...my first memories of the mental and physical abuse, at the hands of my dad, started around the age of 7. My dad was a Lt. Colonel Helicopter Fighter Pilot in the United States Army. His passion to serve his country somehow impacted his ability to be a compassionate father. I remember being pressured to perform academically to a standard beyond my abilities. I felt like my life depended on performing to my dad's standards. I was introduced to anxiety and anger by receiving a "C" grade in trigonometry in the 9<sup>th</sup> grade which resulted in me eating from a straw for 6.5 months.*

*I graduated high school in the 11<sup>th</sup> grade with a son due to be born 6 months afterward. I was in the ROTC program while in school and took advantage of entering the US Navy to get away from the abuse and pressures of my dad. I was offered college upon acceptance to the Navy and completed a 4-year degree at Syracuse University, NY. The pressure to become successful and raise a family also impacted my mental health; I was still unaware of having a diagnosis. After graduating college, I was offered Officers Candidate School. I turned it down because I felt like I would become the monster my dad was. I went into the fleet for 2.5 years and learned to consume alcohol to offset my emotional instabilities.*

*I was introduced to an elite team within the Navy after 2 West Packs (overseas deployments); the Navy Seals. I completed 9 campaigns and suffered many atrocities performing my duties. I was discharged from the Navy due to disciplinary behavior and am still undiagnosed. After discharge, I went to work for McDonnell Douglass as an Aero Dynamic Engineer. While working there for 2 years, I began to act out and suffer from many addictive behaviors. As a result of not being diagnosed, I badly assaulted my department manager and went to prison for the first time in my life for 5 years. While in prison, I met a veteran service advocate that helped me gain access to some therapy that gave me some insight into my mental health challenges. After my release from prison, I continued to spiral out of control with negative behaviors while challenged with a dual diagnosis scenario. These challenges resulted in another federal prison sentence of 13 years.*

*In 2013, I finally started to get momentum in gaining insight about myself by aligning with Riverside County Mental Health and having a spiritual awakening. In 2015, I met the Veteran Services Liaison (VSL); Senior Chief Sanchez who became my Clinical Therapist and provided me the roadmap to my recovery. He advocated for me when I did not have very good communication skills due to my PTSD, OCD, Schizo-Affective, Anger, and Anxiety diagnoses.*

*I was married and homeless but determined to overcome my many challenges. I followed the VSL's guidance and accepted all his resources to get me stabilized. As a result, my life has come together miraculously. I have cultivated a positive support team in my life; 3 pastors who nurture and keep me grounded a very supportive fiancé, and a host of military advocates that are resources for me and the populations I serve to keep my healing intact. Today, I have 29 years of sobriety from co-occurring disorders, founded a non-profit that is in prison publications, certified as a Substance Abuse Counselor, Peer Support, and Pastor of an Afro-American church in Riverside that has supported the community for the past 102 years..."*

*(NOTE: Release with signed approval from Veteran Consumer to share "Aaron's Story." Dated 7/15/2021)*

As committee Chair, and respectfully, on behalf of our committee members, since we are now under the umbrella of MSHA and Cultural Competency, we request funding to hire a Behavioral Health Specialist and Case Manager to assist the Veteran Service Liaison to better serve the 125,000 (plus) Veterans in Riverside County. This past year's COVID restrictions have harmed the committee's ability to fully engage the community we serve. The committee members took the necessary precautions to continue to meet the needs of our Veterans and their families.

Another important issue has been the Department's commitment to providing 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 remain strong. The Riverside County Department of Veteran Services Director Grant Gautsche or his Deputy attends the meetings regularly. We have also been blessed to have a County Supervisor's representative in our group, Adult Protective Service Director, and DPSS Director attending and collaborating with our committee. This along with our counterpart from San Bernardino County Behavioral Health, the Department of Veterans Affairs Representative, 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. To better understand the effort put forth by the members - such as driving a long distance to attend our meetings (pre-COVID-19), putting aside 1.5 hours each month to both attend the meetings and participate in finding solutions to the problems; members 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.

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., LPI, NCPT – Chair, Behavioral Health Commission – Chair, Veterans Committee  
David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHSA Administrator  
Tonica Robinson, LL.M., MPP - Riverside University Health System - Behavioral Health -  
Mental Health Services Program Manager - Cultural Competency and Innovation  
Aurelio Sanchez, LCSW – Riverside University Health System – Behavioral Health – Veterans Services Liaison

# REGIONAL BEHAVIORAL HEALTH ADVISORY BOARDS

---

Richard Divine, Desert Region Board Chair  
DESERT REGIONAL BOARD

\*\*\*\*\*

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

\*\*\*\*\*

Greg Damewood, Western Region Board Chair  
WESTERN REGIONAL BOARD





# DESERT REGIONAL BEHAVIORAL HEALTH BOARD

---

Richard Divine – Desert Regional Board – Chair

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

\*\*\*\*\*

## MISSION STATEMENT

“To support the Behavioral Health Commission’s goal of providing the County of Riverside and it’s consumers the best Behavioral Health services as possible. The Advisory Board advocates

and promotes for services for all citizens and cultures residing in our region and become a voice for our community to make sure they receive the programs and clinics they deserve.

## GOALS

To reduce stigma and increase utilization of recovery oriented services through education and awareness and to support the mission of the Riverside University Behavioral Health System. Our goal is to help empower our consumers to take advantage of the programs that the County provides.

The Desert Regional Behavioral Health Advisory Board is one of three (3) regional boards that cover Riverside County. Because our County is so large, the original Mental Health Director appointed 3 regional boards to represent and advocate for all citizens of this large area. 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 meets on the second Tuesday of the month, via Zoom. Our agenda contains one or two presentations conducted either by the Behavioral Health Department or the Regional Director. Also, we have monthly reports by our local substance abuse and TAY (Transitional Age Youth) managers. A monthly report is given to the Board by our Children’s and TAY Manager Ms. Kelley Grotzky and our regional manager Mr. Jim Grisham.

Our May is Mental Health event has been the John Benoit Annual Art Show and creative writing contest. This event has been going on for the last 16 years and growing every year. However, the last two years the show was cancelled due to the pandemic. Dr. Janice Quinn, the vice chair of the regional board talked the “Rivers at Rancho Mirage” a retail shopping center, into allowing us to fill their empty store fronts with our consumer’s art work.

The event has been a great success for our consumer artists. Dr. Quinn has personally taken upon herself to run this event. With the help of Mark Miller, Secretary of the board, and other members. Our artists have sold over 50 pieces of art and gave the patrons of the “Rivers” a much more appealing walk to their destination.

The Desert Regional Advisory Board has maintained an excellent group of members who represent all of our communities, throughout the Coachella Valley, and most walks of life.

Our group is very active in community affairs and the various local programs provided by the department. The Board would like to take this time to thank Dr. Chang and the Department for keeping us apprised of the programs and staff that makes our region work. We would also like to thank Regional Managers, Jim Grisham and Kelley Grotsky for their energy and expertise, making sure that the Desert Region has the programs needed to provide our consumers with the services they need.

Respectfully submitted,

Richard Divine, Desert Regional Chair  
James Grisham, Desert Region Behavioral Health Services Administrator

# MID-COUNTY REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

---

Kimberly G. McElroy—Mid-County Regional Behavioral Health Services Advisory Board-Chairperson

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

Beverly McKeddie—Mid-County Regional Behavioral Health Services Administrator-Children's Services/TAY Services

Jacqueline Markussen—The Arena TAY Supervisor

Tony Ortega—Older Adult Services

Heidi Gomez—Substance Abuse and Treatment Services 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.

## REGIONAL ADVISORY BOARD 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.

## MID-COUNTY REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD ANNUAL GOALS

### **FY20-21**

- a. Assess the efficacy and quality of current BH programs/services to minorities and diverse groups within the Mid-County Region.
- b. Monitor the growth/quality of the FSP program in Mid-County.
- c. Monitor any cuts planned for Mid-County programs 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.

## INTRODUCTION

The Mid-County Regional Behavioral Health Advisory Board began the year with specific goals established at the end of FY19-20 for FY20-21. The purpose of this was to focus the Mid-County Board on specific areas of concern that fell within their region. In doing so, the Board gained considerable knowledge of how RUHS serves the diverse populations it serves and how it has worked to preserve its funding and staffing to better serve the

County and its various regions effectively. The accomplishments of many of the programs reviewed by the Mid-County Board over the past year were considerable, especially given the changes implemented as a result of the pandemic. The Board was able to adapt to meeting by Zoom instead of having the opportunity to visit various treatment sites throughout the region. In addition, the Board was unable to complete its site surveys due to the need for safety of both board members and agency personnel. However, the schedule of meetings remained the same and many of the agencies and programs within the Mid-County Region scheduled for a visit from the Board were able to send representatives to inform the Board of what was happening within the region. With the new focus on specific goal areas, the Board also invited programs serving minorities and diverse groups within the Region to share their successes and challenges. It focused on the growth of the FSP services within the region through discussions with the administrators, supervisors, and service providers. Through questioning and discussing with the various individuals connected to programming the Board stayed abreast of the overall funding as well as staffing within the region and consistently explored and supported the development of services to the victims and families impacted by the COVID-19 pandemic.

### **BOARD PRESENTATIONS**

Over the course of the year, the Mid-County Regional Behavioral Health Advisory Board of Riverside University Health Systems invited speakers from various agencies and programs throughout the county to advise the Board as to the services available through their programs for the residents of Mid-County. This year, this was done with a special focus on programs serving our region's diverse minority populations. The agencies scheduled to host the Board on site, presented their programs and activities over the Zoom platform. The site/program supervisor typically attended the meeting to provide the Board with an overview of the services and to share updates regarding any staff changes, funding issues, or new programs in the area. It was also an opportunity to share any challenges the program was experiencing. Each site invited a consumer or graduate of their programs to share their story and provide information about their experience with the services they have received or are receiving. Board members have used this as an opportunity to understand how our programs interact with consumers and to gain a greater understanding of ways to further improve services. Having reports from all major program areas as well as consumers continues to be very helpful in increasing the Board's awareness of the status of our services, of the recovery process in general, and of the new and existing programs in the area. Also, with the annual goals in mind the Board was also able to explore how each of the agencies/programs addressed diversity and the change in FSP programming as well as the adequacy of their staffing and funding needs.

In addition to specific agency presentations, it is a standard practice of the Mid-County Board to have the 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 any questions Board members may have. This year the Board also asked for updates from the Family Advocate Program, Consumer Affairs, Cultural Competence, Prevention, Education, and Intervention Program as well as the Parent Support and Training Program. These areas were invited on a quarterly, rotating basis and were able to share updates on their services throughout the year. This direct access for supervisors and staff supports the relationship between the Board, Mid-County program staff and the area programs. The Board sees this as an opportunity to provide a forum for programs to share their concerns as well as their successes. In FY22, the Board plans to continue to invite representatives from all the major agencies and programs to attend and provide program updates. As the use of contract agencies continues and expands, the Board plans to invite contract agencies to talk about their services as well as their successes and challenges within the Mid-County Region.

This year the Board was focused on several goal areas. One of them was effectively serving the area's diverse cultures. Speakers from various programs were invited to share their work within the county. The Board heard from Workforce and Education Programs (WEP) regarding their emphasis on Cultural Competency, which includes a focus on the variety of cultures found in the Inland Empire, in their trainings for staff. It was noted that this training is now required for all staff. The Board met the new Supervisor of the Cultural Competency program who assisted the Board by identifying and providing speakers from various contracted programs and area programs addressing the diversity populations within the county. Ms. Hart from the African American Health Coalition shared her program efforts in Mid-County to provide outreach to the African American community regarding Behavioral Health services. The Adult Administrator shared statistical reports on services to culturally diverse populations between FY15/16 through FY18/19 showing an increase of persons served during that time period. Ms. Gladys Lee presented from the Asian American Task Force of Riverside County. She provided a history of the efforts to increase programming sensitive to the needs of this population. Though much has improved there remains much outreach and advocacy to do as well as efforts to provide culturally sensitive programming to this population. Both speakers recommended increasing the diversity of the providers of Behavioral Health Services in Riverside County as a way to increase the number of consumers from those areas. In addition to specific speakers, the Board explored with each of the agencies and programs that presented how cultural diversity was addressed within each program. It was clear that it was an issue each program worked to address. The Board was supportive of addressing increasing the diversity of staff as well as increasing the awareness of all staff in being sensitive to the cultural differences of our consumers.

The second goal was to monitor the change in the Full Service Partnership (FSP) programming that occurred in Mid-County. Moving from a single provider of FSP services in Mid-County to placing FSP services in each of the major county agencies resulted in a significant shift for many of the agencies, at a time when everything was shifting due to the pandemic. At every meeting, program supervisors and administrators shared with the Board how the transition was progressing. Every program shared openly of their efforts to serve this population of clientele with staff who were not always experienced with level of care. Staffing was challenging resulting in limited capacity to provide the outreach and wraparound programming that is often required by this population. Though initially challenging, each program tasked with providing this level of care worked quickly and effectively to get the staffing and the training necessary to serve our consumers suffering with severe behavioral health issues and the challenges this brings to them and their families. The progress made over the course of one year was impressive. It was decided by the Board to continue to provide the support and monitoring of the development of these programs over the next fiscal year to see if localizing the services provides the advantage to the consumers and increases their access to the programs that it was designed to do.

Finally, the Board monitored through conversations with administrators, managers and supervisors during Board meetings how staffing levels were in each of the programs, what funding streams remained and any changes and finally what each program was doing to help the community with surviving through the COVID-19 pandemic. Staffing challenges were discussed and those attending kept the Board abreast of recent hires and efforts to secure needed personnel. The Department appeared to be doing everything it could to serve the area without undue losses of staff or financial supports. The Board was informed of new funding streams and new programs and expansions of current programming. Overall, the Board found the challenges of the past year were handled effectively given the added issues of health and safety for all. For a more detailed list of organizations and presenters to the Mid-County Board please review the monthly agendas and minutes of the Board Meetings.

## BOARD ACTIONS

Mid-County Regional Behavioral Health Advisory Board voted in June, 2021 to continue its FY20-21 goals into FY22.

## NEW BOARD MEMBERS

We are pleased to welcome our newest member, Dolores De Martino to our Board. She comes to us from the Temecula Area and is the president of the Temecula Valley NAMI. We are excited to have her on the Board. She brings an active interest in recovery and advocacy. The Board was also saddened by the departure of Vicki Redding, Adult Services Administrator. She had been an active force in the County providing effective management and facilitating the growth of programs in the area. With her departure, however, we are thrilled to meet our new Administrator Venice Russ. We are excited to begin our new year with all the expertise she brings to our region.

## BOARD MEMBER ACTIVITIES

Mid-County Regional Behavioral Health Board Members are actively involved in both community and department activities. In addition to having two Behavioral Health Commissioners on this Regional Board, it also has three (3) members who serve as officers for NAMI Hemet/San Jacinto and NAMI Temecula Valley. Ms. Brenda Scott is the Executive Director of NAMI Mt. Stan Jacinto. Dolores De Martino serves as President for NAMI Temecula Valley and Glen Shepherd provides Peer/Family/Warmline outreach as a Peer-to-Peer Teacher for NAMI Temecula Valley.

Every Regional Board member is assigned to one of the Behavioral Health Commission's Sub-Committees and attends those meetings monthly and/or bimonthly. Since the Regional Board's membership is low at this time, some Board members attend several committee meetings on behalf of the Regional Board. Ms. McElroy, Chair of the Mid-County Regional Board, attends monthly Commission meetings and provides updates to the Commission on the activities of the Regional Board. She is also the Regional Board's representative to the Commission's Ad Hoc Bylaws Committee, Membership Committee, and Criminal Justice Committee. In addition, she has also been attending the Policy Advocacy Ad Hoc Committee. Finally, Ms. McElroy represented the Mid-County Regional Board in the May is Mental Health Month event for 2021.

Mr. Shepherd has served as the Board's Vice Chair and assisted in mentoring our new Board member over the course of the year. He has been the Board's representative to the Older Adults Committee. He is active with NAMI and works often with consumers and their families in an advocacy role.

Mrs. Scott, addition to her role as Board Secretary for Mid-County Regional Board, also serves on the Behavioral Health Commission, chairs one of their sub-committees and attends Adult System of Care Committee and the Housing Committee. In FY21, she assisted with the MHSA outreach campaign, serves as post-vention co-chair of the Suicide Prevention Coalition Committee. In May, 2021 she worked with Cultural Competency on the PRIDE event and is well known for her coordination of the NAMI Walk in the Mr. San Jacinto/Hemet region every fall.

Dr. Walter Haessler has been a Mid-County Regional Board Member longer than any serving member on the Board. He is also on the Behavioral Health Commission and chairs the Legislative Committee. He provides insight and information to the Regional Board and Commission on topics of concern in the field. He diligently pursues quality services within the County for our consumers through his insights and questions during the meetings he attends.

Ms. Todd has been an actively involved Board Member over her first year with the Board. She has attended several area events, including the African American Resource event in Indio and reported back to the Board the

information she learned during the events. She is a strong advocate and eager to support quality programming within the County. Her questions and input during our meetings provide fresh insight and perspective to the Board.

Ms. De Martino has recently become a member of the Board, but has been attending our meetings over the past year on a regular basis as a visitor before applying for membership. She will be attending one of the Sub-Committees in the upcoming year.

#### SUMMARY

The Mid-County Regional Behavioral Health Advisory Board has been active this year in exploring the needs of our area with a more focused approach. This year brought growth to our Region both in the expertise to provide services with health and safety in mind for both staff and clients as well as the ability to grow and increase our reach through dedicated staff and administrators who support them. The services increased as more consumers were served and our outreach to other community providers such as the educational system and the criminal justice systems provides hope for further access to additional individuals impacted by Behavioral Health issues. As the Department shifts its focus to the most impacted consumers, there have been some growing pains. However, we are reaching more people and working on providing needed services to them. As an Advisory Board to the Behavioral Health Commission we will continue our growth as we find new ways to be of assistance to the Commission and the Department. We are thankful for the opportunity to serve. We are looking forward to continuing to provide the support and advocacy for our region in the upcoming fiscal year.

Respectfully submitted,

Kimberly G. McElroy, Mid-County Regional Advisory Board Chairperson

Officers: Mr. Glen Shepherd, Vice Chairperson;  
Mrs. Brenda Scott, Secretary,

Members: Walter T. Haessler, M.D.  
Ms. Shani Todd  
Ms. Dolores De Martino

# WESTERN REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

---

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  
James Ortego, Western Region Mature Adults 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, 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.

\*\*\*\*\*

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 continue to greatly alter and impact the daily operations of RUHS-BH. The provision of quality services also continues to be challenging with Telehealth and ZOOM meetings being the norm and Field Based services also being provided in efforts to meet consumers where they are at due to public transportation being a barrier for many who continued in person services in programs. Other changes this year included program staff turnover and relocation of programs, as well as expansion of FSP services in all outpatient programs.

Though clients were met for a time over phone and other media, it became apparent a demonstration of face-to-face services were needed. The front line staff met the guidance of management and proceeded meeting in person with clients to assure progress made for mental health was not lost and help prevent such challenges as self-injury by clients and to their families as much as possible. Housing and facilities continued to the best of everyone's abilities and funding.

The new ways to meet clients and to work in a safe manner devised show a testament to the dedication of all involved at Western Region and all county services for those needing mental health and substance abuse treatment. The Western Region addressed staff turnover and relocation of programs also largely influenced by the pandemic.



Our Regional meetings and its attendees have shared positive efforts to have the same level of services throughout this challenging service year. Site reviews were put on hold due to no face to face meetings as well as many other face to face celebrations like May is Mental Health Month.

All of the County of Riverside Behavioral Health System looks forward to any way to provide and support the best methods to serve its population with Western Region ready to continue and find even more ways to help our consumers be the best they can achieve to be.

Support of community events included:

- Family Advocacy Program Guest Speakers Jim Hill and Francisco Huerta, Senior Family Advocates shared about their program and their Vision Statement as a vision to provide education, support and resources to families and caregivers of all cultures. The program advocates for family healing by involving caregivers in the treatment planning process. Promotion of family advocacy is “the best kept secret” so that families may heal and find their own pathway to recovery;
- WET Program Guest Speaker Sheree Summers shared her program and diversified services provided to our diverse population and all the components of what is provided by the Mental Health Services Act (MHSA);
- 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;
- Partnered with Adult FSP/JWC Ambassadors, Western Region staff and Consumers to make over 400 homemade greeting cards for the “Cards 4 Kidz” Program @ Loma Linda’s Children’s Hospital during the holidays;
- Partnered with Adult FSP/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 training is scheduled in August 2021 and invites Regional Boards to participate;
- May is Mental Health Month Resource Fair at Fairmont Park was suspended for another year due to the pandemic and health concerns;

May is Mental Health Month proclamations that were accepted were via mail on behalf of the Department via various cities within the Western Region if any were offered due to restrictions for face-to-face meetings at the time;

- During **May is Mental Health Month**, partnered with Adult FSP/JWC Ambassadors to distribute Mental Health Resources kits to various site and clinics throughout Western Region, including Public Housing

Sites (Rancho Dorado/Cedar Glen Apartments), Moreno Valley Mall, Moreno Valley Public Library, Moreno Valley Recreation/ Senior Club, Riverside Access Center and Path of Life Shelter;

- Partnered with Adult FSP/JWC Ambassadors to create a team building opportunity for Clients and Staff to give back to the community by participating in **"Keep MoVal Beautiful"** - A Beautification program in the City of Moreno Valley. Adult FSP/JWC have a designated Street (Pigeon Pass/Hidden Springs Rd), which they have committed to clean 4x/year, for the past 4 years. This portion of the street is identified by a name placard with the agency name and logo.
- On August 14, 2021, will partner with Adult FSP/JWC Ambassadors to participate in **City of Moreno Valley, Community Days of Service**, which is also part of Beautify MoVal Roads. Volunteers clean up designated parks and streets that need cleaning;
- "Directing Change" Event held via the internet - PSA announcements to address issues of youth suicide;
- Reports 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 held by internet to better know events and issues for our area and those serve;
- Linked with Non Profit Agency such as - *Building Up Lives Foundation* to provide food, clothing and essential supplies to Consumers during Coronavirus pandemic along with others non-profits as available;
- The National Alliance on Mental Illness (NAMI) Walk was held on October 10, 2020. This year's theme of "NAMIWalks Your Way" refers to the fact that because the event was virtual, participants could do whatever they like: ride a bike, do yoga, cook, swim or anything else they liked to do. A list of suggested ways to engage individually or with a team is offered at [namiwalks.org](http://namiwalks.org).2019;
- 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,
- Continued linkage 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 Commission; therefore, the Western Region also provides feedback on these programs. Peer Support members provided insights regarding services and suggestions for improvement of services and savings via our internet or e-mail communications.

The Western Region Board members conduct meetings monthly, per the Commission schedule; therefore, ten meetings are targeted year. Transportation has been a challenge for some attending meetings, so it is hoped we may still extend the opportunity of attendance via ZOOM or the attached phone services when we return to meeting face to face. We now have a newer bus stop at the front of Rustin complex, which does improve physical attendance for those without vehicles.

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, Deborah Johnson, Assistant Director of Behavioral Health Programs, Rhyan Miller, Deputy Director of Forensics and Substance Abuse and Prevention Programs, 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. 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.

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

---

Due to the COVID-19 Pandemic and the “Stay at Home Order” implemented on March 19, 2020 by Governor Gavin Newsom, all Site Review appointments were cancelled to ensure the safety and health of the public, Commission members, and staff.

At this time, conducting a Site Review is still not advisable due to the ever-changing status of infection rates with COVID-19 and its new variant, Delta.