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

ITEM: 3.28
(ID # 22945)
MEETING DATE:
Tuesday, October 03, 2023

FROM : EXECUTIVE OFFICE:

SUBJECT: EXECUTIVE OFFICE: Approval of the Response to the 2022-2023 Grand Jury Report: Suicide: A Tragedy Affecting All of US - Riverside County Data & Local Resources and Forwarding of the Response to the Grand Jury, Presiding Judge, and County Clerk-Recorder; All Districts. [$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve, with or without modification, the attached response to the 2022-2023 Grand Jury Report: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources; and
2. Direct the Clerk of the Board to immediately forward the Board's finalized responses to the Grand Jury, the Presiding Judge, and the County Clerk-Recorder.

ACTION:Policy

Juan C. Perez, Chief Operating Officer 9/29/2023

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:	Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays:	None
Absent:	None
Date:	October 3, 2023
xc:	E.O., Grand Jury, Presiding Judge, Clerk-Recorder

Kimberly A. Rector
Clerk of the Board
By: _____
Deputy

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	N/A	N/A	N/A	N/A
NET COUNTY COST	N/A	N/A	N/A	N/A

SOURCE OF FUNDS: N/A	**Budget Adjustment:** No
	For Fiscal Year: 23/24

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Penal Code Section 933(c) requires Board of Supervisors comment on the Grand Jury's recommendations pertaining to matters under the Board's control. In addition, responses must be provided to the Presiding Judge of the Superior Court within 90 days of receipt of the report.

The Board of Supervisors' response is composed of the required responses (attached) to Findings and Recommendations by county departments assigned to the departments in the Grand Jury report. In summary, the departments agree fully or disagree partially with the Grand Jury Findings. The Grand Jury report does recognize that county departments are working collaboratively and proactively toward suicide prevention. Strengthening these collaborations and continuing to improve intake is recognized and underway by the departments in continuing to provide services and close any gaps for residents, including, but not limited to, older adults, veterans, LGBTQIA+, and youth accessing these services. Many of the recommendations are already implemented, with a few requiring further analyses. Highlighted in both the Grand Jury Report and in the responses by the county departments is the belief in the continued support of the Riverside County Suicide Prevention Coalition, gathering and analysis of data, focus on standardizing assessment processes, and being proactive in offering diverse programs and strategies to enable reaching different populations as well as addressing the needs of each individual.

The responses by departments also highlight actions taken by the Board of Supervisors to demonstrate the county's move toward human service interventions that lead to a more streamlined, collaborative, and integrated approach for assessing service needs and delivery of services.

On December 7, 2021 (Item 3.58), the Board of Supervisors created an Ad Hoc Committee for the protection of vulnerable children and adults to evaluate and assess opportunities for inter-departmental systems improvement within the County of Riverside. Supervisors Karen Spiegel and Kevin Jeffries were appointed to serve as Co-Chairs of the Ad Hoc Committee. County staff from various departments are working with the Ad Hoc

Committee to continue to monitor, assess, and report on continued improvements across various areas, which will now also include our coordinated suicide prevention efforts.

At the same board meeting on December 7, 2021 (Item 3.34), the Board of Supervisors adopted Resolution No. 2021-180 to initiate the development of an Integrated and Comprehensive County Health and Human Services System. The initiative aims to incorporate the work, service provision and data of multiple county departments and various community-based organizations into an integrated system aimed at serving vulnerable, high needs residents which is key in assisting with suicide prevention. The integrated system includes departments within the Human Services, Public Safety, and Riverside University Health System (RUHS) Portfolios.

The integrated system provides guidelines regarding access to processing and sharing of client data for the purpose of increasing operational efficiencies, leveraging strategic partnerships, streamlining application and case management processes, and developing a client-centered service delivery model. The integrated system is specifically designed to identify and coordinate services for individuals who face multiple challenges in key life areas, such as abuse and neglect, homelessness, mental or physical health issues, economic vulnerability, and child support challenges. This initiative continues to strive toward the seamless delivery of service accessibility, improved referrals, access and sustained engagement of clients, increased coordination of services, improved outcomes, and reduced duplicative or ineffectual services.

The Integrated Services Delivery initiative launched the pilot at the Jurupa Valley Community Health Center (CHC) in February 2023. This pilot is a one-stop shop CHC involving multiple departments (e.g., RUHS Behavioral Health, Public Health, WIC, First 5 Riverside, Office on Aging, Dept. of Public Social Services), which can tailor services that are unique to the community and population it serves. The county is expanding this model to additional CHCs and multiple Human Services department locations within the current fiscal year. More detail on this effort and other efforts relating to suicide prevention and early intervention are included in the attached reports.

The Board of Supervisors has taken additional steps including budgetary actions to fund this initiative with general fund contributions utilizing Augmentation funds for fiscal years 2021/22, 2022/23 and 2023/24. In addition, on September 26, 2023 (Agenda Item 3.7) the Board of Supervisors approved as to form Riverside County AB210 Protocol, Uniform Policy and Procedures, Employee Confidentiality Statement and Participating Agency Agreement with multiple participating agencies for the Riverside County Homeless Adult and Family Multidisciplinary Personnel Teams. The ability to share confidential information between departments and agencies allows for expedited identification, assessment, and linkage to housing and supportive services, is a significant step toward providing services to those in need in a streamlined manner.

Other organizations were either invited to respond or required to respond, such as Riverside County Office on Education, Desert Aids Project and Desert Healthcare District and Foundation. These reports are not included under the response by the county.

ATTACHMENTS:

ATTACHMENT A. 2022-2023 Grand Jury Report: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources

ATTACHMENT B. Grand Jury Response: Suicide: A Tragedy Affection All of US: Riverside County Data & Local Resources – Office of Aging

ATTACHMENT C. Grand Jury Response: Suicide: A Tragedy Affection All of US: Riverside County Data & Local Resources – Housing Authority

ATTACHMENT D. Grand Jury Response: Suicide: A Tragedy Affection All of US: Riverside County Data & Local Resources – Public Health

ATTACHMENT E. Grand Jury Response: Suicide: A Tragedy Affection All of US: Riverside County Data & Local Resources – Behavioral Health

ATTACHMENT F. Grand Jury Response: Suicide: A Tragedy Affection All of US: Riverside County Data & Local Resources – Behavioral Health Commission

ATTACHMENT G. Grand Jury Response: Suicide: A Tragedy Affection All of US: Riverside County Data & Local Resources – Veterans' Services

Matthew Chang
Matthew Chang, Director 9/1/2023

Heidi Marshall, Director of Housing, Homelessness Prevention 9/1/2023

Jewel Lee, Director of Office on Aging 9/1/2023

Kim Saruwatari, Director of Public Health 9/11/2023

Kelly Moran
Kelly Moran, Deputy County Counsel 9/19/2023

Attachment G:
Veterans' Services Response: Grand Jury Response: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources

GRAND JURY FINDINGS:

Grand Jury Finding #2:

The Civil Grand Jury finds two observations during this investigation:

(1) Despite reasonable efforts to improve the design of forms and to establish single points of contact, citizens will perceive intake forms as cumbersome: and
(2) Citizens expect governments to act proactively by initiating appropriate government services themselves, instead of relying on requests for services from users. Therefore, offering County residents the convenience of having multiple needs met in one physical location is a continuing need.

Response to Grand Jury Finding #2: T**he respondent agrees with the finding.**

In response to the findings from the Civil Grand Jury, we concur with the observations presented and are continuously working to enhance the clients' experience with Riverside County Veterans' Services.

(1) Veterans' Services clients are asked to complete a half page intake form prior to an appointment to assist with efficiency in identifying the client's needs. The intake form may be viewed as cumbersome, but the department has worked to ensure it is a streamlined form to enhance customer experience. Once the intake form is completed, VA clients are assigned to a Veterans Services Representative (VSR) within the department to discuss and identify all needs are addressed to ensure the maximum benefits are secured.
(2) Veterans' Services has been involved in the planning and development of the Integrated Services Delivery initiative that was approved by the Board of Supervisors in December 2021. The goal is to fully integrate services for a "No Wrong Door" approach to deliver services. Veterans' Services is working to identify opportunities to co-locate with other county departments and agencies to ensure quality and efficient services are delivered to County residents in a timely manner as recommended by the Civil Grand Jury.

Grand Jury Finding #3: Collaborative Response with BH (see their report)

The Civil Grand Jury finds RUHS-BH has significant partnerships with Riverside County agencies and community partners to serve the needs of County Residents.

Grand Jury Finding #4: Collaborative Response with BH (see their report)

The Civil Grand Jury finds that 988, newly established Suicide & Crisis Lifeline, diverts Riverside calls thru the Los Angeles County Call Center. Upon identifying as a Riverside resident, the caller is referred to a secondary number. Through interpretation into over 240 languages and dialects it is marketed as available 24/7 with average time to be connected to an interpreter within 17 seconds, this is not our experience when requesting interpretation.

Grand Jury Finding #6:

The Civil Grand Jury finds that military veterans are currently served by a core committed team at the Riverside County Department of Veteran's Services. However, staffing and budgeting constraints have hampered the team's capacity to connect veterans to the many resources available at State and Federal Veterans Administration.

Response to Finding #6: The respondent agrees with the finding.

In response to the finding from the Civil Grand Jury, we concur that staffing and budgeting constraints have hampered the team's capacity to connect with veterans that are eligible for resources at State and Federal Veterans Administration. Staff recruitment and retention has been a nationwide challenge and our department has been significantly impacted over the past few years. Total staffing capacity has increased; however, attrition has increased as well. It takes about 12 to 18 months for a new Veterans' Service Representative (VSR) to complete training, obtain accreditation with the VA, CalVet and to get national accreditation. As the VSRs gain experience, they start generating revenue going into their second year. Their third year is typically when maximum federal benefits and state revenue are generated. Due to the staffing issue, revenues have also been difficult to maximize. The Riverside County Board of Supervisors approved additional General Fund dollars to go towards increased wages and staffing levels to assist with these issues. Riverside County Veterans' Services currently has multiple recruitments in process to become fully staffed.

GRAND JURY RECOMMENDATIONS:

Grand Jury Recommendation #2:

The Civil Grand Jury recommends the Board of Supervisors focus on creating a more connected systems approach (inclusive of all County agencies) for County residents seeking resources, Consider implementation and enhancement of "one-stop shop" strategies from proven, evidence-based, government administration models by bringing together County

services in one location that can benefit all residents in accessing healthcare, transportation, referrals, and services.
Based on Finding(s): F1, F2, F3, F5, F6, F8.
Financial impact: Moderate,
Implementation date: June 30th 2024

Response to Grand Jury Recommendation #2: The recommendation has been implemented. Further implementation efforts will continue through FY 23/24.

In December 2021, the Riverside County Board of Supervisors (BOS) took a significant step by adopting Resolution 2021-180. This resolution set in motion the development of an Integrated and Comprehensive County Health and Human Services System, along with the approval of a Coordinated Care Model. To provide the necessary resources for this endeavor, the BOS allocated about a $3 Million annual budget for the three fiscal years, spanning from FY 21-22 to FY 23-24. This financial support was dedicated to implement a four-pronged model, encompassing:
1. An interdepartmental multidisciplinary team
2. The establishment of an integrated data information hub
3. The creation of a system of governance
4. Forging partnerships with community-based organizations and academic institutions

The overarching objective of these initiatives is to enhance the provision of health, self-sufficiency, recovery, and well-being services. This objective is achieved through the development of holistic and efficient person-centered coordinated services, uniting the efforts of the county's Human Services, Public Safety, and Riverside University Health System (RUHS) Portfolios. The integrated system specifically targets individuals grappling with multiple challenges across critical life domains, including abuse, neglect, homelessness, mental or physical health issues, economic vulnerability, and child support matters. By delivering streamlined access to services, refining referrals, and ensuring ongoing client engagement, the comprehensive system of care strives to bolster service coordination, amplify outcomes, and curtail redundancy or inefficacy in service provision.

To actualize these goals, the County has engaged in collaborative multi-agency planning events that have brought together hundreds of employees across numerous departments, in tandem with community partners. This collective effort aims to thoroughly examine, reimagine, and test system enhancements. Spearheading this endeavor, the County Executive Office established the Office of Services Integration to orchestrate these collaborative endeavors. Progress to date includes pilot programs and an ongoing expansion of staff recruitment to introduce Service Navigation across key centers like RUHS Community Health Centers, the Medical Center, Human Services, and Probation offices.

Further reinforcing this progress, the County, with consistent guidance from the Office of County Counsel, is augmenting information sharing and care coordination among departments. This is achieved through measures such as the implementation of universal authorization for clients to release information, an expansion of Memoranda of Understanding for Multi-Disciplinary Teams,

and the formation of a multi-agency Data Exchange and Privacy Protection Governance Committee. These steps ensure that information sharing adheres to state and federal regulations. Additionally, the County's health and human departments have universally adopted a screening tool, known as the Whole Person Health Score, to identify client needs and track health improvement over time.

On a frequent and consistent basis, departmental staff continue to be actively engaged today in facilitated continuous quality improvement planning activities. This ongoing effort guarantees that daily objectives and key performance indicators are being met, driving the realization of an integrated system of care.

Integrated Services Delivery initiative began the pilot at the Jurupa Valley Community Health Center (CHC) in February 2023. There are plans to expand to the remaining CHCs and multiple Human Services department locations.

Grand Jury Recommendation #4: **Collaborative Response with BH (see their report)**
The Civil Grand Jury recommends Riverside University Health System- Behavioral Health to continue supporting the work of Riverside University Behavioral Health Commission & Regional Advisory Board and its many Standing Committees (Adult System of Care Committee, Children's Committee, Criminal Justice Committee, Housing Committee, Legislative Committee, Older Adult Integrated System of Care Committee, and Veterans' Committee). Consider behavioral health assessments among the aging via telephone in Riverside County as an effective approach for identifying and managing behavioral health issues in older adults and as an alternative way to seek and receive mental health help among the homebound.
Based on Finding(s): F2, F3, F6, F7, F8
Financial Impact: Minimal
Implementation Date: September 30th 2023.

Response to Grand Jury Recommendation #4: Implemented

Grand Jury Recommendation #6: **Collaborative Response with BH (see their report)**

Though Riverside County has expanded its trainer base for Frontline and Gatekeeper training (ASIST 50, Safe Talk, Mental Health First Aid, and Know the Signs) and established El Rotafolio as a Spanish version of Safe Talk, the Civil Grand Jury recommends Riverside University Health System-Behavioral Health to enhance training for RUHS social workers to look for and recognize signs and symptoms of potential suicides during home visits and County detention center mental health program intake. Based on Finding(s): F2 F3, F6, F7, F8 Financial Impact: Minimal
Implementation Date: March 31st, 2024

Response to Grand Jury Recommendation #6: Implemented

Attachment F:

Behavioral Health Commission Response: Grand Jury Response: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources

FINDINGS

F2: The Civil Grand Jury finds two observations during this investigation:

1. **Despite reasonable efforts to improve the design of forms and to establish single points of contact, citizens still perceive intake forms as cumbersome; and**
2. **Citizens expect governments to act proactively by initiating appropriate government services themselves, instead of relying on requests for services from users. Therefore, offering County residents the convenience of having multiple needs met in one physical location is a continuing need.**

Response: Agree

The Riverside County Behavioral Health Commission (BHC) agrees with the findings presented by the Civil Grand Jury. Guided by our commitment to enhancing the community's well-being, we've collaborated closely with RUHS-BH to address the challenges identified. Under our advisory capacity, we've overseen transformative actions taken by RUHS-BH to improve service delivery, evident in the following examples:

1. **Cumbersome Intake Forms**: We understand the concerns and frustrations of the intake process. With guidance from the Behavioral Health Commission, RUHS-BH initiated a subcommittee to address and streamline the intake forms to make forms now more inclusive, accommodating cultural sensitivities and multiple languages. RUHS-Behavioral Health has implemented the "No Wrong Door" policy under the CalAIM initiative, facilitating efficient service navigation for every client, regardless of their entry point. Additionally, the consolidation of multiple forms into one comprehensive form is currently underway.
2. **Proactive Government Services**: In line with the Civil Grand Jury's recommendation for more proactive government services, RUHS-BH has initiated the Integrated Service Delivery (ISD) model, aiming for a holistic 'one-stop shop' for Riverside County residents. The pilot project at Jurupa Valley Community Health Center is a testament to this approach, ensuring that multiple county departments collaborate to provide an integrated service experience for the residents. Plans are underway for the remaining CHCs across the County.

   Additionally, RUHS-Behavioral Health's Mead Valley Wellness Village is a compelling embodiment of citizens' expectations for proactive government services. Rooted in the principle highlighted by the Civil Grand Jury that citizens anticipate governments to initiate essential services, the Wellness Village is a testament to Riverside County's commitment. By offering a comprehensive range of services in a single, accessible location, the village directly addresses the ongoing need for convenience and efficiency. With the Wellness Village, Riverside County proactively delivers on citizens' desire for a

holistic and all-encompassing solution, reflecting a forward-thinking approach that aligns perfectly with the Civil Grand Jury's insights.

The collaboration between the BHC and RUHS-BH underscores our mutual dedication to comprehensively addressing the community's behavioral health needs. As an advisory body, our responsibilities closely mirror the guiding principles behind RUHS-BH's actions. Our shared initiatives, as evidenced by our meeting highlights, have enthusiastically embraced the transformative possibilities presented by the CalAIM initiative, particularly emphasizing Enhanced Care Management (ECM) and In-Lieu-of Services (ILOS). Our consistent review and assessment of the community's mental health needs, service offerings, facilities, and unique challenges demonstrate this proactive alignment, all aimed at delivering tailored and impactful solutions. Over the past year and a half, the Behavioral Health Commission has consistently convened, placing significant emphasis on the integration and advancement of services under CalAIM, as exemplified in our meeting highlights:

- **January 5, 2021**: The Behavioral Health director highlighted the transformative potential of CalAIM for MediCal services, with Enhanced Care Management (ECM) and In-Lieu-of Services (ILOS) being focal points.
- **March 3, 2021**: The multi-year vision of CalAIM was discussed, aiming at broad reforms to improve care quality and outcomes in Medi-Cal.
- **July 7, 2021**: Detailed discussions on initiatives like ECM and ILOS under CalAIM were held.
- **September 1, 2021**: A Report out that funds were earmarked for technological infrastructure updates to align with CalAIM's requirements.
- **February 2, 2022**: Collaborative discussions with Office on Aging showcased the possibilities of integrated care and services.
- **April 6, 2022**: CalAIM's Enhanced Care Management staffing plan was updated.
- **May 4, 2022**: Opportunities for further integration with local community health plans were discussed, emphasizing CalAIM.
- **June 1, 2022**: The Behavioral Health director discusses concerns about funding disparities in county behavioral health agencies.
- **July 6, 2022**: Insights into upcoming CalAIM rollouts and their potential impacts

This advisory body remains committed to enhancing services to Riverside County residents. Our collaboration with RUHS-Behavioral Health and the Board of Supervisors is evidence of our determination to provide the best possible behavioral health services to our community.

F3: The Civil Grand Jury finds Riverside University Health System – Behavioral Health has significant partnerships with Riverside County agencies and community partners to serve the needs of County residents

Response: Agree

The Riverside County Behavioral Health Commission (BHC), agrees with the Civil Grand Jury's assessment regarding the pivotal role of partnerships within our community. Our standpoint seamlessly corresponds with the highlighted findings that underscore the significance of the collaborative efforts initiated by Riverside University Health System – Behavioral Health (RUHS-BH), which have demonstrably enhanced the well-being of our community.

At the core of our responsibilities lies scrutinizing and appraising our community's mental health requirements, services, facilities, and unique challenges. We are entrusted with counseling the Board of Supervisors and RUHS-BH on all aspects of the local mental health program. To fulfill this mandate, we consistently emphasize the intrinsic value of fostering active partnerships to comprehend and effectively address the diverse needs of our community.

In alignment with the findings mentioned above, the BHC has closely observed and actively endorsed the sustained initiatives undertaken by RUHS-BH to fortify its collaborations with various Riverside County agencies and community partners. This commitment has been palpable throughout our interactions, encompassing a series of significant meetings that represent our collaborative efforts. This has been evident in several of our meetings, including but not limited to the ones highlighted here:

1. **September 1, 2021** - The Prevention and Early Intervention manager presented the activities for Suicide Prevention Month. The theme adopted by RUHS-BH was "Supportive Transitions – Reconnect, Re-enter, and Re-build." Notably, they emphasized the role of pharmacists in suicide prevention, leveraging partnerships to expand training and resources. Further, the Suicide Prevention Coalition, co-led by the Prevention and Early Intervention manager, provided quarterly insights into updated strategies and information on suicide prevention.
2. **November 3, 2021** - The "Transforming Our Partnership for Student Success (TOPSS)" program was highlighted, addressing the need to enhance student mental health. The Deputy Director of Children's and Transitional Age Youth Programs emphasized the collaborations between RUHS-BH, school districts, and other stakeholders to improve access, awareness, and coordination of care.
3. **April 6, 2022** - We delved into the workings of the Suicide Prevention Coalition's Postvention Subcommittee, which, co-led by RUHS-BH's Prevention and Early Intervention manager and the program director of Injury Prevention Services from RUHS-Public Health, focuses on supporting survivors of suicide loss. Their alliance with the Trauma Intervention Program (TIP) is particularly commendable, aiding suicide loss survivors with resources and hands-on support at traumatic scenes.

Our meetings also shed light on RUHS-BH's innovative strategies, such as integrating Prevention and Early Intervention (PEI) plans into the annual MHSA planning process. PEI's commitment to collaborating with community-based organizations like Perris Valley Filipino American Association, Inland SoCal United Way 211+, and many others speaks volumes about its proactive approach.

Furthermore, PEI's leadership role in the Suicide Prevention Coalition Membership, which comprises representatives from various county departments, community-based organizations, and businesses, indicates RUHS-BH's broad-spectrum approach to mental health.

These extensive collaborations aren't limited to formal agencies alone. RUHS-BH's Crisis Support System of Care (CSSOC) sees multifaceted interactions ranging from the Riverside Sherriff Department to local businesses. Their efforts are a testament to RUHS-BH's dedication to the community's behavioral health needs.

In summation, the Riverside County Behavioral Health Commission recognizes and supports the invaluable efforts of RUHS-BH in establishing and nurturing significant partnerships to serve

the residents of Riverside County. We remain dedicated to providing our advisory inputs and supporting their initiatives to strengthen community connections further.

F7: The Civil Grand Jury finds that a telephone behavioral health assessment could be an effective approach for identifying and managing behavioral health issues in older adults, perhaps paving the way for alternative ways to seeking and receiving mental health help among the homebound.

Response: Partially Disagree

The Riverside County Behavioral Health Commission (BHC) acknowledges the validity of telephone-based behavioral health assessments, as highlighted by the Civil Grand Jury. Our partnership with RUHS-Behavioral Health has yielded valuable telephonic services, incorporating risk analysis components. However, it's crucial to underscore the necessity of a more comprehensive approach when addressing risk factors concerning our Older Adult consumers. When risk factors come into play, we firmly advocate for a thorough, in-person behavioral health screening and assessment.

When potential risk factors are identified, our recommendation aligns with a holistic assessment method involving face-to-face interactions. This can occur either in the consumer's familiar environment, where they reside or within the supportive atmosphere of our Behavioral Health Wellness & Recovery clinics. The advantages of this in-person strategy are evident: our proficient experts can gain a profound understanding of an individual's mental health, accounting for subtleties that might elude telephonic assessments.

Our dedication to enhancing the well-being of older adults compels us to explore and integrate diverse approaches to bolster their mental health support. While telephone assessments have proven beneficial, their efficacy is most pronounced when complemented by in-person evaluations—particularly in cases where risk factors are at play. This comprehensive methodology encapsulates our steadfast commitment to providing personalized, empathetic care that addresses the unique needs of each individual.

F8: The Civil Grand Jury finds that services to the LGBTQIA+ population exist in a patchwork fashion and mostly through non-profit agencies. A more visible and focused strategy at the County level is not apparent.

In the response weave in the role of oversight and advisory and other relevant duties of the commission in the response as it relates to the information:

Response: Partially Disagree

The Behavioral Health Commission, as an integral oversight and advisory body, has been actively engaged in the planning, coordination, and enhancement of services for this community. While the Civil Grand Jury suggests that a more visible and focused strategy at the County level is not apparent, we would like to highlight the comprehensive efforts undertaken by the Riverside University Health System - Behavioral Health (RUHS-BH) in collaboration with various stakeholders to address the needs of the LGBTQIA+ population.

The RUHS-BH employs a strategic approach to service coordination through the Prevention and Early Intervention (PEI) plan, which purposefully engages community-based organizations staffed and managed by members of the identified service population, ensuring a culturally sensitive approach to care. This approach allows for targeted outreach efforts, such as the Transitional Age Youth (TAY) Resiliency Program, which includes LGBTQIA+ support groups, stress management programs, and coping skills training tailored to address the unique needs of the LGBTQIA+ community.

Moreover, RUHS-BH actively involves Cultural Community Liaisons (CCLs), and individuals from diverse cultural backgrounds, including LGBTQIA+ community members, to provide insights into culturally informed outreach, care, and access. The LGBTQIA+ CCL has been instrumental in representing RUHS-BH at community events, engaging with the LGBTQIA+ community directly, and fostering collaborations that enhance the quality of care provided.

In addition, the creation of advisory groups, like the Community Advisory on Gender and Sexuality Issues (CAGSI), allows for ongoing feedback from the LGBTQIA+ community to improve the care and services offered. This proactive engagement demonstrates our commitment to ensuring that the voices of the LGBTQIA+ population are heard and their needs are adequately addressed.

It's worth noting that the Riverside County Behavioral Health Commission has been actively involved in discussions related to LGBTQIA+ services. A summary of some of the key meetings and discussions that have taken place are as follows:

1. **February 3, 2021 Meeting:** The Commission received updates on the Cultural Competency Program, which included coverage of diverse groups, including LGBTQIA+. This demonstrates our ongoing commitment to inclusivity and cultural sensitivity.
2. **May 5, 2021 Meeting:** Discussions were held on collaborations between Mental Health Services Act (MHSA) components and college campuses, addressing the mental health needs of LGBTQIA+ students, among others.
3. **July 7, 2021 Meeting:** The Commission acknowledged and honored the retirement of Cultural Community Liaisons who have significantly contributed to the cultural competence and accessibility of services for marginalized communities, including the LGBTQIA+ community.
4. **September 7, 2022 Meeting:** The Adult System of Care Committee received a presentation regarding LGBTQIA+ services, reflecting the ongoing dedication to improving and expanding services.

In conclusion, we believe that RUHS-BH, in collaboration with the Riverside County Behavioral Health Commission, has been developing and implementing a comprehensive strategy to serve the LGBTQIA+ population. The multifaceted approach, involving community-based organizations, CCLs, advisory groups, and ongoing discussions, demonstrates our commitment to ensuring equitable, culturally sensitive, and accessible behavioral health services for all members of the LGBTQIA+ community in Riverside County. While challenges remain due to the complexity of engaging various county agencies, school districts, and local governments, we are committed to continued collaboration to enhance services and create positive outcomes for the LGBTQIA+ community.

RECOMMENDATIONS

R2: The Civil Grand Jury recommends the Board of Supervisors focus on creating a more connected systems approach (inclusive of all County agencies) for County residents seeking resources. Consider implementation and enhancement of "one-stop shop" strategies from proven, evidence-based, government administration models by bringing together County services in one location that can benefit all residents in accessing healthcare, transportation, referrals, and services.

Response: Implemented

The Riverside County Behavioral Health Commission (BHC) acknowledges and appreciates the recommendation of the Civil Grand Jury to focus on a more integrated systems approach for our county residents seeking resources. We concur that creating a "one-stop shop" strategy that consolidates County services in one location is a prudent and efficient approach to better serve our residents.

As an advisory body committed to ensuring citizen and professional input and involvement in all aspects of Department Services, the BHC's mandate includes reviewing and evaluating our community's mental health needs, services, facilities, and unique challenges. With our advancements toward an Integrated Service Delivery (ISD) model, it's evident that Riverside County is making strides toward a holistic and person-centered care model, echoing the values the BHC upholds.

An ISD pilot at Jurupa Valley Community Health Center, which merges services across RUHS-Behavioral Health, Public Health, Medical Center, DPSS, First 5 Riverside, Office on Aging, RCIT, and other departments, is a testament to the County's commitment to this goal. We are optimistic that the ISD model, emphasizing data-driven decisions and tailored integration strategies, will significantly enhance the service delivery experience for our residents.

Given the importance and potential impact of the ISD model, the Behavioral Health Commission believes that our stakeholders and the public should be regularly informed and involved in its progress and outcomes. Therefore, we have scheduled an ISD presentation/update at the November 1, 2023, BHC meeting. This presentation will serve as an opportunity for the Commission and the public to be updated on the ongoing advancements, challenges, and successes of the ISD model.

Furthermore, we will incorporate findings from the ISD developments into our annual report, as part of our mandate to inform the governing body on the needs and performance of the county's behavioral health system. This will ensure a consistent feedback loop and accountability mechanism as we work toward enhancing the county's service delivery approach.

We support and will continue to play an active role in the County's initiatives toward a more integrated service approach for the betterment of our community.

R3: The Civil Grand Jury recommends the Board of Supervisors to continue supporting and enhancing the implementation of model suicide prevention programs and strengthen existing programs that foster social emotional growth, trauma-informed practices, continuity of care, and a continuum of crisis services across the County. Specifically, enhance applicable programs and services within Riverside County Suicide Prevention

Coalition (to expand services), Housing Authority of the County of Riverside (to stabilize housing), Riverside County Office on Aging (to assist older adults), and the Youth Commission and its five Youth Advisory Councils (to advise the Board of Supervisors on youth suicide prevention).

Response: Implemented

In response to the Civil Grand Jury's recommendation on suicide prevention and wellness in Riverside County, the Behavioral Health Commission (BHC) has been actively aligning our oversight and advisory roles with the community's needs. We have convened to discuss these topics extensively and are committed to ensuring they remain a focus in future deliberations.

Summary of Implemented Action in Response to Recommendation:

We confirm our alignment with the Civil Grand Jury's recommendation, having already undertaken significant actions aligned with its objectives. The Behavioral Health Commission (BHC) has engaged in rigorous discussions during its meetings, with plans to delve further into these topics in upcoming sessions.

Past Meeting Highlights:

Highlights from the 9/1/2021 BHC Meeting on Suicide Prevention:

1. **Introduction of the Suicide Prevention Plan**: Staff from Prevention and Early Intervention (PEI) introduced the "Building Hope and Resiliency – A Collaborative Approach to Suicide Prevention in Riverside County" Plan. The plan was officially adopted by the Board of Supervisors a day earlier.
2. **Background of the Plan's Development**: Ms. Brown detailed the evolution of the plan, mentioning notable milestones such as:
    - CDC's June 2018 report on "Preventing Suicide – A Technical Package of Policy, Programs, and Practices."
    - Riverside County's participation in the Suicide Prevention Learning Collaborative in November 2018.
    - Partnership with various Riverside County institutions to develop a suicide risk assessment tool for schools in January 2019.
    - Riverside County Suicide Prevention Stakeholder meetings in July 2019.
    - Release and subsequent adoption of the "Building Hope and Resiliency" Plan in June and September 2020, respectively.
3. **Plan Overview**: PEI staff elaborated on the plan's foundation, which integrates various national documents, local data, and feedback from Riverside County stakeholders. The plan emphasizes:
    - A suicidal crisis path model that encompasses upstream, prevention, intervention, and measures.
    - Three levels of intervention: Universal, Selective, and Indicated.
    - Overarching strategic approaches like:
        - Building Infrastructure and Support.
        - Effective Messaging and Communications.
        - Measuring and Sharing Outcomes.
4. **Supporting Strategic Approaches**: The Plan also incorporates additional strategic tactics specific to each component of the suicidal crisis path, such as:

- **Upstream**: Focusing on fostering healthy and connected communities and promoting resiliency.
- **Prevention**: Emphasizing the importance of training community groups and engaging with schools.
- **Intervention**: Ensuring safety around means and integrating suicide prevention in health services.
- **Postvention**: Offering coordinated responses following a suicide, supporting affected individuals, and recognizing the need for postvention efforts in Riverside County.

5. **Coalition Recruitment**: The PEI manager announced recruitment efforts for the Coalition and invited interested members to contribute towards actualizing the plan.
6. **September Recognitions**: The PEI manager mentioned the Board of Supervisors acknowledgment of September as National Recovery Month. PEI has initiated a virtual campaign focusing on suicide prevention and mental health, with events listed on the Up2Riverside landing page. The global community will commemorate World Suicide Prevention Day on September 10 by lighting candles to remember lives lost to suicide.

Highlights from the 9/1/2021 BHC Meeting on Suicide Prevention:

1. **Suicide Prevention Month Activities**: The meeting covered various scheduled events, including Suicide Prevention Week, World Suicide Prevention Day, and the observance of National Recovery Month.
2. **Meeting Theme**: The central focus of the discussion was "Supportive Transitions – Reconnect, Re-enter, and Re-build."
3. **Resource Distribution**: Physical and virtual toolkits were disseminated to promote engagement, spread awareness, and offer preventive measures.
4. **Pharmacist Initiative**: The commission revealed a new initiative to incorporate pharmacists in suicide prevention.
5. **Coalition Updates**: The Suicide Prevention Coalition, with the PEI manager as a co-leader, has held quarterly meetings since October 2020.
6. **Sub-Committee Formations**: Several sub-committees have been established within the Coalition to facilitate in-depth exploration of strategies and objectives.

Highlights from 4/6/2022 BHC Meeting on Suicide Prevention:

1. **Subcommittee Overview**: A comprehensive rundown was provided on the Suicide Prevention Coalition's sub-committee, particularly emphasizing their work related to postvention.
2. **Introduction to "Suicidal Crisis Path"**: The attendees were introduced to the "suicidal crisis path" concept, complemented by an exposition of the multi-layered intervention levels.
3. **Addressing Postvention**: The meeting spotlighted postvention — the response and support offered in the aftermath of a suicide.
4. **Partnership with TIP**: The board declared its collaboration with the Trauma Intervention Program (TIP), aiming to assist suicide loss survivors and provide immediate postvention services.
5. **Other Initiatives**: Apart from the primary topics, the meeting delved into various ongoing initiatives. These included webinars, training modules, and social media campaigns tailored for suicide prevention.

Evolution of BHC's Strategy Through Discussions and Updates

Our continuous deliberations, updates, and discussions in BHC's past meetings have been instrumental in shaping a comprehensive strategy for Riverside County. These focused engagements have steered us toward several crucial milestones:

- Our guiding principle, **"Building Hope and Resiliency: A Collaborative Approach to Suicide Prevention in Riverside County,"** is based on data analysis and extensive feedback from community stakeholders. Aligned with the state's vision of "Striving for Zero," the Riverside County Board of Supervisors recognized and adopted this strategic plan in June 2020. This marked the genesis of the Suicide Prevention Coalition in October 2020.
- In collaboration with Riverside University Health System – Behavioral Health, the Suicide Prevention Coalition (SPC) has instituted eight specialized sub-committees under the Coalition. Each of these sub-committees hones in on specific aspects of suicide prevention and mental health well-being:
    1. **Effective Messaging & Communications**: This focuses on ensuring accurate and safe communication regarding suicide prevention to the media and the public.
    2. **Measuring & Sharing Outcomes:** Coordinated by RUHS-BH Research & Evaluation experts and RUHS-PH Epidemiology, this committee ensures up-to-date data provision.
    3. **Upstream:** With the Office on Aging at its helm, this sub-committee centers on addressing isolation, especially among older adults, by distributing Kindness Kits to homebound seniors.
    4. **Prevention (K-12 and Higher Education):** Engaging with educational institutions, these sub-committees aim to standardize suicide prevention policies and practices.
    5. **Intervention:** Chaired by RUSH-BH, we've initiated measures like Care Transitions posters and programs to promote firearm safety among at-risk groups.
    6. **Postvention:** In collaboration with community organizations, we're focused on supporting survivors of suicide loss, providing essential resources and emotional care.

The ongoing and planned initiatives mentioned above are tailored to fortify existing programs and introduce innovative measures that holistically address the mental health needs of our community. We are committed to evaluating the performance of these actions and ensuring community involvement at every stage, as required by our commission's mandates.

We would also like to acknowledge the importance of the Riverside County Suicide Prevention Coalition, the Housing Authority of the County of Riverside, the Riverside County Office on Aging, the Youth Commission, and its five Youth Advisory Councils. Their contributions and collaborations are invaluable in realizing our mission.

The Riverside County Behavioral Health Commission (BHC) remains steadfast in its dedication to assessing community needs, enhancing facilities, reviewing agreements, and providing

guidance to Riverside University Health System – Behavioral Health while maintaining a transparent, ethical, and community-involved approach.

R4: The Civil Grand Jury recommends Riverside University Health System - Behavioral Health to continue supporting the work of Riverside University Behavioral Health Commission & Regional Advisory Board and its many Standing Committees (Adult System of Care Committee, Children's Committee, Criminal Justice Committee, Housing Committee, Legislative Committee, Older Adult Integrated System of Care Committee, and Veterans Committee). Consider behavioral health assessments among the aging via telephone in Riverside County as an effective approach for identifying and managing behavioral health issues in older adults and as an alternative way to seek and receive mental health help among the homebound.

Response: Implemented

The Riverside County Behavioral Health Commission (BHC) acknowledges and embraces the recommendation in the Grand Jury report. Our collaborative efforts with Riverside University Health System - Behavioral Health (RUHS-BH) reflect a shared dedication to ensuring the well-being of our community members. As an advisory body, the BHC works alongside RUHS-BH to engage citizens and professionals in shaping the direction of Department Services, upholding the principles of inclusivity and innovation.

RUHS-BH's commitment to supporting the multifaceted initiatives of the Behavioral Health Commission, Regional Advisory Boards, and various Standing Committees mirrors the BHC's mission to comprehensively address mental health needs, services, and challenges within the community. The endorsement of telephone-based behavioral health assessments for older adults underscores our joint efforts to find innovative ways to cater to the needs of our aging population, especially those who are homebound. These telephonic assessments, backed by RUHS-BH, are essential to comprehensive in-person clinical visits, demonstrating our commitment to providing well-rounded care.

The Older Adult Integrated System of Care, a product of our collaborative endeavors, exemplifies our dedication to enhancing the lives of older adults. This system, designed by RUHS-BH, encompasses a wide range of services that attend to the holistic well-being of older individuals. While we acknowledge the efficacy of telephone assessments with risk analysis, we wholeheartedly agree that a more robust approach is required when addressing risk factors. This entails conducting thorough in-person behavioral health screenings and assessments within the consumer's environment or the supportive context of our Behavioral Health Wellness & Recovery clinics. This hands-on approach allows our skilled professionals to capture nuanced aspects of an individual's mental health that may not be fully conveyed through telephonic interactions.

Our pledge to elevate mental health support for older adults propels us to explore diverse avenues. While we recognize the value of telephone assessments, we concur that their potency is heightened when combined with in-person evaluations, particularly in cases involving risk factors. This integrated approach underscores our dedication to delivering compassionate and personalized care that caters to the distinctive requirements of each person.

Our commitment involves reviewing and assessing the evolving mental health needs of the community. The BHC remains dedicated as an advisory body to Riverside University Health System - Behavioral Health. Collaboratively with RUHS-BH, we focus on delivering care, support, and attention to all segments of our community, including our older adults.

R5: The Civil Grand Jury recommends Riverside University Health System - Behavioral Health continue evaluating crisis team services to identify gaps in service provision and potential funding sources.

Response: Implemented

Recognizing the Civil Grand Jury's recommendation, the Riverside County Behavioral Health Commission (BHC) acknowledges Riverside University Health System - Behavioral Health (RUHS-BH) for its collaborative implementation. These actions align with the BHC's mission and resolutely emphasize the commitment to cultivating ongoing enhancements in crisis team services.

In direct response to this recommendation, RUHS-BH has showcased impressive strides in evaluating crisis team services and proactively addressing potential service gaps. Numerous notable examples spotlight the concrete outcomes that have materialized from this robust implementation:

1. **Mobile Crisis Response Teams (MCRTs) Expansion and Outreach:** RUHS-BH has taken significant strides in expanding the MCRTs' scope to encompass youth up to 21 years old. This extension directly responds to community needs and emphasizes the commitment to serve a broader range of individuals facing mental health crises. By doing so, RUHS-BH bridges a critical gap in service provision and aligns with the BHC's principle of inclusive and comprehensive care.
2. **Community Behavioral Assessment Teams (CBAT) Collaboration:** The collaboration between RUHS-BH and local law enforcement agencies in expanding CBAT units showcases a collaborative effort to provide a more holistic response to behavioral health emergencies. By integrating mental health professionals with specially trained police officers, this initiative exemplifies the spirit of partnership and underscores the importance of a multidisciplinary approach in crisis intervention.
3. **Community Assessment and Transport Team (CATT) Pilot Program:** The introduction of the CATT pilot program, in partnership with AMR (American Medical Response, Inc.), demonstrates a forward-thinking approach to crisis management. By directly assessing individuals on-site and facilitating appropriate transportation to designated facilities, RUHS-BH effectively streamlines the process and ensures timely access to appropriate care. This initiative is a prime example of how innovative solutions can address service gaps and enhance the overall experience for individuals in need.
4. **Mobile Crisis Management Teams (MCMT) Enhancements:** The expansion of MCMT outreach, fueled by grant funds, is a testament to RUHS-BH's commitment to continuous improvement. By broadening the reach of MCMT units and strategically placing them in various cities, RUHS-BH ensures that individuals across Riverside County have access to immediate behavioral health care and support. This expansion meets the community's needs and reinforces RUHS-BH's dedication to proactive crisis intervention.

These examples collectively highlight the dedication of RUHS-BH to implementing the recommendation by the Civil Grand Jury. By actively addressing gaps in service provision,

collaborating with stakeholders, and optimizing crisis response strategies, RUHS-BH continues to set a precedent for excellence in mental and behavioral health services. The BHC supports these efforts and looks forward to further collaboration in ensuring the well-being of Riverside County's residents.

R6: Though Riverside County has expanded its trainer base for Frontline and Gatekeeper training (ASIST, SafeTalk, Mental Health First Aid, and Know the Signs) and established El Rotafolio as a Spanish version of SafeTalk, the Civil Grand Jury recommends Riverside University Health System-Behavioral Health to enhance training for RUHS social workers to look for and recognize signs and symptoms of potential suicides during home visits and County detention center mental health program intake.

Response: Implemented

In line with the Behavioral Health Commission's (BHC) responsibility to ensure comprehensive community and professional input in RUHS-Behavioral Health Services, we recognize the critical importance of strengthening training for RUHS social workers. To address this, RUHS-Behavioral Health has implemented enhanced training measures, particularly emphasizing the identification of potential suicide signs during home visits and at the County detention center mental health program intake. Ensuring our behavioral health services remain current and effective, the BHC has been actively discussing, recommending, and being updated on matters related to the Civil Grand Jury's recommendation in our recent meetings.

Recent BHC Meetings Addressing the Recommendation

As part of our commitment to keeping our behavioral health services current and effective, the BHC has been discussing and addressing the topics related to your recommendation in our recent meetings:

- **On April 6, 2022**, the BHC acknowledged Riverside County's commendable efforts in expanding its trainer base for vital programs like ASIST, SafeTalk, Mental Health First Aid, and Know the Signs. The establishment of El Rotafolio, catering to our Spanish-speaking community, was also discussed. Furthermore, we underscored the importance of training for RUHS employees.
- **On September 7, 2022**, the BHC highlighted initiatives under the Mental Health Services Act and our dedicated focus on suicide prevention within the community. The Suicide Prevention Coalition's subcommittee on postvention efforts and its collaborations with the Trauma Intervention Program (TIP) are among the measures emphasizing our commitment.

RUHS-BH's Implementation of the Recommendation

Riverside University Health System-Behavioral Health (RUHS-BH) has proactively addressed items within the Civil Grand Jury's recommendations before the report. Among the measures implemented:

- Nearly 10,000 individuals have been trained in mental health awareness and suicide prevention through the Prevention and Early Intervention (PEI) program.

- PEI ensures that trainings are accessible to all residents and collaborates with various community entities to offer specialized training sessions.
- RUHS-BH maintains a dedicated calendar for suicide prevention training, which is mandatory for all staff, including those who conduct home visits, to bolster their proficiency in identifying signs of potential suicides.
- Enhancements in the Behavioral Health Detention program have ensured a consistent quality of care for inmates. Continuous quality improvement meetings, specialized training for detention facility staff, refined protocols for non-emergency involuntary psychotropic medication, and the Medication Assisted Treatment (MAT) program are just a few of the strides taken to uphold our commitment to this crucial area.

In alignment with its roles, duties, and mission, the BHC takes the recommendation of the Civil Grand Jury seriously. We will continue to monitor, evaluate, and provide our insights to the Board of Supervisors and Riverside University Health System – Behavioral Health concerning the mental health needs of our community.

DPSS-0002800

County of Riverside Department of Public Social Services
Contracts Administration Unit
10281 Kidd Street
Riverside, CA 92503

and

Riverside County
Riverside County Interagency Child, Youth and Family Services
Memorandum of Understanding

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES

OCT 26 2021 3.15

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List of Attachments

This Memorandum of Understanding (MOU), defining the collaboratively shared design, delivery and management of services to children, youth and families in Riverside County, is entered into by and between the following Parties ("System Partners"):

a. Riverside County Department of Public Social Services, Children's Services Division (DPSS-CSD)
b. Riverside County Probation Department (RCP)
c. Riverside University Health System - Behavioral Health (RUHS-BH)
d. Inland Counties Regional Center, Inc. d/b/a Inland Regional Center (IRC), a California non-profit corporation
e. Riverside County Office of Education (RCOE)
f. Juvenile Court, Superior Court of California, Riverside County

Hereinafter, the System Partners may be referred to individually as a "Party", or collectively as the "Parties." This Memorandum of Understanding shall supersede any prior Memorandum of Understanding between the System Partners, regarding delivery of shared services to children, youth and families.

1. DEFINITIONS

A. "AB 2083" refers to California Assembly Bill No. 2083, approved by the Governor on September 27, 2018, which aims to build on the Continuum of Care Reform (CCR) implementation effort by, among other things, developing a coordinated, timely, and trauma-informed, system-of-care approach for children and youth in foster care who have experienced severe trauma. The bill requires each county to develop and implement a memorandum of understanding, setting forth the roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma.

B. "Blanket Order No. 32" refers to the Superior Court of the State of CA, County of Riverside, Juvenile Division document, outlining the release and exchange of confidential information among all parties to this MOU. All parties shall abide by the Court-ordered Blanket Order and any approved amendments or revisions.

C. "CFT" refers to Child and Family Team.

D. "CSD" refers to DPSS Children's Services Division.

E. "CSOC" refers to Collaborative Systems of Care.

F. "DPSS" and "COUNTY" refer to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this MOU. DPSS and COUNTY are used interchangeably in this MOU.

G. "DPSS-CSD" refers to the Riverside County Department of Public Social Services, Children's Services Division.

H. "ESSA" refers to Every Student Succeeds Act, which is a federal education act for K-12 schools that mandates educational equity for Foster Students and schools.

I. "FFA" refers to Foster Family Agencies.

J. "ICPM" refers to Integrated Core Practice Model.

K. "IEAC" refers to Interagency Executive Advisory Committee.

L. "ILT" refers to Interagency Leadership Team.

M. "IPC" refers to Interagency Placement Committee.

N. "IRC" refers to Inland Counties Regional Center, Inc. d/b/a Inland Regional Center

O. "Katie A." refers to the settlement agreement that requires the Counties to make systemic improvements to better serve members of the class, and Federal Court that appoints the Katie A. Panel to monitor progress.

P. "MOU" refers to the terms and conditions, schedules, and attachments included herein.

Q. "RCOE" refers to Riverside County Office of Education

R. "RCP" refers to the County of Riverside and its Probation Department.

S. "RUHS-BH" refers to the County of Riverside and its Riverside University Health System – Behavioral Health

T. "STRTP" refers to Short Term Residential Treatment Program.

U. "System Partners" refers to the parties listed in Attachment I, individually and collectively, including their employees, agents, representatives, subcontractors, and suppliers.

2. VISION

Children, youth and families who are involved with child welfare, or are receiving foster care as dependents of the Riverside County Superior Court-Juvenile Division, while in DPSS-CSD protective custody ("Children's System of Care"), will receive timely, effective, collaborative services, consistent with the Integrated Core Practice Model (ICPM), which allow them to thrive in safe, permanent living situations and that meet their social, emotional, cultural and behavioral needs.

3. MISSION

The System Partners will design, implement and maintain an integrated, trauma-focused system, with a shared framework that is information-driven, innovative, and reflective of the ICPM. The system will deliver services in a comprehensive, culturally-responsive, evidence-based/best practice manner, regardless of which System Partner's door children and families enter. The System Partners will actively seek to include foster youths' experiences and voices into County-level collaborations and partnerships that manage or oversee the delivery of services affecting youth and families.

The System Partners recognize that utilizing the ICPM for the specific populations addressed in this MOU is the first step to serving all children and families with this model.

4. PURPOSE

This MOU seeks to ensure that the Systems Partners' programs, practices, and policies reflect a coordinated, integrated and effective delivery of services for children, youth, and families, throughout the public programs. County-level System Partners have been designated by the Riverside County Board of Supervisors to provide oversight and accountability for certain state and federally-funded programs and services, and to otherwise act as a coordinating council and planning body, related to the programs and services contained herein. The System Partners agree that consistent interdepartmental and interagency leadership is essential to successful planning and collaboration, on behalf of youth and families.

The goal of this MOU is to create an ongoing structure to address systemic barriers to providing interagency services. The System Partners intend to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, mental health and developmental children's services. The System Partners do not delegate their legal authority with respect to any core function nor power of their agency, office, Department or position. This MOU memorializes the System Partners' collaborative efforts, but it does not create any legal rights; it does not create nor impose any legal obligations nor responsibilities on the System Partners; it does not eliminate, alter, nor expand any duties or responsibilities otherwise imposed or enacted by law; it does not create any appeal rights, nor does it allow for any cause of action in the event of a purported breach of this MOU. The System Partners each bear their own costs for participating in the system outlined in this MOU. No System Partner is to pay any money to any other System Partner for participating in the system outlined in this MOU. However, the System Partners do fully plan to support the structure and processes contained in this MOU, and to provide a unified framework that will guide their operations and the activities, decisions, and direction of each of their employees, regarding children, youth and family programming.

5. PRINCIPLES

This MOU includes a mutual commitment to and use of the California Integrated Core Practice Model (ICPM) for Children, Youth and Families. System Partners agree to use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and with County partners.

The ICPM outlines Ten Guiding Practice Principles for service delivery, which include the following key components:

a. Family voice and choice
b. Team-based
c. Natural supports
d. Collaboration and integration
e. Community-based
f. Culturally respectful
g. Individualized
h. Strengths-based
i. Persistence
j. Outcomes-based

The link, https://bit.ly/3mFySp5, and the attached Addendum "A", provide additional information on the principles.

6. INTERAGENCY PROCESSES

The following elements are the primary and necessary components of comprehensive practices for the County of Riverside child and youth-serving System Partners.

System Partners' leaders will work together toward the best interest of children and families, and the processes below support this work. The processes outline foundational efforts to affect the vision of the System Partners, building on mutual understanding, best practices, and the framework of the ICPM, while also complying with all legal mandates. Policies, protocols, and procedures will be developed, implemented, and reviewed as necessary, to further the elements below.

A. INTERAGENCY EXECUTIVE ADVISORY COMMITTEE (IEAC)

The IEAC sets overall strategic direction for the Interagency collaborative partnership. IEAC provides input and approves a two-year strategic plan to guide the development of shared practice and policies, and to monitor and revise the plan as needed. To further a comprehensive and unified County planning process, this plan may incorporate, integrate, or expand upon, other existing interagency planning efforts.

The IEAC meets at least one time per year to review and update the plan.

Membership includes:

- Director, Riverside County Department of Public Social Services (DPSS-CSD), or designee
- Riverside County Superior Court of California, Juvenile Branch Presiding Judge, or designee
- Director, Riverside University Health System - Behavioral Health (RUHS-BH) or designee
- Chief Probation Officer, Riverside County Probation Department (RCP), or designee
- Riverside County Superintendent of Schools, Riverside County Office of Education (RCOE), or designee
- Executive Director, Inland Regional Center (IRC), or designee
- Other System Partners' leadership, as determined by the Committee
- Parent and Youth representatives, as designated by the Committee

The IEAC establishes co-chairs from the membership above that serve two-year staggered terms, with one new co-chair each year.

B. INTERAGENCY LEADERSHIP TEAM (ILT):

The ILT oversees the implementation of the strategic plan approved by the IEAC and provides direction and oversight to the Interagency Placement

Committee (IPC). Membership includes:

- Assistant Director, Riverside County Department of Public Social Services (DPSS-CSD), and/or designee
- Riverside County Superior Court of California, Juvenile Branch Judge/Commissioner, and/or designee
- Deputy Director, Children's and Transition Age Youth services Riverside University Health System - Behavioral Health (RUHS-BH), and/or designee
- Chief Deputy Probation Officer, Riverside County Probation Department, and/or designee
- Associate Superintendent of Student Programs and Services, Riverside County Office of Education (RCOE), and/or designee
- Executive Director, Inland Regional Center (IRC), and/or designee
- Other System Partners' leadership, as determined by the Committee

The ILT establishes co-chairs from the membership above that serve two-year staggered terms, rotated among System Partners or Department/members, with one new co-chair each year.

The ILT will meet quarterly. The meeting forum preference is in-person, however, other forums are acceptable (i.e. virtual meetings), if necessary. The ILT will establish a consistent method of recording decisions and identifying responsible parties for following through on those decisions, sharing information, meeting notices, recording minutes, securing meeting venues, etc.

Whenever possible, ILT member System Partners and leaders will seek consensus in decision-making. If consensus cannot be reached, decisions may be made by a simple majority vote of the total number of authorized members of the ILT.

Specific duties of the ILT members include:

<u>Management, Administration and Service Delivery:</u>

1. Offer interagency consultation, and coordination to support management and operation of the Riverside County Integrated Children's System of Care.

2. Analyze opportunities and projects and make recommendations to the IEAC. Provide recommendations and directions on implementation of policies, procedures and programs included under this MOU.

3. Oversee the activities of all programs and services identified within the Collaborative Systems of Care (CSOC) Steering Committee.

4. Identify and facilitate the development of any additional necessary

written MOUs, and/or policies and procedures, for IEAC review and approval. Where these documents may also directly affect operations or obligations of any of the System Partners, those System Partners will also follow the procedures in place for approving such documents.

5. Ensure that all staff assigned to shared programming are provided with the necessary technical assistance, training, support and staff resources to fulfill categorical mandates and implement the ICPM. This may include, but is not limited to, establishing and implementing competencies to guide staff selection, training, coaching and performance management, that are consistent with the ICPM.

6. Ensure that System Partners' managers, supervisors, staff and contracted agencies provide services consistent with the shared Vision, Mission and Purpose and principles of this MOU and the ICPM.

Policy Development, Coordination and Monitoring the Children's Collaborative System of Care:

7. Make recommendations regarding submission, preparation and coordination of grant applications and grant deliverables.

8. Review and, as necessary, recommend program direction for applicable community partners or providers. Gather and share annual reports on program issues, progress and outcomes. Discuss/approve requests from providers as appropriate to System Partners' roles and oversight, e.g., CSD, RCP, and RUHS-BH will collaboratively review and approve Letters of Support/requests from providers to become Short Term Residential Treatment Program (STRTP) providers, in a timely manner. The ILT Administrator will serve as the designated communication authority when working on inter-county requests and correspondence.

9. Participate on related coordinating councils, other advisory committees, and/or multi-disciplinary teams that affect the System Partner processes or services and bring relevant information to the ILT.

10. Appoint and support staff to serve as liaisons to various shared projects, to ensure full continuum of care and linkages back to System Partner services.

11. Monitor programs for general compliance with statutory and regulatory requirements and provide guidance and technical assistance to ensure program practice is consistent with the values and principles of this interagency partnership.

12. Coordinate and develop additional agreements and/or MOUs, as necessary, to assist in program coordination and problem solving.

13. Work with community agencies to develop and implement collaborative and integrated strategies, and to promote and utilize strengths-based, family-focused practice, on a systems-wide basis.

14. Consult with Riverside County tribal representatives to develop processes for engaging and coordinating with the tribes, in the ongoing implementation of the MOU.

C. INTERAGENCY PLACEMENT COMMITTEE (IPC)
System Partners' managers, or other qualified staff, will jointly convene and administer the IPC, as required by state mandates describing County Interagency Placement Committees, and identified in agreed-upon policy and protocol, including appeals protocol.

D. SCREENING, ASSESSMENT AND ENTRY TO CARE
In order to enhance unified service planning, System Partners agree, to the fullest extent allowed by law, to share necessary and relevant client-specific information, in order to conduct treatment, coordinate care and ensure the highest quality care is available to youth and caregivers.

E. CHILD AND FAMILY TEAMING AND UNIFIED SERVICE PLANNING
The System Partners recognize the Child and Family Team (CFT) as central to the implementation of Continuum of Care Reform and the Integrated Core Practice Model. Engagement and full partnership with the CFT is critical in achieving positive outcomes for system-involved families and children; the System Partners will work together to strengthen systemic supports for the CFT.

In order to maximize planning and family engagement, System Partners will provide a single, unified teaming process, for all youth in care.

The System Partners will coordinate mental health care and educational services for youth in the foster care system. Accordingly, System Partners agree to implement policies to comply with laws and/or regulations requiring such coordination, such as Katie A. or AB490.

F. SCHOOL STABILITY AND SCHOOL-OF-ORIGIN TRANSPORTATION PLAN
Federal law [Every Student Succeeds Act (ESSA)] requires that child welfare agencies and school districts develop a joint plan to ensure that transportation is available when it is in a student's best interest to remain in their school-of-origin after a change in placement.

To comply with ESSA and improve school stability for students in foster care, System Partners agree to develop joint policies/procedures to ensure that; districts and schools receive notice within one (1) day of any decision by the child welfare agency to change a student's placement (and, whenever feasible, before the placement change occurs); System Partners work with the student's educational rights holder to promptly make the best interests determination; students have transportation to their schools-of-origin while best interests

determinations are pending and pending resolution of any dispute regarding school-of-origin rights; and, if it is determined to be in the student's best interest to remain in their school-of-origin, transportation is provided by the child welfare agency (e.g. through caregiver reimbursement or public bus passes), by the school district (e.g. by using or modifying an existing bus route), or jointly (e.g. by sharing the costs of transportation).

G. RECRUITMENT AND MANAGEMENT OF RESOURCE FAMILIES AND DELIVERY OF THERAPEUTIC FOSTER CARE

System Partners will practice collaborative, uniform and consistent efforts, to recruit, train and support professional Resource Family caregivers, in order to foster safe, permanent and healthy out-of-home placement when necessary. While CSD and RCP have legal obligations and responsibilities to assure foster care capacity, RUHS - BH has parallel responsibility to assure adequate capacity for and oversight of Specialty Mental Health Services (SMHS), to support youth and their caregivers.

System Partners agree to share necessary information and processes, as required and authorized by law, to support recruitment and retention efforts. These include, but are not limited to; joint review of STRTP and Foster Family Agencies' (FFA) Program Statements and applications; joint investigation of complaints or grievances, as appropriate for each System Partner; joint drafting and execution of contracts with providers; and, joint delivery of technical assistance and oversight, including on-site reviews of programs and services.

H. QUALITY MANAGEMENT AND PROVIDER OVERSIGHT

System Partners are committed to working together to track, monitor, evaluate and report on services supporting mutual clients, to meet reporting requirements, and inform evaluation of contractors and vendors.

I. TRAINING AND COACHING

System Partners acknowledge that highly-trained, competent staff, who understand and support each other's work, will help obtain better outcomes for children and families. System Partners agree to coordinate joint training and coaching of staff, so that they can better understand each other's roles, build relationships, and foster a collaborative approach in delivering seamless and integrated services.

System Partners' representatives may participate in developing and implementing training and coaching processes for multiple partners. System Partners will jointly plan and deliver training or in-service content that is of value to their staff, or other key partners. ILT members will use funding as flexibly as possible to facilitate the cross training and preparation of team members.

ILT members also recognize their shared work with multiple community provider agencies, and the need for consistent communication, monitoring, and support for these providers.

J. FINANCIAL RESOURCES/MANAGEMENT

The System Partners support each other in pursuing funding opportunities that strengthen the interagency service delivery system, including, but not limited to, those that maximize, blend, and/or leverage resources. System Partners will share information on these opportunities and will notify and consult each other, prior to applying for said funding opportunities.

K. INFORMATION AND DATA SHARING

The System Partners agree, as applicable, and to the fullest extent allowed by law, to share necessary and relevant client-specific information, in order to conduct treatment, coordinate care, and assure the highest quality service is available to youth and caregivers. Please reference the following statues: (42 United States Code (U.S.C.) § 671(a)(8)(A); (42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009) as well as California Welfare & Institutions Code § 4096, § 4096.1, § 4514, § 5600.3, § 10850, and§ 18986.46.

L. CONFIDENTIALITY

To the extent provided by Blanket Order No. 32 (Attachment II), statute, or by a System Partner's policies, the System Partners may share confidential information with each other, in order to ensure effective treatment, coordinate care and to deliver quality services, pursuant to the requirements of Welfare and Institutions Code section 16521.6(a)(3). Confidential information shared under this MOU shall be subject to the continued confidentiality requirements of the controlling statute or policy. Further, the System Partners agree that:

1. The System Partners shall provide for, and adhere to, the implementation and maintenance of appropriate security protocols and procedures, for the transfer and maintenance of confidential information shared by the other System Partners.

2. Unless otherwise required by this MOU or by Court order, the System Partners shall limit access and viewing of confidential information to individuals who are necessary, to ensure compliance with the purposes of this MOU.

3. The System Partners shall prescribe appropriate procedures for the timely destruction or return of confidential information, once the purpose for which the information was released and exchanged has been satisfied, pursuant to Welfare and Institutions Code section 16521.6(a)(3)(B).

M. DISPUTE RESOLUTION MECHANISM

Whenever possible, ILT member System Partners and leaders will seek consensus in decision-making. If consensus cannot be reached, decisions may be made by a simple majority vote of the total number of authorized members of the ILT.

Performance to Continue During Dispute
Performance of this MOU shall continue during any necessary dispute proceeding, or any other dispute resolution mechanism. No payment due nor payable, by any System Partner, shall be withheld due to a pending dispute resolution, with exception to the extent that payment is the subject of such dispute.

7. MUTUAL HOLD HARMLESS PROVISION
Each System Partner signing this MOU agrees to hold harmless all other System Partners, including officers, employees, volunteers, and agents, from and against any and all liability, loss, expense, attorneys' fees, and/or claims for injury or damages, arising out of the performance of this MOU.

The System Partners agree to reasonably cooperate with each other in the investigation and disposition of third-party liability claims, arising out of any services provided under this MOU. Absent of any conflicts of interest, it is the intention of the System Partners to reasonably cooperate in the disposition of all such claims. Such cooperation may include joint investigation, defense and disposition of claims of third parties, arising from services performed under this MOU. The System Partners agree to promptly inform one another whenever an incident report, claim or complaint is filed, or whenever an investigation is initiated concerning any service performed under this MOU. Each System Partner may conduct its own investigation and engage its own counsel.

Each of the System Partners hereby acknowledges that the System Partners are independent contractors and that the relationship established among the System Partners, by this MOU, shall not constitute a partnership, joint venture nor agency. None of the System Partners shall have the authority to make any statements, representations nor commitments of any kind, nor take any action, which shall be binding on the other Parties hereto, without the prior written consent of the other Parties hereto, or Party hereto, as applicable, to do so.

8. INSURANCE
Without limiting or diminishing each System Partner's obligation to hold harmless all other System Partners, each System Partner, at its sole cost and expense, shall maintain or cause to be maintained, its own insurance coverages for workers' compensation, vehicle liability, commercial general liability and cyber liability, for its own operations during the term of this MOU. The insurance requirements contained in this MOU may be met with a program(s) of self-insurance.

9. TERM
This MOU shall remain in full force and effect, from the date of signature, through December 31, 2025, but may be terminated earlier, in accordance with the provisions of Section 10 of this MOU

10. EARLY TERMINATION
This MOU may be terminated, without cause, upon thirty (30) days' written notice by any Party, or upon the mutual agreement of all Parties. The DPSS-CSD Director, or designee, is authorized to exercise DPSS-CSD's rights, with respect to any termination of this MOU. The Presiding Judge of the Juvenile Court for the Superior Court of California, County of Riverside, or designee, is authorized to exercise the Presiding Judge's rights, with respect to any termination of this MOU. The RUHS-BH Director, or designee, is authorized to

exercise RUHS-BH's rights, with respect to any termination of this MOU. The RCP Chief Probation Officer, or designee, is authorized to exercise RCP's rights, with respect to any termination of this MOU. The RCOE Superintendent, or designee, is authorized to exercise RCOE's rights, with respect to any termination of this MOU. The IRC Executive Director, or designee, is authorized to exercise IRC's rights, with respect to any termination of this MOU.

11. CIVIL RIGHTS COMPLIANCE
System Partners shall ensure that the administration of public assistance and social service programs is non-discriminatory. System Partners shall not discriminate in the provision of services, the allocation of benefits, employment of personnel, nor in the accommodation in facilities, on the basis of ethnic group identification, color, race, religion, national origin, gender, age, sexual orientation, physical or mental handicap, in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d, and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist, or be hereafter amended or changed.

12. WAIVER
No waiver of any of the provisions of this MOU shall be effective unless it is made in a writing which refers to provisions so waived and which is executed by the Parties. No course of dealing, nor delay or failure of a Party in exercising any right under this MOU, shall affect any other or future exercise of that right, nor any exercise of any other right. A Party shall not be precluded from exercising a right by having partially exercised that right, nor by having previously abandoned or discontinued steps, to enforce that right.

13. AUTHORITY
The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective Party to the terms and conditions set forth in this MOU.

14. GOVERNING LAW AND VENUE
This MOU shall be governed by the laws of the State of California. Venue shall be in Riverside County.

15. SEVERABILITY
If any portion of this MOU is declared invalid, illegal, or otherwise unenforceable by a Court of competent jurisdiction, the remaining provisions shall continue, in full force and effect.

16. CONSTRUCTION AND CAPTIONS
Since the Parties and/or their agents have participated fully in the preparation of this MOU, the language of this MOU shall be construed simply, according to its fair meaning, and not strictly for nor against any Party. The captions of the various articles, sections, and paragraphs are for convenience and ease of reference only, and do not define, limit, augment, nor describe the scope, content, nor intent of this MOU.

17. COMPLIANCE WITH LAW
All Parties shall keep themselves fully informed of and in compliance with all local, state, and federal laws, rules, regulations, requirements and directives, relative to AB 2083 and the purposes of this MOU, funding sources and other governing regulatory authorities that

impose duties and regulations upon the Parties to this MOU, and which, in any manner, affect the performance of their respective obligations and/or duties, under this MOU.

18. NOTICES
All notices, claims, correspondence, and/or statements authorized, and/or required by this MOU, shall be deemed effective five (5) business days after they are made in writing and deposited in the United States Postal Mail, addressed as set forth in Exhibit A.

19. ASSIGNMENT
System Partners shall not assign nor transfer any interest in this MOU without the prior written consent of all of the System Partners. Any attempt to assign or transfer any interest, without the written consent of all of the System Partners, shall be deemed void and of no force nor effect.

20. ENTIRE AGREEMENT
This MOU is the full and complete document describing services to be rendered by the Parties, including all covenants, conditions, and benefits.

21. MODIFICATION
Any alterations, variations, modifications, or waivers of provisions of the MOU, unless specifically allowed in the MOU, shall be valid only when they have been reduced to writing, duly signed and approved by the authorized representatives of all Parties, as an amendment to this MOU. Oral understandings, or agreements that have not been incorporated herein, shall not be binding on any of the Parties hereto.

22. SIGNED IN COUNTERPARTS
This MOU may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but, all counterparts together shall constitute a single agreement.

23. ELECTRONIC SIGNATURES
Each party to this MOU agrees to the use of electronic signatures, such as digital signatures, that meet the requirements of the California Uniform Electronic Transactions Act (("CUETA"), at Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this MOU. The parties further agree that the electronic signature(s) included herein are intended to authenticate this writing and to have the same force and effect as manual signatures.

[Signature Pages Follow]

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ATTEST:
KECIA R. HARPER, Clerk
By _____ DEPUTY

Authorized Signature for the County of Riverside:
Karen S. Spiegel
Printed Name of Person Signing: Karen Spiegel
Title: Chair, Board of Supervisors
Date Signed: 10.26.2021

Recommended for Approval:

Riverside County Department of Public Social Services

_____

Sayori Baldwin, Director

Date: Sep 27, 2021

Riverside University Health System – Behavioral Health

_____

Matthew Chang, Director

Date: 9/13/2021

Riverside County Probation Department

_____

Ronald Miller II, Chief Probation Officer

Date: _____

Juvenile Court, Superior Court of California, Riverside County

_____

The Honorable Mark E. Petersen, Presiding Judge

Date: _____

Riverside County Office of Education

_____

Edwin Gomez, Ed.D., Superintendent of Schools

Date: _____

Inland Counties Regional Center, Inc.

_____

Lavinia Johnson, Exec. Dir./Chief Executive Officer

Date: _____

Approval as to Form
Gregory P. Priamos
County Counsel
Esen Sainz Sep 20, 2021

_____

Esen Sainz Date Signed
Deputy County Counsel

_____

Eric Stopher Date Signed
Deputy County Counsel

Approval as to Form
Steven K. Beckett
General Counsel & Director
Inland Regional Center

_____

Date Signed

Authorized Signature for the County of Riverside:
Printed Name of Person Signing: Karen Spiegel
Title: Chair, Board of Supervisors
Date Signed:

Recommended for Approval:

Riverside County Department of Public Social Services

_____

Sayori Baldwin, Director

Date: _____

Riverside University Health System – Behavioral Health

_____

Matthew Chang, Director

Date: _____

Riverside County Probation Department

Ronald L. Miller II

_____

Ronald Miller II, Chief Probation Officer

Date: Aug 30, 2021

Juvenile Court, Superior Court of California, Riverside County

Mark E. Petersen

_____

The Honorable Mark E. Petersen, Presiding Judge

Date: Aug 30, 2021

Riverside County Office of Education

Edwin Gomez, Ed.D., Superintendent of Schools

Date: _____

Inland Counties Regional Center, Inc.

Lavinia Johnson

Lavinia Johnson, Exec. Dir./Chief Executive Officer

Date: Aug 26, 2021

Approval as to Form
Gregory P. Priamos
County Counsel

Esen Sainz — Date Signed
Deputy County Counsel

Eric Stopher — Aug 30, 2021

Eric Stopher — Date Signed
Deputy County Counsel

Approval as to Form
Steven K. Beckett
General Counsel & Director
Inland Regional Center

Steven K. Beckett — Aug 26, 2021

Date Signed

Riverside County Office of Education

Edwin Gomez, Ed.D., Superintendent of Schools

Date: 6/30/2021

Inland Counties Regional Center, Inc.

Lavinia Johnson, Exec. Dir./Chief Executive Officer

Date: _____

Approval as to Form
Gregory P. Priamos
County Counsel

Esen Sainz Date Signed
Deputy County Counsel

Eric Stopher Date Signed
Deputy County Counsel

Approval as to Form
Steven K. Beckett
General Counsel & Director
Inland Regional Center

Date Signed

Attachment I – List of System Partners

No.	SYSTEM PARTNERS	ADDRESS
1.	**The County of Riverside, a political subdivision of the State of California, on behalf of its following Departments:** Department of Public Social Services, Children's Services Division (DPSS) Riverside University Health System—Behavioral Health (RUHS-BH) Riverside County Probation Department	4060 County Circle Drive Riverside, CA 92503 4095 County Circle Drive Riverside, CA 92503 3960 Orange Street Riverside, CA 92501
2.	Juvenile Court, Superior Court of California, Riverside County	4050 Main Street Riverside, CA 92501
3.	Riverside County Office of Education	3939 Thirteenth Street Riverside, CA 92501
4.	Inland Counties Regional Center, Inc.	Physical Address: 1365 South Waterman Ave. San Bernardino, CA 92408-2804 Mailing Address: P.O. Box 19037 San Bernardino, CA 92423-9037

Attachment II
Draft

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

JUVENILE DIVISION

BLANKET ORDER NO. 32

ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN'S SERVICES DIVISION; RIVERSIDE COUNTY PROBATION DEPARTMENT, RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH, THE RIVERSIDE COUNTY OFFICE OF EDUCATION, INLAND COUNTIES REGIONAL CENTER, INC. AND NECESSARY THIRD-PARTY COMMUNITY PARTNERS TO FACILITATE A SYSTEM OF CARE REQUIRED BY ASSEMBLY BILL 2083

The Continuum of Care Reform, initiated in 2015 by and through Assembly Bill 403, (an act adding section 16521.6 to the Welfare and Institutions Code) is currently being further supported by a

system of care for families engaged with child welfare or foster care. County and local partners are mandated to provide a coordinated system of care to avoid gaps in services and create stable foster placements. The system of care is to provide coordinated, timely, culturally competent, integrated, community-based, strength-based, individualized and trauma informed services to address systemic barriers to the traditional provision of interagency services.

The California Legislature, by and through the implementation of Assembly Bill 2083 (Chapter 815, Statutes of 2018), requires, in part, that Riverside County develop a memorandum of understanding outlining the roles and responsibilities of the agencies described as System Partners. The Riverside County Department of Public Social Services-Children's Services Division (DPSS-CSD), Riverside County Probation Department (RCP), Riverside University Health System-Behavioral Health (RUHS-BH), Riverside County Office of Education (RCOE) and Inland Counties Regional Center, Inc. d/b/a Inland Regional Center (IRC) (hereinafter collectively referred to as System Partners) have entered into a Riverside County Interagency Child, Youth, and Family Services Memorandum of Understanding (MOU), in satisfaction of this legislation. The MOU, in part, supports the structure and processes of each System Partner.

The MOU also requires, in part, that confidential information and data be shared by and between the System Partners through information and data sharing agreements to the extent permitted by federal and state laws. This includes information and data shared by particular teams or persons described and identified with the MOU. These teams or persons include an Interagency Executive Advisory Committee (IEAS), an Interagency Leadership Team (ILT), a Child and Family Team (CFT), an Interagency Placement Committee (IPC) and/or invested third parties as defined and described within Assembly Bill No. 2083, subsequent legislation and the terms of the MOU. Invested third parties may include, but are not limited to, individuals, organizations, agencies or entities, who are (1) service providers, or (2)

members of: local educational agencies, special education local plan areas, managed care organizations placement agencies, a child's family, a foster youth advisory council, Indian tribes or tribal organizations, the California State Department of Social Services and/or the Riverside Superior Court-Juvenile Division. Invested third parties may be, or may not be, parties to the MOU.

The ILT consists of the System Partners' leaders, department heads or superintendents and is the governing and coordinating body. The ILT establishes and oversees the execution of the MOU. The ILT must have access to, and share, a foster child's or youth's confidential information to (1) guide staff, (2) identify and resolve conflicts, if any, and (3) leverage resources where there is a reasonable belief that the information is relevant to the child or youth.

The System Partners must have access to confidential information to share necessary and relevant information in each case in which services must be provided to conduct treatment, coordinate care and to deliver quality services by and through case management and/or the efforts of the CFT and IPC. Invested third parties, may be included in the ILT activities or treatment, care and placement efforts provided for and to a specific foster child. The California Integrated Core Practice Model (ICPM) for Children Youth and Families is a resource created in collaboration between the California Department of Health Care Services and the California Department of Social Services to provide practical guidance and direction to System Partners and Invested Third Parties, where applicable, in the delivery of timely, effective, and integrated services to foster children. The ICPM is integrated in the MOU and in the provision of services to foster children.

Assembly Bill No. 2083 permits the ILT to disclose and exchange confidential information as permitted by federal law. Notwithstanding, statutory disclosure restrictions preclude DPSS-CSD from disseminating certain information unless authorized by court order. Specifically, the following statutes preclude DPSS-CSD from disseminating information described in:

- California Penal Code sections 11167 and 11167.5
- California Welfare and Institutions Code sections 827, 828, 10850, and 16501, subdivision (a)(4)
- Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99, as amended; "FERPA")
- California Business and Professions Code § 22584
- California Civil Code section 1798.29
- California Education Code sections 49073, 49076, 49076.5 and 49076.7
- California Government Code section 6250
- 20 U.S.C. section 1232g and 34 C.F.R. section 99.31
- Riverside County Juvenile Blanket Order 15.

Therefore, since some federal law and California laws may limit the release and exchange of confidential information, resolution of this conflict is necessary by and through this blanket order. Good cause supports the release and exchange of confidential information in this context since a limited release of information about a foster child is in the child's best interests where multiple agencies are involved in assessing a foster child for services and/or placement needs. The purpose of this release and exchange is in the furtherance of Continuum of Care Reform supported by a system of care for foster children. Collaborative efforts in a system of care provides a coordinated, timely and trauma-informed approach to foster children to address systemic barriers to the traditional provision of interagency services. The Juvenile Court hereby issues this blanket order authorizing the disclosure of a juvenile case file and/or confidential information in compliance with Welfare and Institutions Code section 16521.6 and in coordination with a system of care prescribed and described by the MOU. System Partners and invested third parties are authorized to release and exchange a foster child's confidential information.

Further, the System Partners agree that:

1. The System Partners shall provide for, and adhere to, the implementation and maintenance of appropriate security protocols and procedures for the transfer and maintenance of confidential information shared by the other System Partners

2. Unless otherwise required by the MOU or by court order, the System Partners shall limit access and viewing of confidential information to individuals who are necessary to ensure compliance with the purposes of the MOU and

3. The System Partners shall prescribe appropriate procedures for the timely destruction or return of confidential information once the purpose for which the information was released and exchanged has been satisfied, pursuant to Welfare and Institutions Code section 16521.6, subdivision (a)(3)(B).

Access, viewing, discussion and/or use of any records or confidential information obtained under this order is solely limited to use in connection and application of the Riverside County Interagency Child, Youth and Family Services Memorandum of Understanding, referenced as "MOU" and described, in part, above. Confidential information released, exchanged or discussed within teams or committees pursuant to this Blanket Order shall not be open to public inspection in any instance. The confidential information maintains its confidential nature in spite of the release and dissemination pursuant to a system of care, the terms of the MOU and the actions of System Partners and invested third parties. The records and information disclosed under this order shall not be released to any other entity or individual other than the System Partners or invested third parties described herein and within the terms of the MOU and shall not be made any part of any other court file that is open to the public. The use of records and information obtained under this order are limited to promote a coordinated system of care to children, youth and families engaged in child welfare or to serve the needs of Riverside County dependent children placed in foster care only, unless authorized by further court order or as allowed by law. Confidentiality of

Substance Use Disorder Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164, cannot be disclosed without written consent unless otherwise provided by law or regulation.

The purpose of this order is to authorize the release of information; this is not an order requiring the release of information. This Blanket Order serves to allow for routine healthcare/dental care and information sharing. This blanket order applies to all children in DPSS-CSD protective custody and is not a required document maintained in each child's juvenile case file.

Dated, 2021

THE HONORABLE MARK E. PETERSEN
Presiding Judge of the Juvenile Court
Riverside Superior Court

ADDENDUM "A"

California Core Practice Model

The following excerpt is from the Integrated California Core Practice Model. Please refer to https://bit.ly/3mFySp5 for additional information.

Values and Principles
This ICPM is informed by nationally-recognized core values and principles and derived largely from research about how collaborative and integrated family services work best. These guidelines, with the use of complementary evidence-informed practices, suggest that a spectrum of community-based services and supports for children, youth, and families with, or at risk of, serious challenges, will improve the outcome of services.

1. **Values**

Family-driven and youth-guided: Family-driven and youth-guided practices recognize that no one knows more about the family's story and specific needs than the family members themselves. The family members can best describe their history, culture, and preferences. They are the experts about themselves. Consistent with the important developmental task of personal individuation, the choices of a child or youth should be solicited and respected, whenever possible, during the process. While addressing the needs and building on the strengths of the child or youth may be the primary target or purpose of interventions, services must focus on the needs of the whole family, with supports that empower families and enhance their ability to access internal, natural, and community resources. When family members see their own choices reflected in integrated service plans, even when plans require a child and/or youth placement outside their biological family to ensure safety, plans are more likely to be successful.

Community-based: The locus of service and resources reside within an adaptive and supportive structure of systems, processes, and relationships, at the community level. Services and support strategies should take place in the most inclusive, responsive, accessible, and least restrictive settings, where safety, permanency, and family members' participation in community life are maximized. Children, youth, and family members need access to the same range of activities and environments as other families, children, and youth within their community, to support positive functioning and development.

Culturally and linguistically competent: Culture includes a broad range of factors that shape identity, including, but reaching beyond, racial, ethnic, gender, and linguistic differences. It is critical that members of the team demonstrate respect for diversity in expression, opinion, and preference, especially as they come together in teams to make decisions. Words and body language must demonstrate an accepting and curious approach to understanding the family, including their needs and strengths. It is critical that communication meets language and literacy needs, with the use of plain language that everyone can understand, and the use of a translator or interpreter, whenever language barriers exist.

A family's traditions, values, and heritage are sources of strength. Relationships with people and organizations with whom they share a cultural or spiritual identity can be essential sources of support. These resources are often "natural", in that they potentially endure as sources of support after formal services have ended. It is important that the team embrace these organizations and individuals, strengthening and nurturing positive connections, to assist the family members in achieving and maintaining positive change in their lives.

2. **Ten Guiding Practice Principles**

Family voice and choice. Each family member's perspective is intentionally elicited and prioritized during all phases of the teaming and service process. The team strives to find options and choices for the plan that authentically reflect the family members' perspectives and preferences.

Team-based: The team consists of individuals agreed upon by the family members and committed to the family, through informal, formal, and community support and service relationships. At times, family members' choices about team membership may be shaped or limited by practical or legal considerations, however, the family should be supported in making informed decisions about who should be part of the team. Ultimately, family members may choose not to participate in the process if they are unwilling to accept certain members.

Natural supports: The team actively seeks and encourages full participation of members drawn from the family members' networks of interpersonal and community relationships. The plan reflects activities and interventions drawn on sources of natural support. These networks include friends, extended family, neighbors, coworkers, church members, and so on.

Collaboration and integration: Team members work cooperatively and share responsibility to jointly develop, implement, monitor, and evaluate an integrated, collaborative plan. This principle recognizes that the team is more likely to be successful in accomplishing its work when team members approach decisions in an open-minded manner and are prepared to listen to, and be influenced by, other team members. Members must be willing to provide their own perspectives, with a commitment to focus on strengths and opportunities in addressing needs, and work to ensure that others have opportunity to provide input and feel safe doing so. Each team member must be committed to the team goals and the integrated team plan. For professional team members, Interactions are governed by the goals in the plan and the decisions made by the team. This includes the use of resources controlled by individual members of the team. When legal mandates or other requirements constrain decisions, team members must be willing to work creatively and flexibly to find ways to satisfy mandates, while also working toward team goals.

Community-based: The team will strive to implement service and support strategies that are accessible and available, within the community where the family lives. Children, youth, and family members will receive support so that they can access the same range of activities and environments as other families, children, and youth within their community and that support their positive functioning and development.

Culturally respectful: The planning and service process demonstrates respect for, and builds upon the values, preferences (including language preferences), beliefs, culture and identity of the family members and their community or tribe. Culture is recognized as the wisdom, healing traditions, and transmitted values that bind people from one generation to another. Cultural humility requires acknowledgement that professional staff most often cannot meet all elements of cultural competence for all people served. Professionals must ensure that the service plan supports the achievement of goals for change and is integrated into the youth and family's cultures. Cultural humility and openness to learning foster successful empowerment and better outcomes.

Individualized: The principle of family voice and choice lays the foundation for individualization and flexibility in building the plan. While formal services may provide a portion of the help and support that a family needs, plans and resources must be customized to the specific needs of the individual child, youth, and family members. Each element of the family's service plan must be built upon the unique and specific strengths, needs, and interests of family members, including the assets and resources of their community and culture.

Strengths-based: The service process and plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth, and family members, their tribe and community, and other team members. The team takes time to recognize and validate the skills, knowledge, insight, and strategies that the family and their team members have used to meet the challenges they have encountered in their lives, despite these strengths possibly having been inadequate in the past. This commitment to a strengths-based orientation intends to highlight and support the achievement of outcomes, not through a focus on eliminating family member's deficits, but rather through an effort to utilize and increase their assets. This begins with a uniform and singular use of the CANS assessment. Doing so validates, builds on, and expands each family members' perspective (e.g., positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (e.g., social competence and social connectedness), and their expertise, skills, and knowledge.

Persistence: The team does not give up on, nor blame or reject children, youth, nor their families. When faced with challenges or setbacks, the team continues working toward meeting the needs of the youth and family and toward achieving the team's goals. Undesirable behaviors, events, or outcomes, are not seen as evidence of youth or family "failure", but rather, are interpreted as indication that the plan should be revised to be more successful in achieving the positive outcomes associated with the goals. At times, this requires team commitment to revise and implement a plan, even in the face of limited system capacity or resources.

Outcomes-based: The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress consistent with those indicators, and revises the CANS and service plan accordingly. This principle emphasizes that the team is accountable, to the family and all of the team members, to the systems of care serving the children, youth, and families, and to the community. Tracking progress toward outcomes and goals keeps the plan on track and indicates need for revision of strategies and interventions, as necessary. It also helps the team

maintain hope, cohesion, and effectiveness, and allows the family to recognize that things are indeed changing, and progress is being made.

Historically, the ability to retain children, youth, and family members in treatment services to completion has been challenging. Children, youth, and families from vulnerable populations (e.g., children of single parents, children living in poverty, minority families) are least likely to stay in treatment. When asked about reasons for dropping out, parents often identify stressors associated with getting to appointments, a sense that the treatment or service offered is irrelevant to their needs, or a perceived lack of connection with the service provider.

While providers may have little control over a child and family's daily life stressors or difficulties in accessing care, they clearly have control over the relevance and opportunity to avoid redundancy of services offered to families (supporting the principles of voice and choice and individualized), as well as their efforts in relationship-building (also known as engagement). Within the CFT process, including a focus on the needs identified as highest priority by the child, youth, and family members themselves is a critical component of initial and sustained engagement, during the service delivery process.

An additional practical construct to this approach is the reality that a family's complex needs have often been recognized through services directed by multiple and competing service plans. Bringing service plan expectations and resources together, as well as following a shared CANS and a single and functional structured assessment process, will result in a simplified, coordinated plan that will greatly improve the prognosis of success and dramatically lower the stress on family members.

State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

December 20, 2021

Student Behavioral Health Incentive Program

Objectives and Process

In accordance with State law (AB 133, Welfare & Institutions Code Section 5961.3), the Department of Health Care Services (DHCS) is directed to design and implement the Student Behavioral Health Incentive Program (SBHIP). $389 million is designated over a three-year period (January 1, 2022-December 31, 2024) for incentive payments to Medi-Cal managed care plans (MCPs) that meet predefined goals and metrics. SBHIP goals and metrics are associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for children in public schools in Transitional-Kindergarten (TK) through grade 12.

Incentive payments shall be used to supplement and not supplant existing payments to MCPs. In addition to developing new collaborative initiatives, incentive payments shall be used to build on existing school-based partnerships between schools and applicable Medi-Cal plans, including Medi-Cal behavioral health delivery systems.

Objective of Student Behavioral Health Incentive Payments

- **Break down silos and improve coordination** of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, county behavioral health plans, and behavioral health providers.
- **Increase the number of TK-12 public school students enrolled in Medi-Cal receiving behavioral health services** through schools, school-affiliated providers, county behavioral health departments, and county offices of education.
- **Increase non-specialty services on or near school campuses**.

Objective of the SBHIP Workgroup

In accordance with the State law (AB 133: Welfare & Institutions Code Section 5961.3(b)), DHCS established a SBHIP Stakeholder Workgroup to develop the targeted interventions, goals, and metrics used to determine incentive payments to MCPs. The SBHIP Stakeholder Workgroup has been asked to assist DHCS in determining the design and approach to guide implementation of SBHIP, in particular to:

- Provide feedback and guidance on interventions, goals, and metrics.
- Help identify activities that best target gaps, disparities, and inequities.
- Provide feedback on incentive payment calculation and payment methodology.

The SBHIP Stakeholder Workgroup has representation from the California Department of Education (CDE), MCPs, county behavioral health departments, local educational agencies (LEAs), and other affected stakeholders. Between August 2021 and December 2021, there were multiple meetings to engage and collect feedback from stakeholders.

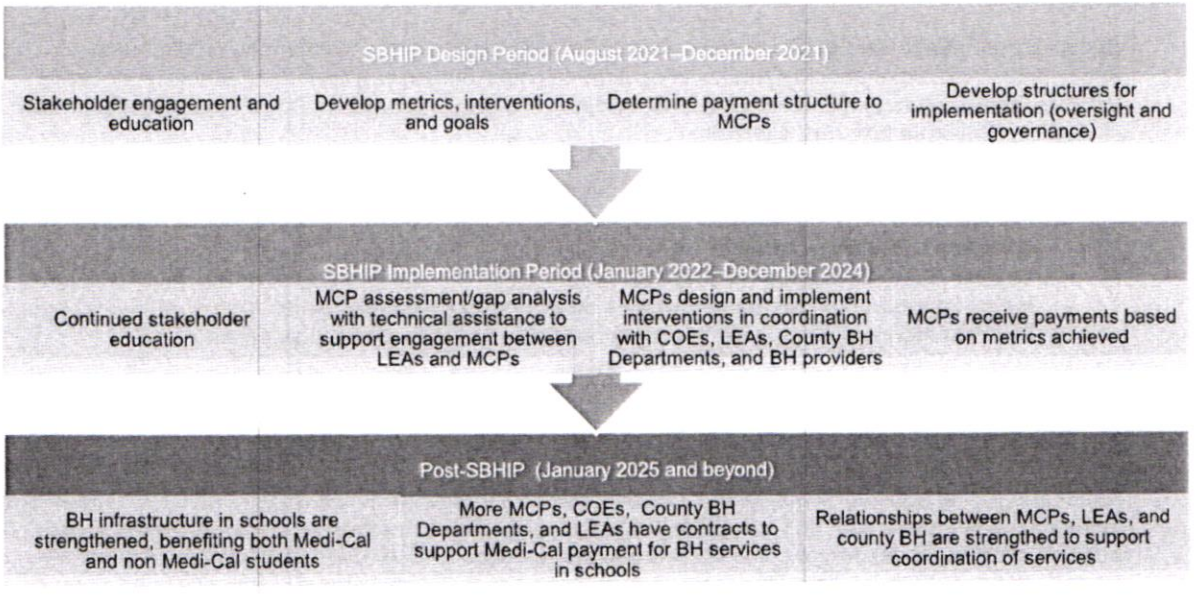
DHCS to finalize by January 1, 2022

The SBHIP effective date is January 1, 2022. By that date, targeted interventions, metrics, goals, incentive payment calculation, and allocation methodology will be defined for the SBHIP. MCPs interested in participating in the SBHIP will need to submit a letter of intent to DHCS.

- Targeted Interventions: Activities that will increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.
- Goals: Desired outcomes, locations, and/or populations to reach with each intervention or quality measure.
- Metrics: Specify the requirements, steps, and measures to assess achievement of selected targeted interventions or quality measures.
- Allocation Methodology: Identifies the methodology used to allocate and distribute incentives earned for implementing the selected targeted interventions and achieving specified quality measures.

SBHIP Duration and Sustainability

SBHIP will follow three distinct phases; design, implementation, and post-SBHIP. The design and implementation of SBHIP is structured with the intention to build infrastructure and relationships that extend beyond the three year incentive period.



Background

California is in an unprecedented time. Leaders across sectors recognize the growing mental health crisis among youth and are committed to change. While there are multiple examples of excellence across the State, including partnerships between county behavioral health departments and school districts, DHCS seeks to improve the statewide continuum of care to ensure every child receives the behavioral health services they are entitled to, the first time, and every time, they seek care.

The consequences of unaddressed child and adolescent mental health conditions often extend to adulthood. According to the World Health Organization, half of all mental health conditions start by 14 years of age. Most substance use disorders (SUDs) also start in adolescence. The majority of these cases are undetected or untreated. The United States is experiencing a youth behavioral health crisis. The last decade saw an increase in the number of mental health hospitalizations, death by suicide, and overdose deaths in children and youth. These increases have been compounded by the Coronavirus Disease 2019 (COVID-19). Stay-at-home orders and school closures have resulted in increased social isolation, exposure to traumatic experiences, and chronic stress which has significantly negatively impacted children and youth. In addition, unemployment and economic uncertainty increase the risk of domestic violence, and concerns are growing that stay-at-home orders masked growing rates of child abuse.

Parents may not recognize their child's challenging behaviors as signs of a mental health condition, and young people rarely seek help until their conditions are quite severe. As students return to school, it is imperative to reach young people where they are and develop connections with people who can recognize distress, intervene early, and ensure their mental well-being. Schools are a critical point of access for preventive and early intervention behavioral health services as children are in school more than half of each year. Early identification and treatment through school-affiliated behavioral health services can reduce progression to serious mental illness and SUDs. These interventions decrease the number of youth who present for help in a crisis, at the emergency department and/or require restrictive care, attempt suicide, overdose, experience an acute psychiatric emergency, or are placed in a restrictive special education setting, out of home placement in foster care, and/or residential care.

School-based health care is also a powerful tool for achieving health equity among children and adolescents who experience disparities in outcomes simply because of their race, ethnicity, or family income. Increasing health care in the school system is a dynamic solution to the inequalities that many children in California face. For example:

- The mental health needs of African American, Native American and Pacific Islander students are more likely to be interpreted as willful misbehavior and result in higher rates of exclusionary discipline and chronic absenteeism.
- Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) students are two times more likely to report depression and three times more likely to report suicidal ideation than non-LGBTQ peers.
- Latinx students are less likely to access Medi-Cal behavioral health services.

The disproportional impact of COVID-19 builds on existing inequities, leading to a more profound impact on the emotional wellbeing of children of color. Building a culturally responsive, cross-system partnership is critical in improving outcomes, reducing disparities, and achieving racial equity.

Better integrating behavioral health services can help break down historical siloes and stigma. Investing in mental health prevention and earlier identification can enhance learning and student wellness. In addition, with nearly 40 percent of California children enrolled in Medi-Cal, significant investment of infrastructure of behavioral health access in schools for Medi-Cal students will indirectly build capacity and access for non-Medi-Cal students.

The SBHIP supports the goals of California's Advancing and Innovating Medi-Cal (CalAIM) initiative that people served by DHCS programs have longer, healthier, and happier lives. There will be a whole-system, person-centered approach to health and social care, in which services are only one element of

supporting people to have better health and wellbeing throughout their whole lives. It will be an integrated "wellness" system, which aims to support and anticipate health needs, to prevent illness, be equitable and to reduce the impact of poor health.

Flexible Contract Models

Medi-Cal already covers many behavioral health services in schools. The challenge is in how to navigate the operational, financial, cultural, and political barriers that prevent MCPs, mental health plans (MHPs), drug Medi-Cal (DMC) programs, and schools from working together to deliver coordinated care. DHCS believes a one-time investment can bring the key players to the table to find local solutions to overcome these barriers. Some counties are already providing excellent and integrated behavioral health services in schools, and DHCS wants to build on that success by creating incentives to expand access and increase integration of care in all counties regardless of size, location, and current capacity.

Medi-Cal services provided by county MHPs are restricted to children with specialty mental health needs. MCPs are responsible for providing all non-specialty mental health services for children. SBHIP is designed to support interventions to get these non-specialty services on or near school campuses, so young people have access to services where and when they need them.

Some schools have been successful in expanding services billed to Medi-Cal by coordinating and contracting with Medi-Cal MCPs, MHPs, county SUD programs, and participating in the Local Educational Billing Option Program (LEA BOP), while others provide very few Medi-Cal reimbursable services. SBHIP incentive payments is designed to incentivize Medi-Cal MCPs to support implementation of targeted interventions for planning and coordination, to contract with school-based behavioral health providers, to build infrastructure, fund school-based staff, and expand access to services. Incentives may also be provided to preserve and expand existing programs for school districts that have existing programs that align with the list of targeted interventions.

As part of the SBHIP, DHCS will work with CDE to facilitate partnerships between Medi-Cal MCPs, county behavioral health departments, and schools. Initial planning efforts will include technical assistance for an assessment of existing capacity and to facilitate relationships among participating entities for the duration of the SBHIP. In an effort to increase coordination, Medi-Cal MCPs will be required to have an MOU for each targeted intervention implemented.

School-Based Health Care in California

Children may access behavioral health services through their MCP, MHP, county health plan, and on school campus during the school day. Each system is designed to address and provide a specific set of services: although in practice, these services often overlap resulting in various levels of coordination between each system.

Many children with intense medical needs are provided health services during the school day. In these cases, the educational and related medical services are outlined in the student's Individual Educational Programs (IEP) or Individual Family Service Plan (IFSP), per the Individuals with Disabilities Education Act (IDEA). The IDEA requires school districts to provide a free appropriate public education (FAPE) for students with disabilities, which creates a legal obligation for districts to ensure services included on an IEP/IFSP are provided to the student. In many cases, schools employ and contract with health service practitioners (e.g., nurses, psychologists, occupational therapists, physical therapists, etc.) to provide these services to students. Schools may elect to participate in the LEA BOP to receive federal reimbursement for certain assessments and treatments for Medi-Cal enrolled students with an IEP/IFSP or Individualized Health and Support Plan (IHSP) or other Care Plan. Approximately 600 LEAs participate in LEA BOP, representing 58 percent of all distinct LEAs in California. Total enrollment in these LEAs represents approximately 88 percent of total student enrollment in the state of California.

In accordance with federal regulation, DHCS is responsible for providing full-scope Medi-Cal beneficiaries under the age of 21 with a comprehensive, high-quality array of preventive (such as screening), diagnostic, and treatment services under Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT). These services expand beyond those that may be required in an IEP/IFSP or IHSP. Specific to behavioral health services, non-specialty mental health services are provided by MCPs while specialty mental health services (SMHS) and SUD treatment services are "carved-out" of the MCP's responsibility. Medi-Cal beneficiaries may access SMHS through county mental health plans, and SUD services through county SUD programs that are required to provide or arrange for the provision of outpatient and inpatient behavioral health services to beneficiaries in their counties.

Schools, MCPs, county MHPs, and county SUD programs all share responsibility for children, but operate separately, with their own networks of contracted providers and reimbursement mechanisms for providing health care services to Medi-Cal students during the school day. The participation requirements of the educational model and the medical model are often at odds, further dividing health care between services provided in a school-based setting versus a community setting.

The SBHIP provides incentives to increase coordination among MCPs, county behavioral health plans, and schools with the understanding it will significantly impact the delivery of services to this population and ultimately benefit all delivery systems. Creating a comprehensive and continuous system of care for Medi-Cal students to access the entire scope of available benefits is consistent with the national movement of increasing access to Medicaid services in schools.

Existing Funding Streams

To fund prevention, early intervention and behavioral health services at schools, California uses many funding streams, each with its own rules, requirements and restrictions. Few school systems have staff on-site with experience and time to navigate the complexity of the funding sources listed below. One long-term goal of SBHIP is to incentivize the creation of infrastructure that more effectively integrates, coordinates, and aligns these funding streams.

Managed Care

- **Medi-Cal Managed Care Plans (MCPs):** Nearly 40 percent of California's children are enrolled in Medi-Cal, and the vast majority of them are enrolled in MCPs that are paid via capitation to ensure children and youth have access to health benefits, including physical health and non-specialty mental health services. Non-specialty mental health services include education, preventive services, counseling, psychological testing, and psychiatric evaluation.

  Schools rarely have the expertise and health care know-how to contract with MCPs, and MCPs are not incentivized to contract with schools. This is largely due to MCP financial arrangements and requirements for primary care providers which complicate implementation of contracts.

- **Commercial Insurance:** Almost all California children are insured, largely due to California's participation in the Affordable Care Act and a concerted statewide effort to ensure all children have access to Medi-Cal or affordable insurance through the exchange.

  LEAs are obligated to bill other commercial payers that are by statute or contract legally responsible for payment of a claim. However, schools are not staffed to manage the substantial administrative work involved in contracting with multiple payers, all with differing credentialing, provider oversight, and contracting requirements.

County

- **County behavioral health departments, covering Specialty Mental Health Services (SMHS) and SUD treatment:** SMHS are offered to Medi-Cal beneficiaries with serious mental illness,

serious emotional disturbance, or with mental health conditions requiring services beyond what is offered by MCPs. This system of care is tailored to children requiring specialty mental health, not for the general population. SUD treatment is offered through Drug Medi-Cal Organized Delivery Systems (county-administered SUD managed care for more than 95% of California's population) or Drug Medi-Cal (a fee for service delivery system with more limited SUD services).

Many county behavioral health departments have established school-based services, but this varies from county to county. In a recent survey conducted by the California Behavioral Health Directors Association in January 2021, 44 of 58 counties responded:

- 34 percent of counties indicated that they covered 80-100 percent of school campuses.
- 17 percent of counties covered less than 20 percent of campuses.
- 49 percent fell somewhere in between.
- 88 percent of respondents provide specialty mental health services.
- 53 percent provide substance use disorder services.

- **Substance Abuse and Mental Health Services Authority (SAMHSA) Block Grants:** Funding is administered through county behavioral health departments and used for mental health and substance use disorder prevention and treatment services. These grants are widely used in school settings and after-school programs to cover education, prevention, early intervention and any other services that would be not be covered by Medi-Cal.

- **Mental Health Services Act (MHSA):** MHSA is tax revenue administered through county behavioral health departments, and 20 percent of the funding must be spent on prevention and early intervention (PEI) services, and at least 51 percent of this funding must be spent on people under age 26.

  Every county has a different process to determine how the funding should be spent, based on the needs of the county. Some county behavioral health departments use these funds to provide PEI services in schools. Unlike Medi-Cal mental health services, which are an entitlement, MHSA revenues vacillate with the economy.

Schools

- **Local Educational Agency Medi-Cal Billing Option Program (LEA BOP):** Medi-Cal offers LEA BOP which is a federally reimbursed Certified Public Expenditure (CPE) program that schools can choose to participate in. LEA BOP reimburses schools for certain health-related services that have already been provided to Medi-Cal enrolled students by qualified health care practitioners employed by the LEA or under contract with a LEA. The funds are restricted in their use and must supplement, not supplant, existing services. Services are available to students who have a care plan either an IEP/IFSP or IHSP.

  LEA BOP is not designed to cover "drop-in" services to take advantage of a youth seeking help at a moment in time, and is not connected with the broader health care system, so any behavioral or medical needs requiring additional services may not be coordinated back to the child's primary care provider.

  Privacy laws governing school services (FERPA) are different from privacy laws governing health care services (HIPAA), complicating information exchange.

- **School-Based Medi-Cal Administrative Activities (SMAA) Program:** The SMAA Program promotes access to health care for students in the public school system, preventing costly or

long-term health care problems for at-risk students, and coordinating students' health care needs with other health care providers. The SMAA Program is a CPE program in which schools may choose to voluntarily participate. The SMAA Program offers a path for schools to obtain federal reimbursement for the cost of performing certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program.

- **Local Control Funding Formula funds:** The Local Control Funding Formula (LCFF) gives local communities control and flexibility over allocated Proposition 98 General Fund and helps deliver resources to the neediest students. Built on a needs criterion, target based grants are distributed in certain amounts, with those amounts rising when the concentration of English learner, low-income, and foster youth grows.

  LCFF funding is allocated through the Principal Apportionment and is funded through a combination of local property taxes and state funding from the State School Fund and Education Protection Account.

  LEAs must use a Local Control and Accountability Plan to set goals, plan actions, and leverage resources to meet those goals to improve student outcomes. This includes the use of LCFF funds, when other funding is not available, to meet Individuals with Disabilities Education Act requirements related to the school districts' responsibility to provide a free appropriate public education for students with disabilities.

Riverside County Collaborative System of Care (CSOC) Framework 6.12.23

County of Riverside
RUHS-BH/DPSS/Probation/Education Directors

CSOC Steering Committee 3rd Wednesday 9 - 12
Nicole Ford (CSD) - Facilitator
Shannon Crosby/Ashley Parker (RP)
Elizabeth Bartholomew (RCOE)
Kelly Grotsky (BH)
Miranda DeShields (BH)
Evelia Garcia (CSD)
Karla Byland (CSD)
Edwin Arvizo (RCOE)

CSOC Core Committee
Report Quarterly in CSOC in Combined Meeting

Collaborative System of Care Subcommittees

- Continuum of Services
- CSOC Training
- Data Analysis & Outcomes
- Fiscal (As Needed)
- CFT
- Inter-agency Committee on Placement (ICOP)

Collaborative System of Care Adjunct Meetings

- CFTM Facilitator & SSA Consistency
- CCR/RFA
- Children & Family Services Integrated Practice Technical Assistance Calls
- Psychotropic Medication State Call
- Psychotropic Medication Local Meeting
- Tribal Services
- MTFC/ ITFC
- Support Letter/ Hold Committee
- AB-1299

Riverside County June 2023

Riverside County
Collaborative System of Care Subcommittees

Continuum of Services
(2nd Thursday, 9-12)

Leads:
(CSD)
Marina Rachal
(DBH)
Lily Gallegos

Members:

1. Ismael Urbina (DBH)
2. LaVonda Davis (RCP)
3. Lily Gallegos (DBH)
4. Jennifer Hunter (DBH)
5. Edwin Arvizo (RCOE)
6. Brandie Parhm (IRC)
7. Maria Arnold (DBH)
8. Erica Herrera (DBH)
9. Rachel Zorn (CSD)
10. Shavena Burrell (CSD)
11. As Needed: YP & PP

2023 Priorities:

1. Finalize current version of flowcharts for interim guidance (Katie A/Pathways 7 flowcharts) – pending IPC MOU finalization
2. Re-evaluate and update current mental health screening, referral, service delivery process to incorporate CANS, CCR, Core Team/Steering requests.
3. Identify gaps in service delivery for youth in out-of-home care and propose solutions to appropriate entities.
4. QI Aftercare Wraparound Linkage

CSOC Training
(2nd Thursday 9:30-11)

Leads:
(CSD)
Cathe Sanchez
(DBH)
Jennifer Hunter

Members:

1. Lorena Molina (DBH)
2. Debbie Reich (DBH)
3. Patricia Esquibel (RCP)
4. Cathe Sanchez (CSD)
   *Steven Walker (back up for Cathe)

2023 Priorities:

1. FFPSA
2. Dual Status Youth

ICOP
(1st Monday 1:30)

Leads:
(CSD)
Mike Scebbi
(RCOE)
Elizabeth Bartholomew

Members:

1. Carl Shepherd (RCP)
2. Jenell Ross (CSD)
3. Lily Gallegos (DBH)
4. Rashida Gordon (CSD)
5. Elizabeth Tagle (IRC)
6. Meghan Boyd (CSD)
7. Francisco Ramirez (CSD)
8. Erica Herrera (DBH)
9. Karen Atkins (CSD)

2023 Priorities:

1. IPC MOU
2. IREMS pilot
3. Support letter subcommittee under ICOP

CFTM
(1st Tuesday 2-4)

Leads:
(CSD)
Danielle Ballier
(DBH)
Jennifer Hunter
(RCP)
Chandra McKinley

Members:

1. Cathe Sanchez (CSD-Fac)
2. Shavonda Thomas (CSD)
3. Lily Gallegos (DBH)
4. Erica Herrera (DBH)
5. Krystal Elliott (CSD)
6. Michelle Markovsky (CSD)
7. Amy Clark (IRC)
8. Rachel Cousyn (Zorn) (CSD)
9. Lorena Dominguez (RCP)

2023 Priorities:

1. CFT Fidelity Tool
2. ACL Review
3. Consistency in CFTMs
4. CFTM Training with QI referrals

Data Analysis & Outcomes
(as needed)

Leads:
Nkoli Nwufo (CSD)
Suzanna Juarez-Williamson
(DBH)

Members:

1. Gilbert Barron (CSD)
2. Mike Scebbi (CSD)
3. Mario Hernandez (DBH)
4. Leanne Tortez (CSD)

2023 Priorities:

1. FFPSA QI Assessment Data

Fiscal Planning
(as needed)

Leads:
(CSD)
No Lead Identified
(DBH)
Not Identified

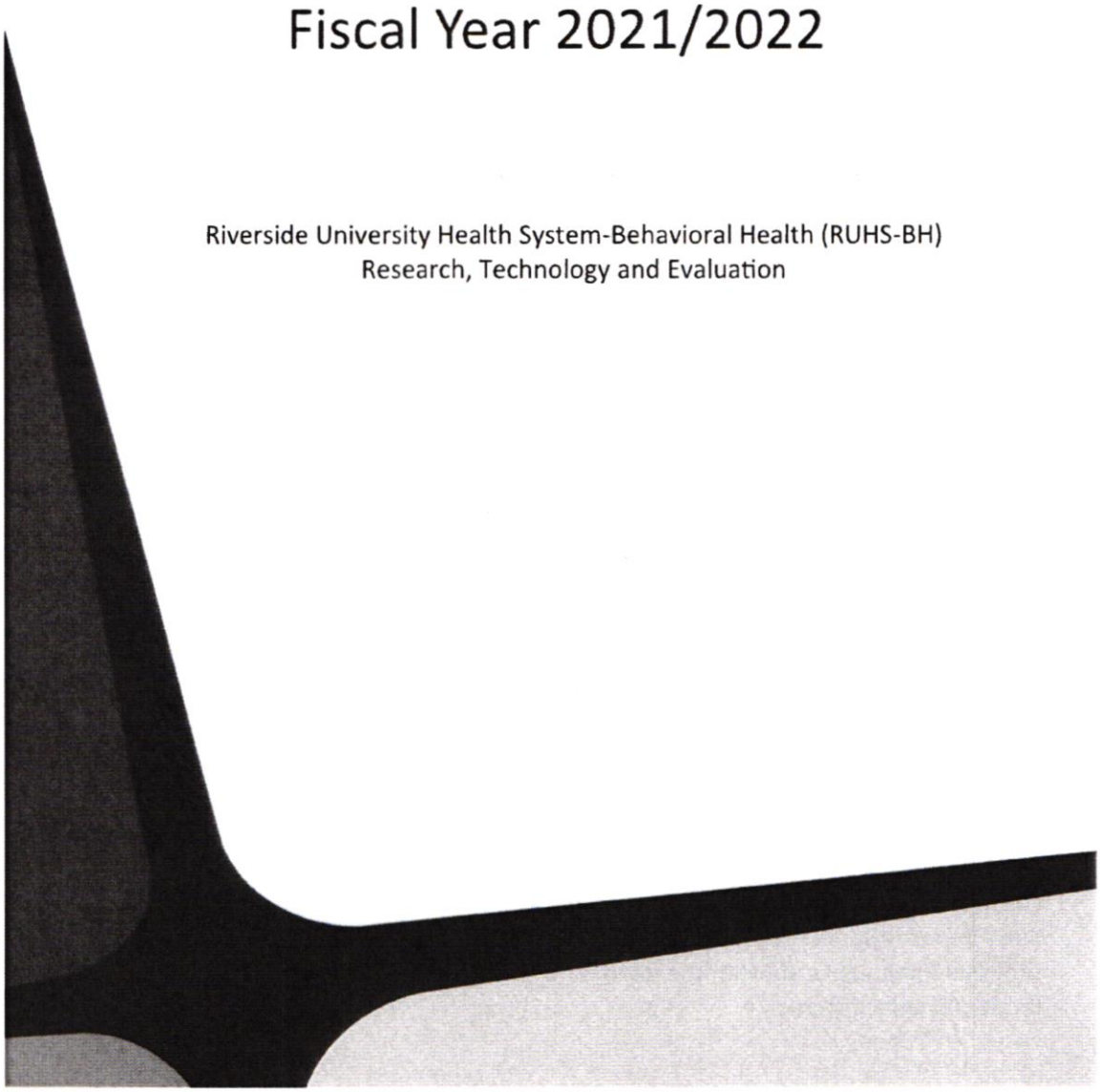
Members: Membership will change as needed.

Jose Beltran/Nadia Taplin for Foster Care Eligibility/ Medi-Cal. Harry Freedman, resource for CSD Fiscal.

Riverside University HEALTH SYSTEM Behavioral Health

Crisis Support System of Care Report Fiscal Year 2021/2022

Riverside University Health System-Behavioral Health (RUHS-BH)
Research, Technology and Evaluation



Crisis Support System of Care (CSSOC)

Brief Program Overview

RUHS-BH has established a Crisis Support System of Care (CSSOC). Mobile Crisis Response Teams (MCRTs), Community Behavioral Assessment Teams (CBAT), and Mobile Crisis Management Teams (MCMT) provide mobile crisis intervention services at various locations in the community, while Mental Health Urgent Cares (MHUC) and Crisis Residential Treatment (CRT) facilities provide crisis support and stabilization. Together, these programs provide crisis support, diversion from emergency psychiatric services, and connection to outpatient services.

Mobile Crisis Response Teams (MCRT)

MCRTs are comprised of a Clinical Therapist II or a Behavioral Health Specialist and a Mental Health Peer Support Specialist and provide community based mobile crisis support services in the three county regions with the goal of decreasing law enforcement involvement and unnecessary inpatient hospitalizations. Originally designed to provide crisis services to adults, the program added teams to provide services specifically for youth age 21 and younger. MCRTs assess the individual's needs while also providing crisis support and connection outpatient and substance use services.

Community Based Assessment Teams (CBAT)

CBATs are comprised of a specially trained police officer and a RUHS-BH Clinical Therapist II. Teams respond to requests for law enforcement services involving individuals who are experiencing a mental health crisis and divert these individuals to the appropriate community and behavioral health services.

Mobile Crisis Management Teams (MCMT)

MCMTs consists of four staff members (Clinical Therapist, Behavioral Health Specialist II, Behavioral Health Specialist III, and Peer Support Specialist). Teams respond to requests from various entities in the county (e.g., law enforcement, hospital emergency rooms) and assess and intervene with individuals experiencing a mental health crisis.

Mental Health Urgent Cares (MHUC)

The voluntary MHUCs operate 24 hours a day, 7 days a week, and are located in each of the three county regions providing urgent care/crisis support for up to 23 hours per encounter. MHUCs provide clinical and psychiatric assessment, crisis intervention, and supportive therapy as well as peer-to-peer enriched engagement and support. The MHUCs serve individuals 18 years and older with the Desert and Mid-County MHUCs also serving adolescents 13 years and older.

Crisis Residential Treatment facilities (CRT)

Located in each of the three county regions, CRTs provide enriched recovery based peer-to-peer support and interventions with the goal of stabilizing clients in acute crises in order to eliminate or shorten the need for inpatient hospitalization. Individuals may stay at the facility for up to 14 days.

Crisis Support System of Care (CSSOC)

Data Collection

MCRTs use a web-based data system to record information for each crisis encounter. This information is used to determine the number of crisis contacts, number of clients served and the disposition of each contact (i.e., diversion to crisis alternatives, hospitalization, complete diversion from crisis services). Data is also collected on demographics (e.g., gender, age, ethnicity) referrals, and recidivism (clients with multiple crisis contacts), and is linked to the RUHS-BH electronic health record to determine utilization of outpatient services. CBATs and MCMTs record information about their encounters in the RUHS-BH electronic health record using a form similar to the one used by MCRTs. Finally, MHUCs and CRT utilization data is derived from the RUHS-BH electronic health record admissions.

Program Goals

1. Increase mobile crisis response to schools, to avoid the need for law enforcement requests for crisis response to youth age 21 and younger and increase mobile crisis response to law enforcement, hospital emergency rooms, and community organizations.
2. Decrease inpatient psychiatric hospitalization through effective diversion.
3. Reduce hospital emergency room and psychiatric inpatient utilization
4. Increase access to alternative crisis services and lower levels of BH treatment (i.e., outpatient mental health and substance abuse services). Increase use of FSP and outpatient mental health services following crisis encounters.
5. Reduce re-admissions to psychiatric emergency rooms or inpatient psychiatric hospitals.

Mobile Crisis Response Teams (MCRT)

Mobile Crisis Response Teams (MCRTs) provide community based mobile crisis support services in the three county regions (West, Mid-County, Desert) with the goal of decreasing law enforcement involvement and unnecessary inpatient hospitalizations. Originally designed to provide crisis services to adults, the program added teams to provide services specifically for youth age 21 and younger. Each team is comprised of a Clinical Therapist II or Behavioral Health Specialist and a Mental Health Peer Support Specialist. MCRTs are responsible for assessing the individual's needs and providing crisis support with a focus on connecting individuals to outpatient and substance use services.

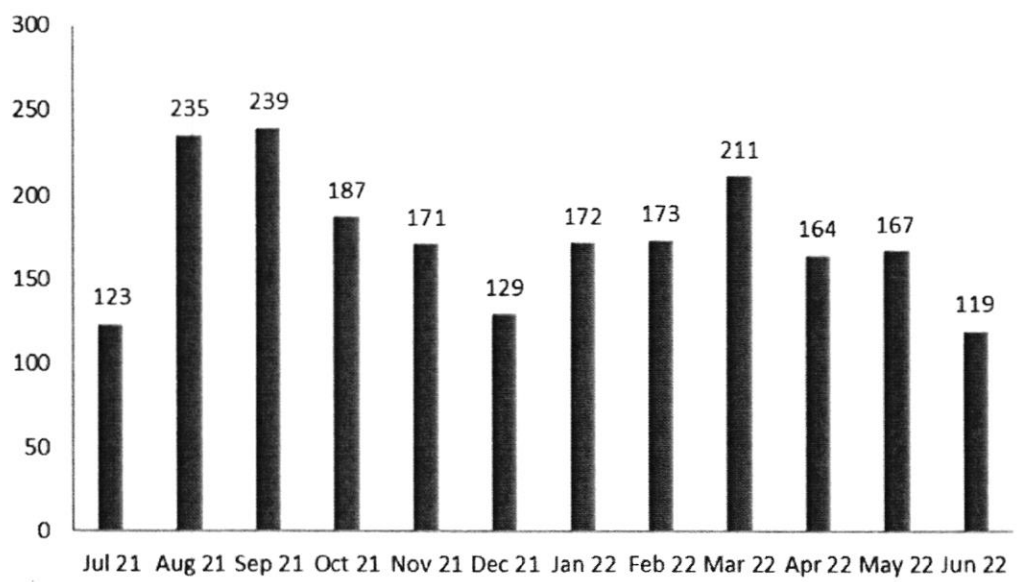
Requests for Service

MCRTs responded to 2,090 requests during the 2021/2022 fiscal year (July 1, 2021 through June 30, 2022). MCRTs responded to the most requests from the Mid-County region (n = 904). The average number of requests for MCRTs per month was 174.

MCRT Requests 2,090	
West	737
Mid-County	904
Desert	449

Avg. Num. of Requests per Month
174

Number of MCRTs Requests by Month

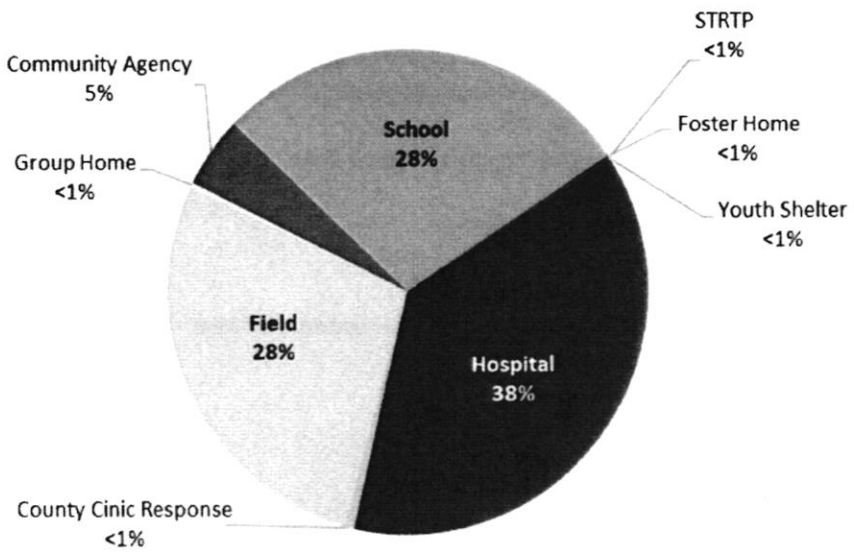


Mobile Crisis Response Teams (MCRT)

MCRTs began primarily as a mobile crisis response to law enforcement requests for assistance with individuals experiencing a mental health crisis. Over the years, MCRTs have expanded to include mobile crisis requests from hospital emergency departments, community agencies, group homes, and other community locations.

Over a third (38%) of requests for MCRTs were made by hospital emergency departments, followed by requests from Schools (28%) and requests from the Field (28%).

Location of Requests for MCRTs



Response Times

The average response time for MCRTs requests was 1 hour and 5 minutes. Requests were excluded from analysis if the request was for a re-evaluation for a client already seen, or re-evaluation of a client on a 5150, and the request was related to evaluation prior to discontinuance of 5150.

Avg. MCRT Response Time
1 Hour 5 minutes

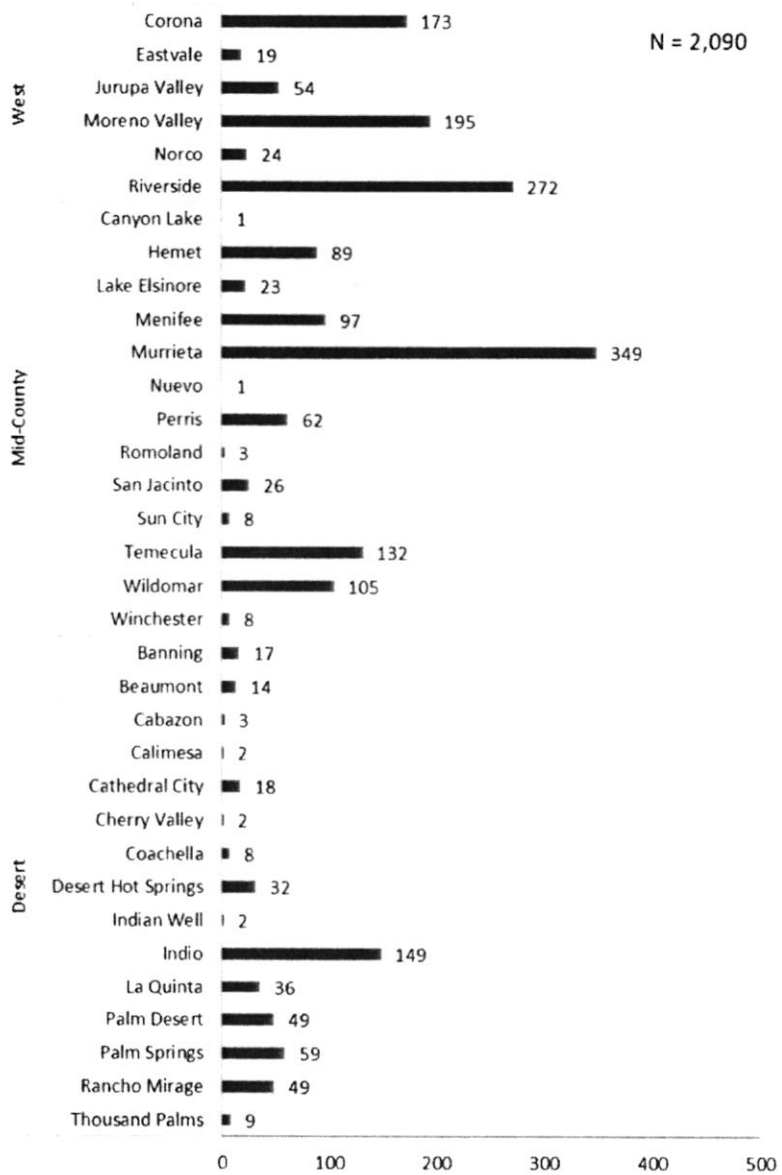
54% of responses were in an hour or less
89% of responses were within 2 hours
96% of responses were within 3 hours

Mobile Crisis Response Teams (MCRT)

Cities and Regions

MCRTs received requests for service from multiple cities, through-out the county. The figure below provides the number of requests per city in each county region. In the Western region, the city of Riverside had the most requests for MCRTs (n = 272). In Mid-County, MCRTs received the most requests from Murrieta (n = 349). Finally, the Desert region received the most requests for MCRTs from Indio (n = 149).

MCRTs Requests by City and County Region

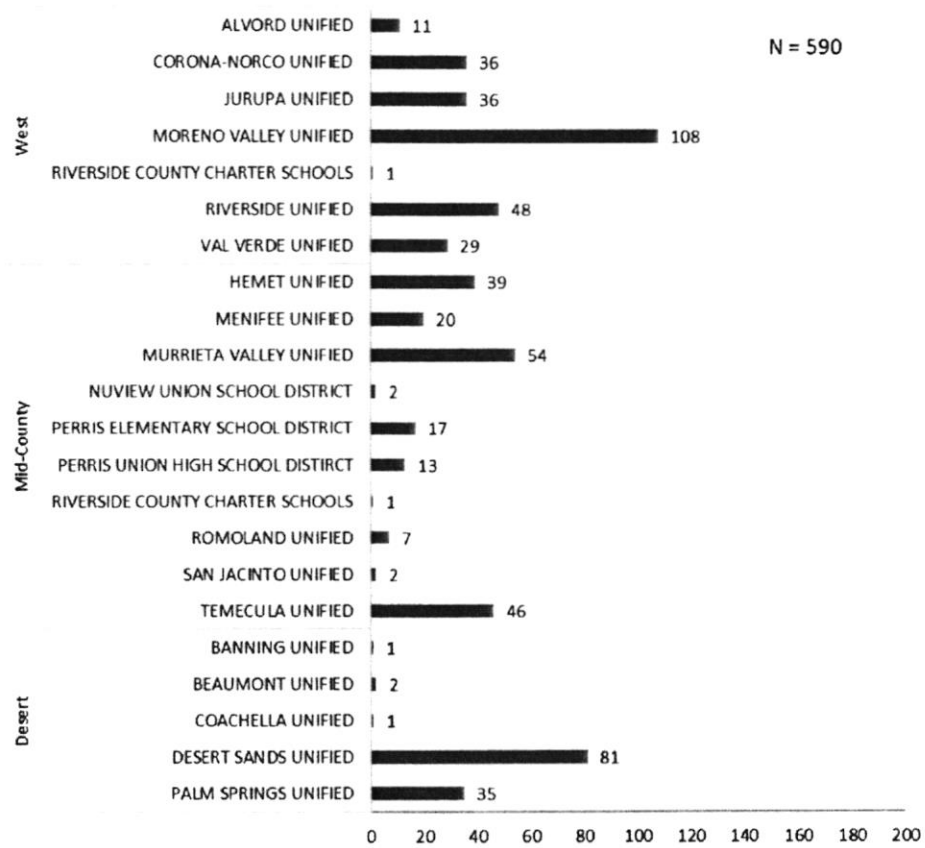


Mobile Crisis Response Teams (MCRT)

Goal 1: Increase mobile crisis response to schools to avoid the need for law enforcement requests for crisis response to youth age 21 and younger and/or increase mobile crisis response to law enforcement, hospital emergency rooms, and community organizations for adults.

MCRTs added teams in December 2018 to provide crisis service to youth age 21 and under at schools and other locations in an effort to decrease the need for law enforcement involvement. Most requests for MCRTs at schools were made by school resource officers as schools preferred to make requests for MCRTs through their school resource officers rather than allowing other school staff to directly request MCRTs. The figure below shows the number of school requests MCRTs received in each school district during the 2021-2022 Fiscal Year. Four request for crisis services were from colleges.

Number of MCRTs requests received in each School District and County Region

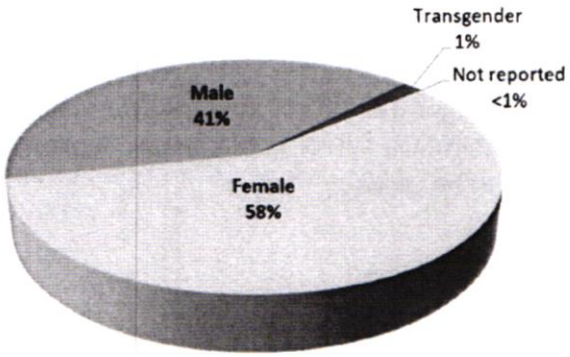


Mobile Crisis Response Teams (MCRT)

Demographics

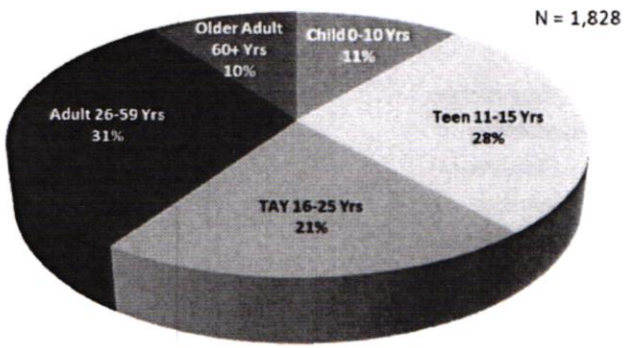
MCRTs served 1,836 individuals during the 2021/2022 fiscal year. Most individuals spoke either English (91%) or Spanish (3%). Language was unknown for 6% of individuals. Five percent of individuals reported experiencing homelessness and 1% were Veterans.

Gender of MCRTs Clients



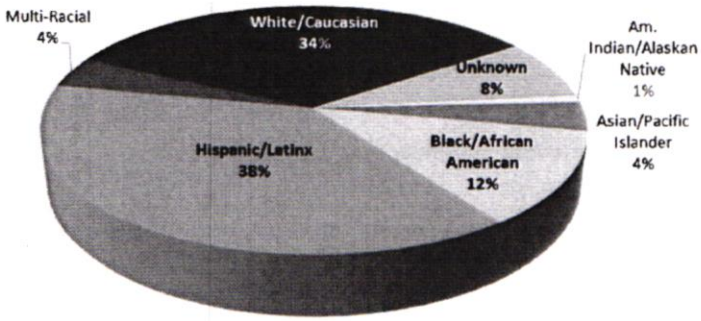
MCRTs served more females (58%) than males (41%), with 1% of individuals identifying as transgender. Gender for 2 individuals was not reported.

Age of MCRT Clients



Almost a third (31%) of clients were Adults between the ages of 26 and 59 years of age. Age was unknown for 8 clients.

Ethnicity of MCRT Clients



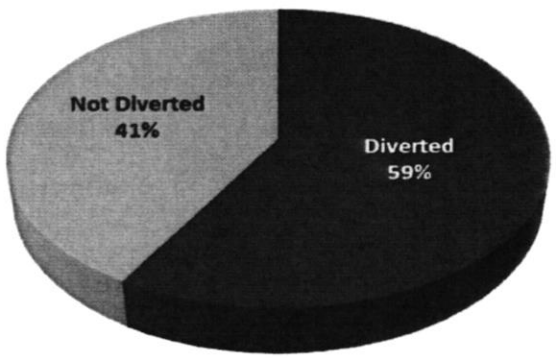
Over a third (38%) of clients served were Hispanic/Latinx.

Mobile Crisis Response Teams (MCRT)

Goal 2: Decrease inpatient psychiatric hospitalization through effective diversion.

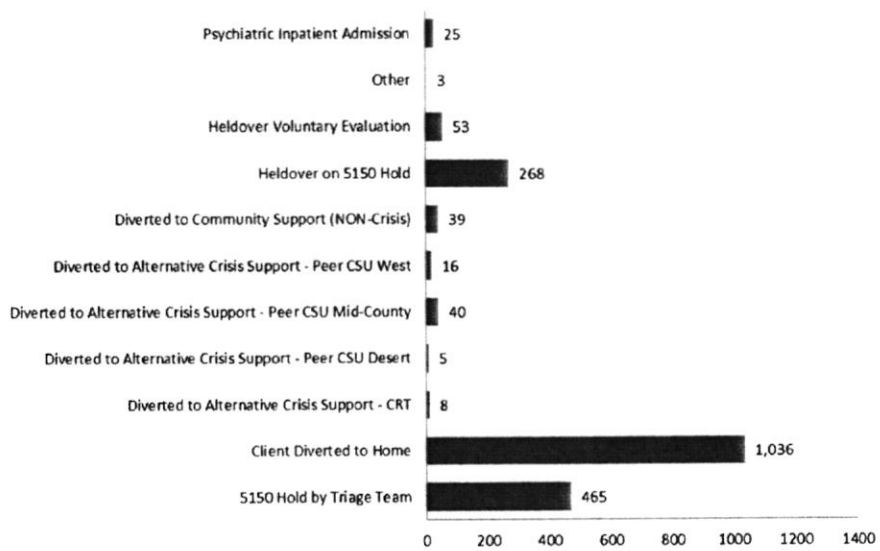
Diversion from an inpatient admission was measured using the disposition of the crisis contact. Contacts were diverted to home or to an alternative crisis support. Contacts in which the client was unable or unwilling to interact with MCRTs (6%, n = 131) or who had a disposition of "Other" (0.1%, n = 3) were excluded from the calculation of diversion rates. MCRTs were able to successfully divert over half (59%) of crisis contacts in the field. Non-crisis community supports included homeless shelters, emergency housing, and other social services.

Diversion rates for MCRTs



The majority (59%) of MCRT clients were diverted to home, to an county MHUC or to a CRT.

MCRT Contact Dispositions



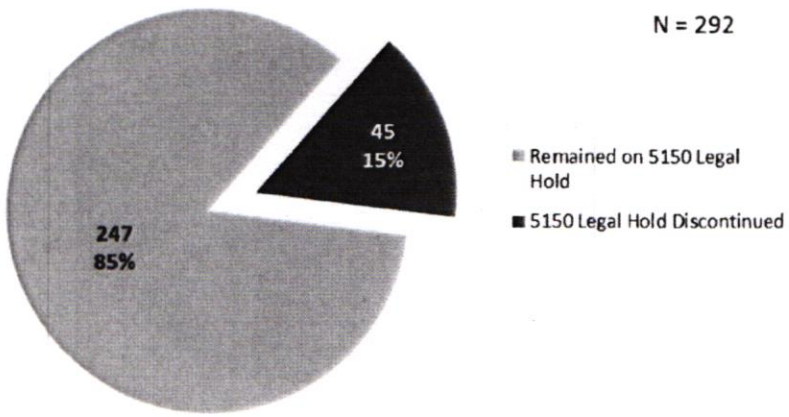
Mobile Crisis Response Teams (MCRT)

5150 Legal Hold Releases

Individuals can be placed on 5150 legal hold (involuntary evaluation hold), by law enforcement or hospitals, prior to the arrival of MCRTs. MCRTs can release an individual from a hold if the hold is not longer necessary.

Two hundred ninety-two individuals were places on a 5150 hold prior to MCRTs arrival. MCRTs were able to discontinue the legal hold of 15% (n = 45) of individuals who were on a legal hold at the time of the teams arrival.

5150 Legal Holds and Discontinuances



Goal 3: Reduce hospital emergency room and inpatient psychiatric utilization

Outpatient linkage should result in less need for subsequent inpatient admissions. Inpatient admissions that were ***not*** the result of the initial crisis contact (result of the 72 hour hold) were used in the calculation.

Six percent (n = 111) of individuals had an inpatient admission within 60 days of contact with MCRTs. Some individuals (n = 16) had more than one admission within 60 days of MCRT contact.

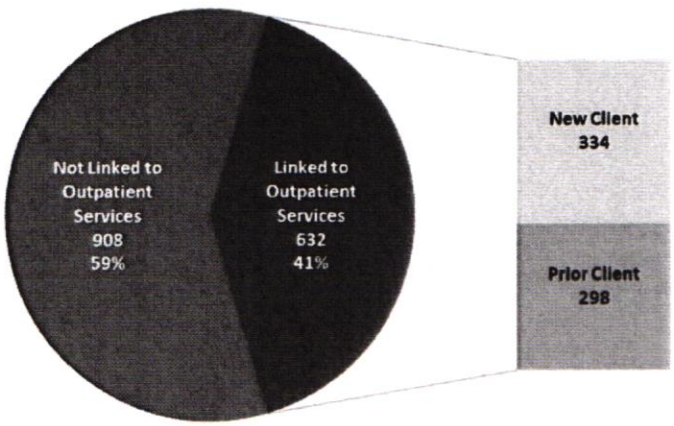
Inpatient Admissions		
	N	%
Had more than one inpatient admission	18	1%
Had at least one inpatient admission	93	5%
Total Inpatient Admissions	111	6%

Mobile Crisis Response Teams (MCRT)

Goal 4: Increase access to alternative crisis services (i.e., outpatient mental health and substance abuse services).

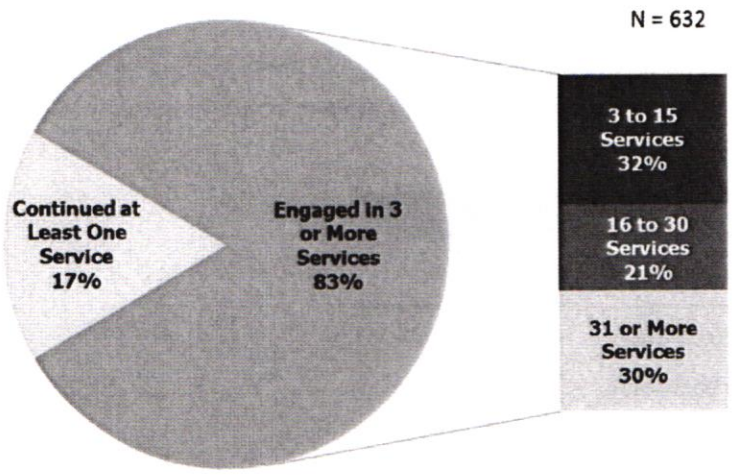
RUHS-BH service data was used to examine service usage after the initial crisis contact. Clients were considered to be linked to outpatient services if they had an outpatient mental health, substance use, or youth short-term residential treatment program service record. Individuals who were recorded as being linked to a private provider and individuals having private insurance were not included in the analysis.

Linked to Outpatient Services



Forty-one percent N = 632) of individuals served by MCRTs were linked to outpatient services after contact with teams. Some individuals (n = 298) linked to outpatient services already had engaged in outpatient services prior to be seen by MCRTs.

Engagement in Services

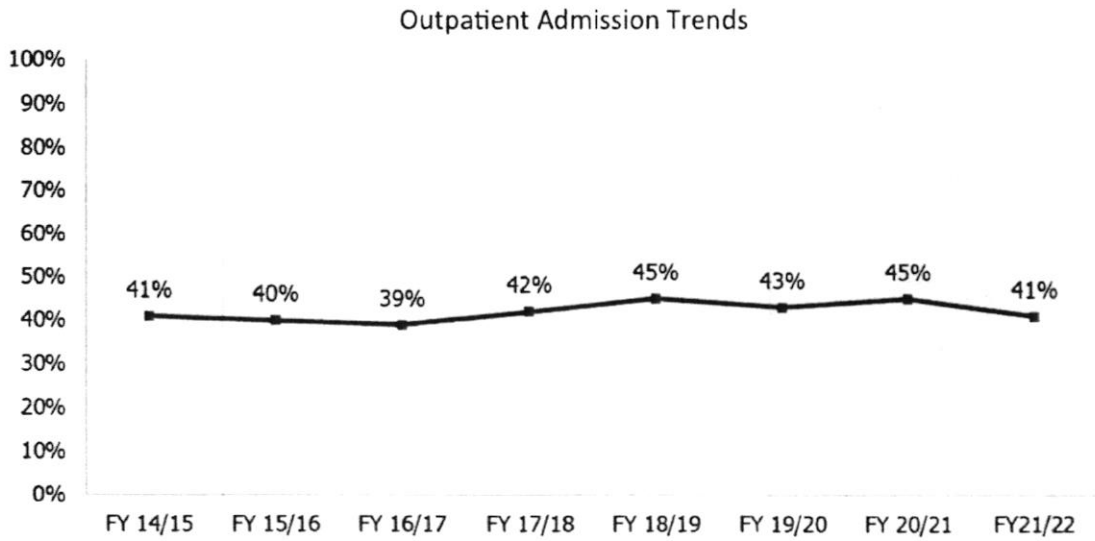


The majority (83%) of those linked to outpatient services engaged in three or more services. Almost a third (32%) of MCRT clients who were linked to services participated in 3 to 15 services. For clients with 3 or more services, the average number of services was 39.

Mobile Crisis Response Teams (MCRT)

Goal 4: Increase access to alternative crisis services (i.e., outpatient mental health and substance abuse services) (cont.).

The figure below provides the percentage of clients linked to outpatient services after contact with MCRTs for each fiscal year since the beginning of the Crisis program. MCRTs began serving clients in mid December 2014; therefore, the data for the 2014/2015 fiscal year is from December 18, 2014 through June 30, 2015. Individuals who were recorded as being linked to a private provider and individuals having private insurance were not included in the analysis.



Goal 5: Reduce re-admissions to psychiatric emergency rooms or inpatient psychiatric hospitals.

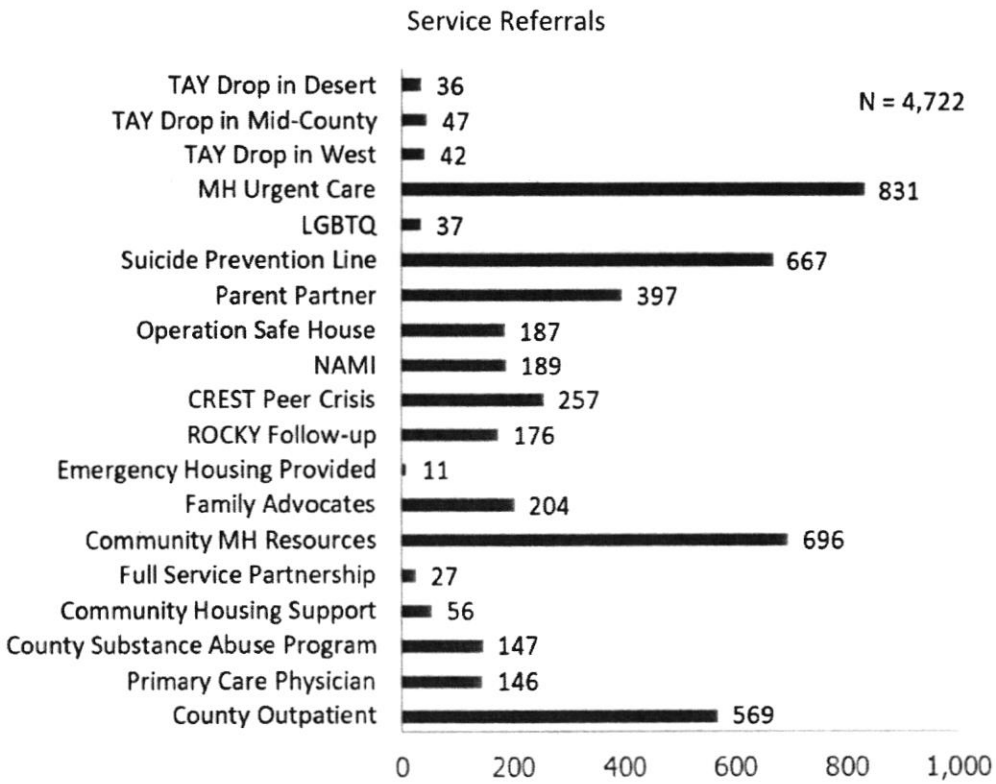
The table below provides the repeat crisis readmission rates at 15 days or less after first crisis contact and at 16 to 30 days after first crisis contact. Both have remained relatively low.

Readmission Rates for MCRTs	
Days to Readmission	%
0 to 15 Days	3.44%
16 to 30 Days	1.43%
0 to 30 Days	4.87%

Mobile Crisis Response Teams (MCRT)

Service referrals

As part of crisis intervention, MCRTs provide individuals with referrals for various services each time teams have contact with a client. Individuals can receive multiple referrals for different services. MCRTs provided 4,722 referrals to 1,836 individuals.



Community Behavioral Assessment Teams (CBAT)

Community Behavioral Assessment Teams (CBAT) respond to law enforcement calls involving mental health issues in the community with the goal of diverting individuals experiencing mental health issues to community and behavioral health services. Teams consist of a specialist trained law enforcement officer, who provides safety and law enforcement expertise and an RUHS-BH Clinical Therapist II, who assesses the client's behavior.

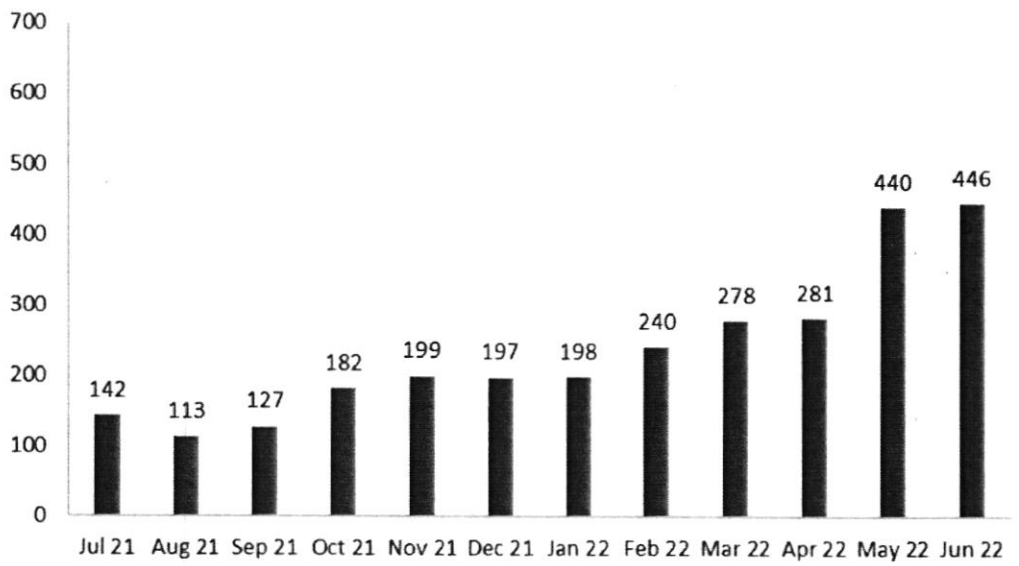
Requests for Service

During the 2021/2022 fiscal year, 16 CBAT teams responded to 2,843 requests (including calls for Homeless Outreach and Welfare Checks).

CBAT Requests 2,843	
Crisis	2,078
Homeless Outreach	170
Welfare Check	595

Avg. Number of CBAT Requests per Month All Types
237

Number of requests for CBAT teams per Month



Community Behavioral Assessment Teams (CBAT)

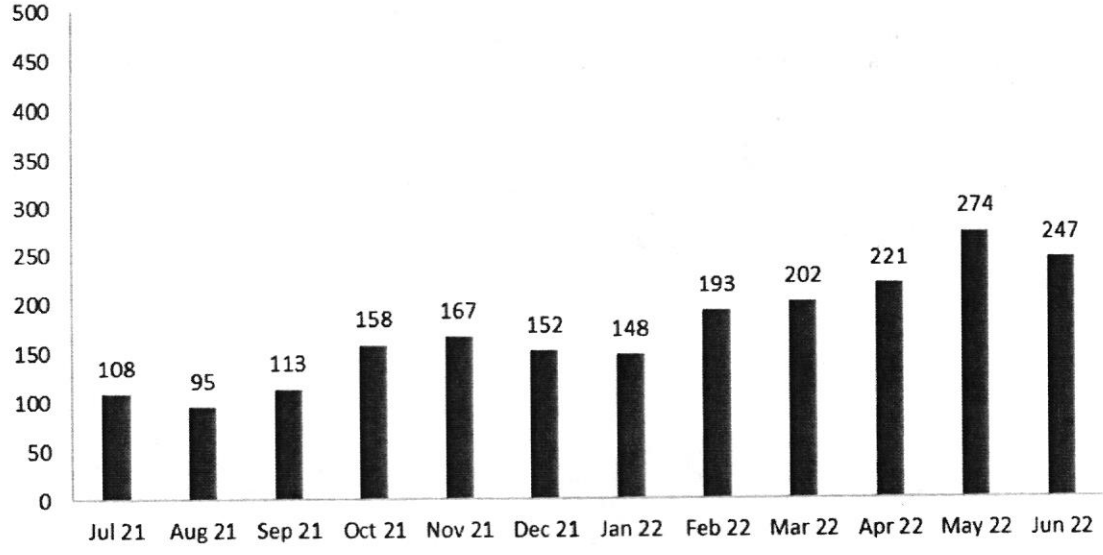
Crisis Requests

CBAT received 2,078 requests for Crisis Services during the 2021-2022 fiscal year. The mid-county region received the most requests for crisis service (n=1,448). The average number of calls per month for Crisis Services for CBAT was 173.

CBAT Requests for Crisis Service 2,078	
West	559
Mid-County	1,448
Desert	71

Avg. Number of CBAT Crisis Team Requests per Month
173

Number of requests for Crisis Services

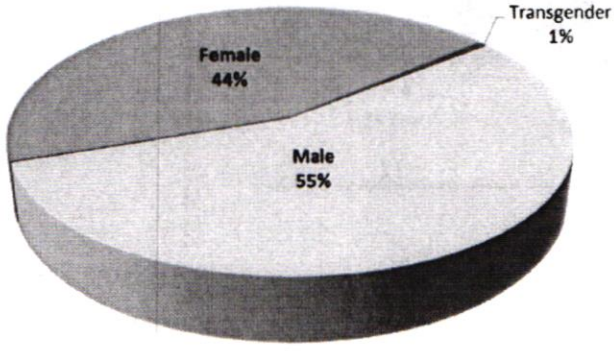


Community Behavioral Assessment Teams (CBAT)

Demographics

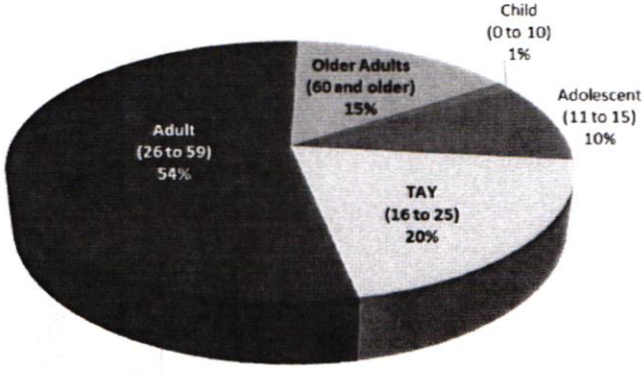
CBATs served 2,393 individuals (1,792 individuals experiencing Crisis) during the 2021/2022 fiscal year. The demographics presented here is for all individuals regardless of type of request.

Gender of CBAT clients



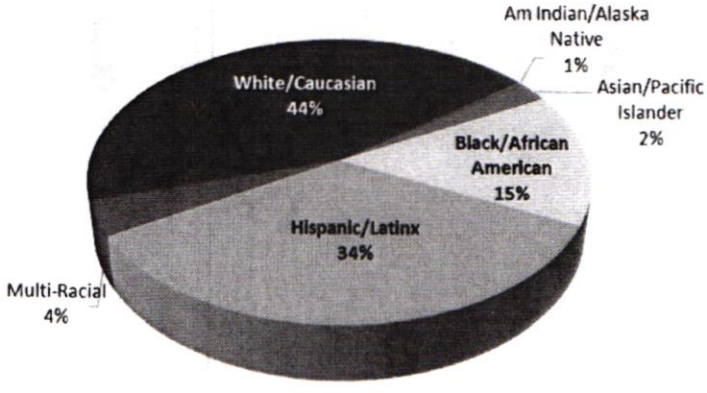
CBAT teams served more females (55%) than males (44%). Thirteen individuals (1%) identified as transgender.

Age of CBAT clients



The majority of CBAT clients (54%) were adults, age 26 to 59 years. One-fifth of clients served by CBAT were TAY age (16 to 25 years).

Ethnicity of CBAT clients

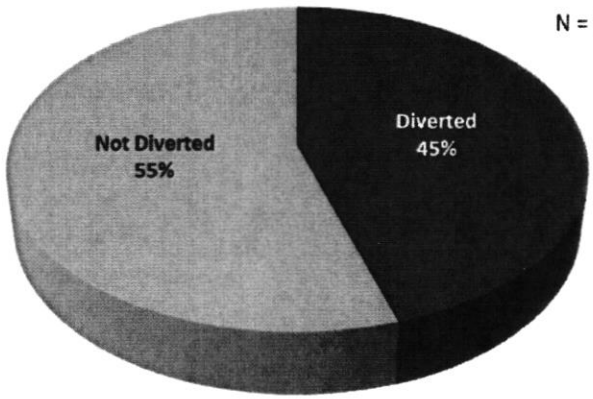


Forty-four percent (44%) of CBAT clients were White/Caucasian and 34% were Hispanic/Latinx. A quarter of CBAT clients (25%) were reported as experiencing homelessness, while 4% of clients were Veterans.

Community Behavioral Assessment Teams (CBAT)

Whenever possible CBATs divert individuals from an unnecessary inpatient admission. The figures below provide the percentage diverted as well as of the disposition of CBAT crisis calls. Homeless outreach and welfare checks were excluded from these analyses. Additional, consumers who refused service (18%, n = 375) or who were arrested (7% n = 117) were excluded from the analyses. Individuals were considered diverted if they were diverted with a safety plan or were diverted to the MHUC.

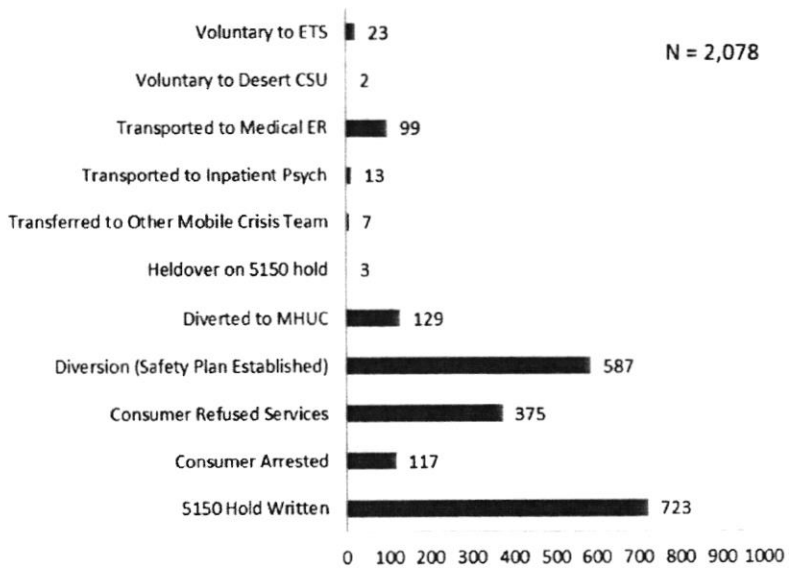
Percentage of Crisis Requests Diverted



N = 1,586

CBAT was able to divert 45% of Crisis calls.

Disposition of Crisis Requests



N = 2,078

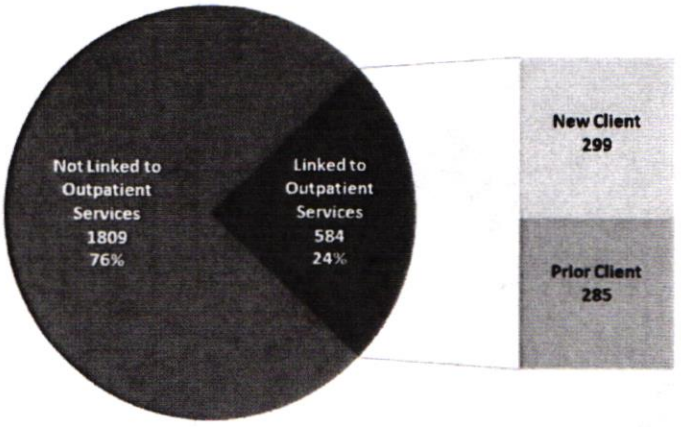
Almost half (45%) of CBAT Crisis requests were diverted to home or to an MHUC.

Community Behavioral Assessment Teams (CBAT)

Linkage to Outpatient Services

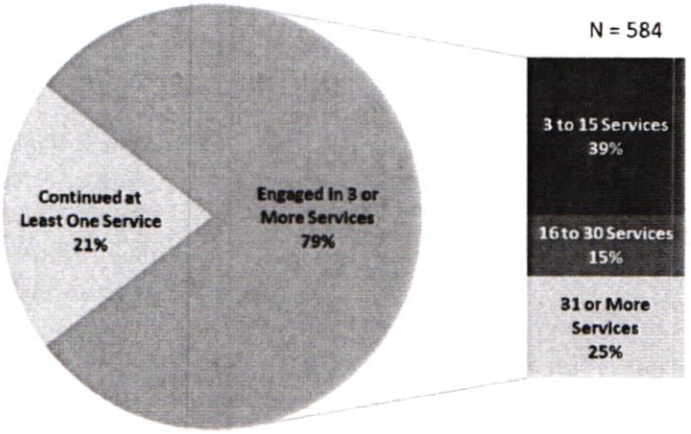
CBAT teams provide referral to outpatient services. RUHS-BH service data was used to examine service usage after contact with CBAT teams. Clients were considered to be linked to outpatient services if they had an outpatient, substance use, or youth short-term residential program service record. Individuals who were recorded as having private insurance were excluded from these analyses.

Outpatient Linkage for CBAT clients



Almost a quarter (24%) of individuals served by CBAT teams were linked to outpatient services after contact with teams. Some individuals (49%, n = 285) served by CBATs were already participating in outpatient services prior to their contact with CBATs.

Engagement in Services



The majority (79%) of CBAT clients linked to outpatient services engaged in three or more services. For clients with 3 or more services, the average number of services was 36.

Readmission Rates for CBATs

Days to Readmission	%
0 to 15 Days	5.00%
16 to 30 Days	2.40%
0 to 30 Days	7.40%

The table to the left provides the recidivism rates at less than 15 days after first crisis contact and at 16 to 30 days after first contact with CBATs.

Mobile Crisis Management Teams (MCMT)

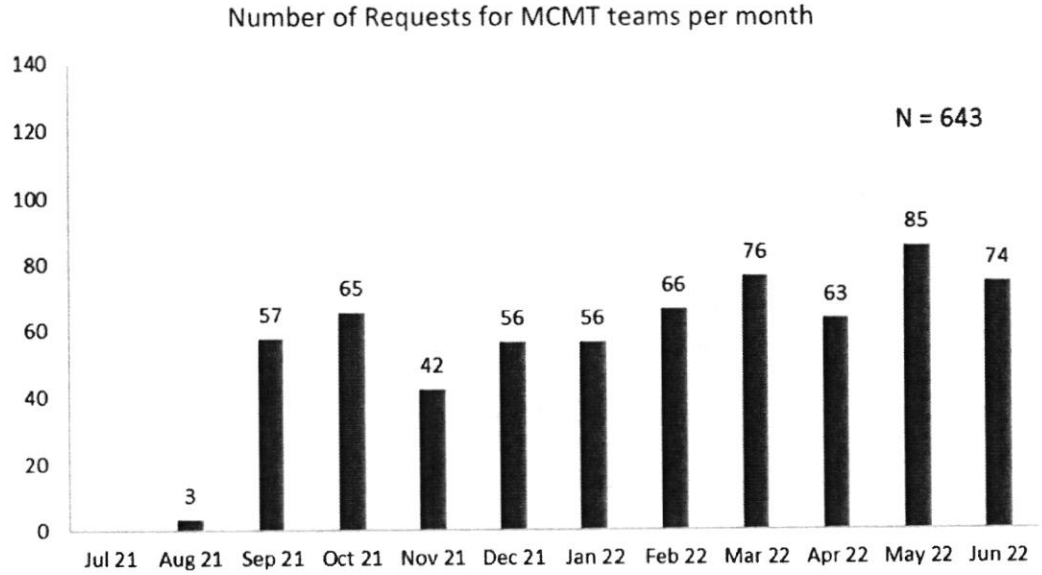
The Mobile Crisis Management Team (MCMT) serves individuals who are at risk of a mental health crisis or who are frequently utilize the crisis response system (e.g., emergency rooms or law enforcement) due to behavioral health needs. The MCMT teams consists of four staff members (Clinical Therapist, Behavioral Health Specialist II, Behavioral Health Specialist III, and Peer Support Specialist). Teams respond to requests from various entities in the county with the purpose of assessing and intervening with adults, children and youth experiencing a mental health crisis. MCMTs provide intensive case management after the initial crisis contact and continued engagement for linkage to ongoing outpatient care. In addition, teams conduct intense, short-term, home-based case management and therapy, substance abuse services, linkage to residential services, and outreach to unengaged youth or adults who are at risk, homeless, or need services to prevent a mental heath crisis.

Requests for Service

MCMT began service in August of 2021. During the 2021/2022 fiscal year, 4 MCMT teams responded to 643 requests (including calls for Homeless Outreach and Non-Crisis Outreach).

MCMT Requests 643	
Crisis	509
Homeless Outreach	57
Welfare Check	77

The figure below provides the number of request fro MCMT calls request per month for all calls (crisis, homeless outreach, Non-crisis outreach) for the 2021-2022 fiscal year. MCMTs received an average of 52 request per month.



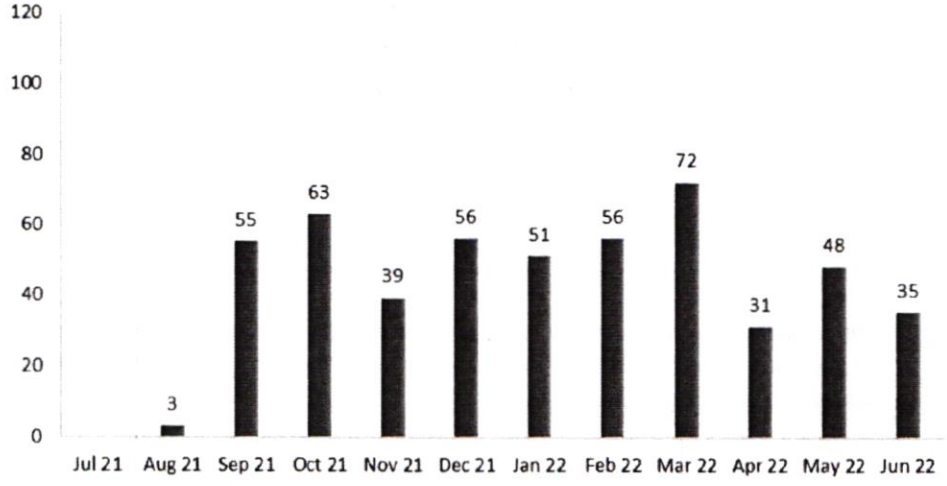
Mobile Crisis Management Teams (MCMT)

Crisis Requests

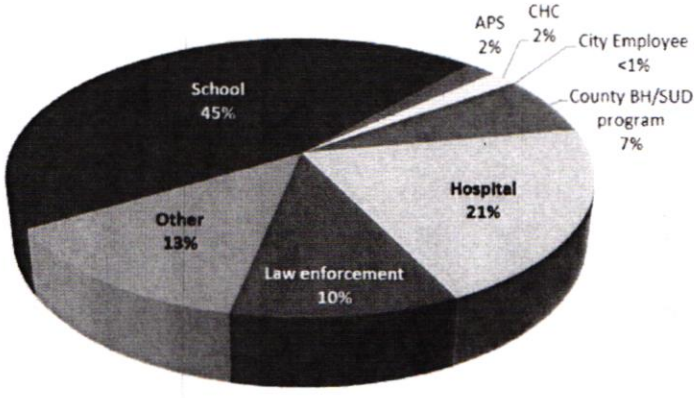
MCMT received 509 requests for Crisis Services during the 2021-2022 fiscal year. The mid-county region received the most requests for crisis service (n= 238). The average number of calls per month for Crisis Services for MCMT was 42.

MCMT Requests for Crisis Service 509	
West	195
Mid-County	238
Desert	73

Number of Crisis Requests per Month



Agency Requesting Crisis Services



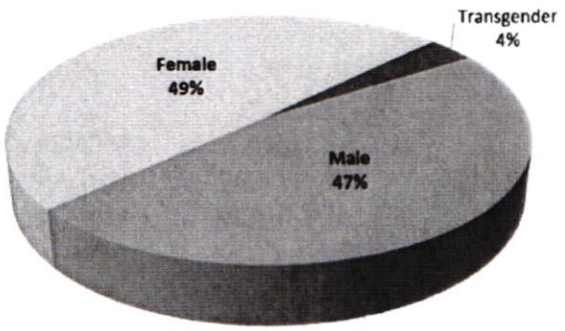
The majority of requests for MCMTs for crisis service came from Schools (45%) and Hospitals (21%).

Mobile Crisis Management Teams (MCMT)

Demographics

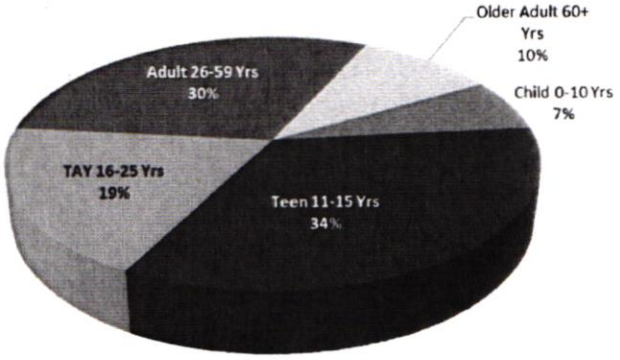
MCMT teams served 589 individuals (476 individuals needing Crisis Services) during the 2021/2022 fiscal year. The demographics presented here is for all clients including those who received Crisis, Homeless Outreach, and MCMT Non-Crisis Outreach service.

Gender of MCMT clients



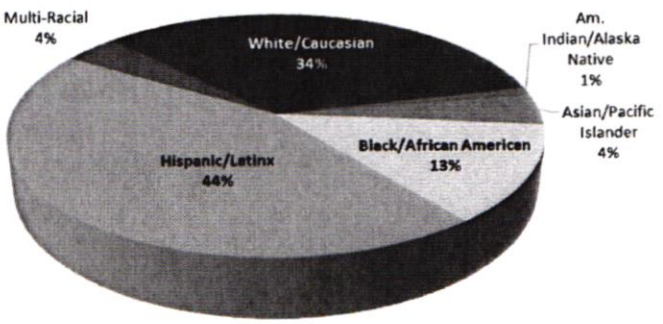
MCMT served more females (49%) than males (47%). Individuals identifying as Transgender accounted for 4% of all MCMT clients.

Age of MCMT clients



Over a third (34%) of MCMT clients were teens age 11 to 15 years. Adults age 26 to 59 years accounted for 30% of clients served by MCMT teams.

Ethnicity of MCMT clients

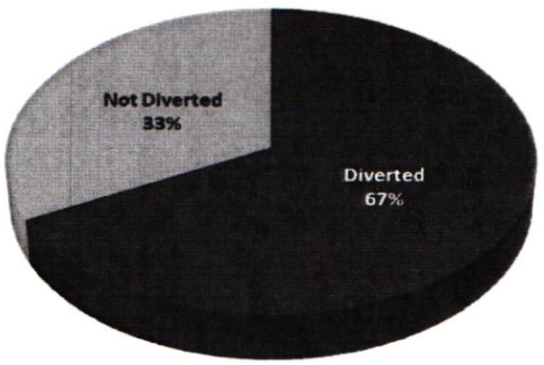


Forty-four percent (44%) of MCMT clients were Hispanic/Latinx, 34% were White/Caucasian, and 13% were Black/African American. A quarter of MCMT clients (25%) were reported as experiencing homelessness, while 2% of clients were Veterans.

Mobile Crisis Management Teams (MCMT)

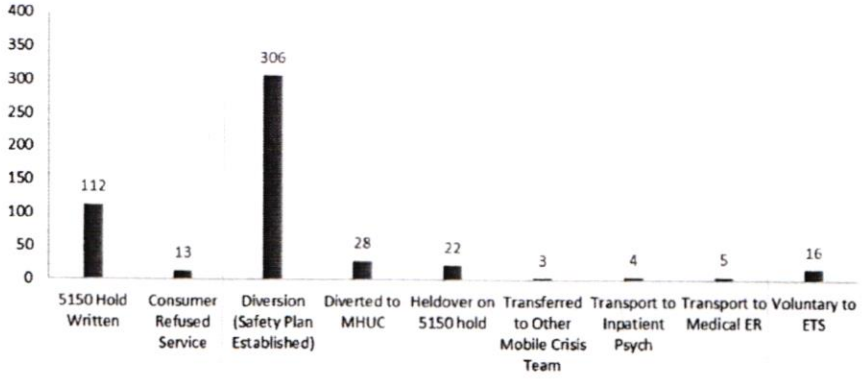
MCMTs divert individuals from an unnecessary inpatient admission wherever possible. The figure below provides the diversion rates for requests for crisis service. Homeless outreach and MCMT non-crisis outreach were excluded from these analyses. In addition, requests in which the consumer refused services (6%, n = 13) were excluded from diversion rate calculations. Individuals are considered diverted if they were diverted with a safety plan or were diverted to the MHUC.

Percentage of Crisis Requests Diverted



MCMTs was able to divert 67% of Crisis requests from an inpatient admission.

Disposition of Crisis Requests



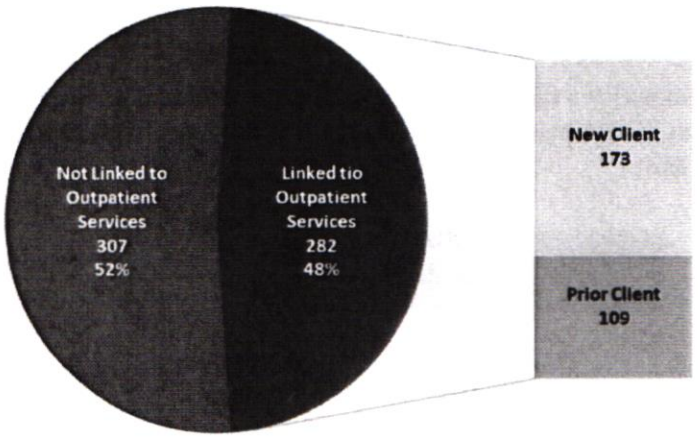
The figure to the left provides the dispositions of MCMT Crisis requests. Individuals either diverted with safety plan or were diverted to one the county's MHUCs.

Mobile Crisis Management Teams (MCMT)

Linkage to Outpatient Services

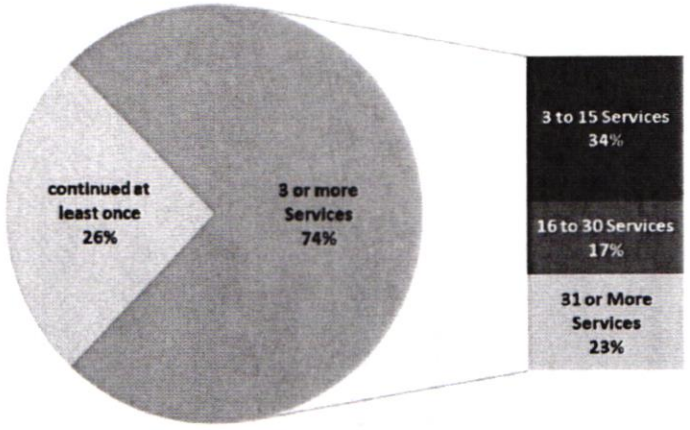
MCMTs provide referrals to outpatient services. RUHS-BH service data was used to examine service usage after contact with MCMTs. Clients were considered to be linked to outpatient services if they had an outpatient, substance use, or youth short-term residential program service record. Individuals who were recorded as having private insurance were excluded from these analyses.

Linkage to Outpatient Service



Almost half (48%) of individuals served by MCMTs were linked to outpatient services after contact with an MCMT team. Some individuals (39%) served by MCMTs were already participating in outpatient services prior to their contact with MCMTs.

Engagement in Services



The majority (74%) of MCMT clients linked to outpatient services engaged in three or more services. For clients with 3 or more services, the average number of services was 31.

Readmission Rates for MCMT	
Days to Readmission	%
0 to 15 Days	3.34%
16 to 30 Days	0.98%
0 to 30 Days	4.32%

The table to the left provides the repeat crisis encounter rates at less than 15 days after first crisis contact and at 16 to 30 days after first contact with MCMT teams.

Mental Health Urgent Cares (MHUC)

Admissions

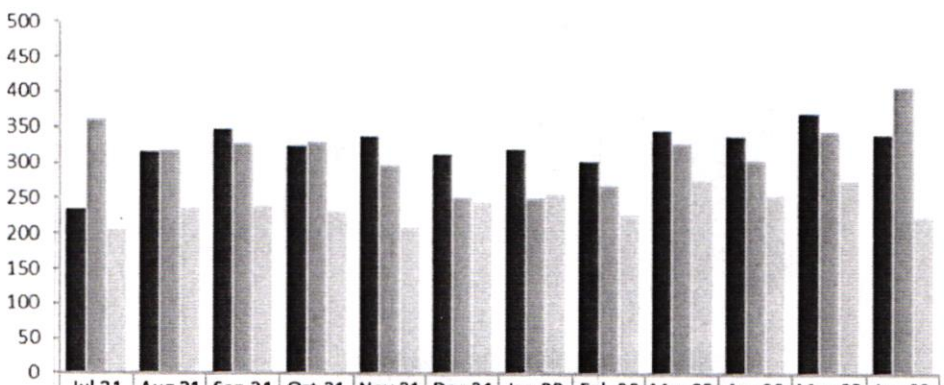
The Crisis Support System of Care includes three regional Mental Health Urgent Care (MHUC) facilities (Riverside, Perris, and Palm Springs). Individuals experiencing a mental health crisis can walk-in to an MHUC and receive individualized support 24 hours a day, 7 days a week. Staffed by a competent, caring team, MHUCs provide a safe, supportive, recovery-oriented environment. The MHUC offers a variety of services such as assessment, peer support, psychiatric and medication support, recovery education, community coordination and follow-up. The MHUCs serve individuals 18 years and older with the Desert and Mid-County MHUCs also serves adolescents 13 years and older.

Requests for Service

During the 2021/2022 fiscal year MHUCs had a total of 10,578 admissions (July 1, 2021-June 30, 2022) and served 5,909 unduplicated clients. The figure below provides the MHUC admission per month for each MHUC.

MHUC Admissions 10,578	
MHUC West	3,890
MHUC Mid-County	3,794
MHUC Desert	2,894

MHUC Admissions per Month



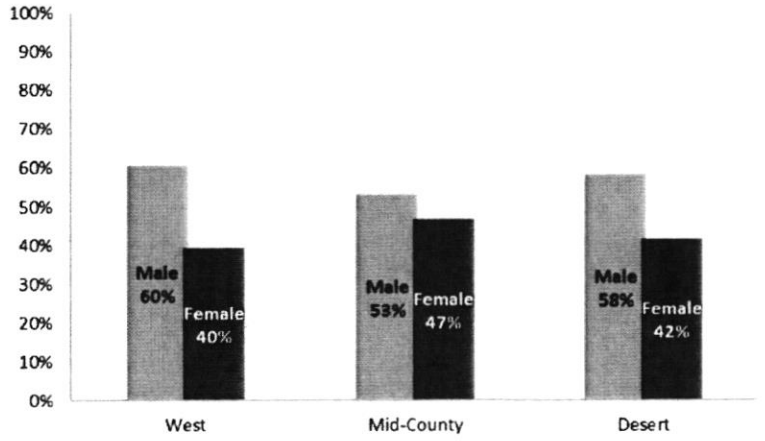
	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
MHUC West	235	316	348	325	338	313	319	303	347	337	370	339
MHUC Mid-County	362	318	328	330	298	253	251	269	328	305	345	407
MHUC Desert	207	237	240	232	211	245	258	229	277	256	276	226

Mental Health Urgent Cares (MHUC)

Demographics

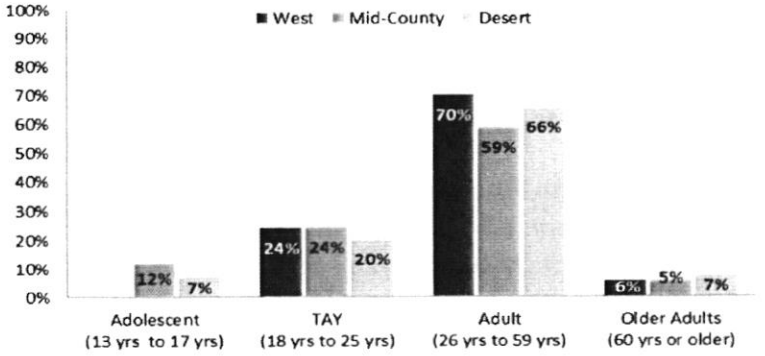
MHUC facilities served 5,909 individuals during the 2021/2022 fiscal year.

Gender of MHUC Clients



All three regions served more male than female clients. Gender was not reported for 6 individuals.

Age of MHUC Clients



Mid-County and Desert MHUCs serve clients 13 years and older, while the West MHUC serves clients 18 years and older. Overall, the average age of MHUC clients was 36 (age was unknown for 3 clients).

Ethnicity	West	Mid-County	Desert
Am. Indian/Alaska Native	1%	-	-
Asian/Pacific Is.	1%	1%	1%
Black/African Am.	14%	9%	10%
Hispanic/Latinx	32%	21%	39%
Multi-racial	2%	1%	1%
Other/Unknown	27%	51%	11%
White/Caucasian	23%	16%	38%

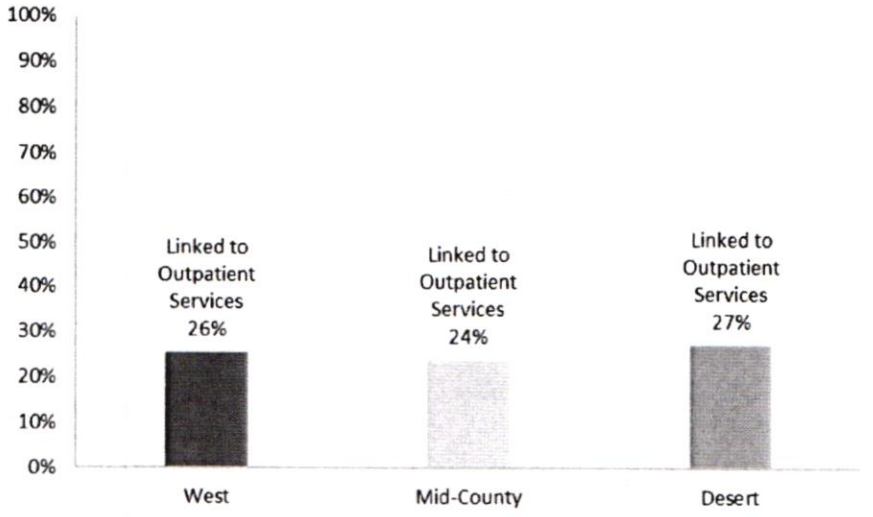
The MHUC Desert had the highest percentage of Hispanic/Latinx clients (39%).

Mental Health Urgent Cares (MHUC)

Linkage to Outpatient Services

The MHUCs assist consumers at discharge with linkage to outpatient services. Overall, 25% of those served by MHUCs, were linked to outpatient mental health/substance use services. The figure below provides the percent of individuals linked to outpatient mental health/substance use services after an admission at one of the county's MHUCs. Some individuals (n = 103 or 7%) were placed in a County short term Crisis Residential program (CRT) following their MHUC admission.

Percentage of MHUC Clients Linked to Outpatient Services



Re-admission rates for each of the three MHUCs are shown in the table below. Percentages are discharges from the MHUC followed by another admission for the same client 15 days or less or 16 to 30 days after an MHUC admission. Recidivism rates for 15 days or less were highest for the Western MHUC (29%).

Readmission Rates for MHUCs			
Days to Readmission	West	Mid-county	Desert
0 to 15 Days	29%	14%	25%
16 to 30 Days	7%	7%	6%
0 to 30 Days	36%	21%	31%

Satisfaction data collected from Riverside and Palm Springs MHUCs show that overall, 96% of clients who received service during the 2021/2022 fiscal year agreed or strongly agreed with the items on the satisfaction questionnaire.

Crisis Residential Treatment (CRT)

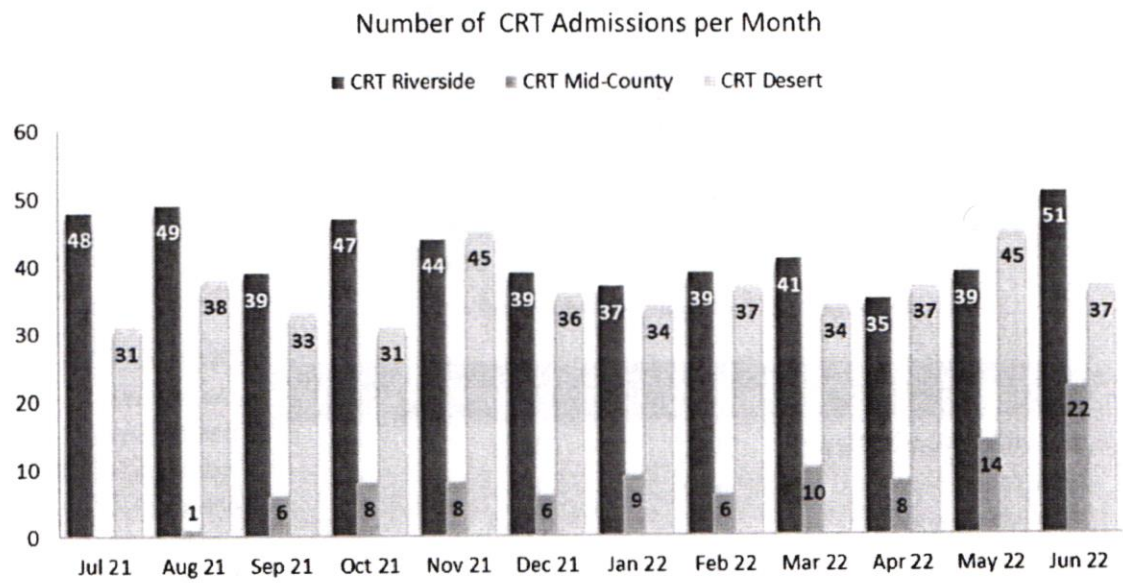
Crisis Residential Treatment facilities

Located in each of the three county regions, Crisis Residential Treatment Facilities (CRT) provide enriched recovery based peer-to-peer support and interventions with the goal of stabilizing clients in acute crises in order to eliminate or shorten the need for inpatient hospitalization. Designed to provide a home-like service environment, the CRT has a living room set up with smaller activity/conversation areas, private interview rooms, a family/group room, eight (8) bedrooms, laundry and cooking facilities, and a separate garden area. Individuals may stay at the facility for up to 14 days.

Admissions

The CRT facilities had 1,044 admissions during the 2021/2022 Fiscal Year. The figure below provides the number of CRT admissions per month for each CRT for the 2021/2022 fiscal year. The Mid-County CRT began serving clients in August 2021.

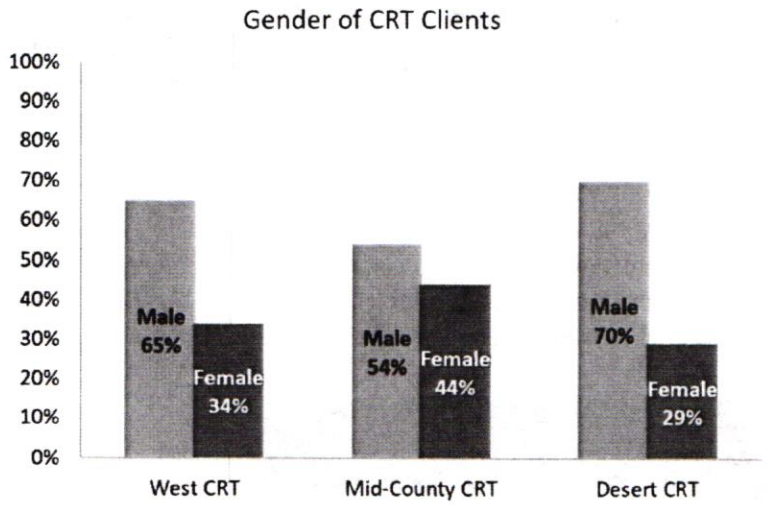
CRT Admissions 1,044	
West CRT (Lagos)	438
Mid-County CRT (Jackson House)	98
Desert CRT (Indio)	508



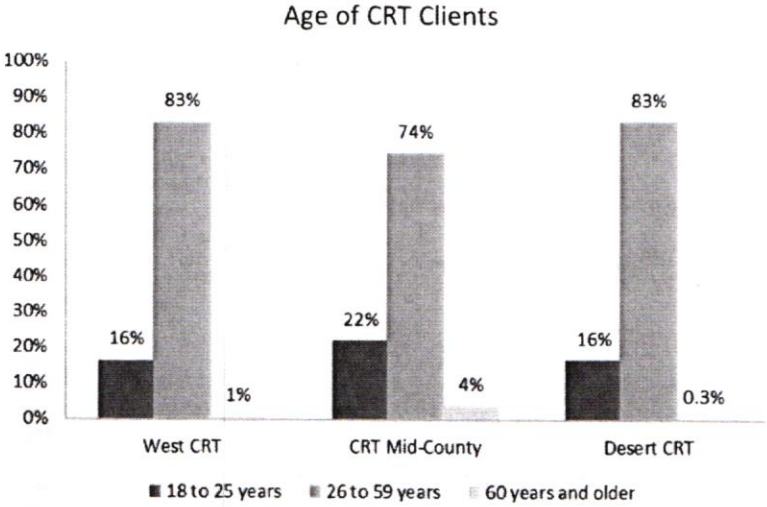
Crisis Residential Treatment (CRT)

Demographics

The CRT facilities served 726 individuals during the 2021/2022 fiscal year.



More males than females were served by the CRT at each of the three county facilities. Gender was not reported for 6 individuals.



The majority of CRT clients were adults (age 26 to 59 years). The average age of CRT clients was 37 years

Ethnicity	West CRT	Mid-County CRT	Desert CRT
Am. Indian/Alaska Native	1%	1%	1%
Asian/Pacific Is.	1%	1%	-
Black/African Am.	16%	16%	19%
Hispanic/Latinx	39%	26%	41%
Multi-racial	1%	3%	1%
Unknown	15%	10%	8%
White/Caucasian	28%	43%	31%

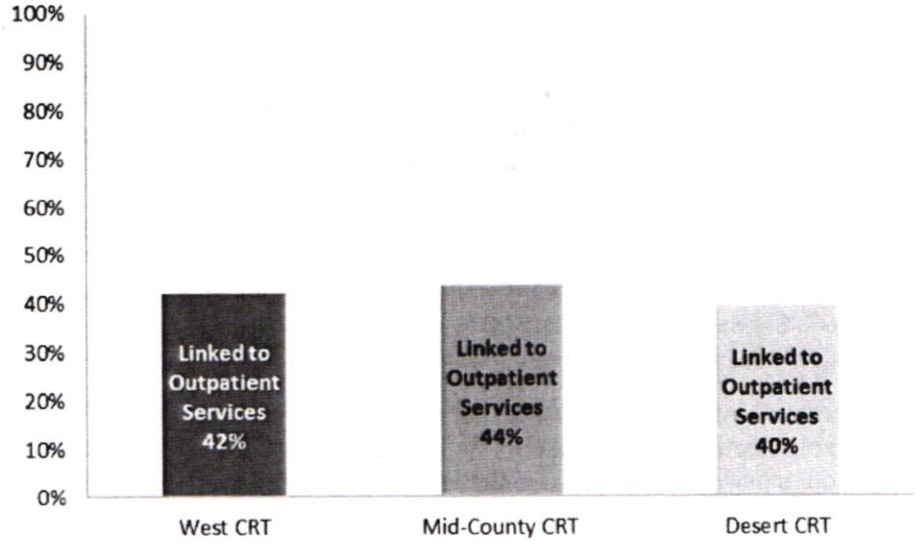
The Desert CRT served the highest percentage of Hispanic/Latinx clients (41%), while the Mid-County CRT served the highest percentage of White/Caucasian clients (43%).

Crisis Residential Treatment (CRT)

Linkage to Outpatient Services

The CRTs assists consumers at discharge with linkage to outpatient services. The percentage of clients linked to outpatient services after admission to a CRT was highest at the Mid-County CRT (44%).

Percentage of Clients Linked to Outpatient Services after a CRT admission



Re-admissions rates to the CRTs are shown in the table below. Percentages are discharges from the CRT followed by another admission for the same client within 15 days, 16 to 30 days, and 30 days or less. The West CRT had the highest rate of readmission for 30 days or less (20%).

Readmission Rates for CRTs			
Days to Readmission	West	Mid-County	Desert
0 to 15 Days	15%	6%	8%
16 to 30 Days	5%	6%	4%
0 to 30 Days	20%	12%	13%

Attachment E:

Behavioral Health Department Response: Grand Jury Response: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources

FINDINGS

Finding 2: The Civil Grand Jury finds two observations during this investigation:

1. **Despite reasonable efforts to improve the design of forms and to establish single points of contact, citizens still perceive intake forms as cumbersome; and**
2. **Citizens expect governments to act proactively by initiating appropriate government services themselves, instead of relying on requests for services from users. Therefore, offering County residents the convenience of having multiple needs met in one physical location is a continuing need.**

Response: Agree

In response to the findings from the Civil Grand Jury, we concur with the observations presented. RUHS-Behavioral Health (RUHS-BH) has worked diligently to address the identified issues and enhance the service delivery experience for Riverside County residents.

1. **Cumbersome Intake Forms:** While we recognize concerns regarding the perceived cumbersome nature of our intake forms, we have actively addressed these challenges. One of our significant responses was the establishment of the "Subcommittee for Standardization of Intake Paperwork." This team has been pivotal in refining our intake processes to be both user-friendly and comprehensive.

   Furthermore, with a keen eye on the diverse backgrounds of our consumers, we ensure forms are culturally sensitive, incorporating multiple languages and framing questions to respect cultural differences. In our drive for efficiency, we introduced the "No Wrong Door" policy under the CalAIM initiative, ensuring consumers are guided appropriately regardless of their entry point into our system.

   Additionally, we are consolidating multiple intake documents into a single comprehensive form to reduce redundancy. It is worth noting that while we aim for streamlined processes, some forms, like Informed Consent and HIPAA authorization, remain non-negotiable due to their legal and ethical importance. They are critical in safeguarding consumers' rights, even if occasionally considered lengthy.

   Our initiatives underline our steadfast commitment to enhancing the consumer intake experience while maintaining our high standards of service, legality, and ethics.

2. **Proactive Government Services**: In alignment with the Civil Grand Jury's recommendation for proactive governmental services, RUHS-BH has adopted the Integrated Service Delivery (ISD) model, which provides residents with a unified 'one-stop shop' experience. ISD, which represents a significant shift from a program-focused approach to a person-centered care model, aligns with the 'one-stop shop' strategy recommended by the Civil Grand Jury.

ISD exemplifies our dedication to addressing citizens' growing demands and our commitment to delivering integrated, efficient services to Riverside County residents. The Jurupa Valley Community Health Center is the ISD model's pilot site. Here, we have actualized the concept of a 'one-stop shop' service experience. This pilot involves multiple county departments – RUHS-BH, Public Health, Medical Center and Community Health Centers; DPSS; First 5 Riverside; Office on Aging RCIT; and others – allowing us to tailor integration strategies to the unique needs of the communities served and evaluate their impact on staff and service provision. Co-locating diverse Riverside County services eliminates redundancies in intake and assessment processes and collaboratively leverages resources across county departments.

We are expanding this model to all remaining CHCs, prioritizing the next phase to ensure impact across the additional four Supervisorial districts. Using a phased approach will ensure a smooth rollout by learning from each stage. The ISD model is focused on creating a user-friendly network of services that address immediate needs while introducing various county resources. All our decisions, from service coordination to resource allocation, are data-driven to guarantee timely and relevant consumer assistance. Additionally, we are collaborating with other departments to pilot the ISD model outside CHC environments.

Furthermore, the Enhanced Care Management (ECM) program under the CalAIM initiative embodies RUHS-BH's commitment to comprehensive care. The program caters to individuals with multifaceted medical and mental health needs across various settings – from homes and shelters to community spaces. Recognizing the broad spectrum of health determinants, the ECM program emphasizes robust community support in areas such as housing and medical nutrition. An integrated feedback mechanism ensures the model continually adapts to the community's dynamic needs.

The Board of Supervisors and department leaders have committed significant financial and staff resources to ensure the successful implementation of ISD. Further, an Office of Service Integration was established to guide the county-wide effort.

Building on this momentum of foresight and strategic action, recognizing the need for proactive governmental services, and prioritizing our citizens' needs, the planned Mead Valley Wellness Village stands out as a model of excellence. Set to start construction in early 2024, the facility will showcase Riverside County's advanced approach to healthcare.

The Wellness Village is strategically designed around the Behavioral Health Continuum of Care model and stands as a resolute answer to the region's critical health challenges. The Wellness Village brings these citizen expectations to life through a comprehensive range of services encompassing primary healthcare, behavioral healthcare, dentistry, mammograms, X-rays, and pharmacy services.

At its core, the Village is built to eliminate patient wait times by centralizing healthcare services. This translates into the proactive government action citizens desire – efficient, timely, and comprehensive care without repeated service requests. In this manner, the Wellness Village transcends being merely a healthcare facility; it transforms into an all-

encompassing campus dedicated to holistic well-being. This approach meets the ongoing need for streamlined solutions directly benefiting County residents.

Key elements of the Wellness Village include:

- **Residential Behavioral Health Programs:** Within the Village campus, there will be provisions for a Substance Use Disorder Treatment Facility, Crisis Residential Treatment Facility, Adult Residential Facility (ARF), Mental Health Rehabilitation Center (MHRC), Children's Short Term Residential Treatment Program (STRTP), and a Children's Crisis Residential Program.
- **Residential Facilities:** Designed to foster a communal environment, individual and family apartments will cater to those facing behavioral health challenges (mental health and substance use disorders) who actively engage in treatment services via our outpatient program.
- **Outpatient Behavioral Health Programs:** The Village will extend outpatient services targeting mental health and substance use disorders. Additionally, the site will offer urgent mental health care for children, adolescents, and adults. Comprehensive primary physical health care services will also be accessible across all age groups.

  These services include:

  - Specialized and general health services
  - Tailored physical health services catering to specific populations
  - Dentistry, mammograms, X-rays, and an onsite pharmacy
  - Inclusion of a WIC office for nutritional support and education

The Wellness Village will also undertake the following initiatives:

- Broadening avenues for healthcare and food accessibility
- Establishing an attractive workplace environment aimed at drawing top-tier talent and fostering community support
- Contributing to the local economy through activities in nearby businesses
- Forging partnerships with colleges and Workforce Development, enabling career mentorship and advancement opportunities

RUHS-BH has undertaken proactive measures that align with citizens' expectations of government-initiated services. Initiatives like the Integrated Service Delivery (ISD) model, including the "No Wrong Door" policy under the CalAIM initiative, provide a unified experience and address the need for a central hub to cater to various needs. The forthcoming Mead Valley Wellness Village encapsulates this vision, strategically designed to offer a comprehensive range of services, including primary and behavioral healthcare, dentistry, mammograms, X-rays, and pharmacy services. By centralizing healthcare services and focusing on prompt, comprehensive care, the Wellness Village will not only meet but surpasses the ongoing need for accessible, multi-service solutions, echoing the desire expressed by the Civil Grand Jury. Moreover, our ongoing efforts to streamline intake processes, including the establishment of the "Subcommittee for Standardization of Intake Paperwork," showcase our commitment to addressing citizens' concerns while maintaining high standards of service, legality, and ethics.

Finding 3: The Civil Grand Jury finds Riverside University Health System – Behavioral Health has significant partnerships with Riverside County agencies and community partners to serve the needs of County residents.

Response to Finding: Agree; RUHS-BH in collaboration with Veterans' Services

Prevention and Early Intervention (PEI) is a Mental Health Services Act (MHSA) component. A PEI plan is included in the annual MHSA planning process for each of the MHSA components. By design and community stakeholder direction, most PEI programs and services are contracted to community-based organizations that know their community best.

PEI programs are intended to engage individuals before developing a serious mental illness or emotional disturbance or alleviate the need for additional or extended mental health treatment. A key element in reaching underserved, at-risk communities is offering programs where mental health services are not traditionally given, such as schools, community centers, faith-based organizations, etc., and supporting local community-based organizations known and trusted by the community to deliver services.

With this focus, Prevention and Early Intervention (PEI) has contracts with:

- Perris Valley Filipino American Association; Inland SoCal United Way 211+; Vision y Compromiso; Riverside-San Bernardino County Indian Health; Special Services for Groups; The Wylie Center; MFI; California Family Life Center; The Latino Commission; Operation Safehouse; The Center; Inland Caregiver Resource Center; Jurupa Unified School District; Reach Out; Riverside Community Health Foundation; California Health Collaborative; Sigma Beta Xi; Family Health; and Support Network, among others.

Furthermore, to ensure a holistic approach for our residents with heightened needs, our affiliations expand to inter-departmental partnerships, underscored by MOUs with RUHS-Public Health, the Office on Aging, and Hemet Unified School District. RUHS-BH also works in close collaboration with Riverside County Veterans' Services to ensure our veterans receive the support they need to lead fulfilling lives post-service. The referral system from Veterans' Services for behavioral health services is designed to be efficient, personalized, and responsive to the unique challenges veterans may face.

Additionally, PEI is an originating chair for the Suicide Prevention Coalition, a coalition of community and public service organizations to address multiple domains related to suicide prevention. Membership includes representatives from most county departments (including DPSS, Housing Authority, Youth Advisory Council, Office on Aging, and others), many community-based organizations, faith-based groups, and private-sector businesses.

The partnerships of RUHS-BH are not confined to just these collaborations. Our Crisis Support System of Care (CSSOC) consistently witnesses interaction between multiple County and community agencies. The reach of our Community Behavioral Assessment Teams (CBAT) and Mobile Crisis Response (MCR) is extensive, with entities ranging from the Riverside Sheriff's Department, local fire departments, community shelters, faith-based organizations, and local businesses.

In conclusion, our commitment to the community is resolute and unwavering. These partnerships are more than just collaborations; they are the connections binding our community,

enabling us to offer timely and effective services. We remain committed to fortifying these relationships.

Finding 4: The Civil Grand Jury finds that 988, the newly established Suicide & Crisis Lifeline, diverts Riverside calls through the Los Angeles County call center. Upon identifying as a Riverside resident, the caller is referred to a secondary number. Though interpretation into over 240 languages and dialects is marketed as available 24/7 with average time to be connected to an interpreter within 17 seconds, this was not our experience when requesting interpretation.

Response: Agree; RUHS-BH in collaboration with Veterans' Services

A program of Inland SoCal United Way & 211+, the Inland SoCal Crisis and Suicide Helpline is available 24/7 by calling 951-686-HELP (4357). The service is a bilingual hotline staffed by highly trained and compassionate crisis counselors who are as diverse and representative as the Inland SoCal Region. Counselors assist with emotional support, suicidality assessment and prevention, coping skills, and resource referrals and offer a warm hand-off for mental health services. Additionally, they provide help for a range of other mental health-related crises and experiences such as suicide loss survivor grief, abuse, domestic violence, identity and relationships, and other sensitive topics.

Helpline now also serves as the communities' front door to access the RUHS-BH Mobile Crisis Response teams. In efforts to continue to strengthen Riverside County's Crisis System of Care and mirror the infrastructure of the 988 network, Helpline staff/volunteers screen community members in crisis for the appropriateness of an in-person response from the RUHS-BH mobile crisis teams. The Helpline connects community members to the mobile crisis team dispatch center when indicated.

In FY22/23, there were 5,331 calls to the Helpline. Of those calls, 3,398 were mental health-related, and 888 had suicidal content. There were also 174 warm transfers from the Helpline to the RUHS-BH Mobile Crisis Response Team.

The 988 system's structure and operations are centralized at the state level. While Riverside County cannot directly change this system, it can advocate for such changes. The nearest call center within the 988 network is Los Angeles through Didi Hirsch Mental Health Services, which serves as the 988 center for seven Southern California counties. Although Riverside County's Helpline applied to become a 988 call center, the application was paused during the transition to the 988 system.

RUHS-BH leadership and the Suicide Prevention Coalition have been engaged with Didi Hirsch to promote the integration of the Helpline into the 988 network. The primary goal is establishing a localized call center in Riverside that effectively serves the County's residents. This would minimize the need for call transfers and enable more comprehensive oversight. Despite an initially positive dialogue, subsequent attempts to follow up with Didi Hirsch have not resulted in any response or updates.

Nevertheless, RUHS-BH remains committed to advocating for the inclusion of the Helpline in the 988 call center network. This integration would address call transfer challenges and

enhance language interpretation access. RUHS-BH is also cooperating with call center leadership to overcome the challenges and limitations posed by the 988 service. The focus is ensuring a seamless connection between Didi Hirsch and RUHS-BH mobile response units for callers in need. Strengthening this collaboration remains of utmost importance to RUHS.

Finding 7: The Civil Grand Jury finds that a telephone behavioral health assessment could be an effective approach for identifying and managing behavioral health issues in older adults, perhaps paving the way for alternative ways to seeking and receiving mental health help among the homebound.

Response: Partially Disagree

Riverside University Health System - Behavioral Health (RUHS-BH) acknowledges the potential of telephone behavioral health assessment, as the Civil Grand Jury highlighted. It is important to emphasize that a more robust approach is needed when addressing risk factors for our Older Adult consumers. When concerns are raised about risk factors, we strongly advocate for a comprehensive, in-person behavioral health screening and assessment to ensure a deeper understanding of the individual's situation and needs.

To provide the highest quality of care, we recommend conducting face-to-face assessments. This could occur either in the consumer's environment, where they live or reside or within the welcoming and supportive environment of our Behavioral Health Wellness & Recovery clinics. This in-person approach allows our skilled professionals to gain a holistic understanding of the individual's mental health, considering the nuances that may not be fully captured through telephone assessments.

Our commitment to the well-being of older adults compels us to explore every avenue that can enhance their mental health support. While telephone assessments have their merits, they are most effective when used with in-person assessments, especially when risk factors are a concern. This comprehensive approach is a testament to our dedication to providing personalized, empathetic care that meets the unique needs of individuals.

For homebound individuals who prefer remote assistance, RUHS-BH provides services and works with various agencies that cater to their needs and ensure access to mental health care and assistance:

- **CARES Line (Community Access, Referral, Evaluation, and Support Line) 800-499-3008**: The CARES Line is a 24/7 resource that serves as a lifeline for individuals seeking help. Trained staff can provide screening, information, and referrals for mental health and substance use programs. The service ensures that individuals can reach out for support from the comfort of their homes whenever they need it. The compassionate and knowledgeable staff offers assistance in English and Spanish, making it inclusive and accessible.
- **Inland SoCal Crisis Helpline 951-686-HELP (4357):** The Crisis Helpline provides a confidential space for individuals experiencing emotional distress or crisis. Available around the clock, the Helpline is staffed by trained professionals ready to provide support, guidance, and resources. For those who may be homebound, the Helpline serves as a lifeline without the need to leave their residence.
- **Prevention and Early Intervention (PEI) Services**: The PEI services offered by RUHS-BH are focused on preventing the development of mental health issues by reducing risk

factors and increasing protective factors. These services include valuable resources such as free trainings, events, presentations, newsletters, and more. Homebound individuals can access these resources online, allowing them to stay informed and empowered to take proactive steps for their mental well-being. Additionally, RUHS-BH has specific programs like the Cognitive Behavioral Therapy (CBT) for Late-Life Depression, tailored for seniors aged 60 and over. These services are dispensed through community organizations, facilitating the service both in-house and at the participants' residences.

- **Riverside Network of Care for Behavioral Health (https://riverside.networkofcare.org/)**: This resource serves as a hub for seniors, veterans, individuals, families, and agencies seeking mental health information and resources. The online platform offers homebound individuals a wealth of information on local services, legislation, support options, and relevant news.
- **HomeConnect (https://www.rcdmh.org/HomeConnect)**: For individuals facing housing and homelessness challenges, HomeConnect offers vital assistance and resources. By providing a phone number for access, homebound individuals can connect with housing and homeless resources without a physical presence.
- **TakemyHand Live Peer Chat (https://takemyhand.co/)**: This innovative technology solution allows individuals to engage in real-time conversations about emotional wellness with trained peer operators. The Peer-to-Peer live chat interface provides a welcoming and inclusive environment for building resilience and coping strategies. With Certified Peer Support Specialists who understand emotional difficulties and substance use challenges, the service is a valuable option for homebound individuals seeking support during difficult times. The designated chat hours offer consistent availability for connection.

These options collectively demonstrate RUHS-BH's commitment to ensuring that even homebound individuals have access to various resources and support services for their mental well-being. The emphasis on telephone and online services underscores the organization's dedication to reaching every corner of the community, regardless of mobility or location.

In our outpatient care provision, we integrate telephone assessments with in-person consultations. Our process begins with a telephone evaluation to identify potential behavioral health concerns, followed by comprehensive in-person assessments conducted at our clinic. Recognizing the transportation challenges numerous older adults face, we leverage our Community Service Assistance team, collaborate with health plan services, and engage community transport agencies. This concerted effort ensures the accessibility of our services, offering transportation options that facilitate ease of access. For example, in Fiscal Year 2022-2023 the Western region Older Adult Integrated System of care clinic provided 50% of their services via telehealth, phone or as a field service.

The Older Adults Full-Service Partnership (FSP) program, also known as the Specialty Multidisciplinary Aggressive Response Treatment (SMART) program, is designed to offer specialized support to older adults grappling with severe and persistent mental illness, particularly those who may not find traditional outpatient treatment effective. This program primarily focuses on individuals who are homeless, at risk of homelessness, or have experienced stays in care institutions. The SMART team is comprised of diverse experts, including psychiatrists, therapists, nurses, and peer support specialists, to provide comprehensive care.

A core component of this program involves pairing older adults with wellness guides who assist them in crafting recovery plans that emphasize healthier coping strategies for life's challenges. The program's offerings encompass individual and group therapies, case management, assistance with substance abuse, nursing care, follow-up appointments with psychiatrists, peer support, family advocacy, and more.

The SMART team goes beyond its internal resources by collaborating with various community organizations, housing programs, and agencies to ensure a holistic approach to care. Cultural sensitivity and empowerment of older adults to make their own decisions form a crucial foundation for building trust within this demographic.

The success of the FSP program has been evident through its positive outcomes. Participants have experienced a reduction in arrests, mental health crises, physical health emergencies, instances of homelessness, and hospitalizations. Many have effectively managed substance abuse, secured stable housing, and pursued goals like employment and independent living post-treatment. The program's expansion strategy includes admitting more consumers annually and incorporating innovative practices like Mindfulness-Based Stress Reduction, Tai Chi, and Fit for Life. Technology is leveraged to enhance engagement and mental health services, offering features like appointment and medication reminders, daily check-ins, and goal tracking. Across the County the Older Adult Full-Service Partnership (FSP) program served 424 older adults. The results demonstrated noteworthy decreases in arrests, mental and physical health emergencies, and acute psychiatric hospitalizations. By improving connections to primary services, integrated care was bolstered, and medical crises dropped. These FSP programs mirror the Western Region's initiative and cater to homeless or at-risk older adults with mental health challenges transitioning through various institutions. The multidisciplinary treatment teams include experts such as Behavioral Health Services supervisors, psychiatrists, clinical therapists, behavioral health specialists, nurses, peer support specialists, family advocates, and community service assistants. These programs encompass multiple cities and municipalities in the southern and mid-regions of the County. They are easily accessible through the Temecula Older Adult Wellness and Recovery Clinic's resource center, enhanced by technology-driven resources. The Mid-County Region FSP for older adults served 211 consumers.

Similarly, the Desert Older Adult Full-Service Partnership (FSP) is dedicated to supporting older adults struggling with severe and persistent mental illness who might not respond well to traditional outpatient treatment. This program zeroes in on individuals who are homeless, at risk of homelessness or have been in care institutions. The Desert SMART team employs a flexible approach, collaborating with community resources to address a variety of needs. The program's integrated services are delivered through a multidisciplinary team, which includes Behavioral Health Services supervisors, psychiatrists, clinical therapists, behavioral health specialists, nurses, peer support specialists, family advocates, and community service assistants.

Given the challenging desert climate, collaborations for housing and re-engagement support hold critical importance. Partnerships with housing programs like HHOPE have provided care and support to consumers in regional apartment complexes. The program emphasizes cultural sensitivity and consumer autonomy to establish and maintain trust in therapeutic relationships.

Consistently serving over 128 FSP consumers, the Desert FSP program has substantially reduced arrests, mental and physical health crises, acute hospitalizations, and notable progress in addressing substance abuse. A significant achievement has been the decrease in emergency shelter stays or homelessness, with many individuals securing stable housing. In line with other

regional programs, the Desert FSP 3-Year Plan aspires to increase FSP consumers and services by 10% each year, necessitating staff increases, including clinical therapists, behavioral health specialists, and a peer support specialist, over the next three fiscal years.

The services offered include evaluations, medication checks, care planning, personalized therapy, peer support, specialized group therapy, family assistance, and home-based services through the regional Specialty Multidisciplinary Aggressive Response Treatment (SMART) teams. This comprehensive approach ensures the diverse needs of older adults are met and aligns effectively with the Grand Jury's recommendations.

The data outcomes from our Older Adult Full-Service Partnership Program point to substantial improvements, underscoring our commitment and success.

- Hospitalizations decreased 39.40% in FY19/20 and 53.36% in FY21/22.
- Instances of mental health emergencies decreased 17.40% in FY19/20 and 24.52% in FY21/22.
- Physical health emergencies declined 86.70% in FY19/20 and 93.70% in FY21/22.
- Linkage to primary care services increased 56.80% in FY19/20 and 68.50% in FY21/22.

These statistics underline our unwavering dedication to the older adults in Riverside County and validate our proactive response to the Grand Jury's suggestions. The alignment of our outcomes with the Grand Jury's findings underscores our commitment to delivering comprehensive, high-quality care.

Our commitment to remote interventions and telephone-based services is a cornerstone of our strategy, illustrating our dedication to proactive outreach, issue prevention, and early intervention. This commitment is clearly demonstrated through our establishment of mental health liaisons within the Office on Aging. This initiative offers a comprehensive range of services, including depression screening, specialized Cognitive Behavioral Therapy (CBT) tailored for late-life depression, referrals, and consultations to address mental health concerns.

In fiscal year 2021/2022, the mental health liaisons conducted 102 outreach events at community meetings, resource centers, faith-based locations, senior centers, and by telephone. These efforts reached 3,638 individuals. These liaisons also provided CBT late life therapy directly to 27 participants, in addition to referring old adults to other PEI and clinic mental health services. This approach reflects our commitment to meeting older adults where they are, regardless of their location or circumstances.

Furthermore, the CareLink/Healthy IDEAS Program (Identifying Depression Empowering Activities for Seniors) tackles a critical issue – depression among older adults who may be at risk of housing instability. Guided by the Healthy IDEAS model, which encompasses screening, assessment, education, referral, and behavioral activation, we consistently provide vital support to help older adults maintain their overall well-being.

This initiative, coupled with the Program to Encourage Active and Rewarding Lives (PEARLS), is designed with flexibility in mind. We offer multiple options, from in-person sessions to Zoom meetings and telephone consultations, ensuring the broadest possible reach. PEARLS in FY21/22 screened 117 participants and directly served 83 older adults. Furthermore, many of the services were provided via zoom and phone. Cognitive Behavioral Therapy for Late Life Depression services are also provided through several PEI contracted providers resulting in

over 100 older adults receiving services in the most recent fiscal year. Many of these services included phone services.

RUHS-BH remains steadfast in its commitment to addressing the mental health needs of older adults. We agree with the Civil Grand Jury's recognition of telephone behavioral health assessments and provide alternative care delivery methods. We will continue to improve our services to better serve our community.

Finding 8: The Civil Grand Jury finds that services to the LGBTQIA+ population exist in a patchwork fashion and mostly through non-profit agencies. A more visible and focused strategy at the County level is not apparent.

Response: Partially Disagree

PEI services are implemented through community-based organizations, which are typically staffed and managed by the identified service population who know the community best. We coordinate those providers as an overall strategy in the PEI plan.

PEI has multiple programs that focus on the needs of the LGBTQIA+ community, dedicating resources to outreach efforts tailored to this demographic. The Transitional Age Youth (TAY) Resiliency Program is a central initiative targeting individuals aged 16-25. Historically, the program had distinct "Stress and Your Mood" and "Peer-to-Peer" services. But in light of experience and the data derived from its implementation, these were merged into the TAY Resiliency Project, enhancing coordination and communication. This restructuring not only streamlines the services but also optimizes them, placing a heavy emphasis on supporting LGBTQIA+ youth. The project caters to diverse mental health needs, from early interventions for depression to peer-led support groups. The data collected indicates that these interventions significantly bolster the mental well-being of the participants. Additionally, there is a specific Cognitive Behavioral Therapy (CBT) for Late-Life Depression, catering to seniors aged 60 and above. This service is dispensed by community-based organizations, with an LGBTQIA+ dedicated entity offering the service both onsite and in participants' homes.

Additionally, the PEI plan includes mental health promoters' programs for underserved cultural communities. Promoters are specially trained members of the respective community contracted to develop culturally informed behavioral health presentations and meet with community members to provide education and engagement. LGBTQIA+ is an identified community within the mental health promoters program.

RUHS-BH also contracts with Cultural Community Liaisons (CCL), who are members of the respective cultural community and serve as consultants on culturally informed outreach and care and as care access agents. RUHS-BH has 10 identified underserved or at-risk populations that have a CCL: African American; LatinX/Hispanic; Asian Pacific Islander; Native American; Middle Eastern/North African; Deaf and Hard of Hearing; Disabled; Military Veterans; Faith Based Communities; and LGBTQIA+.

The LGBTQIA+ CCL has represented RUHS-BH at LGBTQIA community events, directly engaging and educating the community, presented on LGBTQIA behavioral health at community meetings, and coordinated RUHS-BH sponsorship of LGBTQIA gatherings to welcome the community into RUHS-BH programs. Each CCL also chairs its community advisory group and invites all interested parties to participate. Advisory groups provide feedback to the

department on improving care in their respective community. The advisory group for the LGBTQIA+ community is called Community Advisory on Gender and Sexuality Issues (CAGSI), which meets once per month.

RUHS-BH requires annual cultural competency training for all employees. Training options include a series on providing care to clients that identify as transgender: Transgender 101, taught by peer employees with related trans experience; Trans Care for the Generalist Clinician, led by a licensed clinician; and Developing Expertise in Working with Trans Clients, taught by a psychiatrist with expertise in trans-related behavioral health care.

A visible coordinated campaign to reach all Riverside County LGBTQIA+ communities would require a cooperative effort among multiple county agencies, school districts, and local governments. Each has its perspective and degree of support for serving the LGBTQIA+ community, making a comprehensive plan more difficult to achieve.

RECOMMENDATIONS

Recommendation 2: The Civil Grand Jury recommends the Board of Supervisors focus on creating a more connected systems approach (inclusive of all County agencies) for County residents seeking resources. Consider implementation and enhancement of "one-stop shop" strategies from proven, evidence-based, government administration models by bringing together County services in one location that can benefit all residents in accessing healthcare, transportation, referrals, and services.

Response: Implemented

Riverside University Health System-Behavioral Health (RUHS-BH) is committed to implementing the Integrated Service Delivery (ISD) model in collaboration with the County of Riverside, aligning with the 'one-stop shop' strategy advised by the Grand Jury. This process, initiated in 2022, involves co-locating various County services at one location to eliminate redundancies and leverage resources. The ISD model is being created and implemented. ISD is being implemented at the Jurupa Valley Community Health Center in collaboration with multiple County departments. Financial and staff resources have been allocated for the successful ISD implementation, guided by the Office of Service Integration and supported by RUHS and other County departments. ISD is set to be extended to the remaining CHCs, followed by implementation in non-CHC environments across the County. Our goal is to provide user-friendly, comprehensive services underpinned by data-driven decisions. This initiative redefines County-client engagement, focusing on holistic care and improved quality of life for Riverside County residents.

Background:

ISD represents a significant shift from a program-focused approach to a person-centered care model and aligns with the 'one-stop shop' strategy the Civil Grand Jury recommends. Co-locating diverse Riverside County services eliminates redundancies in intake and assessment processes and leverages resources across County departments.

The ISD model is being tested at the Jurupa Valley Community Health Center (JVCHC). This pilot involves multiple county departments, encompassing RUHS-Behavioral Health, Public Health, Medical Center and Community Health Clinics, DPSS, First 5 Riverside County, Office

on Aging, Riverside County Information Technology, and others. This allows us to tailor integration strategies to the unique needs of the communities served and evaluate their impact on staff and service provision.

The Board of Supervisors and department leaders have committed significant financial and staff resources to ensure the successful implementation of ISD. An Office of Service Integration was established to guide the County-wide effort.

To achieve broader outreach, the ISD model is set to be extended to the remaining CHCs, followed by a pilot initiative in non-CHC environments across the County.

Using ISD, we aim to establish a user-friendly network of services that meets immediate needs and introduces a wide range of County resources from the start of any service request. This model also emphasizes data-driven service placement and care coordination decisions to ensure consumers receive timely and appropriate assistance.

The ISD initiative redefines how the County works and engages with clients, consumers, and residents. We are excited about its potential to provide more impactful community service, increase prevention and early intervention services, and deliver more holistic care.

By partnering and implementing the ISD model with other County of Riverside departments, we are revolutionizing our service approach and aiming for a more integrated, holistic, efficient, and person-centered care system, ultimately paving the way for an improved quality of life for Riverside County residents.

Recommendation 3: The Civil Grand Jury recommends the Board of Supervisors to continue supporting and enhancing the implementation of model suicide prevention programs and strengthen existing programs that foster social emotional growth, trauma-informed practices, continuity of care, and a continuum of crisis services across the County. Specifically, enhance applicable programs and services within Riverside County Suicide Prevention Coalition (to expand services), Housing Authority of the County of Riverside (to stabilize housing), Riverside County Office on Aging (to assist older adults), and the Youth Commission and its five Youth Advisory Councils (to advise the Board of Supervisors on youth suicide prevention).

Response: Implemented

Riverside University Health System - Behavioral Health (RUHS-BH) has actively and wholeheartedly embraced the imperative to fortify Riverside County's suicide prevention programs. Upholding a dedication to the welfare of our community, RUHS-BH has diligently worked to amplify model suicide prevention endeavors and bolster pre-existing initiatives that cultivate social-emotional growth, trauma-informed practices, seamless care continuity, and comprehensive crisis services across the County. This response underscores our unwavering commitment to enhancing the efficacy and reach of programs within the Riverside County Suicide Prevention Coalition, the Housing Authority of the County of Riverside, the Riverside County Office on Aging, and the Youth Commission and its Youth Advisory Councils. Our

collective actions are a testament to our pledge to nurture a more secure and supportive environment for all residents.

Here is a summary of the implemented action:

Building Hope and Resiliency: A Collaborative Approach to Suicide Prevention in Riverside County is the Riverside County suicide prevention strategic plan. The plan, released in June 2020, was created through a data-driven process with community stakeholder feedback. The plan identifies goals and objectives to address suicide in Riverside County and aligns with the California statewide strategic plan, Striving for Zero. In September 2020, the Riverside County Board of Supervisors passed a resolution adopting the strategic plan as a county-wide initiative. The Suicide Prevention Coalition was established in October 2020 to bring the strategic plan to life. The Coalition is led in partnership by RUHS-BH (PEI) and Public Health and includes eight sub-committees: Effective Messaging & Communications, Measuring & Sharing Outcomes, Upstream, Prevention-Trainings, Prevention-Engaging Schools, Prevention-Higher Education, Intervention, and Postvention.

Initiatives in place or in development include:

- Effective Messaging & Communications, chaired by the RUHS-BH Senior Public Information Specialist, hosts webinars/trainings to provide tips and tools for working with the news media. The trainings target Public Information/Communication Officers, individuals who might respond to a media interview (in response to a suicide death or regarding suicide prevention). Training is also available for journalists to learn about suicide-safe reporting. The committee assists other sub-committees with a review of any developed material to ensure safe messaging.
- Measuring and Sharing Outcomes is co-chaired by staff from RUHS-BH Research & Evaluation and RUHS-PH Epidemiology. The focus is developing up-to-date data briefs and providing requested data to sub-committees and other community members.
- Upstream, chaired by Office on Aging staff, addresses isolation, the most significant risk factor for suicide. The sub-committee focused its attention this year on addressing isolated older adults. They completed a survey and used the information to strategize activities to address identified needs. The focus for the next three years is to distribute a series of Kindness Kits to 1,000 homebound seniors, providing self-care items, brain game activities, information on available resources, and messages of hope and resiliency.
- Prevention, co-chaired by staff from RUHS-BH and RUHS-PH, offers trainings on strategic outreach to encourage more Riverside County residents to become trained helpers in suicide prevention. The focus for the next three years is to create brief video(s) promoting participation in suicide prevention gatekeeper trainings for those in high-risk groups and work with local businesses to share it. Trainings are available throughout the year and are accessible to anyone who lives and/or works in Riverside County.
- Prevention - Engaging Schools (K-12), chaired by Riverside County Office of Education staff, is working to promote the standardization of policies across school districts to improve communication, collaboration, and consistency of suicide prevention, intervention, and postvention efforts. The focus for the next three years is to support

school districts with implementing programs and strengthening existing programs that foster social-emotional growth, trauma-Informed practices, and suicide prevention.

- Prevention - Higher Education, co-chaired by the University of California, Riverside (UCR) and Moreno Valley College staff, focuses on implementing changes within the college system for the young adult population. This includes increased education and awareness regarding mental illness and suicide among college students and staff, assisting schools with implementing trauma-informed practices, and promoting help-seeking behaviors among college youth. The focus for the next three years is to develop 3-5 minute "refresher" videos for staff and faculty regarding suicide prevention that is accessible to all colleges/universities in Riverside County then create a campaign to share them and other suicide prevention-related information on campuses throughout the County.
- Intervention, chaired by staff from RUHS-BH, developed a care transitions poster for individuals discharged from inpatient hospitalization to encourage follow-up with outpatient services and educate their support system to assist with this. The focus for the next three years is to participate in the Mental Health Services Oversight and Accountability Commission (MHSOAC) Means Safety pilot program to promote firearm safety and increased access to suicide prevention training for gun shop staff and members. Also, to reduce access to lethal means and thus increase the security of at-risk consumers and families, this sub-committee will begin a firearm lock distribution pilot, starting with the RUHS – Medical Center. A successful pilot will set the stage for its expansion to other settings, incorporating direct care providers from clinics and crisis teams. Additionally, this sub-committee will pilot training in Culturally Competent Suicidal Intervention and Care, focused initially on RUHS-BH senior clinical therapists, clinic supervisors, and lead crisis direct care staff. A successful pilot will inform expansion to other settings and disciplines.
- Postvention, co-chaired by staff from NAMI Mt. San Jacinto and Inland SoCal Crisis Helpline, partnered with the Trauma Intervention Program (TIP) of Riverside County to develop LOSS (Local Outreach to Suicide Survivors) kits and enhance their current volunteer training with specific suicide postvention training and response. The TIP program has 41 trained and active volunteers available to respond in the community. Postvention has hosted webinars for survivors of suicide loss. The focus for the next three years is to recruit and train Survivors of Suicide Loss (SOSL) to become peer support facilitators and facilitators of American Foundation for Suicide Prevention's (AFSP) Healing Conversations. Additionally, PEI will fund short-term Bereavement Counseling (6-8 sessions) for suicide loss survivors through community-based therapists.

Recommendation 4: The Civil Grand Jury recommends Riverside University Health System - Behavioral Health to continue supporting the work of Riverside University Behavioral Health Commission & Regional Advisory Board and its many Standing Committees (Adult System of Care Committee, Children's Committee, Criminal Justice Committee, Housing Committee, Legislative Committee, Older Adult Integrated System of Care Committee, and Veterans Committee). Consider behavioral health assessments among the aging via telephone in Riverside County as an effective approach for identifying and managing behavioral health issues in older adults and as an alternative way to seek and receive mental health help among the homebound.

Response: Implemented; ; RUHS-BH in collaboration with Veterans' Services

Riverside University Health System-Behavioral Health (RUHS-BH) supports the Behavioral Health Commission, Advisory Boards, and Standing Committees. We value the recognition of telephone-based behavioral health assessments for older adults. While we use telephone assessments with risk analysis, in-person evaluations are crucial for better addressing risk factors. Therefore, we advocate for comprehensive face-to-face screenings at residences or our BH Wellness & Recovery clinics.

This approach aligns with our dedication to innovative and inclusive care. We propose meeting consumers in settings that mirror their daily lives, enabling us to tailor interventions effectively. Our commitment remains steadfast in providing effective, compassionate, holistic behavioral health care for Riverside County's older adults. We continuously refine our practices to ensure the highest standard of support.

Background:

RUHS-BH recognizes the critical role the Behavioral Health Commission, Regional Advisory Boards and Standing Committees play in addressing the varied behavioral health needs of our County.

Our support includes the following:

1. **Advisory Boards and Standing Committees**: The Committees encompass areas such as Adult and Older Adult System of Care, Children's, Criminal Justice, Housing, Legislative, and Veterans. The Commission entrusts a member to spearhead all Committees and Regional Boards. In tandem, RUHS-BH provides clerical aid to record meetings.
2. **Liaison Services**: RUHS-BH sponsors an executive assistant to act as a direct link to the Commission. This liaison coordinates meetings, ensures compliance training, and sits on the Executive Committee, which lays the framework for forthcoming sessions.
3. **Annual Board of Supervisors Report**: Supported by RUHS-BH, the Commission compiles and submits an annual report that encapsulates the endeavors of the BHC, Advisory Boards, and Standing Committees.
4. **Events & Initiatives**: We promote events such as Mental Health Month and Recovery Happens. These initiatives bolster community outreach, aim to educate the public, and diminish the stigma associated with seeking help for suicide, mental health, and substance use challenges.

Acknowledging the Grand Jury's suggestion regarding telephone services for older adults, RUHS-BH has formulated an approach prioritizing accessibility and comprehensive care. Our process begins with a telephone screening and outreach, followed by scheduled in-person clinic visits for a thorough assessment. Recognizing potential barriers older adults face, we prioritize their convenience by offering transportation assistance through our dedicated Community Service Assistance staff and team. Additionally, we collaborate with their healthcare plans (such as IEHP and Molina) and community-based transportation agencies, ensuring transportation is not a barrier to reaching our facilities.

While we appreciate the potential of telephone assessments, we know that a more comprehensive strategy is essential, particularly when addressing risk factors for older adult consumers. Hence, we wholeheartedly support a robust, in-person behavioral health screening and assessment process. This approach ensures accurate evaluations tailored to individual circumstances, whether conducted at consumers' homes or within our BH Wellness & Recovery clinics. Our commitment remains unwavering in providing effective and empathetic care to Riverside County's older adult population.

Our RUHS-BH Older Adult Integrated System of Care addresses senior residents' needs, focusing on their physical and emotional well-being. Services include:

- **Psychiatric Evaluations and Risk Assessments**: Comprehensive evaluations to ascertain mental health conditions and risk assessments to detect potential self-harm or suicidal tendencies.
- **Medication Services**: Continuous support and regular reviews ensure that the medication administered is effective and adjusted according to the evolving needs of the individual.
- **Integrated Care Planning**: An interdisciplinary approach ensures seamless coordination between primary care physicians, mental health experts, and other community agencies. This includes focusing on recovery goals, addressing social determinants, assistance with housing, and linkage to essential services.
- **Individual Therapy and Intensive Case Management**: Tailored therapy sessions and robust case management ensure each person's specific needs are addressed.
- **Peer Support Services**: By engaging individuals who have lived experiences, we foster a supportive environment that aids in recovery.
- **Specialized Group Therapy**: Designed to combat the challenges of isolation, these sessions promote social interaction and independent living.
- **Family Advocacy and Caregiver Consultation**: Recognizing the importance of familial support, we offer dedicated consultation services for caregivers and family members.
- **Home-based and Field Services**: Through our regional SMART teams, we reach out to those vulnerable to psychiatric hospitalization, homelessness, abuse, or those who might not receive services otherwise.
- **Service Locations**: Our vast network spans eight strategic locations, from Riverside to Indio, ensuring ease of access for our residents.

The RUHS-BH Older Adult Integrated System of Care, through multiple clinics, has increased the number of older adults served by 37% over the last seven years from 3,217 to 4,422. The growth to over 4,000 consumers is large compared to when the expansion of older adult service began when the number served was well below 2,000.

Additionally, the services provided by our Older Adult Integrated System of Care Full-Service Partnership (FSP) Program served 424 of the highest-need older adults in fiscal year 21-22. The intensive services of the Older Adult Full-Service Partnership (FSP) Program have resulted in tangible outcomes impacting consumers' lives.

FSP Outcomes data for fiscal year 21-22 showed:

- Psychiatric hospitalization decreased 53.36%.
- Mental Health Emergency department visits decreased 24.52%
- Linkage to primary care increased by 68% for those consumers without a primary care doctor when they began FSP services
- Of those with a substance abuse problem, 51% were connected to substance abuse services.

The data from our Older Adult Integrated System of Care Full-Service Partnership (FSP) Program exhibits our commitment and success.

Collectively, the data underscores our unwavering commitment to Riverside County's mature adults and illustrates tangible, positive outcomes. Our actions align with the Civil Grand Jury's recommendations. Through steadfast support of the Behavioral Health Commission, Regional Advisory Boards, and Standing Committees, along with comprehensive resources tailored for older adults — including telephone assessments — RUHS-BH embodies a holistic approach to behavioral health care. While we are proud of these accomplishments, we recognize that excellence is a continuous journey. As such, we remain committed to constantly striving for better, ensuring our methods and services evolve and adapt. We are driven by our responsibility to enhance the lives of everyone in Riverside County, ensuring their diverse needs are met with unmatched care, diligence, and expertise.

Recommendation 5: The Civil Grand Jury recommends Riverside University Health System - Behavioral Health continue evaluating crisis team services to identify gaps in service provision and potential funding sources.

Response: Implemented

Riverside University Health System - Behavioral Health (RUHS-BH) has shown consistent and proactive dedication to enhancing and expanding crisis team services throughout Riverside County. We have prioritized the need for thorough evaluations, ensuring that potential gaps in service provision are addressed and bolstered by potential funding sources. Our Mobile Crisis Response Teams (MCRTs) have managed over 2,000 requests this past fiscal year, focusing on adults and youth, aiming to reduce law enforcement interactions and hospitalizations. Our Community Behavioral Assessment Teams (CBAT) have expanded with nine new units, seamlessly integrating clinical therapy with law enforcement to address mental health crises. Coupled with the expansion of Mobile Crisis Management Teams (MCMT) across several cities and the introduction of the Community Assessment and Transport Team (CATT) pilot program, we've made notable strides in bridging service gaps, securing funding, and fortifying our commitment to Riverside County's mental and behavioral health needs.

Here is a summary of the implemented action:

Mobile Crisis Response Teams (MCRT):

The Mobile Crisis Response Teams (MCRTs), primarily comprised of a Clinical Therapist II or a Behavioral Health Specialist paired with a Mental Health Peer Support Specialist, are central to our efforts in reviewing and refining our crisis services. They serve the three county regions with the core mission of minimizing unnecessary engagements with law enforcement and decreasing unwarranted inpatient hospitalizations.

Since its inception, the MCRT has served individuals of all ages. However, in 2018, we collaborated with additional stakeholders, including schools, leading to a targeted expansion of services specifically for youth. Beyond crisis intervention, these teams also seamlessly connect individuals to outpatient and substance use services.

In FY 2021/2022, MCRTs addressed 2,090 requests, averaging 174 requests per month. Born from a need to support law enforcement during mental health emergencies, the MCRTs' role has since expanded. They now cater to myriad requests from hospital emergency departments, community agencies, group homes, and other community locations. Of these, 38% were from hospital emergency departments, while schools and field requests each made up 28% of calls.

To maintain transparency and efficiency, MCRTs utilize a web-based data system to chronicle each crisis encounter. The data not only quantifies their engagements but also aids in determining consumers' demographics, referrals, and patterns of recurrent crises. This is then linked to the RUHS-BH electronic health record to track outpatient service utilization. Both CBATs and MCMTs follow a similar recording methodology. At the same time, Mental Health Urgent Cares (MHUCs) and Crisis Residential Treatment (CRT) usage data are sourced directly from the RUHS-BH electronic health record.

In December 2018, reiterating our commitment to adapt and improve, MCRTs broadened their scope to cater to youth under 21. This was primarily directed toward schools to reduce the need for law enforcement interactions. Consequently, many educational institutions, via their school resource officers, have partnered with MCRTs to ensure streamlined crisis coordination.

Our proactive approach with MCRTs is a testament to our dedication to ensuring optimal service provision and addressing gaps. The consistent improvements and noteworthy performance of the MCRTs validate our unwavering commitment to the community as we continually strive for service excellence.

Community Behavioral Assessment Teams (CBAT): RUHS-BH has steadfastly committed to continuously evaluating and optimizing crisis team services. This dedication is evident through the strategic enhancement of the Community Behavioral Assessment Teams (CBAT), aiming to identify and address potential service gaps.
CBATs, a unique collaboration between a RUHS-BH Clinical Therapist II and a specially trained police officer, serve at the forefront of our response to situations involving individuals grappling with a mental health crisis. Their primary goal is to redirect these individuals to the most suitable community and behavioral health services, thus offering an alternative to traditional law enforcement interventions.

On April 13, 2021, backed by the Board of Supervisors, as indicated in agenda item 3.32, RUHS-BH embarked on a significant initiative to expand its crisis response capacity. This effort successfully integrated nine additional CBAT units, enhancing our capability to address behavioral health emergencies.

This significant leap was realized through collaborative efforts with the Association of Riverside County Chiefs of Police and Sheriff (ARCCOPS) and the participation of local law enforcement bodies, including the Corona Police Department, Menifee Police Department, Cathedral City Police Department, and Riverside Sheriff's Department in areas such as Perris, Jurupa Valley, Cabazon, Hemet, Palm Desert, and Thermal. It is worth mentioning that the teams based in

Cabazon have developed a strong collaboration with the Beaumont Police Department, ensuring comprehensive service coverage in the Pass Area.

This expansion of CBAT, in tandem with our other proactive measures, unequivocally addresses the recommendation from the Civil Grand Jury. Riverside County reaffirms its unwavering dedication to fostering a safe and responsive community environment through continuous evaluation of our crisis teams, active collaborations and securing essential funding for enhancements.

Mobile Crisis Management Teams (MCMT) MCMTs offer a comprehensive response and wrap-around support system for individuals requiring ongoing behavioral health care, which encompasses both mental health and substance use treatment.

Utilizing grant funds, we successfully expanded the MCMT outreach. The program has forged new partnerships with cities, including Blythe, Corona, Hemet, Indio, Moreno Valley, Temecula, Banning, Menifee, and Riverside. Due to the high volumes of crisis needs identified, specific cities benefited from the addition of two teams, covering areas such as Coachella, Thermal, Mecca, North Shore, Norco, Eastvale, Temescal Canyon, Moreno Valley, Riverside, and Hemet.

Each MCMT unit comprises four multidisciplinary staff members: clinical therapists, peer support specialists, substance use counselors, and a dedicated homeless and housing case manager. Every member underwent specialized training from crisis intervention and risk assessment to counseling and connecting individuals to residential treatment for mental health and substance use disorders.

The teams' primary objective is to be responsive and person-centered, using recovery tools to prevent crises and divert individuals from unnecessary psychiatric hospitalizations when possible. These teams have become a vital immediate point of contact, offering short-term treatment while guiding consumers toward longer-term treatment services. This hands-on approach is supplemented by the teams' ongoing involvement in community outreach activities and events, especially targeting people without housing and those needing assistance.

In partnership with cities, law enforcement agencies, community providers, and emergency responders, our vision is realized through a comprehensive, collective effort to cater to the diverse behavioral health needs of Riverside County.

Community Assessment and Transport Team (CATT): In line with our commitment to meeting the Civil Grand Jury's recommendation of evaluating crisis team services and identifying gaps in service provision, we are proud to highlight the introduction of our Community Assessment and Transport Team (CATT). This initiative is a collaborative effort in partnership with American Medical Response, Inc. This pilot program exemplifies our effort to address service gaps and enhance care delivery to those grappling with mental health and substance use issues. The core objective of the CATT pilot program is to amplify the care we provide to Emergency Management System patients confronting behavioral health and substance use complications. Through this innovative approach, we can bypass traditional EMS system activations that often lead to emergency department visits. Instead, individuals can be assessed directly onsite by a behavioral health clinician. Based on this comprehensive assessment, if deemed necessary, CATT will facilitate the transport of these individuals to an array of facilities

best suited to their immediate needs. This includes mental health facilities, sobering centers, shelters, or any other Riverside County Mental Health Crisis Services designated destination.

Lastly, it should be noted that RUHS-BH releases a Crisis Support System of Care Report each fiscal year to continue evaluating crisis team services with data and information. This report is attached (attachment A) for reference.

Recommendation 6: Though Riverside County has expanded its trainer base for Frontline and Gatekeeper training (ASIST, SafeTalk, Mental Health First Aid, and Know the Signs) and established El Rotafolio as a Spanish version of SafeTalk, the Civil Grand Jury recommends Riverside University Health System-Behavioral Health to enhance training for RUHS social workers to look for and recognize signs and symptoms of potential suicides during home visits and County detention center mental health program intake.

Response: Implemented; RUHS-BH in collaboration with Veterans' Services

Riverside University Health System-Behavioral Health (RUHS-BH) acknowledges the Civil Grand Jury's recommendations regarding identifying potential suicides during home visits and within County detention center mental health intakes.

RUHS-BH has taken several steps to enhance training and outreach. For instance, the Prevention and Early Intervention (PEI) program has trained nearly 10,000 individuals in mental health awareness and suicide prevention. While striving for continuous improvement, these trainings are held monthly, and residents can easily register through our website at https://www.ruhealth.org/behavioral-health/pei-community-education or via the Suicide Prevention Coalition website at https://www.rivcospc.org/get-trained.

PEI extends beyond just offering prescheduled training sessions. Given the varied needs of our community, the initiative collaborates with county departments, including Veterans' Services, community-based organizations, faith groups, schools, March Air Reserve Base, and other entities to curate specialized training sessions, ensuring broad reach and effectiveness.

Emphasizing the importance of staff training, RUHS-BH maintains a dedicated calendar focused on suicide prevention. This comprehensive training is mandated for all staff members, including those engaged in in-home visits, ensuring they can recognize and address potential suicide risks.

Significant improvements in the Behavioral Health Detention program over the past year regarding detention facilities have been observed. The Behavior Health Acuity Level of Care Rating System has been refined to resonate more with the acuity levels in outpatient treatments. By streamlining treatment services, RUHS-BH guarantees consistent care quality for inmates across different mental health spectrums. Continuous Quality Improvement and Suicide Prevention subcommittee meetings involving integral department representatives aim to elevate behavioral health service delivery perpetually. Another vital step includes introducing intensive suicide prevention training for all detention facility staff interacting directly with inmates. Further enhancements have been made in protocols for non-emergency involuntary psychotropic medication, which now requires a court order, and in the Medication Assisted Treatment (MAT) program.

Through comprehensive training programs, both generalized and specialized, dedicated outreach, continual staff education, and enhancements in detention facilities, RUHS-BH is dedicated to meeting and exceeding the standards, ensuring the best possible care and support for the people we serve.

Recommendation 7: The Civil Grand Jury recommends the Board of Supervisors and Riverside County of Education partner to:

1. **Collect more delineated Riverside County specific suicide data.**
2. **Continue to place more mental health care services in school and community settings.**
3. **Enhance partnerships between schools and County programs.**
4. **Be fully aware of the limitations of 988 as a resource until services are more operational, and work with the Los Angeles County call center to improve 988 service to Riverside**

Response: Implemented

In response to the Civil Grand Jury's Recommendation, Riverside University Health System - Behavioral Health (RUHS-BH) affirms that all four parts of the recommendation have been successfully implemented.

For the **first recommendation** regarding the collection of Riverside County-specific suicide data, we have collaborated with Riverside University Health System – Public Health (RUHS-PH). Together, our efforts have resulted in improved data collection methodologies, with RUHS-PH leading the charge by releasing eight critical suicide statistical reports and infographics that are beneficial to a wide range of stakeholders within our community.

Addressing the **second recommendation** to bolster mental health care services in school and community settings, our efforts have spanned numerous sectors within Riverside County. With the establishment of Prevention and Early Intervention (PEI) services and other partnerships, we have made mental health care support readily available within schools and other community venues. This has been enriched by various initiatives, including but not limited to strategic alliances with local school districts, RUHS's on-campus services, and the deployment of mobile service units.

As for the **third recommendation** emphasizing the enhancement of partnerships between schools and County programs, we have made significant strides. Initiatives such as the Student Behavioral Health Incentive Program (SBHIP) and the Collaborative System of Care (CSOC) have cemented this partnership. We have also ensured that financial backing is in place to support these endeavors, evidenced by the secured funding for behavioral health services at various school sites. The Interagency Symposium Committee and the Workforce Education and Training Program are other notable collaborations that bridge the gap between county programs and schools, ensuring a cohesive and integrated approach.

Lastly, addressing the **fourth recommendation** concerning improving the 988 service, our engagement with Didi Hirsch Mental Health Services has been crucial. We advocate fervently for the Helpline's inclusion into the 988 network, aiming to create a Riverside-specific call center. While challenges have arisen, our dedication remains, with continuous collaborations to refine and optimize the 988 service for the residents of Riverside County.

RUHS-BH is not only in alignment with the Grand Jury's recommendations but has taken substantive and proactive steps to ensure these recommendations are fully realized to benefit our community.

Additional Information:

Response to recommendation 7 #1: Collect more delineated Riverside County specific suicide data.

Response: Implemented

Riverside University Health System - Behavioral Health (RUHS-BH) agrees with the proposed recommendation. We recognize the critical need for Riverside County-specific suicide data and are dedicated to supporting this initiative to ensure informed and effective interventions for our community.

Background:

In conjunction with Riverside University Health System – Public Health (RUHS-PH), we have undertaken significant steps to address this recommendation. RUHS-PH, as an active member of the Riverside County Suicide Prevention Coalition, has been instrumental in advancing our data collection efforts. Their contributions, specifically through the Epidemiology and Program Evaluation (EPE) branch, which provides a subject matter expert for suicide data, have been invaluable. We are pleased to confirm that they serve as the co-chair for the measuring and sharing outcomes sub-committee. This collaboration is essential for our community as we work to enhance our methodologies and disseminate vital, actionable data to our internal stakeholders and community partners.

It is worth noting the current efforts of RUHS-PH EPE in supplying data across myriad public health topics in Riverside County. Their commitment has already produced eight suicide statistical reports and infographics for key stakeholders, which include not only us at RUHS-BH but also entities such as the RUHS-PH Teen Suicide Awareness and Prevention Program, Riverside County Suicide Prevention Coalition (SPC), news media, and other community-based organizations.

Response to recommendation 7 #2: Continue to place more mental health care services in school and community settings.

Response: Implemented

We agree with the Civil Grand Jury's recommendation, "Continue to place more mental health care services in school and community settings." This recommendation has been effectively implemented across various sectors within Riverside County. Our efforts can be summarized by our extensive partnerships, programs, and initiatives that enhance mental health care accessibility in our schools and communities.

Background:

Prevention and Early Intervention (PEI) services have been a cornerstone of our community-based efforts, making mental health support accessible to students and families within school

campuses throughout Riverside County. Detailed information about these services is available on our RUHealth PEI Services website.

The Riverside County SPC Engaging Schools Sub-committee, co-chaired by RCOE staff, has been pivotal in promoting programs that foster social-emotional growth. They work diligently on implementing standardized suicide risk assessment tools, developing robust suicide prevention plans, and assisting schools in adopting trauma-informed practices.

Another commendable initiative is the partnership between RUHS-BH, Public Health, and RCOE in hosting the Riverside County Directing Change Film Screening. This event celebrates the creativity of our youth aged 14-25, emphasizing the importance of mental health awareness and suicide prevention. In collaboration with RCOE, RUHS-BH, and RUHS-PH have introduced a Trauma-Informed Care and Suicide Prevention training series tailored for school districts and RCOE staff.

The inception of Care Solace, supported by PEI, plays a vital role by offering a live concierge mental health support system. It ensures that students, parents, and staff benefit from reliable and quality care, marking its significance in numerous school districts.

On a broader scale, RUHS-BH adopts a multifaceted strategy in delivering behavioral health services. This comprehensive approach includes Medi-Cal contracts with major Local Education Agencies (LEA), collaborations with various community organizations, dedicated support teams in districts like Hemet Unified, on-campus specialty services, the introduction of mobile service units, and collaborations for parent education across different campuses:

1. **Medi-Cal Contracts with Local Education Agencies (LEAs):** RUHS-BH has established Medi-Cal contracts with three prominent LEAs in the County. These contracts are specifically designed to fund the provision of Specialty Mental Health Services (SMHS) to students, ensuring they receive the best mental health care. The outreach doesn't stop there: RUHS-BH is in the advanced stages of discussions with three more LEAs. The intention behind these conversations is clear: to expand the scope of mental health services to an even wider student demographic.
2. **Collaboration with Community-Based Organizations:** RUHS-BH's strategic partnerships extend to many community-based entities. Many of these organizations have an established presence within school districts, making them ideal partners. While RUHS-BH might not be the direct service provider, it plays a pivotal role by funding SMHS on various campuses, ensuring widespread accessibility.
3. **Dedicated Staff in Hemet Unified School District:** Emphasizing the importance of early detection and timely intervention, RUHS-BH has stationed a dedicated team within the Hemet Unified School District. This team focuses on screening, linkage, and overall Behavioral Health services. A critical tool in their arsenal is the Adolescent Whole Person Health Score, an instrument designed to holistically assess young individuals' needs across varied domains.
4. **On-Campus Services by RUHS-BH Staff:** RUHS-BH takes pride in its team that actively visits schools, offering their services directly on campuses. The services span SMHS and Substance Use Prevention. Highlighting their proactive approach, plans are underway this school year to dispatch Substance Use Disorder (SUD) counselors to the Wellness Centers in the Jurupa Unified School District. Their mandate will be to provide both preventive and interventional services related to substance use.

5. **Mobile Units for Onsite Services:** A fleet of three mobile units, one for each region, has been instrumental in providing services like Parent-child Interaction Therapy (PCIT) directly at elementary schools. These units are not just confined to PCIT but offer many other services catering to youth and their families. With a recent grant acquisition, RUHS-BH is adding four more units to this fleet. The introduction of the fourth unit is particularly noteworthy as it aims to cater to the desert region, expanding its reach in such an expansive geographical area.
6. **Parent Support and Training Initiatives:** Recognizing the vital role parents play in the mental well-being of their children, Parent Support and Training has secured Memoranda of Understanding (MOUs) with numerous school districts. The aim? To provide parent education classes directly on campuses, equipping parents with the knowledge and tools they need to support their children better.

Response to recommendation 7 #3: Enhance partnerships between schools and County programs

Response: Implemented

We agree with the Grand Jury's recommendation to enhance partnerships between schools and County programs. Riverside University Health System - Behavioral Health (RUHS-BH) has already implemented a comprehensive approach to foster these partnerships. Our involvement spans across various initiatives like the Student Behavioral Health Incentive Program (SBHIP), which involves four Local Education Agencies (LEAs) and RUHS-BH. Furthermore, we have secured funding to extend behavioral health services on school sites, fostered a Collaborative System of Care, and initiated various programs, including TOPSS, to further integrate our services within school systems.

Background:

Riverside County's partnership initiatives have seen significant advancements in integrating County programs with schools. RUHS-BH has been instrumental in collaborating closely with our local managed care plans to lay the groundwork for the Student Behavioral Health Incentive Program (SBHIP) (see attachment C). Currently, we have four Local Education Agencies (LEAs) participating, and this partnership ensures that LEAs are constantly informed about the gamut of services available to students, especially focusing on mental health and substance use disorder services. The Grand Jury report's mention on page 14, where the Riverside County of Education (RCOE) secured a notable grant of $16.5 million, is a testament to our dedication. This fund facilitates the broad spectrum of behavioral health services within schools. RUHS-BH's involvement was not just peripheral; they played an essential role from grant-writing to the comprehensive implementation, providing unyielding technical support to RCOE and the LEAs, particularly in the domains of SMHS, SUD services, and Medi-Cal funding.

Further solidifying our commitment is the Collaborative System of Care (CSOC). This cohesive unit brings together the strengths of RUHS-BH, DPSS, Probation, and RCOE. Details of this framework can be viewed in attachment B. Additionally, our adherence to the guidelines of AB2083 (attachment D) has manifested in the form of a Memorandum of Understanding (MOU) that bridges several child-serving agencies. This alliance aims to offer trauma-informed services to our youth through RUHS-BH, DPSS, Probation, RCOE, DA, Public Defender, Juvenile Court, and the Inland Regional Center. We have also constituted an Interagency Leadership Team,

which meets monthly, underlining our dedication to strategizing and catering to the youth's diverse needs.

The RCOE Mental Health Initiative is another milestone we are proud of, with an MOU between RUHS-BH and RCOE that guarantees funding for behavioral health services at the three Transitional Age Youth (TAY) Centers. This ensures that those without insurance are not left behind, widening the horizon of service accessibility. The TOPSS program is a strategic effort by our department to embed staff within school environments, thus bridging the gap and connecting families to vital Mental Health Services. Our collaborations, especially with Hemet and Riverside unified school districts and RCOE, coupled with the backing of the Mental Health Student Services ACT of 2019, converge to a singular objective: enriching student and family wellness.

Lastly, our efforts to continually educate and synchronize with schools and other agencies are commendable. Through the Workforce Education and Training Program, we have made our presence felt in the Interagency Symposium Committee, which includes RCOE. Their regular meetings aim to devise an annual educational symposium that acts as a knowledge-sharing platform, strengthening bonds between different agencies. The recommendation's successful implementation is visible through our proactive approach with schools. Both the CBAT and Mobile Crisis Response Teams are at the forefront, conducting innovative outreach programs for schools and even placing crisis clinicians in various colleges, ensuring that our youth receive timely assistance in times of need.

Response to recommendation 7 #4: Be fully aware of the limitations of 988 as a resource until services are more operational, and work with the Los Angeles County call center to improve 988 service to Riverside County residents.

Response: Implemented

The leadership from Riverside University Health System (RUHS-BH) and the Suicide Prevention Coalition have actively communicated with Didi Hirsch to advocate for the Helpline's integration into the 988 network. Our main objective is to ensure that Riverside's call center is localized to best serve Riverside County residents, eliminating call transfer needs and allowing for comprehensive oversight. Furthermore, RUHS-BH is diligently working alongside the call center leadership to address the challenges and limitations of the 988 service. We continue to promote and highlight our dedicated Helpline, 951-686-HELP, as an accessible resource for those in need.

Background:

Before the Grand Jury's report, leadership from RUHS-BH and the Suicide Prevention Coalition had already initiated dialogues with Didi Hirsch to promote the Helpline's inclusion into the 988 network. While these initial discussions were met with enthusiasm from Didi Hirsch, subsequent follow-up efforts have not garnered any response or updates. Despite these challenges, RUHS remains steadfast in its advocacy for the Helpline's assimilation into the 988 call center network. A local Riverside call center would eliminate the need for call transfers and provide RUHS with more direct oversight of operations, particularly in language interpretation access. Additionally, RUHS-BH, recognizing the challenges and limitations of the 988 service, as presented by Didi Hirsch, has been in continual contact with call center leadership. This collaboration aims to

ensure Didi Hirsch can seamlessly connect callers requiring assistance to mobile response units. Strengthening this collaboration remains a top priority for RUHS.

List of Attachments

- Attachment A: #R5 - Crisis Support System of Care Report Fiscal Year 2021/2022
- Attachment B: R7#3 - Riverside County Collaborative System of Care (CSOC) Framework
- Attachment C: R7#3 - Student Behavioral Health Incentive Program Fact Sheet
- Attachment D: R7#3 - AB 2083 MOU

Attachment D:
Public Health Response: Grand Jury Response: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources

GRAND JURY FINDINGS:

Grand Jury Finding #1: The Civil Grand Jury finds county-specific suicide data collection is deficient. Without local data, the extent of the problem is not clear and suicide prevention services and programs will not be appropriately designed.

Response to Grand Jury Finding #1: Partially disagree

RUHS-Public Health (RUHS-PH) has a demonstrated history of using local data and community collaboration to guide the development of suicide prevention and other public health programs. RUHS-PH acknowledges the existence of data gaps and limitations, particularly in certain historically underserved populations such as LGBTQ+. To address data gaps and limitations, RUHS-PH is developing an action plan to enhance data collection in an effort to better prevent suicides in the County.

The California Department of Public Health Office of Suicide Prevention recently awarded RUHS-PH $4.1 million for a two-year project for RUHS to address suicide reporting and response. The grant calls for, among other goals, enhanced suicide surveillance, expanding suicide risk screening in schools, community-level crisis response, and developing a suicide data dashboard to disseminate timely and actionable data to stakeholders in Riverside County, updated monthly. RUHS-PH will use this additional information to inform the design of existing and future services and programs.

GRAND JURY RECOMMENDATIONS

Grand Jury Recommendation #1: The Civil Grand Jury recommends the Board of Supervisors support more delineated county-specific suicide data collection through Riverside County Epidemiology Program Evaluation and its community partners.

Response to Grand Jury Recommendation #1: Implemented

Riverside University Health System – Public Health (RUHS-PH) is an active member of the Riverside County Suicide Prevention Coalition, and the Epidemiology Program Evaluation (EPE) subject matter expert for suicide data serves as co-chair of the sub-committee that measures and shares outcomes. As a member of this sub-committee, RUHS-PH meets monthly to collaborate with community partners to enhance data methodologies and share actionable data with internal stakeholders and community partners. Through this collaboration, RUHS-PH, EPE has built a Suicide Prevention ArcGIS Story Map that provides up-to-date suicide-related data to partners so they may make informed decisions when planning their programs and outreach. This Story Map is scheduled for public release by the end of 2023. As part of the Coalition, RUHS-PH is finalizing a suicide data brief that will be published on the Public Health Department's website. In June 2023, RUHS-PH was selected for a two-year grant to participate in the California Department of Public Health's (CDPH) Suicide Reporting and Crisis Response Pilot Project and is currently building a new surveillance system that will aid the County in identifying unusual patterns among fatal or non-fatal self-harm data sources.

BACKGROUND ON CURRENT EFFORTS:

Riverside University Health System - Public Health, Epidemiology, and Program Evaluation (RUHS-PH EPE) provides data for the entire breadth of public health topics in the County. This data is provided upon request and is highly utilized countywide for internal surveillance and program development. Due to regulations on sharing protected health information, not all data used internally for decision support and management is posted to the public website. As of January 2023, RUHS-PH EPE has provided eight suicide statistical reports and infographics for stakeholders, including the RUHS-PH Teen Suicide Awareness and Prevention Program, Riverside County Suicide Prevention Coalition (SPC), news media outlets, RUHS-Behavioral Health, and other community-based organizations that work in the suicide prevention field. The RUHS-PH EPE branch also accepts invitations to present data. In May of 2023, the program shared fatal and non-fatal self-harm data during a presentation to key stakeholders who work on suicide prevention. RUHS-PH presented Riverside County suicide data at the Council of State and Territorial Epidemiologists' national conference in June 2023. An internal dashboard was created earlier this year to assist with data-driven decisions on suicide prevention programs among Public Health leadership and the RUHS-PH Teen Suicide Awareness and Prevention Program.

List of Suicide Data Collection and Reporting Activities

Date	Project Name	Project Type	Requestor	Details
Ongoing	Measures and outcome sub-committee	Active Co-Chair for data workgroup	Riverside County Suicide Prevention Coalition	Public Health Epidemiology and Program Evaluation Partnership with Suicide Prevention Coalition
Ongoing	Suicide Prevention Coalition Story Map	ArcGIS Story Map	Suicide Prevention Coalition	Provide community up-to-date suicide-related data via website
Ongoing	Suicide Administration Dashboard	Dashboard	Kim, Marshare, and Wendy	Provide Suicide death and suicide attempt rates stratified by demographics (2018- now)
Ongoing	Electronic data export via R Workbench	Data Application/ R Workbench	Public Health	Develop R scripts for exporting suicide deaths via Cal-IVRS registry and suicide attempts via HCAI and ESSENCE
Ongoing	Suicide Data Brief	Data Brief	Public Health/Suicide Prevention Coalition	Provide Suicide death and suicide attempt rates stratified by demographics
3/6/23	Youth Suicide Data Information	Data Report	Jocelyn Meza, Ph.D. ; UCLA Assistant Professor in Residence Director | Health Equity & Access Research & Treatment (HEART) Lab	Specifically looking for demographic data on Black adolescents (ages 12-17) that are detained/incarcerated in Riverside County
3/13/23	Report Current Data via ESSENCE	Data Report	Suicide Prevention Coalition	Report on suicide attempts for FY 7/1/21 to 6/30/22
3/23/23	Blythe Suicide Data Information	Data Report	Diana Gutierrez on behalf of Behavioral Health executives	Suicide data information among adults (aged 19+) in Riverside between 2020 to 2022 were stratified by sex, race/ethnicity, and at city/zip code level
4/18/23	Pre/Post COVID Suicide Rates	Data Report	Unsure, requestor asked for overdose data as well	Provide Suicide death and suicide attempt rates stratified by demographics
7/5/23	KEQS Channel News 3	Data Report	KESQ News Media	Suicide rates for Coachella Valley
Ongoing	CDPH Suicide Reporting & Crisis Response Pilot Project	Enhanced surveillance activities	State	CDPH provided funding for surveillance activities
6/22/23	RC Youth Suicide Prevention and Suicide Related Outcomes	Infographic	Kimberly Saruwatari on behalf of Board of Supervisors	Statistics on Youth suicides
5/3/23	Suicide Prevention Co-Chair Presentation	Presentation (Data)	Key stakeholders	Suicide deaths and suicide attempts trends in Riverside County

6/21/23	CSTE Suicide Poster	Presentation (Poster)	CSTE Conference	Summarized Suicide-related outcomes in Riverside County presented by Sandra Escobar

Attachment B:
Office on Aging Response: Grand Jury Response: Suicide: A Tragedy Affecting All of US: Riverside County Data & Local Resources

The Riverside County Office on Aging (hereafter RCOoA) provides the following responses to the Findings and Recommendations for which the Grand Jury required a response from the Department *(Grand Jury Report, pgs. 24-25)*.

FINDINGS

Grand Jury Finding #2:

The Civil Grand Jury finds two observations during this investigation:

(1) Despite reasonable efforts to improve the design of forms and to establish single points of contact, citizens still perceive intake forms as cumbersome; and
(2) Citizens expect governments to act proactively by initiating appropriate government services themselves, instead of relying on requests for services from users.

Therefore, offering County residents the convenience of having multiple needs met in one physical location is a continuing need.

Response to Grand Jury Finding #2:

The department agrees with the finding.

Regarding Finding #2.1 & #2.2:

RCOoA Call Center is mindful of the need to provide enhanced accessibility to the most aged and those with physical and geographic challenges. Therefore, using a standard assessment process, the RCOoA Call Center is able to assist seniors, adults with disabilities, veterans, and caregivers in accessing a range of different public and community-based assistance; as well as directly offering services from the RCOoA network of vendors and partners. This approach ensures clients receive the needed array of services promptly from the initial call, reducing unnecessary delays or subsequent follow-up.

Grand Jury Finding #3:

The Civil Grand Jury finds Riverside University Health System - Behavioral Health has significant partnerships with Riverside County agencies and community partners to serve the needs of County residents.

Response to Grand Jury Finding #3:

The department agrees with the finding.

RCOoA is a contracted provider and partner of the Riverside University Health System (RUHS) – Behavioral Health. Collaborative prevention and intervention services include:

- assessment and short-term intervention for non-urgent, undiagnosed behavioral health concerns
- service navigation and case management to assist in managing these minor behavioral health concerns
- caregiver support and self-care through educational classes and short-term treatment resource navigation support

Grand Jury Finding #7:

The Civil Grand Jury finds that a telephone behavioral health assessment could be an effective approach for identifying and managing behavioral health issues in older adults, perhaps paving the way for alternative ways to seeking and receiving mental health help among the homebound.

Response to Grand Jury Finding #7:

The department agrees with the finding.

RCOoA does not currently offer telephone-based approach to identifying and managing behavioral health issues. However, the California Department of Aging spearheaded the establishment of a statewide Friendship Line (https://www.ioaging.org/friendship-line-california/), a free crisis intervention warmline for non-emergency emotional support calls for adults age 60 and older. RCOoA promotes California's State Friendship Line in partnership with the California Department of Aging.

RECOMMENDATIONS

Grand Jury Recommendation #2

The Civil Grand Jury recommends the Board of Supervisors focus on creating a more connected systems approach (inclusive of all County agencies) for County residents seeking resources. Consider implementation and enhancement of "one-stop shop" strategies from proven, evidence-based, government administration models by bringing together County services in one location that can benefit all residents in accessing healthcare, transportation, referrals, and services.

Based on Finding(s): FI, F2, F3, F5, F6, F8
Financial Impact: Moderate
Implementation Date: June 30, 2024

Response to Grand Jury Recommendation #2:

The recommendation has not yet been fully implemented. Two OOA sites are on target for integrated solutions by June 30, 2024.

RCOoA is one of several County departments currently working with the County Executive Office to test and redesign access to services and resources as part of the Integrated Services Delivery (ISD) model. Through leadership from the County Executive Office, this countywide effort is working to implement a "one-stop" approach to service access and navigation. **Two OOOA sites (Blythe, Temecula) are on target for integrated solutions by June 30, 2024.**

Grand Jury Recommendation #3

The Civil Grand Jury recommends the Board of Supervisors to continue supporting and enhancing the implementation of model suicide prevention programs and strengthen existing programs that foster social emotional growth, trauma-informed practices, continuity of care, and a continuum of crisis services across the County. Specifically, enhance applicable programs and services within Riverside County Suicide Prevention Coalition (to expand services), Housing Authority of the County of Riverside (to stabilize housing), Riverside County Office on Aging (to assist older adults), and the Youth Commission and its five Youth Advisory Councils (to advise the Board of Supervisors on youth suicide prevention).

Based on Finding(s): F3, F5, F6, F7, F8
Financial Impact: Minor
Implementation Date: December 31, 2023

Response to Grand Jury Recommendation #3:

The recommendation has not yet been implemented, but will be implemented in the future.

RCOoA will work closely with RUHS – Behavioral Health and partner departments to expand and integrate existing programs as appropriate. Ongoing expansion and/or enhancements to RCOoA behavioral health-related resources for seniors are below, with initial implementation target date of December 31, 2023:

- **caregiver support** through grief counseling, self-care education classes, and respite to avoid caregiver burn-out;
- **assessment using RUHS Whole Person Health Score** that include observation of living environment, understanding the client's support system, and evaluating the need for caregiver and supplemental support services; and
- **access to technology** and user support to promote digital learning, increase connectivity, and decrease isolation.

Grand Jury Recommendation #4

The Civil Grand Jury recommends Riverside University Health System - Behavioral Health to continue supporting the work of Riverside University Behavioral Health Commission & Regional Advisory Board and its many Standing Committees (Adult System of Care Committee, Children's Committee, Criminal Justice Committee, Housing Committee, Legislative Committee, Older Adult Integrated System of Care Committee, and Veteran's Committee). Consider behavioral health assessments among the aging via telephone in Riverside County as an effective approach for identifying and managing behavioral health issues in older adults and as an alternative way to seek and receive mental health help among the homebound.

Based on Finding(s): F2, F3, F6, F7, F8
Financial Impact: Minimal
Implementation Date: September 30, 2023

Response to Grand Jury Recommendation #4:

This recommendation requires further analysis to ensure consistency with the implementation plan and timeline to be established by RUHS-BH.

RCOoA has an established partnership agreement with RUHS-Behavioral Health and regularly collaborates with the department's Older Adult service teams. RCOoA will defer to the plan to be established by RUHS-Behavioral Health.

Implementation Date: RCOoA defers to RUHS-Behavioral Health.

Grand Jury Recommendation #6

Though Riverside County has expanded its trainer base for Frontline and Gatekeeper training (ASIST, SafeTalk, Mental Health First Aid, and Know the Signs) and established El Rotafolio as a Spanish version of Safe Talk, the Civil Grand Jury recommends Riverside University Health System-Behavioral Health to enhance training for RUHS social workers to look for and recognize signs and symptoms of potential suicides during home visits and County detention center mental health program intake.

Based on Finding(s): F2, F3, F6, F7, F8
Financial Impact: Minimal
Implementation Date: March 31, 2024

Response to Grand Jury Recommendation #6:

This recommendation requires further analysis to ensure consistency with the implementation plan and timeline to be established by RUHS-BH

RCOoA has an established partnership with RUHS-Behavioral Health and regularly collaborates with the department's Older Adult service teams. RCOoA will defer to the plan to be established by RUHS-Behavioral Health.

Implementation Date: RCOoA defers to RUHS-Behavioral Health.