

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



ITEM: 2.10
(ID # 30419)

MEETING DATE:
Tuesday, June 09, 2026

FROM : RUHS-BEHAVIORAL HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Receive and File the Behavioral Health Commission Annual Report for FY24/25, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and File the Behavioral Health Commission Annual Report for FY24/25.

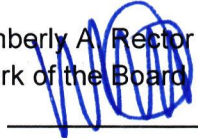
ACTION:Policy


Matthew Chang, Director 5/28/2026

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: June 9, 2026
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: 25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Behavioral Health Commission (BHC) is established pursuant to 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, Riverside University Health System – Behavioral Health (RUHS-BH), and the Riverside County Board of Supervisors.

In accordance with W&I Code Section 5604.2 and BHC Bylaws, Article I, Section 3, the BHC reviews and evaluates the local mental health and substance use disorder system to assess program performance and ensure services meet the needs of Riverside County residents. The BHC also provides recommendations to support the effective delivery of culturally competent, community-based behavioral health services.

As required by W&I Code, BHC Bylaws, and Riverside County Board of Supervisors Policy A-21, the BHC submits its annual report to the Board of Supervisors outlining the needs and performance of the County’s behavioral health system.

Impact on Citizens and Businesses

The BHC functions as an oversight body for RUHS-BH and advocates for individuals receiving behavioral health services. Its activities support ongoing efforts to improve the quality, accessibility, and cultural competency of behavioral health services provided to Riverside County residents.

The services described in the Behavioral Health Commission Annual Report are part of the Department’s System of Care and contribute to improving health outcomes and community well-being.

Attachments

Attachment A. FY24/25 Behavioral Health Commission Annual Report.

Jacqueline Ruiz
Jacqueline Ruiz, Principal Analyst

6/2/2026

Gregg Gu
Gregg Gu, Chief of Deputy County Counsel

5/28/2026

COUNTY OF RIVERSIDE

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COMMISSION

ANNUAL REPORT FY 24/25

7/1/2024 – 6/30/2025

BOARD OF SUPERVISORS

DISTRICT I – KEVIN JEFFRIES / JOSE MEDINA

DISTRICT II – KAREN SPIEGEL

DISTRICT III – CHUCK WASHINGTON

DISTRICT IV – V. MANUEL PEREZ

DISTRICT V – YXSTIAN GUTIERREZ



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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 examinations and reviews 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.”

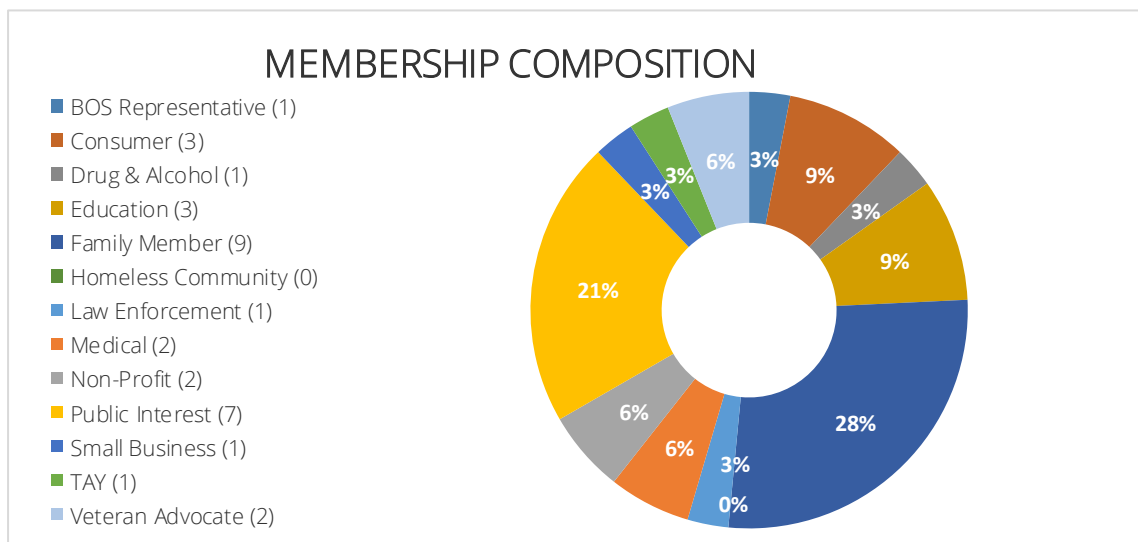
RECRUITMENT EFFORTS

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 people 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 Desert Regional Board focuses on District 4 and parts of 5; the Mid-County Regional Board concentrates on Districts 3 and parts of 5; and the Western Regional Board addresses Districts 1, 2, and parts of 5.



As of June 30, 2025
 Total No. of Members: 15
 Number of Vacancies: 1

2024 BEHAVIORAL HEALTH COMMISSION ROSTER

EXECUTIVE COMMITTEE

RICHARD DIVINE – CHAIR Family Member District 2 – Karen Spiegel	BRENDA SCOTT – VICE CHAIR Family Member/Consumer/Non-Prof. District 3 – Chuck Washington	APRIL SMITH - SECRETARY Family Member/ Education District 5 – Yxstian Gutierrez
HARSHITAA ARUNKUMAR Consumer/ TAY/ Family Member District 1 – Kevin Jeffries / Jose Medina	QUINTILIA AVILA Consumer/Family Member/Public Int District 2 – Karen Spiegel	GREG DAMEWOOD Family Member/ Public Interest District 2 – Karen Spiegel
RICK GENTILLALLI Law Enforcement/ Veteran Advocate District 5 – Yxstian Gutierrez	BEATRIZ GONZALEZ Education District 4 – Manuel Perez	DR. WALTER HAESSLER Public Interest/ Medical Field District 3 – Chuck Washington
SHEILA MALLET-SMITH Family Member/ Medical/ Veteran/ Public Int./ Non-Profit/ Sm. Bus. District 3- Chuck Washington	DEBBIE ROSE / ELYSSE RICO Board of Supervisor Representative District 2 – Karen Spiegel	VICTORIA ST. JOHNS Family Member/ Edu./ Drug & Alc. District 4 – V. Manuel Perez
CAROLE SCHAUDT Public Interest District 4 – Manuel Perez	DARYL TERRELL Public Interest District 5 – Yxstian Gutierrez	LAUNA WILSON Family Member/ Public Interest District 1 - Kevin Jeffries / Jose Medina
VACANT District 1 – Kevin Jeffries / Jose Medina		

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

2024 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
JOSEPH A. BUTTS Public Interest District 4	MAURA FISHER Public Interest District 4	BEATRIZ GONZALEZ Education/Public Interest District 4
EVA GUNTHER-JAMES Public Interest District 4	JIM JONES Public Interest District 4	SANDRA NEJA Family Member District 4
HUYNH-CUC NGUYEN Peer District 4	TORI ST. JOHNS Family Member District 4	CAROLE SCHAUDT Public Interest District 4
BRUCE SHERR Consumer District 4	CHRISTINE THOMSTAD Family District 4	VACANT

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

2024 MID-COUNTY REGION ADVISORY BOARD ROSTER

BRENDA SCOTT – <i>Chair</i> Consumer / Public Interest District 3	RAMON AMADO – <i>Vice Chair</i> Consumer District 3	JENNIFER WOODWORTH – <i>Secretary</i> Family Member/ Public Interest District 3
VERNITA BLACK Family Member / Public District District 3	MARITZA CAMACHO Family Member/ Family Advocate District 3	DOLORES DEMARTINO Family/ Public Interest District 3
WALTER T. HAESSLER, MD Public Interest District 3	DON KENDRICK Consumer / Peer Support Specialist District 2	VACANT
VACANT	VACANT	VACANT
VACANT	VACANT	VACANT

Total No. of Members: 8

Number of Vacancies: 7

2024 WESTERN REGION ADVISORY BOARD ROSTER

GREG DAMEWOOD - <i>Chair</i> Family Member District 5	VACANT - <i>Vice Chair</i> Category District	VACANT- Secretary Category District
RICHARD YARBROUGH Consumer/ Family Member/ Public Interest/ Rep. of Alcohol & Drug Com DISTRICT 5	VACANT	VACANT
VACANT	VACANT	VACANT
VACANT	VACANT	VACANT
VACANT	VACANT	VACANT

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

MID-COUNTY REGIONAL BOARD

WESTERN REGIONAL BOARD

STANDING COMMITTEES:

ADULT SYSTEM OF CARE COMMITTEE

CHILDREN'S COMMITTEE

CRIMINAL JUSTICE COMMITTEE

EXECUTIVE COMMITTEE

HOUSING COMMITTEE

LEGISLATIVE COMMITTEE

OLDER ADULT INTEGRATED 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

Jacqueline Markussen – Riverside University Health System – Behavioral Health Services Administrator for
Mid County Region

* * * * *

MISSION STATEMENT

“To promote, support, and advocate for high quality and culturally appropriate services for individuals who experience behavioral health challenges and their families residing in Riverside County.”

GOALS

Increasing membership; Review of the Mission Statement; Work to create a Vision Statement.

* * * * *

The Adult System of Care Committee currently has an average attendance of 20-30 people, who encompass RUHS Staff, Behavioral Health Adult Regional Administrators, Deputy Directors, Board Members, Cultural Competence Liaisons, Consumers and Public Members, with Administrators from Western, Mid-County and Desert Region Adult Clinics providing monthly updates for their programs.

Guest speakers from different agencies provided the following presentations:

Adai Taylor, Health Equity Program Liaison for Inland Empire Health Plan presented Connect IE, which is an interactive platform, powered by Find Help, that bridges the gap between community members and resources that address social needs by linking health care and social services within Riverside and San Bernardino Counties.

Christina Dominguez presented Office of Aging, Care Pathways, in which the program is part of the Family Caregiver Support Program who serve relative caregivers at risk for burnout, or clients caring for a relative who is age 60+ yrs or a relative diagnosed with early-onset dementia offering psychoeducational support with classes meeting in person.

Christopher Vazquez with CHIRLA (Coalition for Humane Immigrant Rights) spoke on CHIRLA’s mission which is to achieve a just society fully inclusive of all immigrants, what immigration is and how they meet with undocumented families and suggest preparing a family plan, while sharing the information with family and friends, finding an immigration attorney and keeping all important documents at a safe location.

Shirly Guzman, Hispanic/Latinx Cultural Competency Liaison gave a presentation on disparity in the Hispanic/Latino populations within Riverside County and how they face more socio-economic challenges than other populations, inequitable distribution of resources and services which contributes towards the downward mobility and poor mental and physical health of Latinos, and how the lack of affordable housing has substantial implications for many Latinos and how it can substantially impact their quality of life.

Melissa Vasquez presented on TakemyHand (<https://takemyhand.co/>) (16 & over) which is a free, anonymous, live Peer chat support website that offers a safe space for anyone struggling with life challenges to come in and speak their truth. Certified Peers are able to relate, validate, offer coping skills and resources, or just offer a space to vent.

ManTherapy is geared towards males 25 and up (<https://mantherapy.org/>) that provides a tool for self-assessment that they call a "head inspection", this gives the user an opportunity to look at where they might be struggling in the comfort of their own home and it provides detailed information on those challenges and what to look out for and how to better manage those feelings. ManTherapy also provides resources and linkage to care. This is an excerpt from their website "After years of research, Man Therapy® was created as an upstream approach to preventing suicide for the highest-risk men, who often don't receive support. The innovative campaign and 24/7 digital platform get working-aged men to think differently about their mental health and take action before they ever reach a point of crisis." The site uses male satire as a soft introduction to services with many funny YouTube videos that were created by ManTherapy.

Nisha Elliott gave an update on the MHS/BHSA plan and the changes our department will go through and encouraged participants to partake in the public hearings where verbal feedback is encouraged and virtual hearings which are both conducted by the Behavioral Health Commission.

Dakota Brown, Cultural Competency Liaison gave a presentation on people with disabilities and the different types of disabilities such as chronic illness, intellectual disability or neurodivergent, along with statistics where people are typically placed in two different categories (disabled and non-disabled), and the barriers that society imposes on them.

Lorissa Villarreal gave a presentation on the services HHOPE offers to people on the streets of Riverside County by offering emergency housing, rental assistance, rapid rehousing and permanent supportive housing communities offering residential opportunities which include recuperative care and services to consumers needing long term support.

Don Kendrick gave a presentation on the services that the CRISIS team offers to the communities within Riverside County, which includes fully mobile field based crisis response team consisting of Clinical Therapists, Behavioral Health Specialists, and Peer Support Specialists who are equipped with a car, laptops, and cell phones who have access to RUHS-BH electronic health record data, and who work collaboratively with all community stakeholders to support individuals experiencing psychiatric crisis.

COMMITTEE MEMBER ACTIVITIES

Committee members were actively involved in both community and department activities which included the following events:

- Annual NAMI Walk – November 16, 2024
- Recovery Happens – September 2024
- NAMI Mt. San Jacinto Christmas Party – December 17, 2024
- International Survivors of Suicide Loss Day – November 23, 2024
- The Art of Wellness Mental Health Awareness Fair – May 8, 2025, at Valley Wide Park in San Jacinto; and May 15, 2025, at Fairmount Park in Riverside
- Annual 1Life1Heart Poisoning & Overdose Awareness Walks – April 12, 2025, at Fairmount Park in Riverside and June 7, 2025, at Murrieta Town Square Park

SUMMARY

The Adult System of Care Committee worked on goals to increase membership. Some of the efforts to increase membership have been to continue 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. Committee/staff members bring clinic consumers and families to the meetings and offer a hybrid TEAMS option for members to attend remotely.

Brenda Scott regularly attended the Behavioral Health Commission (BHC) meetings and reported on committee information and suggestions to the BHC. Jacqueline Markussen is the Behavioral Health Services Administrator for Adult Services and the RUHS-BH Liaison for this Committee. Jacqueline 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. Administrators for Western Adult BH, Desert Adults BH, Mature Adults, Care Court, Peer Consumers and Crisis attend meetings and provide monthly updates.

Respectfully submitted,

Brenda Scott, BHC Adult System of Care Committee Chairperson
Jacqueline Markussen, Adult Behavioral Health Services Administrator for Mid-County Region

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

* * * * *

Reporting Period - July 2024 through June 2025

Committee's Vision: To create a compassionate, inclusive, and collaborative community where every child has equitable access to high-quality behavioral health services, empowering them to thrive emotionally, socially, and academically.

Mission Statement: 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.

Committee's Goals:

- Promote Early Identification and Intervention
- Improve Access to Services
- Enhance Cross-System Collaboration
- Support Family Engagement and Empowerment

* * * * *

July 2024: Western Children's Region: Novanh Xayarath attended the groundbreaking for the Wellness Village and commented that the complex is going to be amazing.

- Western Region will have the ED (Eating Disorder) Outpatient Program Clinic situated there. The grant for the ED IOP Program is for 5 years.

The Western Region is waiting for formal approval from the board to hire the requested 28 positions.

- Doctors, dietitians, therapists, Parent Partners, health educators, and psychologists to name a few.
- Lining up trainers and consultants to guide the department through the project.

CTS (Children's Treatment Services): During the summertime there are higher numbers of no-shows and cancellations. In July 2024 Joseph (Joe) Jones, CTS (Children's Treatment Services) Supervisor, developed a month-long plan to address the no-shows in the summertime e.g., summer camp. The parents are also required to attend. This pilot started with several groups running daily.

August 2024: Dark

September 2024: TAY Mid-County: Lauren Adamson shared the following:

Building Peers Leaders Graduation. Eight new staff that successfully graduated and will soon be taking the exam to become a Certified Medi-Cal Peer Support Specialist.

There are Peers, Family Advocates, Parent Partners across the board, who are in the renewal process, which seems to be going well.

Mid-County Region, Desert Region and Western & Central Region offer the "All-Peer" training (good for 1.5 CEU'S) is the 3rd Tuesday of every month at the TAY Drop-In Centers.

October 2024: Prevention & Early Intervention

The Suicide Prevention Coalition had its 3rd annual conference with over 400 in attendance, that included representatives from Law Enforcement, Fire, Emergency Services, Healthcare, Education, and community-based organizations. The focus was on crisis response in youth suicide behaviors with keynote presentations and breakout sessions.

A live stream recorded in the morning and in the afternoon included a youth panel. The recording will be available on the www.rivospc.org site.

November & December 2024 Meetings Combined:

Desert Region participated in the RIE (Rapid Improvement Event) and in a 4-day Youth ECM (Enhanced Care Management) Training.

The Longest Night Event in the Desert was held at the Coachella Valley Rescue Mission. Everyone supporting the event passed out jackets, and warm items as a tribute to those that have lost their lives to homelessness/living on the streets.

There were over 200,000 people and over 8000 around the globe in attendance for the Palm Springs Pride Parade.

Parent Support & Training received a grant that allows TAY Age/Young Adults to take the "Building Peer Leaders" Training and is looking for volunteers (over the age of 18) who are looking for an opportunity to take charge. For those that are interested they must first go through the Volunteer Peer Coordinator, who prepares a career plan and will guide the volunteers through the process.

January 2025: TAY Drop-In Center

A music studio for the TAY Stepping Stones Drop-In Center, was an idea born from a member at the Western Regional Board meeting. Scott McClung did a great job pulling the music studio together with the necessary equipment and the studio is now up and running.

February 2025: PEI Mobile PCIT Desert:

The Mobile Crisis Response service is available 24 hours a day, 7 days a week, includes Therapists, Case Managers, Substance Abuse Counselors, and Peer Support Specialists who are equipped to handle behavioral health crises. Avoiding unnecessary emergency department care, psychiatric hospitalization, and law enforcement involvement.

Mobile response is part of RUHS-BH's expansion of services, which includes five new vans staged throughout the county to give community members privacy and respect on scene. Services are available to families at no cost, regardless of insurance status.

March 2025:

The Preschool 0-5 Program in partnership with Parent Support and Training participated in the ASPIRE Community Cookout at one of the local housing units. PCIT Mobile Units provided a unit to the ASPIRE Community Cookout, whereby, they engaged and provided valuable resources to the TAY residents and parents who might need services.

Adriana Villa, and Flor Ramos, McKinley Youth, Family, Community Mental Health Services:

A community-based mental health program serving the 0-21 population with full scope Medi-Cal. Services include weekly individual therapy, family therapy and collateral sessions with parents and caregivers, with locations in Riverside and the Low Desert Regions. Services provided in schools, at home, the clinic in Hemet and/or telehealth.

April 2025:

MBR (Mindful, Body and Recovery) IOP (Intensive Outpatient Program) is set to go live on May 5, 2025. Focusing on raising public awareness, reducing stigma, early intervention, and providing education and resources. IOP is a lower level of care that does not require hospitalization, 24/7 monitoring, or overnight stays.

May 2025: Lauren Valles, Riverside DA's Office, Victim Services Supervisor, Handler for Support K9- Dinah

The Crime Prevention Unit and its core of services.

- SARB: School Attendance Review Board
- Case Management & Mentoring
- Countywide Prevention Presentations
- DART: De-escalation and Assistance Resource Team
- Stability Funding

The mission is to collaborate with community partners to assist young people stay in school, achieve academic success, and develop positive life skills.

Developing programs and strategies designed to suppress crime, prevent victimization, and address the needs of at-risk youth and their families. For further information 951-955-5400 CPU@rivcoda.org or www.rivcoda.org/crime-prevention-unit

June 2025:

Harmony Haven, a DPSS youth emergency shelter in collaboration with RUHS-BH, is adding a BHS (Behavioral Health Specialist) staff full time Monday through Friday.

In addition, RUHS-BH is in the process of a second round of site interviews for two open positions: a Senior Clinical Therapist and a Clinical Therapist.

With the possibility of the county-wide YECM (Youth Enhanced Care Management) Program launching in September 2025, the department is in search of a supervisor.

The Lake Elsinore Unified Superintendent toured the facilities at the Academy and was very impressed with the PCIT services being offered by the preschool program and asked the staff to apply for the Golden Bell award. This award recognizes outstanding programs through the California School Board Association. The Program will find out in a few weeks whether they will be awarded.

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 Hazeltown'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 re-engagement into the community without formal supervision.

The Criminal Justice Committee (CJC) currently has a total of six (6) members with an average regular attendance of 18 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.

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 RUHS-BH Crisis Support System of Care and the Crisis Intervention Training (CIT) Program.

CIT Program – Crisis Intervention Training Program:

Crisis Intervention Training (CIT) has been a collaborative effort with RUHS BH and Law Enforcement for over 15 years. In the CIT course, RUHS-BH collaborates with Riverside Sheriff's Office (RSO) and Police Departments throughout Riverside County to develop and facilitate Crisis Intervention Trainings.

CIT is 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 Riverside Police Department (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 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 and substance use disorder 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.

From July 1, 2024, to June 30, 2025, fiscal year, the Crisis Intervention Training program trained over 300 number of staff on Crisis Intervention and on average the trainees rated the training at a number 5 which indicates that it was an excellent training and stated that it meets their learning objective expectations.

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 seven years ago with the Riverside Police Department, followed by the Hemet Police Department in 2017. CBAT functions as a special unit that responds to 911 behavioral health related crisis calls, mental health emergencies/5150, substance abuse and homeless related crisis. CBAT provides rapid response field-based risk assessment, crisis intervention and de-escalation, linkage and referrals. One of the goals of CBAT is to provide field officers a resource for calls that require more time and specialized attention. In addition, the goal of CBAT is to divert and decrease psychiatric inpatient hospitalizations whenever possible, decrease incarceration, decrease ED admissions, reduce repeated patrol calls, make appropriate linkages to care and resources and strengthen partnerships between the community, law enforcement and behavioral health.

CBAT locations expanded from two teams working with the Riverside Police Department and the Hemet Police Department, to 17 teams:

Riverside Police Department	Temecula Sheriff Station
Hemet Police Department	Cabazon Sheriff Station
Indio Police Department	Hemet Sheriff Station
Murrieta Police Department	Perris Sheriff Station
Beaumont Police Department	Jurupa Sheriff Station
Cathedral City Police Department	Lake Elsinore Sheriff Station
Corona Police Department	Palm Desert Sheriff Station
Menifee Police Department	Thermal Sheriff Station
Moreno Valley Sheriff Station	Temecula Sheriff Station

In addition, we implemented 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 RUHS-BH 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.

Program Update

In addition to providing CIT training to law enforcement, RUHS-BH CIT Program has expanded to provide Mental Health Awareness Training (MHAT) for other first responders who work closely with law enforcement. This program expansion is part of a SAMSHA grant. The MHAT curriculum will train firefighters, paramedics and EMTs from our State Fire Department (CalFire) and Riverside County Emergency Management Department (EMD) provider agencies (fire departments, EMTs and paramedics). For FY 23/24, we have already trained about (30) EMTs and paramedics. We plan to expand our scope of training to include students in fire and EMT/paramedics as well.

RUHS-BH NEW LIFE (AB109) PROGRAM

RUHS-BH has provided the following Realignment services during FY 24/25 to AB 109 offenders, including those incarcerated in the county's five detention facilities:

- Mental health and substance use disorder screenings and assessments
- Mobile Crisis Response 24/7/365
- Full array of outpatient MH, SUD and Cooccurring Enhanced individual and group counseling/ therapy treatment services in multiple levels of care
- Care Coordination and Intensive Case Management to needed recovery support, physical health care, adjunct services, this also includes transportation as needed
- Family therapy
- Educational groups
- Recreational therapy
- Psychotropic medication management
- Urinalysis testing (UA drug testing)
- Full array of MH and SUD Residential and Inpatient treatment services
- Housing Suite Package including Recovery Residences, Emergency Housing, and Transitional Living
- Medication Assisted Treatment (MAT) Services
- Comprehensive discharge planning
- Coordination of prison releases with the Probation Department for PRCS offenders

Behavioral Health Screenings are conducted at Probation and Parole sites, Behavioral Health (BH) outpatient clinics, hospitals, emergency rooms, BH urgent cares, and detention facilities to identify the AB 109 offenders' needs, determine the course of treatment in specific levels of care and direct linkage and placement to these services. Behavioral Health screenings consist of questions related to mental health, substance use, physical health, housing, legal history, and treatment history. The BH screening is 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 also determines if a more robust SUD or other assessment type is needed to enable staff and members to develop a full prescribed treatment regime and recommendation.

Behavioral health staff are dispatched to detention facilities to provide collaborative jail in-reach. Jail in-reach involves an AB109 case manager, Justice Outreach Team (JOT) staff that consists of a drug and alcohol counselor and peer support specialist, detention staff, and inmates with open BH cases who are approaching discharge or have been ordered by court to have a full assessment for treatment planning purposes pre-release. BH staff provide inmates with BH and BH New Life services available and provide collaborative linkage and referrals as needed to Day Reporting Centers (DRCs), New Life AB 109 outpatient behavioral health clinics or Forensic Full Service Partnerships (FFSPs). If a higher level of care or comparative level of care more geographically appropriate for member is identified, BH teams will place and link to these programs as well.

Adult full assessments are completed on all AB 109 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.

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, physical health, 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 AB 109 consumers which include, but are not limited to:

- 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 members' treatment success and recovery maintenance. Discharge planning includes, when applicable, substance use recovery services which are used when the member 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.

Behavioral Health has Rolled out the use of Medications for Addiction Treatment (MAT) in all outpatient clinic types, adult detention facilities, and Crisis and SUD Residential treatment settings for those members with a moderate or severe Opioid or Alcohol Use Disorder. Also, to assist with referrals from jail and prisons through BH LINKS, we established a SUD/MAT referral system through our Substance Abuse Prevention and Treatment Administration.

When appropriate, members are linked to RUHS-BH's psychiatrist for assessment and medication management. AB 109 staff, including nurse and treatment team staff, work very closely with the psychiatrist to collaborate on the management of psychotropic medications and keep psychiatrists informed of outcomes including improvements or side effects.

In FY 24/25, RUHS-BH expanded our collaboration with Parole by having our field-based Justice Outreach Teams provided screening on-site at Parole sites. RUHS-BH has increased partnership with Parole and CDCR leadership for improved coordination of care.

STATISTICS:

During FY 24/25, RUHS-BH provided 157,159 mental health services (which is a 26% increase from prior FY 23/24), and 243,481 substance use services (which is a 31% increase from prior FY 23/24). RUHS-BH served 2,621 unduplicated clients with mental health diagnoses (12% increase from prior FY 23/24) and 1,878 with substance use diagnoses (20% increase from prior FY 23/24).

Services provided include mental health and substance use screenings and assessments, 7,919 medication services (8% increase from FY 23/24), substance use disorder residential and detox services, intensive outpatient services and comprehensive full-service partnership wraparound services. Emergency housing and transitional housing remains a core basic need for AB 109 offenders. During FY 24/25, there were beds available to AB 109 offenders through Behavioral Health's HHOPE Program.

During FY 24/25, AB 109 Housing was provided as follows:

- Mental Health Emergency Housing Bed Nights – 9,714 (31% increase from FY 23/24 of 7,410 total)
- Probation (Non-MH) Emergency Housing Bed Nights – 21,321 (194% increase from FY 23/24 of 7,262 total)
- Probation (Non-MH) Transitional Housing Bed Nights – 9,849 (52% increase from FY 23/24 of 6,494 total)
- Total Served in FY 24/25:
 - 227 - Males
 - 16 - Females
 - Grand Total= 243

ACCOMPLISHMENTS – FY 24/25:

The following are a summary of goals with progress updates on goal attainment.

- **Enhance 90 Day Pre-Release Engagement:** RUHS-BH will enhance pre-release discharge planning by establishing Justice In-reach Teams (JIT) that will primarily work inside the jails to engage with inmates and provide linkage and referrals to our outpatient forensic programs, New Life.

Goal Attained: RUHS-BH has expanded with enhanced care management (ECM) teams to assist with pre-release discharge from state hospitals and detention facilities. These ECM teams assist with assessing consumers mental health needs, housing needs, medical needs, etc. upon release to coordinate care.

Goal On Hold: Due to AB109 budget discussions and potential AB109 funding cuts for RUHS-BH, this goal for expansion has been placed on hold until budget meetings in fall of FY 25/26 determine future budgets for RUHS-BH.

- **San Jacinto New Life Re-location & Expansion of MD services:** RUHS-BH aims to acquire a new San Jacinto New Life location that will house San Jacinto New Life clinic staff, San Jacinto Forensic FSP and the San Jacinto Justice Outreach Team. The building is currently pending construction and will allow all three programs under one roof. In addition, San Jacinto will expand its medication services offering by utilizing the residents' program and hiring a new RN to provide vitals and other pre-work up in addition to injections for consumers when appropriate.

Goal Nearing Completing: Expansion of New Life Clinic in San Jacinto is nearing goal completion. Construction is wrapping up, after several delays in City approving construction permits, with an estimated finished date by September 2025.

GOALS – FY 24/25:

- **Enhanced FSP Level of Care for Forensic Consumers:** RUHS-BH will expand levels of care for forensic consumers by incorporate Forensic Assertive Community Treatment (FACT). FACT is a service delivery model intended for individuals with serious mental illness (SMI) who are involved with the criminal justice system. These individuals may have co-occurring substance use and physical health disorders. Their needs are often complex, and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. FACT builds on the evidence-based assertive community treatment (ACT) model by making adaptations based on criminal justice issues—in particular, addressing criminogenic risks and needs. In this sense, FACT is an intervention that bridges the behavioral health and criminal justice systems. FACT is designed to do the following: improve clients' mental health outcomes and daily functioning; reduce recidivism by addressing criminogenic risks and needs; divert individuals in need of treatment away from the criminal justice system; manage costs by reducing reoccurring arrest, incarceration, and hospitalization; and increase public safety.
- **Expansion of Day Treatment Intensive and Day Rehabilitation:** RUHS-BH plans to expand to New Life Day Treatment Intensive (DTI), which is a structured, multi-disciplinary program of therapy and an alternative to hospitalization or more restrictive setting, which maintains the individual in a community setting where services to a distinct group of individuals are provided. New Life DTI services will be available at a minimum of (6) hours per day. Service activities may include but are not limited to: Assessment, Plan Development, Therapy, and Rehabilitation. DTI offerings will include at minimum, (4) groups per day that are 1.5 hours in length, for a total of (6) hours of program services.

- This will be a pilot program serving up to (6) members in DTI at Riverside New Life. New Life Day Rehabilitation (DR) is a structured program of rehabilitation and therapy to improve, maintain, or restore personal independence and functioning consistent with requirements for learning and development, which provides services to a distinct group of individuals. Service activities may include but are not limited to: Assessment, Plan Development, Therapy, and Rehabilitation. DR offerings will include at minimum, (2) groups per day that are 1.5 hours in length for a total of (3) hours of program services. This will be a pilot program serving up to (6) members in DR at Riverside New Life.

**RUHS-BH SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DRUG COURTS,
PROPOSITION 36, AND FAMILY PRESERVATION COURT**

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

The Recovery Opportunity Center (ROC) program is a collaborative effort between Riverside University Health System-Behavioral Health (RUHS-BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners, we work to develop a comprehensive 18 – 24-month program for each participant (must be at least 18 years of age) consisting of a stable place for the person to live, linkage to outpatient/community services to address their substance use/mental health treatment needs as well as frequent oversight by the Probation Department and the Court. Substance Abuse Prevention and Treatment Program (SAPT) operates four adult Drug Courts in the County located in Riverside, San Jacinto, Indio and Blythe. These long-standing adult collaborative courts boast high outcomes and work in proximity with the judicial courts for the best guidance and treatment possible for consumers. The ROC Program faced a decrease in referrals with the passing of AB1950 on January 1, 2021, which reduces probation supervision to a maximum of two years; however, our Collaborative Teams worked diligently to address these changes and modify the program to continue the same quality services and make the program enticing for those that could benefit from it. More recently, the Collaborative Teams have focused on increasing access to high risk and high need individuals, while maintaining public safety. For fiscal year 2024 – 2025, the ROC program received 239 referrals. Of those potential participants, 69 (29%) agreed to and were accepted into the program.

In the November 5, 2024 elections, Californians overwhelmingly voted for Proposition 36, which overturned Prop 47 making some drug and theft charges eligible to be filed as a felony and putting the individual at risk of jail or prison. The new legislation focuses on reducing homelessness through the establishment of a new class of crimes called a "treatment-mandated felony" for designated drug offenses. Under this approach prosecutors have the discretion to charge a felony drug possession offense after two prior drug convictions, with the defendant having the option of participating in drug treatment.

Successful completion of the treatment program results in the dismissal of the drug charges. SAPT has continued to work with the Riverside Court to serve the Justice-Involved Population. For fiscal year 2024 – 2025, the Prop 36 program received 315 referrals since February 10, 2025. Of those potential participants, 97 (31%) agreed to and were accepted into the program. This new state requirement came with no funding or implementation guidance. Our Behavioral Health Department worked with our court partners to develop a roll out in all 3 regions and designated staff to complete these screenings. Recognizing the need for designated staff to this popular new program, RUHS has aggressively applied for grant funding to cover these new requirements. We are currently waiting to find out if we will be awarded.

Family Preservation Court (FPC) seeks to do what is in the best interest of the family by providing a safe and secure environment for the child while intensively treating the parent's substance abuse and other related issues. FPC aims to protect children and to reunite families by providing parents with support, treatment and access to services. Family Preservation Court has been operated for the County by a contractor since 2007 and as of April 2017, the Department has taken back all treatment services for this population. These Family Preservation Court treatment services are now located in RUHS-BH SAPT Clinics in Corona, Moreno Valley, Riverside, San Jacinto, Perris, Temecula, Indio, Palm Springs and Desert Hot Springs. The collaboration between SAPT and Children & Family Services (CFS) works to address and serve pre-filing and post-filing cases to reunite and keep families together. In late 2022, RUHS-BH SAPT and the Department of Public Social Services (DPSS) partnered to pilot and later launched a Centralized Screening program aiming to increase referrals to FPC. Within this program, DPSS refers candidates who are in need of a substance use disorder (SUD) screening. SAPT then completes the SUD screening and recommends a level of treatment. If suitable, candidates are offered FPC and linked to SAPT Clinics for services. For fiscal year 2024 – 2025, the FPC program received 122 referrals. Of those potential participants, 78 (64%) agreed to and were accepted into the program. In 2024, the RUHS – SAPT Team applied for a SAMHSA grant to expand services and resources within the Family Preservation Court program. On August 28, 2024, we were notified that we were awarded \$2,000,000 for 5 years, which equals \$400,000 a year.

DETENTION STAFFING AND PROGRAM UPDATES

During the fiscal year 2024-2025 detention staffing levels have remained steady. Staffing for prescriber positions were added to support medication assisted treatment program and ongoing psychiatric care at all the facilities. Suicide Prevention and Psychiatric Crisis responses were updated to create more compassionate and restorative milieu for clients and support stabilization.

- Safety Cell policy and procedure updated
 - Clients can now have property returned to them in safety cell
 - All clients will receive safety cell blanket for bedding in safety cell
- Medication Assisted Treatments increased by 33% over the last year
- Formal Protocol adopted to address MAT medication Diversion
 - Data collection and Report generation standardized by Research Division
- Jail In-Reach for discharge Planning rolled out in anticipation of Justice Involved Initiative
- TechCare 5.0 rollout is underway with a go live date of 12/1/25
 - Staff are currently being trained in the new version of the platform
- NCCHC Reaccreditation Site Surveys successfully completed
- Involuntary Medication procedures have been updated to greatly expand the population receiving them and as a result reduce the number of untreated behavioral health clients
- All Murphy Conservatees have been released from custody and into placement
- Implementation of Multidisciplinary discharge planning meeting with Outpatient System of Care created a formal process for clinical hand-off of care prior to release.
- Group services are offered at the highest rate in the history of the program.

Most importantly we have been developing our processes and procedures to bring us into compliance with the CalAIMS Justice Involved Initiative. This initiative will completely overhaul the discharge planning process for clients leaving custody and will give the county the ability to bill for discharge services in the last 90 days of incarceration. These services have been provided in the past, but we have never had the ability to be reimbursed for those activities. This initiative has required planning and partnership with both CHS and RSO to meet the requirements of the state.

BEHAVIORAL HEALTH COLLABORATIVE COURTS AND DIVERSION PROGRAMS

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 24/25 there were a total of 280 referrals received across all three regions of which 73 were accepted into the program and a total of 30 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 has a stable place to live, actively engaged in their outpatient treatment for at least 90 consecutive days, has 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.

Mental Health Diversion (MHD) 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 24/25 MHD received 635 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, BH 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 635 referrals received, the court granted MHD in 283 of those cases. Because the treatment and case management portion of the program may last anywhere from 12 – 24 months, the treatment plan prepared must take a phased approach to level of care placement and treatment changes as the member progresses through their recovery. 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. During this reporting period, 38 of participants successfully completed the Mental Health Diversion program, in doing so members may have their charges dismissed and their record of 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, 2024, through June 30, 2025, the Veterans Treatment Court program received 99 new referrals. In addition, 214 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. During FY24/25 there was a total of 35 participants who graduated from Veterans Treatment Court or Military Diversion.

INCOMPETENT TO STAND TRIAL (IST) DIVERSION:

RUHS-BH continues to operate a Felony Incompetent to Stand Trial Diversion program. These individuals often face long lengths of stay 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 this review period, the IST Diversion program received 48 referrals, of which 11 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 (AOT) 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.

During the period of July 1, 2024 – June 30, 2025, the Assisted Outpatient Treatment Program received 86 referrals.

CARE Act stands for Community Assistance, Recovery and Empowerment Act.

The CARE Act program is a collaborative civil court process that provides participants with clinically appropriate, community-based services including medication, behavioral health services, and connection to other social services such as housing. Despite common misconceptions, Care Act cannot compel forced medication, and participants are not required to be homeless. Potential referral sources include but are not limited to Riverside County Superior Court Criminal/Civil Judges, Attorneys, Law Enforcement, Acute Psychiatric Hospitals, RUHS-BH staff as well as

members of the community. CARE Act team collaborates with our outpatient partners/providers to assess those in our community who are suffering from mental health issues to decrease acute hospital utilization and jail recidivism, by providing linkage for behavioral health treatment, either in outpatient mental health services, substance abuse services, vocational rehabilitation services or dual diagnosis treatment facilities. The program also strives to increase treatment compliance through the implementation of intensive case management services.

The 7 eligibility criteria for CARE Act proceedings are: 18 years or older, schizophrenia spectrum or other psychotic disorder, person must be currently experiencing a mental illness, person is not currently clinically stabilized in an ongoing voluntary treatment program, unlikely to survive safely in community without supervision and condition substantially deteriorating OR person is in need of services and supports in order to prevent relapse or decline in health, CARE proceedings must be least restrictive, and person's participating in CARE plan must benefit them.

During the period of July 1, 2024 – June 30, 2025, the CARE Act received 103 Integrated Referrals, 125 petitions, and successfully reached 25 Care Agreements with clients served in this program.

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.

During the period of July 1, 2024 – June 30, 2025, the HOME Court Assisted Program received 51 referrals, of whom 25 members were accepted into the program.

Overall Program Challenges: Obtaining safe, secure, and recovery-oriented housing for our members participating in the various collaborative courts and diversion 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 have criminal charges. This causes landlords in an already tight housing market to not desire to rent to our members. There is also a constrained supply of beds for individuals for whom we are seeking housing in facilities that have an intensive wrap around model of service structure like an Adult Residential Facility.

PATTON STATE HOSPITAL WAITING LIST

The wait time for State Hospital beds has decreased to 94 days. The Liberty Healthcare Restoration of Competency (ROC) Program 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 128 inmates were referred and admitted to Liberty Health for restoration of competency during the fiscal year. Of those referred to and admitted, 97 (86.61%) were successfully restored to competency by the RPDC-based Liberty Health Program (JBCT).

Some of the those admitted to the Liberty Health program were determined not to be restorable at Robert Presley Detention Center (RPDC) and were transferred to a Department of State Hospital for competency restoration.

In addition, the EASS program through the Department of State Hospital was operational at Smith Correctional Facility and Robert Presley Detention Center for the female inmates to assist with competency restoration while awaiting transfer to State Hospital. EASS program wide has a restoration percentage is 3.5% for a total of 8 patients out of a total of 229 served. EASS program now functions as the pathway for all state hospital admissions and directs which client will go to JBCT and which will be referred to state hospitals.

Finally, RUHS-BH felony IST Diversion program has expanded in the number of consumers found eligible by collaborative court teams. Currently we have 15 consumers actively participating in the FIST program. As of June 2025, of these 15 participants are in the following placements: 2 are receiving treatment at our MHRC, 7 Restorative Transformation Center (RTC), 2 are in board and Cares, 3 are at home, and one is in a Sober Living. We believe this program will continue to help alleviate the extended wait time for State Hospital treatment and provide an alternative to DSH competency restoration.

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

EXECUTIVE COMMITTEE

Richard Divine – Behavioral Health Commission – Chair

Brenda Scott – Behavioral Health Commission – Vice-Chair

April Smith – Behavioral Health Commission – Secretary

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Behavioral Health Commission has focused on improving accessibility, quality, and continuum of care for behavioral health services, especially for youth and underserved communities, while promoting community involvement and addressing funding challenges. The Commission continues to support the Department. Many of the sub-committees focus on staff shortages and FSP services.

Some of the focus of the Commission:

- Emphasis on ensuring that individuals receive appropriate services ranging from outpatient to inpatient care, including housing, mental health courts, and substance use support.
- Participation in discussions about funding challenges facing Riverside County, particularly as it faces a growing population with limited resources.
- Involvement in discussions about securing grants and expanding services such as residential beds and crisis teams to address these needs.
- Active involvement in the discussions surrounding Proposition 1 (which will rename the Mental Health Services Act to the Behavioral Health Services Act) and its implications for funding categories and service delivery.
- Discussions on the Disparities in Per Capita Funding: Riverside County ranks 56th in California for per capita behavioral health funding. This is attributed to antiquated funding formulas based on population counts from 1991 and 2011, failing to keep pace with the county's rapid growth.
- Some discussions are the need for New Formulas: The county's share of state and federal resources has not kept up with its population growth. Riverside County is the fastest-growing county in California, highlighting the urgent need for updated funding formulas that accurately reflect the current population and its behavioral health needs.

Need for Infrastructure & Continuum of Care:

- The Department has kept the Commission informed on the limited Access to Facilities: There are gaps in the continuum of care, especially for children and adolescents, highlighting the need for increased capacity and specialized programs.
- Lack of Residential Beds: Riverside County previously lacked specialized facilities for children, such as an Adolescent Residential Substance Use Disorder facility or a Psychiatric Residential Treatment Facility. They have applied for funding for both of these recently.
- Need for Crisis Teams: Expanding services like crisis teams is crucial to address the needs of a growing population with limited resources. This has been worked on this fiscal year. The Commission regularly hears reports on the benefit of the Crisis Teams.
- Mead Valley Wellness Center is currently being constructed in Perris CA after previously trying to find locations in Hemet and Coachella Valley. The Wellness Village will offer outpatient and residential services for mental health and substance use disorders, primary healthcare, and behavioral health urgent care. The facility will serve children, youth, families, veterans, urgent care centers, healthy market, and pet care.
- The RUHS Behavioral Health Department keeps the Behavioral Health Commission informed with updates monthly from MHSA, Prop 1 changes, Substance Abuse Prevention and Training, CARE Court.
- We hear a monthly Recovery Story from someone who has benefited from Recovery services in the department. These stories are very heartfelt due to the impact that this change has made in these people's lives. We thank them for sharing their stories and congratulate them on their recovery and resilience which leads to their productive lives and family reunifications. Hearing their stories of finding hope, strength, and restoration reminds all of us, there is light at the end of the tunnel and to never give up.
- Dr Chang is available to answer questions and give an update on the Department along with others on the administrative team who may be able to further answer any questions the Commission, or the public may have.

In summary, the Riverside University Health System Behavioral Health Department has demonstrated a steadfast commitment to improving mental health and substance use services within Riverside County. Through collaborative efforts with stakeholders, the implementation of innovative programs, and a dedication to continuous improvement, significant progress has been made in providing accessible and effective services for individuals in need. The RUHS-BHC's focus on oversight and evaluation ensures prompt, efficient, and culturally competent care.

Moving forward, the Commission will continue to prioritize the well-being of the community, striving to create a more inclusive and supportive environment for those struggling with mental health and substance use challenges. The RUHS-BHC's dedication to its duties and responsibilities, in conjunction with the continued support from the Riverside County Board of Supervisors, underscores its unwavering commitment to serving the needs of the community.

Respectfully Submitted,

Richard Divine – Chair – Behavioral Health Board
Brenda Scott – Vice Chair – Behavioral Health Board
April Jones– Secretary – Behavioral Health Board

HOUSING COMMITTEE

Brenda Scott – Behavioral Health Commissioner – Housing Committee Chair

Marcus Cannon – Riverside University Health System – Behavioral Health – Deputy Director

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Reporting Period: FY 24-25, July 1, 2024 – June 30, 2025

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.

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OVERVIEW

The Mental Health Services Act (MHSA) provides is used for multiple needs including 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 a continuum 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 Brown Act, meetings returned to an in-person format as of May 2023. Highlights of presentations during FY 24-25 included presentations on the Coordinated Entry System, Behavioral Health Housing Dashboard development, MHSA Updates and Permanent Supportive Housing from: RUHS-BH Homeless Housing Opportunities, Partnership & Education (HHOPE) program, RUHS-BH System Reporting, and MHSA WET Program to name a few.

The Behavioral Health Commission Housing Committee has been dedicated to assisting Riverside County in establishing a peer-led Room and Board Coalition. To enhance their understanding and identify best practices, the HHOPE program has appointed a liaison to attend San Bernardino's peer-led Room and Board Coalition meetings.

CONTINUUM OF HOUSING PROGRAMS

Using 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 FY24/25, 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 HHOPE supports chronically homeless individuals with awarded HUD funding for longer and more permanent housing in two primary models: 1) project-based 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 90+% occupancy.

RUHS-BH HHOPE program partnered to secure an additional \$21,724,000.00 Homekey award in FY 23/24 to provide PSH in Cathedral City to homeless individuals with disabilities. The expected completion date is August 2025. The HHOPE Program continues its efforts in the San Jacinto River Bottom and surrounding areas to provide 50 transitional housing and recovery residence beds to assist with the San Jacinto River bottom encampment response effort.

Across the continuum of housing services, RUHS-BH serves over 3,000 distinct consumers annually and provides over 495,009 total nights of housing.

HOUSING DEVELOPMENT ACTIVITIES

RUHS-BH and the HHOPE program received an award of \$82,133,678.00 in Round 1- 4 of California Department of Housing and Community Development's (HCD) No Place Like Home Program (NPLH). The funds will create 428 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 12 affordable apartment communities that will be newly constructed or will undergo rehabilitation. One project currently receiving referrals is Aloe Palm Canyon located in Palm springs. This project is on track to be fully leased by August 2025.

An exciting developing expected in FY 25/26 is the opening of a new augmented adult residential facility (ARF) in the City of Riverside. The program is expected to be known as Franklin Residential Care. It will be an 81 bed ARF licensed by California Department of Social Services through the Community Care Licensing branch. Integrated within the facility will be a full-service partnership (FS) clinic known as Franklin Behavioral Health. This clinic will serve both the residents of the building and surrounding areas. The building is currently undergoing significant renovation to convert it from its former use as a bank into an adult residential facility. Facility operations will be contracted out to a community-based organization. The FSP clinic will be operated by RUHS-BH staff. The campus is expected to open by August of 2025.

RUHS-BH has expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA). RUHS-BH leveraged more than \$21 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 750-units of affordable housing throughout Riverside County. Integrated within each of these unique MHSA-funded projects,

there were 15 units of affordable housing for those at-risk individuals served by the Department Full-Service Partnerships. MHSA-funded RUHS-BH apartment models include 15 integrated supportive housing units within the complexes and supportive services including on-site services in an on-site private dedicated office for our at-risk individuals. The MHSA units within each of these communities operate at nearly 100% occupancy and experience very little turnover. There continues to be a wait list of over 400 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 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. HomeConnect received over 28,167 calls in FY 24/25.
- HHOPE continues to support and facilitate bi-weekly 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 FY 25/26

HHOPE started offering Enhanced Care Management (ECM) and Community Supports (CS) services in 2022 and continues to expand services to serve more households. These two programs follow the CalAIM initiative, which is designed to improve the quality of life and health outcomes of Medi-Cal enrollees, including those with the most complex health and social needs. This continues to allocate additional funding for HHOPE to increase housing deposits, housing transition and housing tenancy services.

There are now 880 units of permanent supportive housing provided by the HHOPE program and delivered to behavioral health consumers in Riverside County. Permanent supportive housing, for people with a behavioral health challenge, remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains much community uncertainty about the ability to expand upon the success of the MHSa permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing, which includes units of permanent supportive housing for MHSa-eligible consumers. One such effort is the No Place Like Home Program.

The HHOPE program in collaboration with Riverside County Housing Authority submitted five separate applications to California Housing and Community Development in the amount of \$27,688,025 for No Place Like Home (NPLH) Round 1 funding. RUHS-BH was funded for four of these projects for a total award of 23.6M dollars. Round 1 of funding created 162 new units of permanent supportive housing within a total of 419 extremely affordable apartment units. These four projects are now complete and open for occupancy. RUHS-BH also applied for Round 3 and 4 of NPLH funds and was awarded 55.1M dollars for the development of 8 additional permanent supportive housing projects. Two of the eight projects are now complete and open for occupancy. The remaining six of the eight are expected to open between now and Summer 2026.

The HHOPE program is a subrecipient of HUD Continuum of Care funds totaling \$3,008,521.00 allowing 301 individuals to be served in PSH with services and support across Riverside County. HHOPE serves as the county partner to operate and manage HUD-funded PSH placements through case coordination, outreach, and integration with behavioral health care services.

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 to 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
David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHSA Administrator

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MISSION STATEMENT

To bring the Behavioral Health Commission abreast of all pertinent issues or topics currently being discussed in Federal, State, County, or Local government.

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.

To inform and advise the Behavioral Health Commission on, or against, legislation that would impact our community.

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Meeting Frequency Update

To better align with the legislative calendar and enhance responsiveness to state and federal policy developments, the Legislative Committee has revised its meeting schedule. The committee will now convene every other month, with “dark” months observed in December and August. This adjustment allows the committee to monitor and respond more effectively to relevant legislation and regulatory changes.

Focus Areas and Advocacy Efforts

In recent months, the Legislative Committee has prioritized tracking and analyzing the transition of the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) as a result of Proposition 1. This shift represents a significant change in the structure and allocation of behavioral health funding across California.

Proposition 1, which was approved by voters in March 2024, aims to address homelessness and mental health by authorizing \$6.38 billion in bond funding. The measure allocates resources for building behavioral health treatment facilities, permanent supportive housing, and housing for veterans and individuals experiencing chronic homelessness. A major component of Prop 1 is the restructuring of MHSA funds to place greater emphasis on housing and full-service partnerships (FSPs), potentially reducing allocations for Prevention and Early Intervention (PEI) programs.

The Committee has expressed concern regarding the fiscal implications of the transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA), as enacted through Proposition 1. Of particular concern is the potential reduction in funding for Prevention and Early Intervention (PEI) services, which play a critical role in early access and long-term outcomes for Riverside County residents.

Recognizing that the state is allowing ample time for stakeholder input—with full implementation of new budget structures not required until 2029—many counties and advocacy groups have already begun engaging in policy discussions to influence the allocation of BHSA funds. The Legislative Committee is eager to support similar efforts locally to ensure consumers continue receiving comprehensive, uninterrupted care.

To that end, the Committee has respectfully requested information from the Department regarding anticipated financial impacts and areas where advocacy could be most effective. While these requests have not yet been met with detailed responses, the Committee remains committed to a collaborative and transparent process. We believe that open communication between the Commission, the Behavioral Health Department, and community stakeholders will be essential to protecting vital services and preparing for the evolving funding landscape under BHSA.

Legislative Issues Under Review

1. Proposition 36 – Diversion for Nonviolent Offenders

In February, Commissioner April Frey provided a briefing on Proposition 36, which took effect on December 18, 2023. This measure increases penalties for certain theft and drug-related offenses by reclassifying some misdemeanors as felonies, particularly for individuals with prior convictions. However, Prop 36 also offers a pathway for diversion through behavioral health treatment. Individuals who successfully complete court-approved treatment programs may have their charges dismissed.

This shift is expected to increase referrals to county-operated treatment and diversion services, including drug courts. Riverside County's behavioral health and judicial systems are preparing for a potential surge in service demand. The Committee will continue to monitor implementation and support policy efforts that reinforce treatment over incarceration.

2. Senate Bill 16 – Shelter Operations Funding

In April, Tim Kirkconnell presented Senate Bill 16, which would mandate that counties with populations exceeding 220,000 contribute 50% of shelter operational costs using behavioral health funding. This bill has garnered support from several large city mayors and is tied to the goals outlined in Proposition 1.

Riverside County has taken a position of opposition, citing the threat of diverting essential funds from behavioral health programs—especially during a time of increased need and systemic reform. The County Executive Office, the California Behavioral Health Directors Association (CBHDA), and the California State Association of Counties (CSAC) are also opposed, highlighting that while Prop 1 delivers a one-time infusion of funding, SB 16 would impose a permanent and unfunded mandate on counties.

There are broader fiscal concerns as well: anticipated federal-level budget cuts and the potential “clawback” of unspent COVID-era public health grants could further strain county budgets. The Committee acknowledges that SB 16 may serve more as a policy catalyst than viable legislation and urges a more balanced funding strategy for shelter operations that does not compromise behavioral health services.

Conclusion and Ongoing Commitment

The Legislative Committee remains steadfast in its mission to advocate for the behavioral health needs of Riverside County residents. We recognize the importance of ensuring that new legislation—while addressing homelessness and justice reform—does not inadvertently destabilize existing behavioral health infrastructure. The Committee will continue to review legislation, engage with stakeholders, and support policies that promote access, equity, and sustainability in behavioral health care.

We welcome continued collaboration with the Board of Supervisors, the Behavioral Health Commission, and the Behavioral Health Department to advance shared goals and protect the wellbeing of our community.

Respectfully submitted,

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

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

OLDER ADULT INTEGRATED SYSTEM OF CARE COMMITTEE

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

Tony Ortego – Riverside University Health System (RUHS) – Behavioral Health
Behavioral Health Administrator, Older Adult Integrated System of Care Co-Chair

VISION

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

MISSION STATEMENT

“To enable older adult members, who are experiencing a behavioral health condition, to access the services that will promote empowerment, recovery and hope.”

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 Integrated Services seeks to assist members 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 behavioral 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 monthly with members, community stakeholders, other local agencies, and staff to increase understanding, educate, and inform members of available Riverside University Health System – Behavioral Health (RUHS-BH) Older Adult services and resources, 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 partnering agencies and Riverside County Departments committed to the empowerment of the mature adult population such as Carina Gustafsson, Behavioral Health Collaborative Courts, presented on the CARE Act, Sasha Trejos from HHOPE Housing presented on RUHS-BH Housing and Homeless Services, Marcus Cannon, Deputy Director, Forensics presented on information on Public Guardian, Arlene Bruins, Program Manager of Inland Empire Alzheimer’s Association, Teresa Campbell Public Affairs Specialist from Social Security Administration, Christina Dominguez from Office on Aging presented on the Family Caregiver Support Program and Traci Cornelius, also from Office on Aging, presented Carelink Case Management and referral process, Andreea Deaton, RUHS-BH Prevention and Early Intervention, presented the Mental Health Services Act (MHSA) Plan

Update and all participants were encouraged to provide feedback, Jennifer Lopez from Inland Caregiver Resource Center presented on the PEARLS (Program to Encourage Active and Rewarding Lives for Seniors), Williard Wynn and Ron Howard presented on Peer Resource Center and the resources and support that is available daily, and Vanessa Johnson, Regional Manager of IHSS Public Authority shared information about the recruiting, screening and training of in-home caregivers and members' eligibility for services;

Meetings are typically held at Riverside University Health System – Behavioral Health's (RUHS-BH) Conference Center on Rustin Avenue in Riverside and once per year in the Mid-County and Desert Regions. OASOC meetings were held in virtual forums during the COVID-19 Pandemic and now are held in person and accessible virtually. 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. Members have actively participated in the OASOC Committee and have contributed valuable perspectives thus promoting an authentic community and member led direction.

OASOC program information was provided at various community events this year including RUHS-BH May is Mental Health Awareness Month Fairs which took place at community parks in Riverside, San Jacinto, and Palm Desert; the John J. Benoit Behavioral Health Arts Festival held in Coachella Valley on May 14th which showcased the artwork of our Desert Region Older Adult clinic members from the Banning, Indio, and Desert Hot Springs clinics; Recovery Happens event at Fairmount Park in Riverside on September 26; the Annual NAMI Walk 2025 on November 16 which took place at Diamond Valley Lake supporting mental health awareness; the 33rd Annual Senior Inspiration Awards on March 27 which is a well-known event in the Coachella Valley honoring seniors who have volunteered many hours in service to others and attended by community leaders and elected officials; the 2025 Annual Hope Event held at the RUHS-Behavioral Health Rustin facility on May 21 celebrating AAPI Heritage Month and presented on Eco-Spirituality and Transformational Resilience: Behavioral and Public Health Approaches to the Climate Crisis. OASOC promoted our behavioral health services at RUHS-Medical Center's first resource fair on May 22 creating partnerships with healthcare providers at the Medical Center who, in the future, will educate our older adult members on fall prevention and other relevant topics; the NAMI-sponsored Temecula Valley Hospital Wellness Fair on November 9 focusing on wellness for the mind, body and soul; the Annual In-Home Supportive Services (IHSS) Caregiver Appreciation events on November 19th and November 21st of which OASOC is a core member building a strong partnership with IHSS, which many of our older adult members rely very heavily on. Tony Ortego served as Master of Ceremonies at the annual Riverside County Elder and Dependent Adult Abuse Awareness Symposium, which is sponsored, in part, by RUHS-BH Older Adult program. OASOC presents Older Adults program information on an on-going basis at the Rotary Club in Desert Hot Springs for outreach and engagement, as well as at the Monthly Senior Collaborative meeting through Jewish Family Services of the Desert. In addition, RUHS-BH Older Adult program was invited by the Board of Supervisors Fifth District Supervisor, Yxstian Gutierrez to participate at the Health and Wellness Expos in San Jacinto, Beaumont and Hemet where information and outreach was provided.

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 members who may be in need of assistance, as well as collaboration with Inland/SoCal United Way and 211+ to create partnerships that are familiarized with the needs of the mature adult population and to increase the utilization of services available through the 211 network. Tony Ortego, Behavioral Health Services Administrator, represented OASOC as Co-Chair of the Cultural Competency Program Asian American Task Force (AATF/APIDANH), served on the Planning Committee for the 2025 Annual Hope Event which is a celebration of Asian American culture which takes place in downtown Riverside. Tony represented OASOC while serving on the Planning Committee for the Annual Riverside County Elder and Dependent Adult Abuse Awareness Symposium held on June 5, 2025, and served as Master of Ceremonies for this event, 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 as well. Tony Ortego helped chair the Inland Empire Master Plan for Aging Behavioral

Health Workgroup in the development of a three-year “Roadmap for Aging Well” for the Inland Empire covering the years 2025 through 2028, which was launched on June 24, 2025. Tony Ortego provides Mature Adults program information through ongoing participation 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 Riverside County, including, but not limited to, health, education, employment, housing, transportation, and recreation. In addition, Tony Ortego represents RUHS-BH Older Adult program and the OASOC as a member of Riverside County’s Desert Healthcare District & Foundation committee.

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 in efforts to support individuals who are unhoused and have need of behavioral health services. OASOC continues to present updated program information to County partners, such as the Riverside County Department of Social Services/Adult Protective Services, the C.A.R.E. Program, RUHS-BH Medical Center, Riverside County Public Health Department, multiple 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 that is 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 (Desert Region), Snowberry (Western Region) and the Vineyards (Mid-County Region) supporting the highly specialized needs of the Full-Service Partnership (FSP) members who reside there. Onsite services include monthly partnership meetings and case management services on premises. OASOC also continues to expand intra-county collaborative efforts by embedding RUHS-BH Older Adult program staff at two Office on Aging locations (Western and Desert regions) in Riverside County. 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 clinic located in Riverside.

OASOC continues to promote and highlight services provided by the RUHS-BH Older Adult program on-site Substance Abuse Prevention and Treatment programs in Lake Elsinore, Temecula, San Jacinto, Desert Hot Springs, and the Riverside Wellness and Recovery for Mature Adults clinics. In response to the national opioid epidemic, the DHCS Naloxone Distribution Project has made it possible for all Mature Adults clinics to be stocked with Naloxone/Narcan in case of emergency need. During the past year, Desert, Mid-County and Western Riverside Mature Adults programs provided Full-Service Partnership (FSP) services to members with the most critical need. The FSP programs specialize in reaching disenfranchised mature adults who are at risk of becoming unhoused 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 Committee Co-Chair

VETERANS COMMITTEE

Rick Gentillalli, M.Ed., LPI, NCPT – Behavioral Health Commissioner – Veterans Committee Chair
David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHS Administrator

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VISION

We continue to work and plan for a day when a grateful nation will fully recognize and meet the needs of its veterans and their families. We envision this happening, and plan to use every resource and ability we must 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. We are a proud nation because of our military services and veteran members.

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, Cal-Vet, and Riverside County Veteran Services department 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 initially set four areas of importance to address; however, the dynamics of our society have changed, and we are addressing areas of concern as they become a priority. Our goal is to continue focusing on 1.) Opioid Abuse; 2.) Veteran Suicide; 3.) PTSD; and 4.) Stigma. However, after numerous meetings and input from combat veterans, we learned that Stigma and re-entry combines all the above concerns – according to committee members. The cultural dynamics have enhanced the issues veterans face, and our goal is to help the veterans, and their families overcome and succeed in a time of added adversity. The attendance crumbled tremendously at the in-person meetings. Yet we still strive for better attended meetings in the future.

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). Our director has committed to receiving Veterans at our local Substance Abuse and Mental Health Clinics, and they will not be turned away, regardless of medical benefits.

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 attend committee meetings.

The Committee continued to grow significantly with online attendance, and the energy level and camaraderie remains strong.

We still have our counterpart from San Bernardino County Behavioral Health, the Department of Veterans Affairs Representative, and the California Department of Veterans Affairs CalVet, which 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 being the patriots they are 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 the members who attend and serve on our committee.

This writer has attended several meetings (round table) with Ranking Member Congressman Mark Takano, as well as U.S. Senator Alex Padilla.

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,

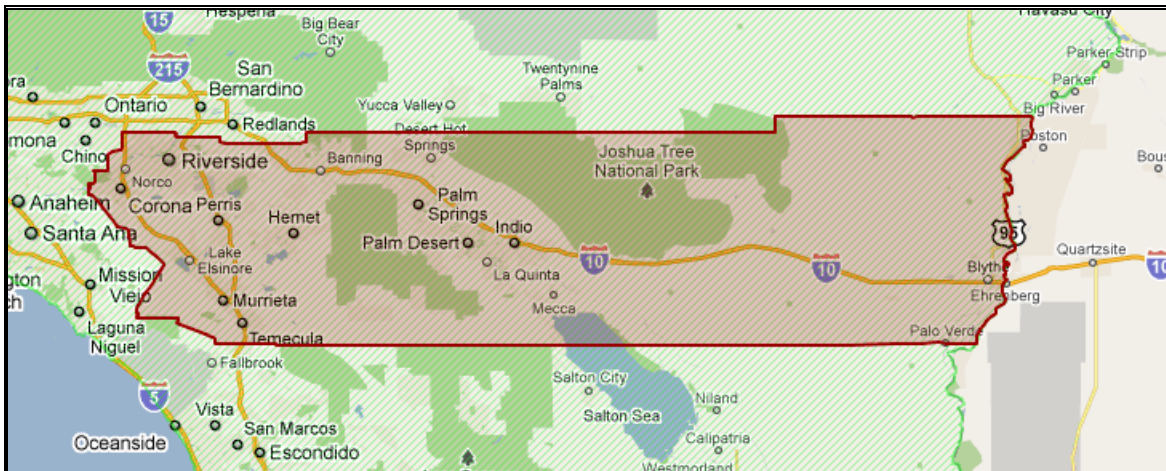
Rick Gentillalli, M.Ed., LPI, NCPT – Behavioral Health Commissioner – Chair, Veterans Committee
David Schoelen, LCSW – Riverside University Health System – Behavioral Health – MHS Administrator

REGIONAL BEHAVIORAL HEALTH ADVISORY BOARDS

Richard Divine, Desert Region Board Chair
DESERT REGIONAL BOARD

Brenda Scott, 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 Behavioral Health Advisory Board – Chair
Dr. Janice Quinn – Desert Regional Behavioral Health Advisory Board- Co-Chair
Mark Miller – Desert Regional Behavioral Health Board - Secretary

Rachel Gileno – Riverside University Health System – Behavioral Health Adult Services Administrator for
Desert Region

Kelly Grotzky – Riverside University Health System – Behavioral Health Children and TAY Services
Administrator for Mid County Region

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VISION

The Desert Region Behavioral Health Board’s vision is to make the Coachella Valley a place where our consumers receive high quality services, they need in a timely and effective manner. We want those with mental illness to achieve a state of recovery and to be able to obtain the assistance or support they need to reach their personal goals. Our vision includes a region where the words “Stigma and Nimby (Not in my back yard) are forgotten.

MISSION STATEMENT

The Desert Behavioral Health Board is dedicated to improving the lives of those in our community who are living with a mental health diagnosis, as well as the lives of their families. We support the Riverside Behavioral Health Commission’s goal to provide the County of Riverside and its consumers with the best Behavioral Health Services possible.

GOALS

The Desert Board advocates and promotes quick access to comprehensive services for all members and anyone needing mental health or substance abuse evaluation and care in our region. It is our goal to be a voice for our community, to eliminate the stigma both self-imposed and publicly of being associated with the mental health community.

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The Desert Regional Behavioral Health Board is one of three (3) regional boards that covers Riverside County. Because of the large geographical size of our County, the original Mental Health Director appointed 3 regional boards to represent and advocate for the different needs of the very different regions.

The Desert Region covers from Calimesa, through Banning and Beaumont, the Coachella Valley out to Blythe. This great expanse includes many rural difficult to reach areas.

The Desert Board meets in the Indio Oasis Adult Conference Room the second Tuesday of every month from Noon to 1:30, except for the months of August and December. Occasionally we hold the meetings outside at new facilities and programs that have opened in the Desert. Each month we have presentations on local issues, services, local vendors and our own mental health and substance abuse programs activities.

Years ago, the Desert Board created and started an Annual Art Show to for the Desert to recognize May is Mental Health Month. This year saw our 20th Celebration of what is now called the John J. Benoit Behavioral Health Art Festival. Six hundred and fifty pieces of art were submitted and displayed filling the Taj Mahal building at the Riverside County Fairgrounds. The event was attended by over 500 people and had 20 local vendors handing out information. Awards were given out in four categories, Adult and Mature Adult Art, Transitional Age Youth, Youth, and Creative Writing. Indio Police Chief Tully presented the awards to the very appreciative winners during the Art Show.

Two years ago, the Desert Region Department of Behavioral Health started their own Wellness Fair to add to the May is Mental Health Month celebrations. This year the now titled "Art of Wellness" Fair was held at the Palm Desert Park with over 50 Vendors and a large attendance by the public, consumers, and Desert government.

The Desert Regional Behavioral Health Board has maintained a wonderful group of members who represent our local communities and consumers throughout the Coachella Valley. Our membership consists of people from all professions and walks of life. They are all active throughout our region in community affairs and programs provided by the department. Our members' main concern is making sure that our consumers are receiving the best services the Department can provide.

The Board would like to thank Dr. Chang and the Department for keeping our members apprised of the programs and provide the staff that makes our region work. We would also like to thank our Adults Regional Manager Ms. Rachel Gileno and our TAY & Children's Manager Ms. Kelly Grotsky

Respectfully Submitted,

Richard Divine, Chair, Desert Regional Advisory Board

Rachel Gileno – Riverside University Health System – Behavioral Health Adult Services Administrator for Desert Region

MID-COUNTY REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

Brenda Scott —Mid-County Regional Behavioral Health Advisory Board - Chair
Ramon Amado – Mid-County Behavioral Health Advisory Board- Co-Chair
Jennifer Woodworth – Mid-County Behavioral Health Advisory Board - Secretary

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

Jacqueline Markussen – Riverside University Health System – Behavioral Health Adult Services Administrator for Mid County Region

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.

FY25 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. Participate and give input to stakeholder groups regarding Proposition 1
- e. Increase Membership and participants to this meeting

INTRODUCTION

The Mid-County Regional Behavioral Health Advisory Board continued with the goals established. 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 can 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. Meetings are scheduled to be held at three locations: Perris BH Adults, Temecula BH Adults, and Hemet BH Adults, with the many agencies and programs within the Mid-County Region scheduled for presentations to this Board. Representatives are invited to inform the Board of what is happening within the region and to share their successes and challenges. Through questioning and discussion with the various individuals connected to programming the Board stayed abreast of the overall fundings as well as staffing within the region and consistently explores and supports the development of services.

BOARD PRESENTATIONS

Mid-County Regional Behavioral Health Advisory Board of Riverside University Health Systems invites 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 presented their programs and activities. The site/program supervisor typically attends the meeting and provides the Board with an overview of the services and shares updates regarding any staff changes, funding issues, or new programs. It's also an opportunity to share any challenges the program was experiencing. Each site shares a celebrate recovery moment, where they invited a consumer of their program to share their story and provide information about their experience with the services received. Board members ask questions to both staff and the consumers to find ways to further improve services.

Presentations included the following programs:

- Soluna
- Multidimensional Family Therapy (MDFT)
- Healthcare in Action
- Hemet Adult BH Program
- McKinley Services
- Transitional Age Youth Program (TAY)
- Substance Abuse Prevention and Treatment Programs
- Neighborhood Healthcare
- Victor Community Support Services
- Parent Support & Training
- Temecula Adult BH Program
- Family Advocate Forensics
- MHSA Plan Update FY25/26
- Youth Hospital Intervention Program (YHIP)
- Mature Adults Program
- Perris Mental Health Urgent Care
- Temecula Children's BH Program
- Olive Crest Counseling Center

In addition to specific agency presentations, the Mid-County Board has Administrators and/or Supervisors from Adults, Children, Substance Abuse, and Mature Adults Services attend Board meetings monthly, bi-monthly, and/or quarterly where they present updates on their programs and answer any questions Board members may have. This procedure 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.

BOARD MEMBER ACTIVITIES

Mid-County Regional Behavioral Health Board Members are actively involved in both community and department activities. They participated in the following events.

- Summer Kick Off Community Resource Event-June 7, 2024
- CARE Act Virtual Town Hall Meeting- June 26, 2024
- NAMI Regional Symposium-June 22, 2024
- Temecula Valley NAMI Wellness Fair -July 20, 2024
- 10th Anniversary of the Temecula BH office- August 14, 2024
- Recovery Happens Events
- Temecula Vally NAMI Wellness Health Fair- November 9, 2024
- Annual NAMI Walk- November 16, 2024
- The Art of Wellness Mental Health Awareness Fair: May 8, 2025, at Valley-Wide Recreation & Park District in San Jacinto and May 15, 2025, Fairmount Park in Riverside
- Annual 1Life1Heart Poisoning & Overdose Awareness 5K Walk April 12th at Fairmount Park and June 7th at Murrieta Town Square Park

In addition, Regional Board members are assigned to one of the Behavioral Health Commission's Sub-Committees and attend those meetings monthly and/or bimonthly. Some Board members attend several committee meetings on behalf of the Regional Board.

Mrs. Brenda Scott, Chairperson of the Mid-County Regional Board, attends the monthly Commission meetings, Membership Committee, Older Adults Committee, Adult System of Care Committee, and Housing Committee. Dr. Walter Haessler serves on the Behavioral Health Commission and the Legislative Committee. Dr. Vernita Black serves on the Veterans' Committee and Mr. Don Kendrick serves on the Criminal Justice Committee.

SUMMARY

The Mid-County Regional Behavioral Health Advisory Board continues to examine the needs of our area and the services that were being provided. 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 will help support recruitment efforts and encourage new members to join this Board. We look forward to the new Mead Valley Wellness Village that is currently under construction. We are grateful for the opportunity to serve and look forward to continuing to provide support and advocacy for our region in the upcoming fiscal year.

Respectfully submitted,

Brenda Scott, Chair, Mid-County Regional Advisory Board
Jacqueline Markussen – Riverside University Health System – Behavioral Health Adult Services Administrator for
Mid County Region

WESTERN REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

Greg Damewood – Western Regional Board – Chair

Vacant - Western Regional Board – Vice Chair

Vacant – Western Regional Board - Secretary

Alea Jackson - Adult Western Region Mental Health Services Administrator

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

VISION STATEMENT

The Western Regional Behavioral Health Advisory Board envisions a community where mental well-being is prioritized, supported and accessible to all. Our dedication and mission is to foster compassionate and inclusive environment that promotes mental health awareness, reduces stigma, and provides resources for prevention, intervention, and ongoing support.

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 within its charter.

ANNUAL REPORT JULY 2024– JUNE 2025

The Western Region Behavioral Health Advisory Board (WRBHAB) members and attendees supported the efforts of the Behavioral Health Commission (BHC) to the best of its abilities. The Western Region Behavioral Health Advisory Board Envisions a community where mental well-being is prioritized, supported, and accessible to all. Our dedication and mission are to foster a compassionate and inclusive environment that promotes mental health awareness, reduces stigma, and provides resources for prevention, intervention, and ongoing support. The Strategic Plans of the County of Riverside are all inclusive and the Western Region participants have participated as best possible over the last fiscal year. Over the past year, the committee has made significant strides in fulfilling its assigned mission, demonstrating commendable dedication and effectiveness. Key accomplishments include partnering

with stakeholders to effect change within the system of care and notable increase in community engagement and satisfaction.

- In July a special guest speaker Bayan Sbeini, presented the Vocational Program Pathways to Success. There are two locations, one here in Riverside and the other in Temecula. The program's focus is to assist members in getting employment. They offer vocational assessment, personal, vocational, and social adjustment, and employment services to secure a job in their chosen area.
- **August Meeting Dark**
- September speaker was Kristin Miller with Crisis Support System of Care. Mobile Crisis Response Teams Program Goals are to support individuals in a behavioral health crisis, reduce Unnecessary Law Enforcement Contact Reduce Hospital Emergency Room and Inpatient Utilization. Reduce the number of unnecessary 5150's and 5585.5's. Link Consumer and Family to outpatient treatment services. Encourage Teams to utilize the least restrictive level of care possible. Break the cycle of Re-Admission Consumer and Family Satisfaction with Crisis Services. To train, encourage, and expect our Crisis Teams to be community resources experts.
- October's guest speaker was Marcus Canon Public Guardian. He spoke on Conservatorship of our members. Public Guardian Investigators complete an investigation into the need for conservatorship and/or estate administration.
- November's guest speaker, Christina Dominguez, Office of Aging/Care Pathways. Office on Aging Family Caregiver Support Program is served by: Relative caregivers at risk for burnout. Clients caring for a relative who is age 60+ or a relative diagnosed with early-onset dementia. Either caregiver or care recipient resides in Riverside County. No income requirements
- **December Meeting Dark**
- January's speaker was Dakota Brown with Disability Pride. The committee: we meet once a month. The Wellness and Disability alliance. The disability pride flag has many colors, and each color represents a different type of disability. One of the best things for stigma removal is when we identify ourselves to everybody else. Disability is a natural part of the diversity of human experience. There have always been disabled people and will always be disabled people. We must talk about barriers. The new social model of disability is more about the barrier, or the disability is the barrier that society throws up. Some disabled people can't live their dreams. There are three kinds of barriers that structural barriers which is kind of given and you got proctorial barriers. There are also emotional and social barriers. Ableism is discrimination against disabled people. The tendency to regard people with a disability as incomplete, diminished, or damaged and to measure the quality of life with a disability against a nondisabled standard. Audism is bias and discrimination against people who cannot hear or have difficulty hearing or prejudice or hostility toward them. Healthism is a lifestyle that prioritizes health and fitness over anything else.
- February's speaker was David Schoelen BHS, MHA. MHA Remains in effect until July 2026. Fully repealed January 2027. Wind MHA down while preparing for BHS. Prepare Department infrastructure to manage the change. Prepare programs to avoid service disruption. Behavioral Health Services Act

(BHSA). Proposition 1 (March 2024 ballot). Became law January 2025. Prop 1 also included \$6.4 billion bond for BH residential care and supportive housing. Mead Valley Wellness Village broke ground in 2024! The Village is a campus of BH services providing a continuum of BH care from outpatient to residential in a single location. In addition, the village will provide some physical health care services and employment support. The renovation is completed on an augmented adult residential care facility on Franklin Ave. in the City of Riverside. The facility has 84 beds and integrated, on-site FSP services. Facility is scheduled to open 03/2025.

- March's speakers were Gabriela Vasquez and Carolina Ayala (Founder) of The Happier Life Project. The program is a Recovery Community Organization- Independent, Nonprofit led and governed by representatives of local communities of recovery. Focusing on Substance Use Disorder, Mental Health Challenges, Justice Impacted, Family and Individual Recovery. They are Peer Based Recovery Support Services. Services offered: Peer led recovery support, Education and Advocacy, Family and Community Support, Re-entry Support Services. In contract with IEHP. Peer Ran Respite up to 13 days.
- April's speaker was Evette M Yanez Psy.D. Program Administrator for Telecare Crisis Mental Health Urgent Care. Services Provided: Psych eval & medication management. Brief Solution Focused Therapy and clinical assessment. Symptom stabilization/ emergency medication. Peer support/ skill building/ group education and support. Linkage to ongoing outpatient treatment such as RUHS-BH. Referrals to substance abuse treatment & residential treatment. Community Recourses.
- May's speaker was Jeaneth Alvarez and Gebren Blakely- Mindful Body & Recovery Program. The program is an Intensive Outpatient Program for Eating Disorders. Population 12-18 years old. Located in Perris. Minimum 12 weeks of treatment, 3 days per week. Referral basis through CARES, calling, walk ins.
- May was Mental Health Month and was successful and fully supported by everyone who attended. This year several Behavioral Health Administrators from various regions were responsible for planning the guests, vendors, food, music and being present the day of the event to make sure that everything ran smoothly. The Western Region was excited and geared up for May is Mental Health Month that was held on May 15, 2025, at Fairmont Park from 11:00 AM – 4:00 PM and was accessible to the public and invited everyone to join. A day of activities, local resources and services for mental health, substance use, and all-around wellness was shared and celebrated. With an attendance of over 1500, and 850 Hotdogs distributed. There were 85 exhibitors registered and attended supporting information and leadership to the community. Staff also attended having had their own tables representing each region and handing out swag to all participants and information about their specific programs. Each year gets more successful. Thank you to everyone who participated.
- Fairmount Park –Recovery Happens and One Heart One Walk- poisoning and overdose 5K.
- Directing Change - Attended as Commissioner for County Behavioral Services.
- Friday Night Live - Attended as representative as Commissioner.
- MHSA - held in Moreno Valley - helped to lead the Public Input Meeting as Commissioner.

- Collaborated with Adult FSP/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.
- Several site visits were completed throughout the year addressing Clinic needs and concerns.
- Mead Valley Wellness Village broke ground in 2024! The Village is a campus of BH services providing a continuum of BH care from outpatient to residential in a single location. In addition, the village will provide some physical health care services and employment support.
- June guest speaker was to be Tony Ortego on behalf of the SMART Team, but that due to low attendance or lack of quorum guest speaker was tabled to September 2025.

Shared Reports from Western Region:

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

The adult programs are prioritizing filling the vacancies for the following positions: BHS II/III, CTI/II, and PSS. We are actively participating in the recruitment process and working on the current candidate list(s) to expedite hiring. The Western region's 3-year MHSA goal includes expanding the region's Full-Service Partnership programs at Jefferson Wellness and Blaine Street Clinic.

Jefferson Wellness Center-Full-Service Partnership (JWC FSP)

The JWC leadership participated in the Longest Night Ever, Recovery Happens, and May is Mental Health Month. JWC FSP program currently has 295 members enrolled. The program currently runs 19 groups and provides transportation to the Food Bank 3 times per week. The program has worked collaboratively with ITF to enroll adult ITF patients in FSP level of care prior to psychiatric hospitalization discharge. We have assigned a BHS II from Jefferson Wellness Clinic and Corona Wellness Clinic to the Arlington campus to liaise the warm hand off process for patients discharging from ITF. The Liaison is on site Monday-Friday 7:30 AM – 6:00 PM. We have also assigned Peers to visit admitted members at ITF to reduce the number of No-Shows and link them to JWC.

Blaine Street Clinic

The adult outpatient program provides outpatient treatment services to 1,653 general mental health consumers and 122 FSP members. Blaine St. Clinic continues to provide individual therapy, groups, peer services, medication support family advocacy and case management services. Blaine St Clinic currently has 20 groups offered including post-traumatic stress disorder groups. Blaine is also working collaboratively with the BH ITF Liaisons to enroll adult ITF patients in the Blaine FSP program. The Blaine leadership and staff participated in Recovery Happens and May is Mental Health Month.

Pathways to Success (PTS)

Pathways to Success has two locations located in Riverside and Temecula, it is a vocational rehabilitation program in which we partner with the Department of Rehabilitation (DOR) to assist our members in finding employment such as attending trade school or getting certified in certain specializations. There are 189 members enrolled between the Riverside and Temecula site's location.

Novanh Xayarath LMFT -- Mental Health Services Administrator Western Region Children's Programs and TAY Stepping Stones

Intensive Outpatient Program (IOP) eating disorder program Mindful Body and Recovery went live in May 2025. We hired ¾ of staff, developed programming, and began providing services to members. The program also involves numerous community outreach and training sessions with departments and staff of contract providers to enhance their education on the impact of eating disorder and available resources.

Two supervisors from Western Children's region retired from the department. Scott McClung and Soulafa Massoud both have been with the department for more than 20+ years. Scott was the supervisor for TAY Stepping Stones and Soulafa was supervisor for MDFT Western Expansion.

First Episode Psychosis Program (FEP) expanded to Mid County. There is a full team consisting of a Clinician, Parent Partner, Behavioral Health Specialist II, and Substance Abuse Counselor dedicated to the mid county region to provide services to those experiencing their first psychosis between the ages of 14-25.

Western Children's region participated in the annual May is Mental Health Fair at Fairmount Park in Riverside.

Western Region Children's Admin work with Workforce, Education and Training unit to develop family therapy training that include monthly support and consultation to staff, started another round of Trauma Focused Cognitive Behavior Therapy (TF-CBT) training for staff that also include contract providers, and increase eating disorder trainings (Family Based Therapy for Eating Disorder and Dialectical Behavioral Therapy for Eating Disorder) to 3 times a year instead of once a year.

The music studio at TAY Stepping Stones has been smashing success. Members have been using it and making music as part of their healing process. Hoping to expand the ideas and concept to other TAY centers in our dept.

Maria T Gonzalez – Senior Parent Partner Western Region Children's Program

As the Children's Western Region Senior in the Parent Support and Training Program (PS&TP), we support all BH Peer Specialist - Parent Partners in RUHS BH children's outpatient clinics and Children's Contract Providers. A Senior for the Cultural Competency was hired after the previous senior retired. The PS&T program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways training for new staff. PS&T and DPSS have incorporated the changes in both systems to ensure that all children entering the child welfare system receive behavioral health services as needed. As well as providing support to the community at large.

PS&T Program Training & Education Coordinator Senior Parent Partner became trained as a Nurturing Father trainer to train other Parent Partners across the County to bring this curriculum to more fathers. PS&TP continues to facilitate weekly in-person and virtual parenting classes such as Educate, Equip and Support, Nurturing Parenting, Nurturing Fathers, Triple P, and Teen Triple P. PS&TP received recognition at the "Dad's Day event" in partnership with the Fatherhood coalition of Riverside and Child Support Services. PS&TP continues to collaborate with YTEC and provide parenting classes for teen parents as well as Transitional Age Youth young

parents at ASPIRE housing. PS&T Program collaborates with the Substance Abuse Prevention and Treatment Program (SAPT) and Day Reporting Center (DRC) in bringing Parenting classes to individuals in these programs. PS&T Programs to facilitate in-person monthly Spanish and English "Open Doors" Support Groups and participate in outreach events such as Children's MH Awareness, and May is MH Month. This year PS&T Program coordinated the Mid-County May Mental Health Fair event. We collaborate with other community fair organizations to bring awareness and resources to the community. PS&T Program has a Boutique with clean and gently used clothing donated by staff and outside donations for families receiving services in one of the Department's Behavioral Health clinics. In this fiscal year, **50** parents and **48** youths came by and benefited from these donations.

PS&T Program organizes several community outreach projects, including the Backpack Drive, Thanksgiving Basket giveaway, and Snowman Banner Holiday drives. These initiatives aimed to provide support and resources to families, children, and transition-age youth (TAY) in RUHS BH children's outpatient clinics, Children's Contract Providers, and the community at large.

PS&T Program Manager and Senior Parent Partners participate in various committees and collaborations throughout the County, such as **SARB meetings**, Riverside and San Bernardino Fatherhood Coalition, Southwestern and Western Regional Child Care Consortium (Committee), HOPE Prevent Child Abuse Board, United Neighbors Involving Youth (UNITY), IECHI Task Force, QPI, Growing Healthy Minds, Perinatal Collaborative, Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs), SELPA Interagency Meeting, Riverside County Department of Mental Health Committees/Boards, Cultural Competency Committee, Translation and Interpretation Committee, Cultural Awareness Celebration Committee, Pathways to Wellness/CCR - Collaboration with DPSS, TAY Collaborative Committee, Pathways to Wellness/CCR - Family Perspective Presentation, Mental Health Children's Committee, Western Region Supervisors Meeting, Central Region Supervisors Meeting, Mid-County Region Supervisors Meeting, Desert Region Supervisors Meeting, Pathways to Wellness (CSOC) CORE Meeting, Pathways to Wellness (CSOC) Steering Committee, Pathways to Wellness (CSOC) Work Groups Leader Orientation, TAY Collaborative, AAFWAG, Coalition Youth Experiencing Homelessness, DPSS FSS/HSP, Youth Homelessness Committee, CES Navigation Council, Healthy Jurupa Valley, Latino Commission, IEHP/BH, Suicide Prevention Coalition, WRAB Meeting, Trauma Informed System Champions, MCAH Community Advisory Board, DRC, QSRC Consortium, Housing Support Section 8 Meeting, PEI Steering Committee, Children's Coordinator, YAC/YAB (COC Housing workforce Solutions), and CES Community Partnership Meeting.

PS&T Program Behavioral Health Peer Specialists- Parent Partners (PP) across the RUHS BH Children's Outpatient Clinics are the voice of the families as we advocate for their child's Behavioral Health needs. We hold hope as families enter the Behavioral Health system and go through their child's recovery journey. It is crucial to have trained Behavioral Health Peer Specialists (PP) across the RUHS-BH children's outpatient clinics to bring awareness and education on Behavioral Health to parents seeking services and simultaneously decrease hospitalization recidivism.

Thank you for your time and consideration – **Maria T. Gonzalez**

Please see Older Adult Integrated System of Care Report on page 39

Francisco J. Huerta -- Senior Behavioral Health Peer Specialist

As the Western Region Senior Family Advocate, I am very happy to report that things continue to improve in our region. The Family Advocate Program has been supporting all RUHS BH-OP clinics, SAPT Clinics, as well as BH Crisis Centers, ETS/ITF, Law Enforcement, and the community at large. Our goal is to support, educate, and give resources to families/caregivers of adult loved ones with BH and/or SU challenges. Holding the HOPE, when things appear to be hopeless.

(400+) Crisis Referrals (CBAT, MCRT, MCMT, ETS/ITF, and Law Enforcement) We continue our partnership w/crisis and inpatient teams. Through these referrals we have been able to connect w/families that desperately need support, education and resources. Teaching them how the system works and how to navigate. Thus, reducing recidivism in hospitalizations, incarcerations, and homelessness. Families will now be equipped to better deal w/their loved ones' crisis and overall wellness needs.

We have FA line staff in most of our RUHS OP-BH clinics for the Western Region. Need to fill FA position at TAY Journey. New FA just started at CWRC. And just hired our first ever FA working out of ETS/ITF. We have 2 Senior FAs that are dedicated to support all of our SAPT programs throughout Riverside County. Our Western Region Forensics FA team continues to get referrals (150+) to support families in the justice system.

We continue to have family support groups at all of our OP-BH clinics. As well as our zoom groups that continue to grow.

Success w/educational presentations such as Meet the Doctor, Meet the Pharmacist, Brain Health, etc. Educating the community to reduce stigma and misinformation.

Thank you all for your support this year.
We accomplish so much as a collective. ♥- *Francisco J. Huerta*

Western Substance Use Report Elena Martinez BHSIV

This year marked significant progress across our SAPT programs in our western region. We successfully implemented Prop 36 countywide, with a total of 303 referrals, including 131 from our Western Region alone —a strong indicator of regional engagement and need.

Our FPC (Family Preservation Court) program received a five-year grant, allowing us to expand and strengthen services. We are on track to meet our membership goals and will be launching FPC training in the coming year to

further support our team and participants. Efforts are underway to expand services at our Moreno Valley clinic, ensuring broader access and support for families in the region.

In collaboration with our partnering departments, we had impactful outreach efforts with The Art of Wellness- Mental health awareness fair, Our One Life-One Heart Poisoning and Overdose Awareness 5k walks, and we anticipate similar success with Recovery Happens event in September, continuing our commitment to public education and engagement.

These milestones reflect our dedication to holistic, community-centered care and our ongoing mission to support families through prevention, recovery, and empowerment.

Please see Housing report on page 33

Respectfully submitted for all that have served and are committed to the services of the County of Riverside,

Greg Damewood, Chair, Western Regional Advisory Board
Alea Jackson, Western Region Adult Behavioral Health Services Administrator

In addition, to all others contributing and attending as outlined by this report listed at the introduction and in the body of this report, a deep appreciation is expressed for your volunteerism, care, compassion, and professionalism. The Western Regional Advisory Board would appreciate any ideas, references and support for more volunteers to serve as a board member or as the attendee would prefer to volunteer in the matters of behavioral health efforts.

SITE REVIEWS

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

Site Name & Address: Lake Elsinore Wellness and Recovery Clinic for Mature Adults
31760 Casino Drive, Suite 100
Lake Elsinore, CA 92530
(951) 471-4600

Supervisor: Deobrah Woodworth

Completed by: Brenda Scott and Sheila Mallett-Smith

Date Completed: 4/24/2025

Site Name & Address: MFI Recovery
950 N. State Street, Suite E
Hemet, CA 92543
800-923-5634

Supervisor: Rita Pacheco

Completed by: April Smith

Date Completed: 05/05/2025

Site Name & Address: Casa Las Palma
83-844 Hopi Avenue
Indio, CA 92203
(760) 347-9442

Supervisor: Daniel Lopez

Completed by: Victoria St. Johns

Date Completed: 04/08/2025

Site Name & Address: Casa Cecilia
83-385 Rosa Avenue
Thermal, CA 92274
(760) 398-2008

Supervisor: Daniel Lopez

Completed by: Victoria St. Johns

Date Completed: 04/09/2025

Site Name & Address: Wellness Recovery for Mature Adults
2085 Rustin Avenue, #5
Riverside, CA 92507
(951) 509-2400

Supervisor: Intisar Chamoun
Completed by: Daryl Terrell
Date Completed: 04/16/2025

Site Name & Address: Older Adults SMART FSP Program
2085 Rustin Avenue, #5
Riverside, CA 92507
(951) 509-2400

Supervisor: Cheryl Simmons
Completed by: Daryl Terrell
Date Completed: 04/16/2025

Site Name & Address: Impaired Driver Program
2085 Rustin Avenue, #3
Riverside, CA 92507
(951) 955-7350

Supervisor: Veronica Hammond
Completed by: Greg Damewood and Harshita Arunkumar
Date Completed: 04/02/2025

Site Name & Address: Substance Abuse Program Treatment (SAPT)
2085 Rustin Avenue, #3
Riverside, CA 92507
(951) 955-7350

Supervisor: Veronica Hammond
Completed by: Greg Damewood and Harshita Arunkumar
Date Completed: 04/02/2025

Site Name & Address: Jefferson Wellness Center (FSP)
2085 Rustin Avenue, #4
Riverside, CA 92507
(951) 955-8000

Supervisor: Cryssol Marquez
Completed by: Greg Damewood
Date Completed: 4/09/2025