

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



ITEM: 2.15
(ID # 22275)

MEETING DATE:
Tuesday, June 27, 2023

FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Receive and File the Behavioral Health Commission Annual Report for FY 2021/2022, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and File the Behavioral Health Commission Annual Report for FY 2021/2022.

ACTION: Consent


Matthew Chang, Director 6/12/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Spiegel 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 Gutierrez
Nays: None
Absent: None
Date: June 27, 2023
xc: RUHS-BH

Kimberly A. Rector
Clerk of the Board

By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 22/23	

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.



Kelly Moran, Deputy County Counsel 6/13/2023

COUNTY OF RIVERSIDE

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COMMISSION

ANNUAL REPORT FY 21/22

7/1/2021 – 6/30/2022

BOARD OF SUPERVISORS

DISTRICT I – KEVIN JEFFRIES

DISTRICT II – KAREN SPIEGEL

DISTRICT III – CHUCK WASHINGTON

DISTRICT IV – V. MANUEL PEREZ

DISTRICT V – JEFF HEWITT



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BEHAVIORAL HEALTH COMMISSION INTRODUCTION

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."

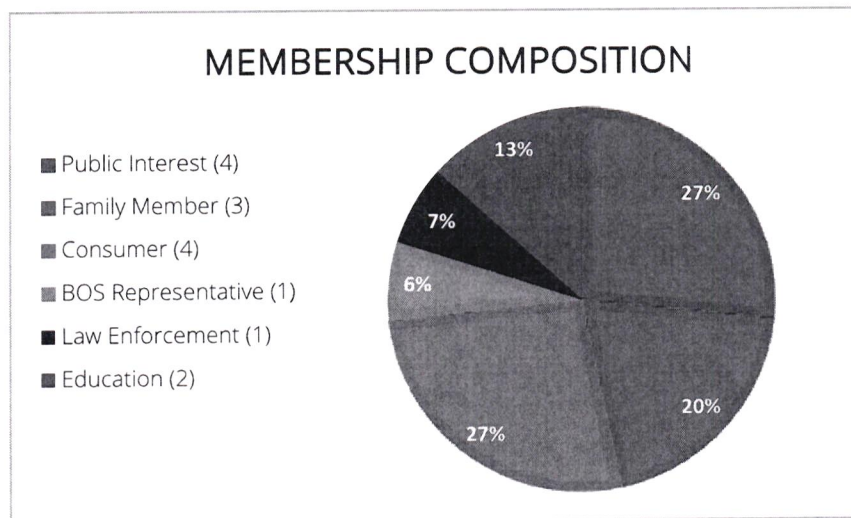
RECRUITMENT EFFORTS

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, 2022

Total No. of Members: 15

Number of Vacancies: 1

2022 BEHAVIORAL HEALTH COMMISSION ROSTER

EXECUTIVE COMMITTEE

<p>RICK GENTILLALLI – CHAIR Public Interest/ Law Enforcement District 3 - Chuck Washington</p>	<p>APRIL JONES – VICE CHAIR Public Interest/ Education District 3 – Chuck Washington</p>	<p>VICTORIA ST. JOHNS – SECRETARY Family Member District 4 – V. Manuel Perez</p>
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<p>WALTER T. HAESSLER, MD Public Interest District 1 - Kevin Jeffries</p>	<p>ANINDITA GANGULY Consumer/ Public Interest District 2 – Karen Spiegel (No longer a commissioner as of 12/21)</p>	<p>BRENDA SCOTT Consumer/ Public Interest District 3 – Chuck Washington</p>
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<p>CAROLE SCHAUDT Public Interest District 4 – Manuel Perez</p>	<p>DARYL TERRELL Family Member District 5 – Jeff Hewitt</p>	<p>DEBBIE ROSE Board of Supervisor Representative District 2 – Karen Spiegel</p>
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<p>GREG DAMEWOOD Family Member District 5 – Jeff Hewitt</p>	<p>JOSE CAMPOS Public Interest District 2 – Karen Spiegel</p>	<p>PAUL VALLANDIGHAM Public Interest District 5 – Jeff Hewitt</p>
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<p>TIM BARTON Consumer District 1 – Kevin Jeffries (No longer a commissioner as of 10/21)</p>		
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2022 DESERT REGION ADVISORY BOARD ROSTER

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

Total No. of Members: 14
 Number of Vacancies: 1

2022 MID-COUNTY REGION ADVISORY BOARD ROSTER

Brenda Scott – <i>Chair</i> Consumer District 3	GLEN SHEPHERD – <i>Vice Chair</i> Consumer District 5	VACANT – <i>Secretary</i> Category District
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WALTER T. HAESSLER, MD Public Interest District 1	DOLORES DE MARTINO Family/ Public Interest District 3	JENNIFER WOODWORTH Family Member/Public Interest District 3
RAMON AMADO Consumer District 5		

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

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	VACANT Category District
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Total No. of Members: 2
Number of Vacancies: 13

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

Venise Russ – 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.

The committee has been working on and will continue to work on the following goals:

- 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

The Adult System of Care Committee currently has an average regular attendance of 15-25 people at these meetings. The meetings are attended by RUHS support staff, Behavioral Health Adults Regional Administrators, Deputy Directors, Board Members, Cultural Competency Liaisons, Community Agencies IEHP Liaison, Consumers and Public Members. Administrators for Western, Mid-County and Desert Region Adult Clinics provide monthly updates.

Guest speakers from different agencies provided the following presentations:

Diana Gutierrez provided an update for the PEI strategic plan for Riverside County Suicide Prevention. A coalition was created with six sub-committees to focus on one of the following areas; DATA, Effective Messaging, Building Resiliency in Communities and Individuals and Families, Prevention, Intervention and Postvention.

Andrew Williams provided an update on The Justice Outreach Teams. Teams work with families of those who are justice involved or risk of justice involved through a Behavioral Health screening or SU screening. They refer and link to services and help with jail outreach and ensure that there is a plan for inmate before his/her release for services.

Edwin Rojas presented Pathways to Success Benefits Program. He works with all BH clinics to assist clients who are applying for Medical, SSI and SSDI.

Abby Oursler presented PET Therapy and Equine Therapy. PET Therapy uses pets to assist with the recovery of consumers, and their primary focus is the use of dogs at the clinics. Equine Therapy uses horses through a method called EAGALA therapy. The therapy that is provided is an experimental therapy. Consumers do not ride the horses but instead work with them on the ground and through the experiences they have with the horses and the metaphors they are able to translate their experience with their life experience.

Anthony Frye presented on Temecula Substance Abuse Prevention and Treatment and the Mom's program.

Josephine Diaz-Green and Luz Negron presented on Osos Negro Cultural Awareness. This is a group created by staff located at the Myers building that meets monthly to present on their own cultural history and traditions. These presentations bring awareness to each other and are also a good way to bring teams together.

Diana Gutierrez presented a MHSA update. She reported out what is happening with MHSA funding and provided an opportunity for the public to give feedback. She provided highlights for the five MHSA components; Community Services and Support (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovations, Capital Facilities and Technology (CF/TN).

Melissa Vasquez presented Help@Hand. The mission of the Innovation Project is to put cultural competency in the forefront and to collaborate with other counties and to test new ways of engaging in digital mental health and outreach and engagement. The goal of this initiative is to increase access to Mental Health Care, promote early detection of mental health symptoms, and predict the onset of mental illness.

Shirley Guzman presented on the Latinx Cultural Community. As the liaison for the County of Riverside, she establishes collaboration and partnerships with natural support systems within the Latinx population and acts as a bridge between RUHS-BH and underserved, underrepresented population by increasing understanding and increasing partnerships while reducing stigma and increasing trust.

Riba Eshanzada presented on the Middle Eastern & North Africa cultural community. She provided history, data of projected growth of major religious groups in Middle East and North Africa, practices and differences in the religions. She reviewed the five pillars of Islam and shared some stereotypes associated with Muslims in America, the hate crime they face daily and the high suicide rate. As the liaison, she feels it is important to understand how the culture is perceived to be able to engage the community and be the bridge to Mental Health services and education to reduce the stigma.

Arlene Ferrer and Laurence Gonzaga presented on Inland Empire Health Plan, the services they provide and the partnership they have with RUHS Behavioral Health. IEHP and RUHS-BH clinics supervisors' work closely to link BH consumers to services. She discussed programs such as Behavioral Health Treatment for Autism Spectrum

Disorders, IEHP BH and Nurse Care Management Teams, My Path Program, Services for Older Adults and Members with Disabilities, Pre-Approved Community Supports and Long-Term Services and Support.

Dakota Brown presented on the Disabilities Cultural Community. As the liaison, she builds relationships with the community and promotes a sense of belonging through respectful interactions. She promotes inclusion and inspires creativity. She connects with people with disabilities to gain feedback on how the department can make services more transparent, accessible and disability friendly and culturally informed.

Marie Veron presented on All Hours Adult Care, Assisted Living Waiver and Community Transition Service.

Heather Sylvester presented Enhanced Care Management (EMC). The program is designed to provide collaborative care across multiple teams to support the individuals that are in the hospital, are homeless and or have complex medical needs that are not being met to obtain the highest quality of care while limiting adverse outcomes. Services are provided in partnership with Managed Care.

Kevin Phalavisay presented on the LGBTQ community.

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 MHSA. These include: 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. Venise Russ, Behavioral Health Services Administrator for Adult Services is the RUHS-BH Liaison for this Committee. Venise Russ continues to communicate 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 increase Membership. Some of the efforts to increase membership has been to announce the meeting on the department's social media accounts the week of the meeting. A reminder email is sent to supervisors of adult programs within the department asking them to share with staff and consumers.

The committee created a goal to track the transition from RI Wellness Cities to RUHS Behavioral Health Peer Resources Centers. Since the beginning of the transition, the department has developed a new program, identified locations, completed construction/remodels for two locations and hired new staff. Status as of July 2022: Riverside Rustin location is active and has 160 participants, Indio PRC is active and doing groups, Temecula has completed a remodel of space and are currently hiring staff to open program, Perris is in the middle of remodel and are staffing.

Another goal the committee worked on is to create an Ambassador Workgroups at the FSP programs within the clinics. This goal has been challenging due to COVID-19 restrictions and not being able to engage with the

consumers in person during the committee meetings. All meetings have been virtual and some consumers may not have equipment to attend the meetings or might be tech challenged.

In FY 21/22, the ASOC Committee actively participated in the following events:

- Recovery Happens virtual event September 2021.
- NAMI Walks fundraiser on October 9, 2021. Event was held in person and virtual. They raised funds to continue provide mental health awareness, support, education and advocacy.
- May is Mental Health Month. A virtual campaign with different activities throughout the month of May.
- Volunteering at the Building Up Lives Foundation to distribute hot meals, food and essential supplies during Coronavirus Pandemic to those in need.
- Hemet Pride Event on June 10, 2022.

Respectfully submitted,

Brenda Scott, BHC Adult System of Care Committee Chairperson
Venise Russ, 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 and TAY 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 a presentation was not presented every month. Due to the pandemic, we continue to meet through ZOOM. Staff members, committee members, contract providers, and guests; continue to provide invaluable resources and information, in order to better, assist the youths and families in our communities. This Fiscal Year we are highlighting the Behavioral Health Regions and School Districts that are rising to those daily challenges by offering virtual trainings, telehealth and faster response times to meeting the needs.

July 2021 – Meet and Greet Noel Cooper, Director of Psychological Services of Riverside

- A community of Mental Health Clinics that offer sliding scales of services. The clinic offers psychological testing, with services provided by a licensed psychologist and doctorate students from California Baptist University. The clinic serves all ages and is located in the Riverside Adams Business Park.

Presentation: Melisa Lindros, Executive Director, Corona Life Services

- Resilient Youth Program Snapshot for middle and high school youth is equipping youth to step away from risk and to understand the fundamentals of what a healthy relationship is.
- The "Real Essential Curriculum" tested in over 42 states and 7 countries. The Harvard University Human Flourishing Project is picking it up. We provide free medical resources to women and families facing unplanned pregnancies. We also have an optimal help youth education program, funded by the Department of Health and Human Services.
- Providing certified educators and logistical support should, we need a location for the kids.
- We teach in the school district, through a non-profit and collaborate with the District Attorney and Foster Youth organizations, which, addresses many of the risks youth face, whether it is bullying, domestic violence, engaging in drugs, and/or sexual behaviors. No matter the situation, it is applicable to any youth, no matter the gender, nor the background. We customize the program and currently, have four certified educator teaching in Orange County, and all of Riverside County.

August 2021 – Dark

September 2021 –Presentation: Diana Gutierrez, Administrative Services Manager, PEI

Building Hope & Resiliency – October 27th One-year accomplishments

- Determined communities and age groups working to understand the needs and developing content and activities to increase coping, problem solving skills, social engagement and internal resilience
- Engaging Schools: CMHPP provides Mental Health presentations on multiple topics, including suicide prevention, to culturally diverse groups. Suicide prevention specific presentations reached a large audience. As we speak, we have 4,466 trained suicide prevention helpers.
- Helpline: FY 2017-2021: Available 24 hours a day, 7 days a week. Responded to 17,968 crisis calls. 4,436 crisis calls contained suicidal content. 140 active rescues for individuals in imminent danger of dying by suicide from FY 2019-2021 12,865 referred for further services.
- Virtual Training Series – We are providing suicide prevention trainings, and suicide prevention toolkits in both Spanish and English. In addition, we post on social media in multiple languages, and provide online resources for schools, parents and youth.

October 2021 – No Presentation: However, information and updates on new resources was provided:

- California Health Facilities Financing Authority (CHFFA) has released another infrastructure funding opportunity.
- RUHS-BH is currently in the process of applying for this funding to build a building that will house - in the Western Region- a Crisis Stabilization Unit or Mental Health Urgent Care for Youth 5-17 years old. As well as a children's crisis residential program, which would house youth for about 10 days.
- Implementation of the Family First Prevention Act (FFPSA) Part IV went into effect on October 1, 2021. The FFPSA Part IV requires that any foster youth or ward of the Court who is being considered for a placement in an STRTP must undergo a specific assessment by a Qualified Individual (QI).
- A Qualified Individual (QI) is a licensed and/or licensed eligible, who is not employed or paid by the placing agency, to determine whether the mental health needs of the youth can be met, in a home base setting, or met through a congregate care setting.

November & December 2021 Meeting Combined

Creative Home Programs:

- Developed the "Share the Joy" program in an effort to support families and provide gifts to children who might not otherwise receive holiday presents due to financial circumstances.

Parent Partner & Training:

- With families, still struggling to deal with COVID-19 RUHS-BH have taken on two virtual projects: The Thanksgiving Project and The Snowflakes Project (Provided information on participation).

January 2022 – PowerPoint Presentation - Diana Brown, PEI Administrative Services Manager - Mental Health Services Act Annual Plan Update FY 2022-2023

Projects in the 3-year Plan FY20/21-22/23 Update

- Roy's Desert Oasis – Now open
- Arlington Recovery Community – Now open
- Riverside Safe Haven Renovation – Starting in Spring 2022
- MH Rehabilitation Center Expansion – 21 more beds in 2022
- Restorative transformation Center – Opens summer 2022.

- Feedback survey in Spanish and English version.

Parent Support & Training:

- Handed out and received more Snow Flakes gifts in 2021 than in 2020.
- Local Sheriff's Department came to Myers location with their contribution of beautiful boxes full of toys to hand out.
- Parent Support & Training received an award from Corona / Norco Unified School District. For the work and dedication Parent Support & Training Programs provides through collaborations, classes, trainings and information, we present the families in that community.

February 2022 – No formal presentation

- RUHS-BH collaborated with HR and scheduled a virtual hiring fair for January 26, 2022 for several positions, as many vacancies have been hard to fill.

Updates RUHS-BH Regions:

Western Region:

- The Department received Mental Health Block Grant dollars to open a stand-alone First Episode Psychosis Program. There will be two sites, Desert region and Western regions.
- The Department hosted a TF-CBT training and 39 staff completed the training.

Central Region:

- The Assessment and Consultation team (ACT) is doing the Qualified Individual Assessment for Child Welfare and have completed approximately 60 assessments. These are for youth that are placed in an STRTP to determine what level of care is appropriate to meet their needs.

Desert Region:

- Announced Robert Rancourt, Public Defender's SPARK grant attorney, is starting his work at the Desert FLOW TAY Drop-In Center.

March 2022 – Presentation – Diana Griffis, LMFT Preschool 0-5 program, Growing Healthy Minds Initiative.

- Funded by First Five - Growing Healthy Minds provides resources and information to parents/caregivers and providers, in the community. This includes partnerships with various organizations that serve the 0-5 population.
- Healthy Minds Collaboration happens every month on the 4th Tuesday 11-noon.
- New partnership with UCSD for 0-5 training (atypical/typical development, picky eaters, best practice in Mental Health, etc...).
- Working with UC Davis to do PC Care training for providers. This 6-hour training does not require PCIT certification.

April 2022 – No formal presentation

- RUHS-BH continues to work on all things CalAIM the changes will roll out to department staff, as well as, contract providers by July 1.
- The department is working on expanding the Mobile Crisis Management Teams that will serve youth in multiple cities throughout the county.

May 2022 - PowerPoint Presentation - Dakota Brown, Emotional Wellness Cultural Community Liaison, People with Disabilities (PwD)

- Unruh Civil Rights Act, (California Civil Code sections 51 thru 52) provides protection from discrimination by all business establishments in California, including housing and public accommodations based on sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, or sexual orientation.

RUHS-BH: May is Mental Health Month: With safety, measures in place the Departments and programs shared how they celebrated.

June 2022 – Presentation - Suzanna Juarez Williamson, RUHS-BH Research & Evaluation

- Feedback on Children's Crisis Continuum was solicited from the members. Specifically for input on the Hemet Recovery Village concepts of building a children's MHUC and Crisis Residential Program as well as an STRTP.

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 – BH Director of Innovation and Integration

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 stake holders, families and other support systems.

GOALS OF THE CRIMINAL JUSTICE COMMITTEE

1. Housing – Increase Beds and Adult Residential Facilities: Monitor and provide feedback regarding housing; including detox, diversion beds such as short-term transitional residential programs, board 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 towards 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 and Incompetent to Stand Trial: 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. 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 those involved with the Criminal Justice System with appropriate guidance and support to maintain sobriety such as attending substance abuse groups, 12-step Hazelton's My Ongoing Recovery Experience curriculum, Planning for Success, residential treatment, educational groups such as "Facing Up" that help empower offenders to "face" challenges to sobriety and maintaining good mental health.

B. Increase Attendance at Graduation Ceremonies: The goal for 2022 is to improve attendance of upcoming graduations (e.g. – Recovery Opportunity Court, Family Preservation Court, Mental Health Court, etc.) for both the graduates and those in attendance to celebrate successful reengagement 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 31 people at these meetings. The Committee contains representation from a number of agencies including 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.

Director of Innovation and Integration, 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.

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 challenges and/or those with substance use issues who need housing 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 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 has completed an integrated substance use treatment center to assist with jail diversion particularly for homeless consumers. The center, known as Arlington Recovery Community, now provides 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 is 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 13 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 2021/2022, over 20 mental health law enforcement trainings were provided with over 500 participants attending CIT, Corrections CIT, Integrating Communications Assessment and Tactics (ICAT), among many more. The CIT Program also provided trainings for the Riverside County Sheriff Chaplain Academy, Animal Control Services Officers, Park and Recreation Rangers, 4 County Law Libraries and RUHS-BH Security.

CBAT – Community Behavioral Assessment Team:

The Community Behavioral Assessment Team (CBAT) is a co-responder crisis 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 deescalation, 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. During FY 19/20 and 20/21, the Riverside Police Department acquired a second CBAT unit, Murrieta Police Department acquired their first CBAT unit and CBAT was approved for expansion of 10 more teams throughout the County.

FY 21/22, Menifee PD, Lake Elsinore Sheriff, Hemet Sheriff, Palm Desert Sheriff, and Jurupa Sheriff obtained their first RUHS- BH, CBAT.

In addition during this fiscal year, discussions and planning had begun regarding the implementation of the County's first Community Assessment and Transportation Team (CATT) which is another co-responder crisis model but with a Clinical Therapist and Emergency Medical Technician (EMT). This team will be located in the city of Hemet and will respond to mental health crisis with a focus on substance abuse. Additionally, collaboration has begun with RUHSBH and selected college campuses throughout Riverside County to implement CBAT located on site to work with college health services and security for students and others in crisis.

RUHS-BH NEW LIFE (AB109) PROGRAM

New Life (AB109 program) has provided the following services during FY 21/22, 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)
- Planning for Success (formerly 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.

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

The County of Riverside Collaborative Courts is an evidence based practice which was created following the National Association of Drug Court Professionals, with the idea of helping the whole person by identifying "problem" areas and utilizing community agencies to provide identified services. These services provide a continuum of care and will include Residential treatment, Outpatient treatment, Recovery Services, short Term and Long Term Housing, and physical/mental health services as needed. This system of care is delivered within the Criminal Justice Court system and is held with the goal of lessening the traditional punitive approach and developing a more incentivized approach. The hope of Riverside County Collaborative Courts is to reduce recidivism, increase public safety by decreasing crime and improving the lives of Riverside County families impacted by Substance Abuse Disorder. Within our vast court systems, Riverside County has partnered with

Riverside University Health Systems (RUHS) to created Adult (ROC) and Juvenile (JUST) Drug Courts and Family Preservation Court.

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. ROC currently has four adult drug courts spread across Riverside County, located in the cities of Riverside, San Jacinto, Indio and Blythe. Currently in the ROC program we have seen an increase in referrals and have recently been able to attend court in person which seems to have greatly impacted the successful outcomes of our consumers. The courts have seen a turnover in staff including judges and district attorneys, which can be a barrier at times however the new staff seem to have a positive outlook on incentivized criminal justice deterrents. A new model of identifying recovery efforts has been established and the consumers have begun sharing their own successes in recovery weekly by answering a personal recovery questions designed by RUHS SUD Counselors to monitor the consumer successes. With each reported treatment success Drug Court participants are able to gain prizes such as gift cards, treats and recovery based supplies.

Within the recent years, RUHS Behavioral Health SAPT department has been working with the Riverside Courts 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 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's goal is to provide children and families with a safe environment while the parents participate in services to treat their substance use disorder. Family Preservation Court services are currently 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 CPS cases to reunite and keep families together. Family preservation court has seen a decrease in referrals from DPSS within the last 12 months. This may be tied to many programs recovering from the 2020 COVID Pandemic. However, our SAPT counselors have been working diligently on identifying eligible candidates for FPC from walk-in consumers. Working with the consumer and their DPSS assigned social worker to complete a reverse referral has increased enrollment in FPC. This creative approach has further impacted the lives of our consumers and their families that have been affected by the disease of addiction.

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 operational and has functioned at the 192-bed capacity since March 2016.

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 to maintain the treatment gains achieved once transferred to general population.

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.

During the COVID-19 pandemic COVID 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. 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. As the result of 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 resumed with limited group size to ensure adequate social distancing. We have continued to run groups with limited group size to ensure adequate social distancing but due ongoing staff shortage, we have been unable to maintain a constant schedule of conducting groups.

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. In addition, we collaborated 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 applications are submitted to DPSS but suspended until the individual is released back out into the community. Furthermore, DPSS has also worked with Riverside Sheriff's Department to establish a toll free number that inmates can call to sign up for Medi-Cal benefits while residing on a housing unit in the jail.

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 applied for a grant and received approval for Sublocade. We are in the process of working out the details to safely and effectively roll out within the jails.

Other updates:

In January 2022, the Behavioral Health Needs Acuity Rating System was updated to better align with acuity levels in outpatient treatment in the community and CDCR Mental Health treatment. In addition to this update in the Acuity Rating System, we are developing standardized treatment services, which will coincide with the severity of acuity level.

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 235 referrals received across all three regions of which 70 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, Misdemeanant Alternative Placement, HOME Court, Assisted Outpatient Treatment (AOT) 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 237 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 237 referrals received, the court granted Mental Health Diversion in 55 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, 2021 through June 30, 2022, the Veterans Treatment Court program received 55 new referrals. In addition, 103 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 has not taken place since May of 2019; however, the Court was able to hold one this past year on December 3, 2021, during which there was a total of 35 participants who graduated from Veterans Treatment Court or Military Diversion.

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 21/22, the Misdemeanant Alternative Program received only 22 referrals as compared to the 50 that were received during the previous reporting period. The reason for this stark decline stems from changes that were made in the law that took effect on January 1, 2022, which removed the Court's requirement of having to refer Misdemeanor Incompetency cases to the MAP program, instead expanding the Court's options to now include referrals to

either Mental Health Diversion, Assisted Outpatient Treatment program, or the choice of dismissing the case outright.

Incompetent To Stand Trial (IST):

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.

During the course of this review period, the IST Diversion program received 53 referrals, of which six candidates were found to meet the requisite criteria and accepted into the program. A frequent challenge encountered by behavioral health staff during the assessment and review process is finding out that the client has no interest in receiving mental health/medication services. Knowledge of this is a determining factor for the Court and often leads to a swift rejection of the program, so that the Department of State Hospitals is aware that the person will not be diverted and to move forward with placement at one of their facilities.

Assisted Outpatient Treatment Program (Laura's Law) – is a community-based referral program for immediate family members, treating agencies, licensed mental health professionals, peace officers and judicial officers, who believe someone they know could potentially benefit from court-ordered mental health/substance use services. As part of this process, a team consisting of a clinical therapist, case manager and peer support specialist, will engage the consumer and offer the person outpatient services to address their needs. If the consumer continues to reject efforts to involve them in outpatient services, then the AOT staff are able to escalate the referral to the AOT Review Committee and AOT Psychologist for further review and determination. If the AOT Committee and Psychologist believe court-ordered services are recommended as a means of stabilizing the consumer in the community, a petition will be filed by County Counsel in the Civil Court. Should the Court agree with the treatment plan submitted as part of the petition, the Court will order the Consumer to follow through and participate in the recommended plan for up to six months.

Coming FY 22/23: HOME (Homeless Outreach, Mediation and Education) Court – is an alternative sentencing program developed for those who are facing criminal prosecution and are suffering from homelessness. The program promotes community-based treatment to assist those individuals struggling with homelessness, or are in imminent danger of becoming homeless, and who are facing prosecution for quality-of-life infractions, misdemeanors and low-level felonies. The overall goal of this program is to reduce recidivism and protect public safety by collaboratively working together with our justice partners, to address and treat the underlying needs of the participants, through engagement in FSP level services, intensive case management and ongoing support from all members of the program, to ensure that each participant has the resources and opportunity they need to succeed in the community. This will be accomplished through recognizing each participant's accomplishments and efforts they have made to resolve their cases and work towards re-integration as a successful and productive member of the community. While in the program, participants will focus on gaining residential

stability, employment and/or education, substance and mental health rehabilitation, learning life skills, counseling and family reunification.

Overall Program Challenges: Obtaining housing for our consumers participating in the various Mental Health Court programs continues to be a challenge as we are often presented with individuals who are coming directly out of our community jails, who have no income or credit and/or have criminal charges, which causes landlords in an already tight housing market to not rent to them. There is also a constrained supply of beds for individuals for whom we are seeking institutional housing (such as adult residential facilities).

PATTON STATE HOSPITAL WAITING LIST

There were 51 individuals transferred to State Hospital, the bulk of them occurring in 2022. The wait time for State Hospital beds has fluctuated over the past year, varying between approximately 2 months up to 11 months. An effort to address the delay in admission transfers DSH began re-evaluating inmates in the jails to determine if individuals still required Restoration of Competency. The Liberty Healthcare Restoration of Competency (ROC) Program started in October 2013 has allowed clients to receive services competency restoration within the jail (RPDC). Those who successfully complete the Liberty Health ROC program are deemed competent to stand trial by the Court and to move forward with the adjudication of their case and avoid a State Hospital sentence.

A total of 57 inmates were referred and admitted to Liberty Health for restoration of competency during fiscal year 2021-2022. There were 25 inmates already in the program at the start of the fiscal year. Of those referred and admitted, and already in the program, 47 (28%) were successfully restored to competency by the RPDC-based Liberty Health Program. There were three inmates discharged from the program that did not graduate nor were transferred to DSH. Thirty-eight inmates (44%) admitted to the Liberty Health program were determined not to be restorable at Robert Presley Detention Center (RPDC) and transferred to Patton State Hospital for competency restoration.

In collaboration with Mental Health Court, RUHS-BH established a felony IST Diversion program. 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

Rick Gentillalli – Behavioral Health Commission – Chair

April Jones – Behavioral Health Commission – Vice-Chair

Tori St. Johns – Behavioral Health Commission – Secretary

During the fiscal year 2021/2022, 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 canceled 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 committee 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.

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 Department's 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,

Rick Gentillalli – Behavioral Health Commission – Chair

April Jones – Behavioral Health Commission – Vice-Chair

Tori 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 holds 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 and continue being held virtually. Highlights of presentations during FY21-22 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, & West Hollywood Community Housing Corporation, Abode Communities, Coachella Valley Housing Coalition 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 FY21/22, 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. Cathedral Palms Apartments in Cathedral City and Cedar Glen II in Riverside were both opened in 2021. 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 MHSAs housing development funds held in trust by the California Housing Finance Agency (CalHFA). RUHS-BH leveraged more than \$19 million in MHSAs 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 MHSAs-funded projects, were 15 units of affordable housing for those at-risk individuals served by the Department Full Service Partnerships. MHSAs-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 Coordinated Entry System (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 COVID-19 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 FY22/23

HHOPE is actively involved in our Department's CalAIM implementation. Our County managed care plans have elected to provide Community Supports (CS) as part of their CalAIM offerings. This will allocate additional funding for HHOPE to increase housing deposits, housing transition and housing tenancy services. HHOPE will also 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 opened November 1, 2021. It is accompanied by a sobering center that can serve up to fifteen (15) clients concurrently.

RUHS-BH has continued to pursue No Place Like Home (NPLH) funding to create affordable housing. RUHS-BH has been notified of four awards in NPLH Round 4. These awards will help fund 147 units for homeless consumers out of 253 total affordable housing units. The total award amount in Round 4 is \$29.5 million. This brings the total number of units for all rounds of NPLH to 428 units for homeless households out of 1,039 total affordable housing units with a total award of \$78.8 million total.

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 Deputy Director, Forensics

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. The Committee meets monthly and remains dark in August and December. The Legislative Committee reviews the legislative reports provided by NAMI California, the 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, Laura's Law and CalAIM. 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 the retaining of interns and reduce turnover.
- CalAim focus and timeline of the rollout have been of particular interest. The Legislative Committee is supportive and hopeful about the plans and services the department intends to provide.

- Laura's Law update was provided at the request of the Legislative Committee by the RUHS team. Legislative committee is interested in the adaptation of Laura's Law into behavioral health procedures and practice.

The Legislative Committee merged with the AdHoc Public Advocacy meeting in October. This merger will allowed 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

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 home or community-based housing for as long as possible. Services are provided by a multi-disciplinary staff with specialized training in evaluating and addressing both mental health conditions and issues of aging.”

“Empowering lives to promote wellness and recovery”

www.rcdmh.org/Mature-Adult-Services

The Older Adult Integrated 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 various agencies provide 30-40 minute presentations on their area of expertise. During the past year, presentations were provided by outside agencies committed to the empowerment of the mature adult population such as Renato de Moraes from Southern California Council on Aging, Teresa Campbell of Department of Social Security, Traci Cornelius of Office on Aging, Jennifer Lopez of the PEARLS Program, and Michaela Williams of Riverside County Adult Protective Services. Aurelio Sanchez provided information on

Veteran's Services, Jennifer Zuckerman on the Alzheimer's Association and Brian Mosher of The Center at Coachella Valley provided service and event information. RUHS-BH presenters included Andrea Deaton from Prevention and Early Intervention (PEI) who presented innovative material on Late Life Depression, Sonja Peverieri provided HHOPE Program housing information and Dr. Roderick Verbeck provided information on RUHS-BH Crisis System of Care. Diana Gutierrez and Andrea Deaton presented the RUHS-BH MHSA 3-Year Plan, Mature Adults Family Advocates presented information on the family advocate and peer programs and Christopher Duffy presented Riverside County's new Peer Support and Resource Center in Riverside.

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 Integrated 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 and consumer led direction.

Community Events Include: RUHS-BH May is Mental Health Month Virtual Wellness Fair 2022, participation in the Annual NAMI Virtual Walk 2022, A National Day of Hope, ongoing presentations at the Rotary Club in Desert Hot Springs for outreach and engagement, as well as a presentation of Mature Adults program services at the Monthly Senior Collaborative meeting through Jewish Family Services of the Desert. 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. Tony Ortego represented OASOC as Co-Chair of the Cultural Competency Program Asian American Task Force (AATF), served on the Planning Committee for the Annual Hope Event on May 19, 2022 whose theme was "Restoring Hope, Resilience, and Reconnection", and served on the Planning Committee for the Annual Riverside County Elder Abuse Symposium held on June 1, 2022 which raises awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect. Representatives/participants from the OASOC participated in these events. Tony Ortego provided Mature Adults program services to Executive Staff at Eisenhower Medical Center and represented OASOC this year by participating in the Riverside County Advisory Council on Aging meetings. This Council acts in an advisory capacity to the Riverside County Office on Aging and the Board of Supervisors on issues affecting older persons and adults with disabilities in the County, including, but not limited to, health, education, employment, housing, transportation, and recreation. This year, OASOC is collaborating with Inland/SoCal United Way and 211+ to create a partnership that is familiar with the needs of the mature adult population and to increase the utilization of services available through the 211 network. OASOC continues to work with the RUHS-BH HHOPE Program to assist older adults moving into the Cathedral Canyon Apartments and other supportive housing apartments in the Desert area such as Verbena and Legacy Apartments and reaching out to individuals who are experiencing homelessness and have need of 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 programs specialize 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 Integrated System of Care

VETERANS COMMITTEE

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

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 the California Department of Veterans Affairs; with a group of volunteers. Its purpose is to identify strategies for improving support 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 June 2022, the VSL, Mr. Aurelio Sanchez LCSW, left our County Cultural Competency team and embarked on better visions. We are so very sorry to see Aurelio leave, however, we wish the very best for him.

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.

We have learned and noticed that with the COVID epidemic, Veterans have had a very rough go of it, even more so than the general public.

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. Now, as we speak, the Mission Act may be dissolved and this will cause grave harm to an already overburdened system.

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,

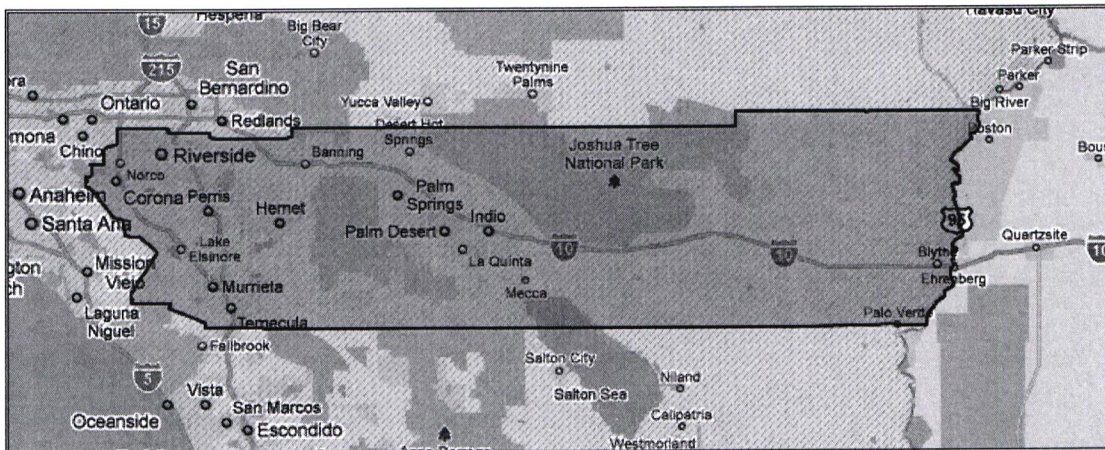
Rick Gentillalli, M.Ed., LPI, NCPT – Chair, Behavioral Health Commission – Chair, Veterans Committee
David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHA Administrator
Tonica Robinson, LL.M., MPP - Riverside University Health System - Behavioral Health -
Mental Health Services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

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 its 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 Grotsky 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. Unfortunately, due to management changes the art gallery at the "Rivers" came to an end during the mid 2022 season. The Desert Regional Board is thankful for the "Rivers" for allowing us the ability to acknowledge our clients creative talents.

As Chair Person I would personally thank Dr. Quinn who had 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 congratulations to them.

The Desert Regional Advisory Board has maintained a 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. This Advisory Board takes a great deal of time to make sure the Behavioral services of our clients and community are being met.

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

Chairperson

MID-COUNTY REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

Kimberly G. McElroy—Mid-County Regional Behavioral Health Services Advisory Board-Chairperson 7/21-12/21
Brenda Scott and Glen Shepherd—Mid-County Regional Behavioral Health Services Advisory
Co-Chairpersons 1/22-12/22

Venice Russ--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

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.

FY22 ANNUAL GOALS

- 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 approved the continuation of the goals established in the previous fiscal year. 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 is able to focus its attention on how RUHS serves its diverse populations and how it has worked to preserve its funding and staffing to better serve the County and its various regions effectively. Due to the ongoing concerns about the pandemic the Board continued to meet by Zoom. In addition, the Board was again 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 continuing focus on specific goal areas, the Board invited programs serving minorities and diverse groups within the Region to share their successes and challenges. 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

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. 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 interacted with the staff and the consumers 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, Family Advocates, Parent Support and Training

Partners, 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. Prevention, Education, and Intervention Program was also invited to share their many activities. 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 FY23, the Board plans to continue to invite representatives from all the major service areas to attend and provide 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.

For a detailed description of the presentations and updates please reference the minutes of each of the monthly meetings.

BOARD ACTIONS

Mid-County Regional Behavioral Health Advisory Board voted in June, 2021 to continue its FY20-21 goals into FY22. In November, 2021 a new slate of officers were elected. Brenda Scott and Glenn Shepherd now serve as Co-Chairs, Shani Todd served as Vice-Chair and Kimberly McElroy served as Secretary until her resignation on 6/30/22. Officers serve from January, 2022 through December, 2022.

NEW BOARD MEMBERS

We are pleased to welcome our newest members, Jennifer Woodworth and Ramon Amado. We are excited to have them join our board over the past year and look forward to their involvement. We have also lost a member this year. Kimberly McElroy resigned effective June 30, 2022. We continue our efforts to recruit new members.

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, secretary of the Mid-County Regional Board, attended monthly Commission meetings as chair and provided updates to the Commission on the activities of the Regional Board. She was also the Regional Board's representative to the Commission's Membership Committee, and Criminal Justice Committee.

Mr. Shepherd served as the Board Co-Chair and assisted in mentoring our new Board members over the course of the year. He was the Board's representative to the Older Adults Committee.

Mrs. Scott, addition to her role as Board Co-Chair for Mid-County Regional Board, also served on the Behavioral Health Commission, chaired and attended several of their sub-committees including Adult System of Care Committee and the Housing Committee. In FY22, she assisted with the MHSA outreach campaign, served as post-vention Co-Chair of the Suicide Prevention Coalition Committee. She worked with Cultural Competency on the PRIDE event and is well known for her coordination of the NAMI Walk in the Mt. San Jacinto/Hemet region every fall.

Dr. Walter Haessler served on the Behavioral Health Commission and chaired the Legislative Committee. He has written and been published in journals on various topics in the field of Behavioral Health.

SUMMARY

During this fiscal year, the Mid-County Regional Behavioral Health Advisory Board examined the needs of our area and the services that were being provided. As the restrictions of the pandemic have lessened we found the need for services grew. The Behavioral Health Department through its grant seeking efforts was awarded a number of sizable grants that have allowed for new programming that has been long needed. Through these grants, we will be able to better serve our community partners, such as our healthcare providers, school systems and the criminal courts. As an Advisory Board to the Behavioral Health Commission we will continue our growth to discover new ways to be of assistance to our region, 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 FY22, Co-Chairperson FY23
Ms. Shani Todd, Vice Chairperson FY23
Mrs. Brenda Scott, Secretary FY22, Co-Chairperson FY23
Ms. Kimberly McElroy, Secretary FY23

Members: Walter T. Haessler, M.D.
Ms. Dolores De Martino
Dr. Jennifer Woodworth
Mr. Ramon Amado

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

And other administrators, supervisors and managers contributing to meetings this year

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 provided via Telehealth and ZOOM meetings held as the norm and Field Based services provided to support consumer needs. Public transportation has been a barrier for many who continued in person services in programs. Other changes this year included program staff turnover, retirements, time needed off due to co-vid infections reported and relocation of service programs, as well as expansion of FSP services in all outpatient programs. The Strategic Plans of the County of Riverside are all inclusive and the Western Region participates has participated as best possible over the last fiscal year.

Face to face services were needed to meet clients' needs as study numbers found interpersonal interaction was needed at times. 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 loss 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.

Improved 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 ten Regional meetings and its attendees have shared positive efforts to have the same level of services throughout this challenging service year as largely effected by co-vid and staffing needs. 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. Health of all involved have been of primary consideration.

Western Region and 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:

- Monthly speakers have presented various topics of interest and ways to support mental health and reduce stigma. We have also had input as to increased membership via county representatives.
- We shared and discussed any personnel changes or new services such as drug treatment and alcohol abuse or retirements that occurred.
- One member of this Board also served on to another committee as chair: Criminal Justice Committee, Membership Committee, and on the Commission; the other member serves as Vice Chair and attends various committees and motivates actions via sharing information and working with others in the county system and county resources. More members are sought as we have lost Board Members to new jobs, transfers, moving, and passing away.
- 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, backpacks for school was supported by staff too.
- 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 this next year, 2022, 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.
- August 2021, partnered 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 virtually inn October 2021. 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. 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.

Shared Reports from Western Region:

Alea Jackson, M.S., LMFT- Mental Health Services Administrator Western Region Adult Programs

Across western region programs there are Clinical Therapist I/II vacancies. The adult programs are prioritizing filling the vacancies and are actively participating in the recruitment process and working the current candidate list(s) to expedite hiring.

Jefferson Wellness Center-Full Service Partnership (JWC FSP)

The JWC Supervisor participated in the virtual hiring fair on August 28th and 29th. JWC selected 2 candidates for 2 of 3 of the vacant CT positions and are currently in process on making contingent job offers. Currently there are 2 BHS II Vacancies, however 2 candidates are in background and one 2 in background. The JWC team is working to restructure as staffing resources are currently reduced due to the vacancies. We are increasing peer engagement, working to add groups, and also graduating clients who have sustained progress and require a lower level of care such as outpatient clinic treatment services.

Enhanced Care Management (ECM)

This month there were 7 clients who were transitioned to other ECM teams for the purpose of community supports. There are 33 clients who are actively enrolled and we continue to work toward the goal of enrolling 75 consumers by September 2022. The Supervisor continues to work collaboratively with other RUHS-BH staff and IEHP to finalize the contract, those meetings are scheduled. ECM conducted OAIII 2nd interviews on July 26th and selected a candidate to fill the vacancy. ECM promoted JWC FSP BHII Eileen Dorsey to the ECM BHSIII position. ECM will be fully staffed once the OAI officially joins the team.

Blaine Street Clinic

The adult outpatient program is working hard to request another CT list, we initially had 18 candidates, however there were people who declined and significant cancellations. The clinic is prioritizing filling vacancies for both CT I/II positions, LVN, and OA II positions. The program has plans to fully integrate Pathways to Success, the Senior Peer, and add additional groups.

Pathways to Success (PTS)

On July 28th the program participated in the CARF (Commission on Accreditation of Rehabilitation Facilities). The accreditation is a requirement of the Department of Rehabilitation contract. The Deputy Director and Administrator participated and represented leadership objectives and goals to sustain the program, enhance, and maximize service delivery for Riverside county consumers. This has been a huge focus for the program as the coordination was quite significant. The process includes interviews with RUHS-BH staff, stakeholders and consumers. This month we worked with our Program Analyst to transition the Riverside ESC II position to Temecula. There is currently a vacant ESCII position vacant in Riverside and PSS position that are pending approval for hire.

Novanh Xayarath LMFT – Mental Health Services Administrator Western Region Children's Programs and TAY Stepping Stone: From our Children Services

First Episode Psychosis (FEP) – Department received a 3 year block grant to develop a FEP program to serve all three regions (western, mid county, and desert). Program will target TAY age youth with first psychosis symptoms. Teams will comprised of Supervisor, 2 clinical therapists, 2 Behavioral Therapists, 2 Peers, half time Psychiatrist, and .25 research assistant. For western and mid county team, they will co-locate with Riverside Family Wellness Center and for desert team, they will co-located at TAY Flow in La Quinta. So far, we hired the supervisor, James Gayler. He is working to get the locations set up and hiring staff. Program should be operational and taking in consumers by September 2022.

Youth Hospital Program- At the beginning of the year, program struggled with staffing issues. Two of the three clinical therapists took job with the school district. YHIP had difficulty recruiting people and keeping them on board to do the work. The supervisor had to do multiple rounds of interviews as well as take on full caseload. It wasn't until the beginning of the year YHIP was able to successfully hired two therapists to backfill the vacant positions. YHIP had increased in referrals for youth who had severe behavioral health challenges. Referrals average 60 a month. The majority of the referrals came from local hospitals, ITF/ETS, and crisis teams.

ISF Wraparound – This program also struggled with staffing issues. Program lost two of three therapists. Positions were difficult to fill. Two staff that were hired to backfill the vacancies left within several months after starting the job. This required the supervisor to renew hiring search process. ISF is contractually obligated to prioritize Probation referrals. However, there was a significant drop on probation referrals resulting in ISF opening up slots for Medi-Cal referrals from outpatient clinics. ISF is planning and preparing to transition to high fidelity wraparound services as mandated by the state of CA. Transition is expected to start Oct 2023.

Multidimensional Family Therapy (MDFT) – MDFT also had staffing issues. It operated mostly with two therapists and one support staff. MDFT recently hired their BHSII position to do case management role. Referrals remain consistent. Program staff and supervisor had their credentialing renewed from MDFT International. Yearly outcome report provided by MDFT International shows program to be effective with good outcomes. Program is looking at possibility of doing in person credentialing review for the coming year as well as in person booster training.

Children's Treatment Services (CTS) – Had staffing issues at the beginning of the year with 2 therapists leaving the department. Program was able to backfill the positions. CTS is the largest children's outpatient program in west region. It serves as the hub for Trauma Focus – Cognitive Behavioral Therapy (TF-CBT) as well as eating disorder. CTS also provide significant coverage for surrounding programs and contract providers who need support with medication services or specialized treatment services such as eating disorder or TF-CBT.

TAY Stepping Stones: The program had significant staffing issues. It operated with one clinical therapist and a skeleton crew for most of the year. Only recently was the program able to fill it's vacant CT positions as well as some Peer positions. The program had a CMA transferred in and is currently in the process of on boarding an LVN. The program continue to provide online groups and some in person activities. Therapy and med services continue to be provided. Stepping Stones collaborated with Public Defender's office to have lawyer and paralegal at TAY Stepping Stones to help TAY Youth with probation/court related issues. Stepping Stone also collaborating with Riverside County Office of Education (RCOE) to do Care Space program to provide MH services to RCOE students under a special grant. This collaboration has resulted in additional referrals coming into the program.

Moreno Valley Children's Interagency Program (MVCHIP): The program was able to fill its staff vacancies. A lot of the new hires were recent graduates. Most were sent to get special training in TF-CBT and eating disorder. Referrals for MVCHIP had more acute needs, requiring a lot of services for stabilization. MVCHIP participated in pilot program to transport program's 5150 consumers to ITF when AMR is unavailable to transport. Pilot program still ongoing.

Riverside Family Wellness Center (RFWC) – program now down to three therapists and recruiting for the 4th therapist position. Program also loss one psychiatrist who left the county. RFWC continues to provide services that include individual, family, group, and medication services. Program specialized in eating disorder and

trauma focus cognitive behavioral therapy. RFWC had a therapist transferred in with knowledge/experience of working with youth who have been trafficked and sexually exploited. Referrals remained consistent.

Additional notes:

West region children worked with WET to put on new Trauma Focused – Cognitive Behavioral Therapy (TFCBT) cohort training. We were able to trained 38 new staff. This model of intervention is most effective with youth who have history of trauma, which makes up a large portion of children's consumer base. The training is 12 months long and will lead to model certification for staff who successfully completes it.

Western region children's also coordinated with WET to put on eating disorder trainings. We brought in eating disorder experts to train on Family Based Therapy for eating disorders to work with children with eating disorder and Dialectic Behavioral Therapy for eating disorder to work with adults with eating disorders. There were an average of 150 participants who attended the training that included department staff as well as contract provider staffs.

All children's programs are working towards developing and preparing new workflow to address all the CalAims changes that is coming to the department this coming year.

Francisco Huerta -- Senior Behavioral Health Peer Specialist

As the Western Region Senior Family Advocate, I am very happy to report that things are looking great in our region. Our Family Advocate Program has been supporting all RUHS BH-OP clinics, as well as BH Crisis Centers, ETS/ITF, Law Enforcement, and the community at large.

In the Western Region we receive over 20 new referrals weekly, while providing continuous support to existing families and making ourselves available to BH staff, Hospital staff, Crisis Team, Law Enforcement and Community Providers. We facilitate weekly evening Zoom family support groups (English/Spanish), including a in-person weekly family support group at Blaine St Clinic and at the TAY Stepping Stones Center. Due to the pandemic, we just started to provide in-person educational presentations to the community and are excited to do many more. We are in several collaboration committees/meetings (Inpatient/Outpatient Communication, Housing, Western Region BHC, Western Region Sups, and TAY Collaborative). We are also involved in our RUHS BH-OP clinics' weekly treatment team meetings.

We have been able to decrease hospitalizations and incarcerations (Recidivism), by providing support, resources and education to families/caregivers. Our TEAM has been able to assist families/caregivers to understand and navigate the BH system. Continuously collaborate and develop effective relationships with Behavioral Health providers, programs, clinics and community organizations to promote family integration into our behavioral health services delivery. Assist Behavioral Health clinics, hospitals and other behavioral health service facilities by being a liaison for clinic staff and the Family Advocate Program.

We continue to be an essential role in the Adult Behavioral Health clinics as family members and caregivers of the adult consumers need to have someone who advocates, informs, trains, supports and empowers families/caregivers who directly or indirectly receive behavioral health services. We participate on FSP teams to

help communicate, represent and promote the families/caregivers perspective within the behavioral health system and FSP teams.

The Family Advocate Program strives to remove barriers associated to gaining access to support systems for families. This involves meeting them where they are, whether that is in the community or home visits. Having support staff explore resources has proven to be more effective than providing a list of possibly helpful phone numbers for families to call. Establishing trust with families/members by meeting them where they are often leads to regular clinic visits where staff can engage and re-engage families/members.

Our goal is to continue adding Family Support Groups, Sibling Support Groups and Family Educational trainings. Current available curriculum include DBT for Families, Family WRAP, Real Recovery for Families, From Crisis to Stabilization Family Groups, Mental Health First Aid and Recovery Management for Families.

There are over 50 service points in the Western Region. Substance Abuse Prevention and Treatment Program is also under the purview of the Commission; therefore, the Western Region also provides feedback on these programs. 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 our Board. 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. All are appreciated and welcome to our board meetings. We appreciate any guidance and support from our District 5 Supervisor, Mr. Jeff Hewitt, and his staff. We invite any other BOS that may cover Western Region to direct volunteer members for consideration to our Regional Board.

The Administrators, Supervisors, Leads, and Peer Support and Vice Chair 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. Our liaison, Norma McKay, has helped with arrangements to meet via ZOOM and presenters.

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; Lisa Morris - Western Region Vice Chair

Bernadette Regan and Alea Jackson,
Western Region Adult Behavioral Health Services Administrator
Novanh Xayarath, Western Region Children's Behavioral Health Services Administrator (BHSA)

And to all others contributing and attending as outlined by this report-

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.