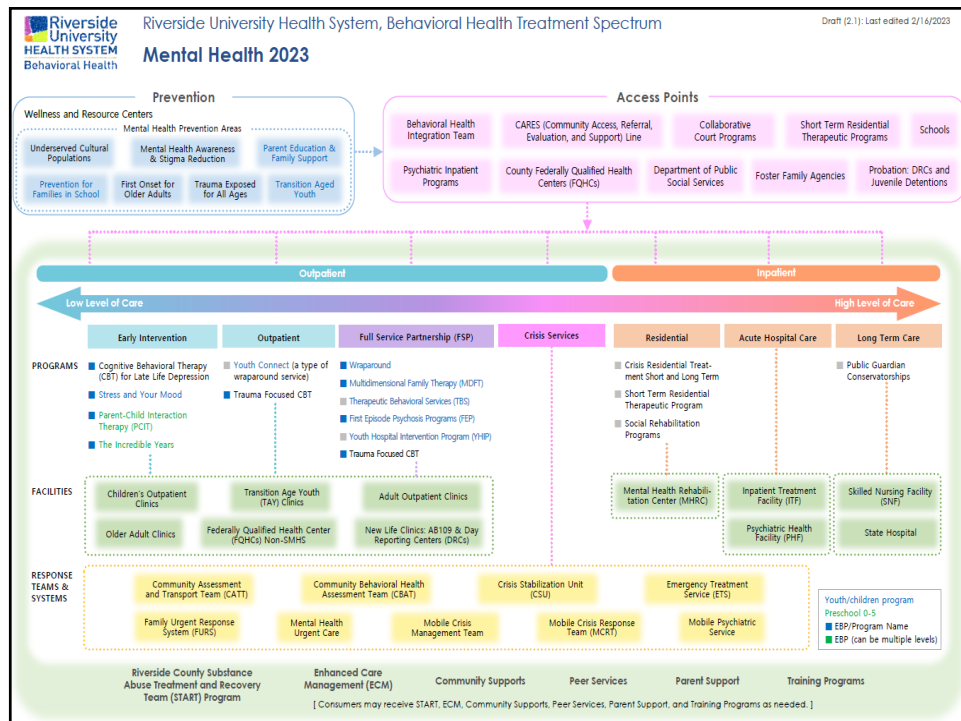
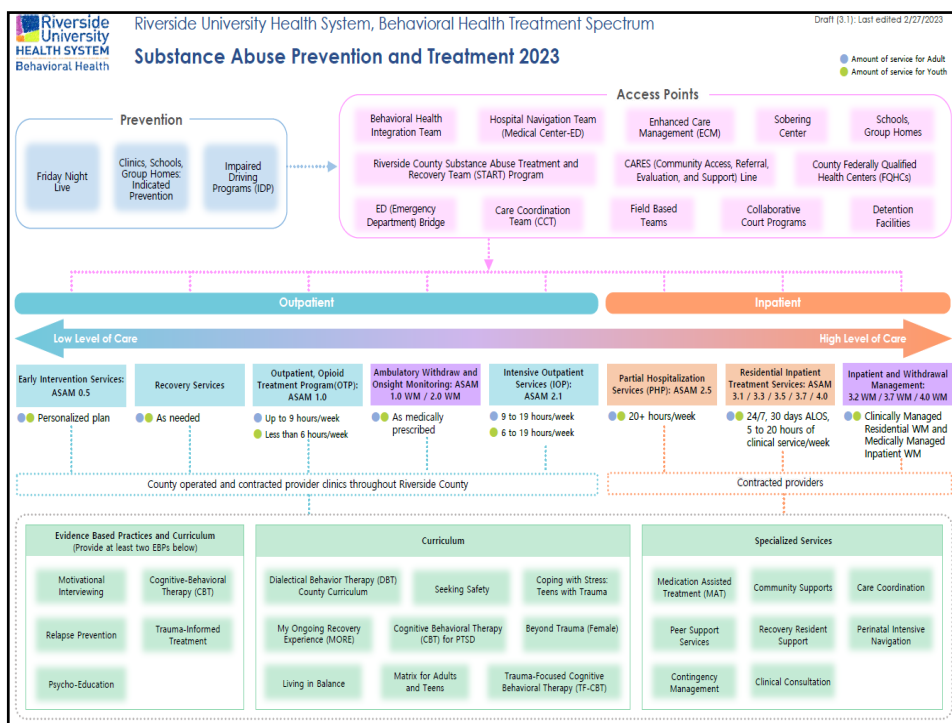






3



4

Behavioral Health Integration & Community Engagement & Education



5

Integrated Programs

- START Team: CSU, Psychiatric Hospital, Mental Health Urgent Care, ARC, Sobering Center, CRT
- Behavioral Health Navigation Team, ED Bridge and Inpatient
- MAT Pilot
- Perinatal Navigators

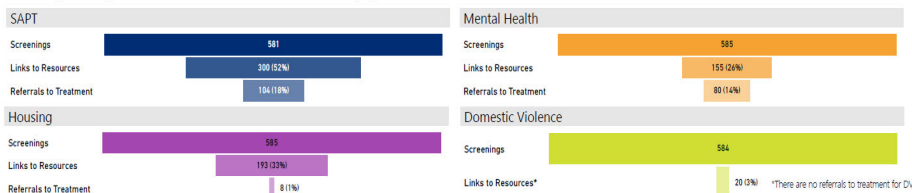


6

BHI Navigation Teams: RUHS Medical Center, FY 22-23, Q2 Snapshot

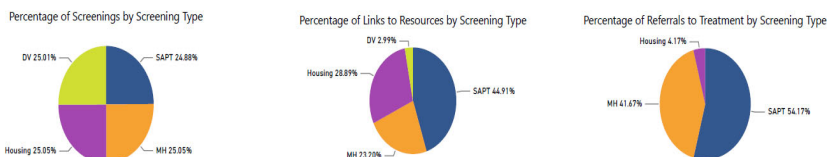
2.1 Administered Screenings, Links to Resources, and Referrals to Treatment

- There was an **average screening rate of 79%** (2,335 out of 2,960) across all screening types.
- SAPT screenings** resulted in the highest rate of links to resources (52%) and the highest rate of referrals to treatment (15%).
- Domestic Violence screenings** resulted in the lowest rate of links to resources (3%).
- Housing screenings** resulted in the lowest rate of referrals to treatment (1%).



2.2 Administered Screenings, Links to Resources, and Referrals to Treatment by Screening Type

- All four screening types were administered at a similar rate.
- Overall, **most links to resources and referrals to treatment came from SAPT** (44.91% and 54.17%, respectively).



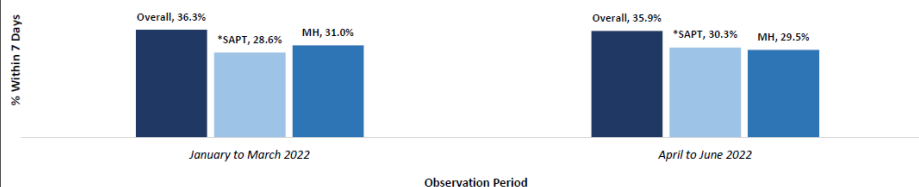
7

PERCENT OF BENEFICIARIES WITH A TREATMENT ENCOUNTER AFTER HOSPITAL DISCHARGE

Treatment encounter totals are calculated using data of consumers that match in the RUHS-MC and the RUHS-BH EHRs.

FIGURE 2. Treatment Encounter within 7 Days

Percent of beneficiaries with a treatment encounter within 7 days of hospital discharge

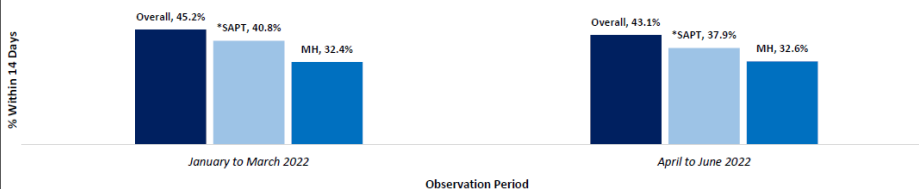


Note. Per National Committee for Quality Assurance (NCQA), 13.8% of Medicaid HMO patients with an emergency department visit for alcohol and other drug abuse or dependence received a follow up within seven days of discharge. ¹ Additionally, 40.4% of Medicaid HMO patients with an emergency department visit for mental illness received a follow up within seven days of discharge. ² The seven day follow up benchmark is adopted and used in the figure above. Treatment encounters for consumers provided with Domestic Violence (DV) and Housing referrals were not available for analysis.

* Value meets NCQA seven day follow up benchmark.

FIGURE 3. Treatment Encounter within 14 Days

Percent of beneficiaries with a treatment encounter within 14 days of hospital discharge



Note. RUHS-BH Research and Technology staff determined a benchmark of 17.0% for Medicaid HMO patients that had a follow up within 14 days for alcohol and other drug use or dependence, and a benchmark of 47.4% for Medicaid HMO patients that had a follow up within 14 days for mental illness. This was calculated by averaging the benchmark percentages of patients with a treatment encounter within seven and 30 days. Benchmarks are based on the assumption that an equal percentage will get follow up care in each of the two weeks between seven and 30 days. Treatment encounters for consumers provided with Domestic Violence (DV) and Housing referrals were not available for analysis.

* Value meets 14 day follow up benchmark calculated by RUHS-BH and Technology staff.

8

OUTLETS

YouTube/VIDEO

SUD Perinatal Video

A compelling story to reassure the affected demographic that there is help, people have been helped and that their care needs will be met:

- Families stay together
- Safe delivery and detox
- No judgement
- Transportation and housing support
- No cost for most
- Empathy



Riverside University
HEALTH SYSTEM

9

Youth and Family SUD Media Campaign

- RUHS BH and Up2Riverside Family Resource Guide: <https://up2riverside.org/?r3d=family-resource-guide>

As parents or youth-serving adults, you can have a significant impact on the youth in your life's decision to use alcohol and drugs.

By talking with your young adult or teen about alcohol and drugs **early and often**, you can help them avoid or delay using these substances.

But first, we need to learn the facts – and how to communicate them. We have collected the most important facts on substance use and the most valuable tips on communication to help you prepare for the conversation with the youth in your lives.

Learn the Facts. Start the Conversation. Find Resources. Save a Life.

Learning the Facts and How to Communicate Them

As our children grow up, they will face new challenges. The best way we can support them through these challenges is simply to talk to them and to listen to what they have to say. Through open, honest, and frequent conversation, we can have a significant impact on their experience with substance use; making it less likely that they will misuse or abuse alcohol, tobacco, and other drugs.

But first we need to learn the facts – and how to communicate them effectively. You can learn both here. We have collected the most important facts on substance use and the most valuable tips on communication to help you prepare for conversation with your child.

As parents or youth-serving adults, you can have a significant impact on the youth in your life's decision to use alcohol and drugs.

By talking with your young adult or teen about alcohol and drugs **early and often**, you can help them avoid or delay using these substances and prevent the high-risk behaviors and negative consequences often related to their use.

But first, we need to learn the facts. Learning the facts about substance use – from the effects of drugs to the symptoms of overdose – will help you answer questions and empower young adults or teens to make their own decisions. It could save their lives or help them save someone else's. **Learn the Facts.**

Talking with youth about substance use can be difficult. But those conversations are some of the most important conversations you will ever have. Set yourself up for success by learning how to have an effective conversation. **Start the Conversation.**

You are one of the greatest resources the young people in your life have when it comes to learning about substance use. But you are not alone. **Find Resources.**

Learn the Facts. Start the Conversation. Find Resources. Save a Life.

[LEARN MORE](#)

If you need to be connected to substance use or mental health services in Riverside County, **Call the CARES Line: (800) 499-3008**

Riverside University
HEALTH SYSTEM
Riverside, CA

10

New Life and Justice Outreach Teams



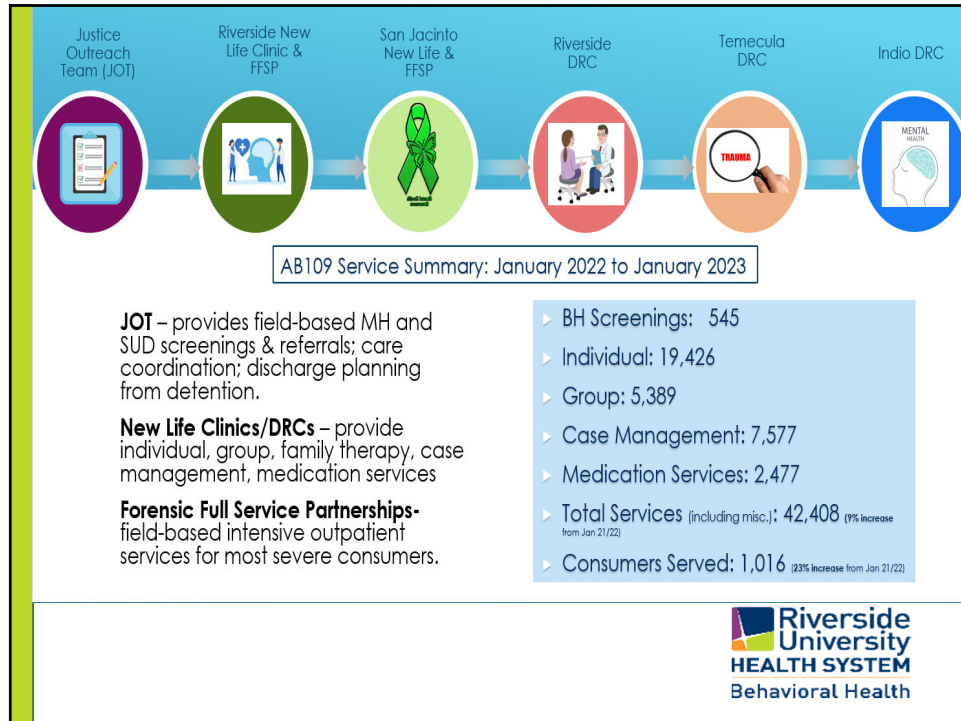
11

Justice Outreach Team (JOT)

- JOT is comprised of (3) regional teams: Western (based in Riverside), Mid-County (based in San Jacinto) and Desert (based in Indio). Prior to expansion, JOT's Riverside Team operated countywide from Riverside to Blythe. With this expansion, JOT is able to cover countywide services at a more optimal level.
- Each region has (2) two teams respectively that include BHS III (drug and alcohol counselor), peer support, office assistant and supervisory support by Mental Health Administrator, Supervising Behavioral Health Specialist, and BHS IV.
- **Consumers served:** Justice involved or at-risk of justice involvement who are in need of mental health and/or substance use disorder services. Once engaged and screened, JOT works to link consumers to treatment. JOT also conducts field outreach and care coordination to engage consumers who are lacking behavioral health services.



12

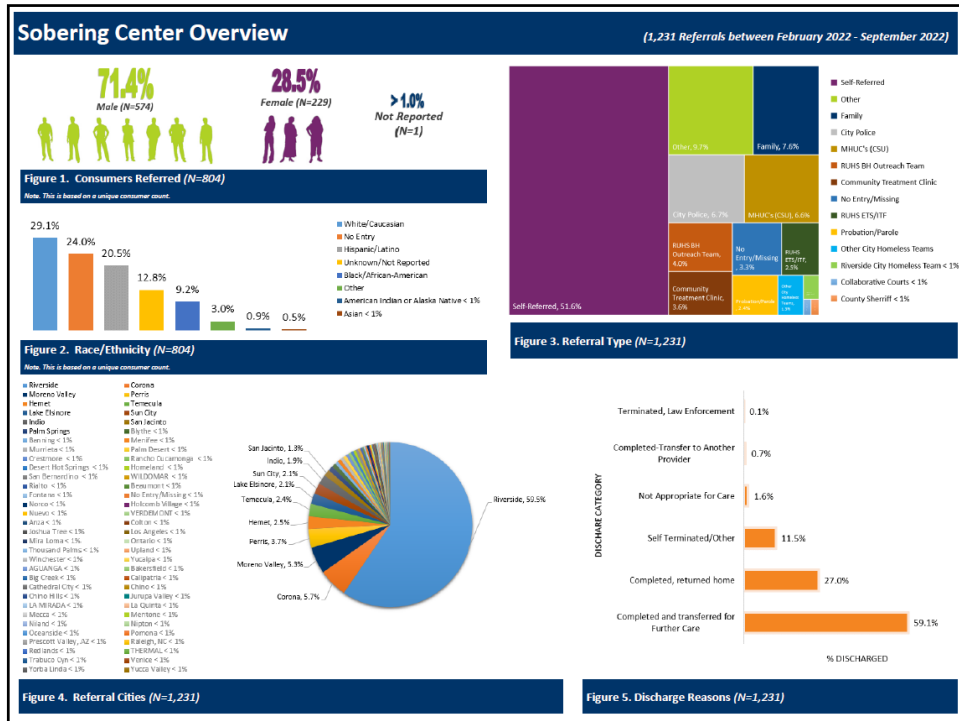


13

Sobering Center, Recovery Residences & Housing

Riverside University HEALTH SYSTEM Behavioral Health

14



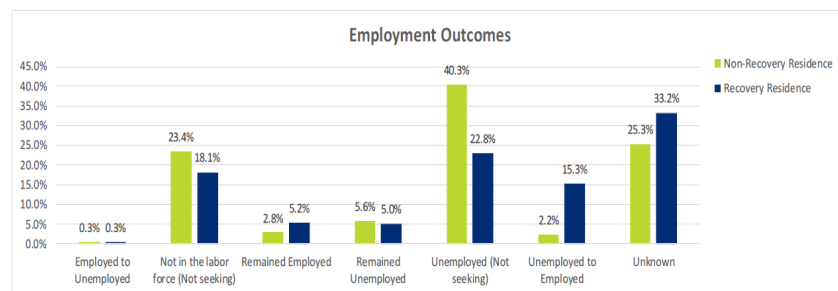
15

Section 1: Are RR consumers showing better outcomes than non-RR consumers?

Discharges	Non-Recovery Residence		Recovery Residence	
	#	%	#	%
Not Positive	188	58.8%	241	38.0%
Positive	132	41.3%	394	62.0%
Total	320	100%	635	100%

- There were 635 discharges in the RR group and 320 discharges in the non-RR group.
- With a positive discharge rate of 62.0%, consumers in the RR group had a 20.7% higher rate of positive discharges than consumers in the non-RR group (41.3%). This difference was statistically significant, $p < .001$.

Section 2: Are RR consumers improving?



- 15.3% of consumers in the RR group went from unemployed at intake to employed at discharge, while only 2.2% of consumers did so in the non-RR group.

16

Crisis System of Care



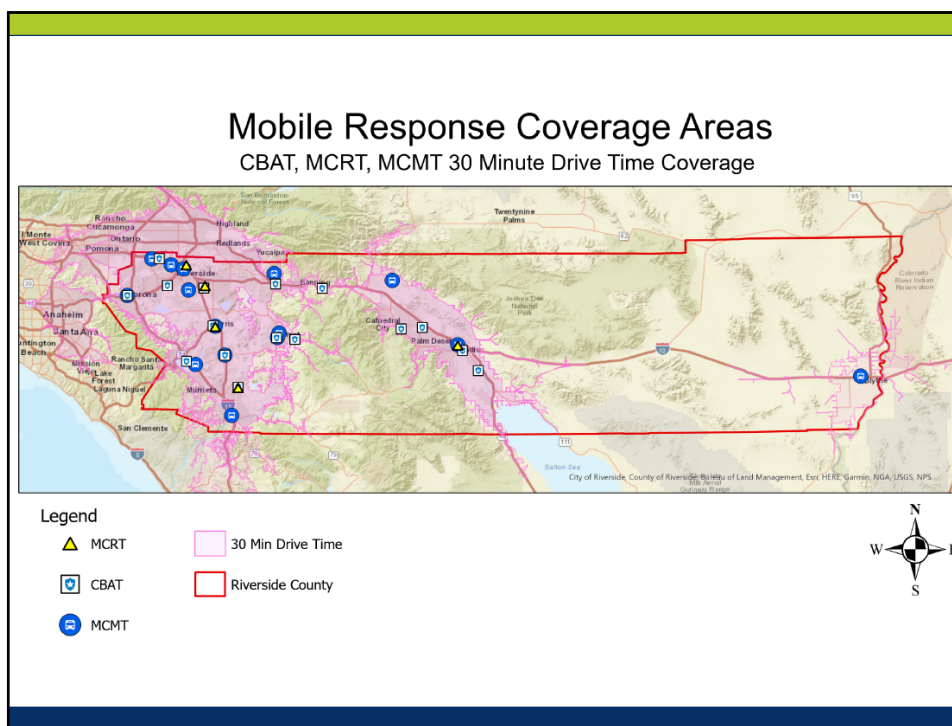
17

Crisis Support and Integration

- Mobile Crisis Response Team
- Community Behavioral Health Assessment Team
- Mobile Crisis Management Team
- Community Assessment Transportation Team, EMS/BH
- 911 Sheriff Dispatch Center
- Crisis Dispatch Center
- Mobile Psychiatric Services
- Mental Health Urgent Cares
- Indio MHUC



18



19

Mobile Crisis Management Teams

Overview.

Between January 1, 2023 through March 31, 2023 Mobile Crisis Management Teams (MCMT) provided services to 696 consumers. A total of 5,889 services were billed, resulting in 2,111 service encounters. The term *service encounter* describes that staff met with the consumer for service, regardless of how many times throughout a day the same service is provided (i.e. seven crisis intervention services are billed for a consumer on the same day, this would then be interpreted as one crisis intervention service encounter). During the observed time frame, staff completed 69 American Society of Addiction Medicine (ASAM) screenings, and zero Behavioral Health (BH) screenings.

Table 1. Program Highlights

Jan. 1, 2023 - Mar 31, 2023	
696	
CONSUMERS SERVED	
5,889	2,111
BILLED SERVICES	SERVICE ENCOUNTERS
69	0
ASAM SCREENINGS	BH SCREENING

20

Mobile Crisis Management Teams

Service Breakdown.**Table 2. Billed Service Totals**

Service Category % of Total (N)	Jan. 2023		Feb. 2023		Mar. 2023		Row Total	
	%	N	%	N	%	N	%	N
Assessment Individual	-	-	0.3%	5	0.1%	3	0.1%	8
Case Management	35.5%	560	33.9%	652	33.7%	805	34.3%	2,017
Client Support	0.1%	1	0.1%	1	-	-	0.0%	2
Counseling/Therapy	7.4%	116	5.6%	107	6.2%	147	6.3%	370
Crisis Intervention	57.0%	899	60.2%	1,158	60.0%	1,435	59.3%	3,492
Column Total	100.0%	1,576	100.0%	1,923	100.0%	2,390	100.0%	5,889

MCMT Team	billed services totals							
Corona MCMT	Jan. 2023		Feb. 2023		Mar. 2023		Row Total	
Assessment Individual	-	-	-	-	-	-	-	-
Case Management	6	6.0%	6	4.2%	22	8.9%	34	6.9%
Client Support	-	-	-	-	-	-	-	-
Counseling/Therapy	2	2.0%	-	-	7	2.8%	9	1.8%
Crisis Intervention	92	92.0%	136	95.8%	219	88.3%	447	91.2%
Column Total	100	100.0%	142	100.0%	248	100.0%	490	100.0%

21

Upcoming Riverside City and County Partnership

22

Adult Residential Facility (ARF) with Onsite MH and SUD Care

ARF Service Array

- *WellnessPlus* Living Program
- Room and board, accomplished chef sourcing local food
- Social, Occupational, Vocational, and Recreational Groups
- Nutrition Counseling
- Linkage to physical health and dental services
- Transportation

MH and SUD Treatment

- Full Service Partnership
- Psychiatry / medication services
- Individual & Group Therapy
- Intensive Case Management
- SUD Multiple Levels of care
- Medication Assisted Treatment
- Care Coordination
- Discharge Planning



23

Requestor:	RUHS - Behavioral Health
Space Requested:	Franklin Facility (former Probation Offices) 3021 Franklin Avenue, Riverside 40,850 sf of office on 1.85 acres
Annual Operating Cost:	Currently estimated at \$ 490,200
Year Constructed:	1967



24

24

Specifics, Discussion, and Ideas

- RUHS-BH is proposing to fully renovate the facility and provide approximately 80 Behavioral Health beds for an augmented Board & Care Facility.
- The proposed RUHS-BH project would invest approximately \$36M into the facility with the expectation that Grant Funds and MHSA Funds will pay for the necessary tenant improvements.
- RUHS-BH has worked in cooperation with Facilities Management to conduct a Facility Feasibility Study and is diligently seeking Grant Funding for this project.
- City of Riverside and RUHS BH Innovation ideas on partnership



25

Specifics, Discussion, and Ideas

- 1) **Security plan**
 - a. The Adult Residential Facility (ARF) at Franklin will have 24/7 security guard services. This specific security will provide specifically-trained healthcare security officers, who will be trained in Crisis Prevention Intervention (CPI), which is an Enhanced Nonviolent Crisis Intervention designed to provide officers with the knowledge to respond early and effectively, and will be onsite to aid the contracted provider in preventing and/or defusing a behavioral escalation for the wellbeing of individuals in the facility and/or the surrounding area. The facility will have QR codes placed in and around the facility for the security guards to scan as they surveillance the perimeter of the facility. Security cameras will also be added to the interior and exterior of the facility that will be monitored on a regular basis.
- 2) **Resource plan for clients exiting to ensure they don't leave to the street:**
 - a. Although the ARF at Franklin will be an unlocked facility, strict adherence to curfews and other house rules will be required. In addition, the ARF model provides care and supervision, which includes a peer-led program for people with chronic physical and behavioral health conditions that promotes self-management to create and sustain new health behavior. This service creates a collaborative care model that wraps services around the client and connects the client to additional necessary services that would assist them in their current journey and transition back to the community. The peer support nature of this service will help clients acquire self-sufficiency in to help the client develop problem-solving and self-efficacy skills required to manage his/her condition. FSP services will also be onsite to fully wrap around each individual and linkage to other supportive services will be available.
 - b. This program has a large population of conserved consumers and as such this is not a short term program. Consumers can stay at the facility for years and have already been stabilized prior to placement. The exit and discharge plan is worked on by multiple County teams and the Provider team to place in community back with family or in long term permanent supportive housing.
- 3) **Exterior Property Improvements**
 - a. Minimal exterior modifications will be made, such as paint and landscape in an effort to modernize the aesthetics. We would also be making improvements for consumer outside activity per regulations that govern this type of facility.



26

Questions and Discussion

“An idea that is developed and put into action is more important than an idea that exists only as an idea.”

Recovery Happens, Riverside County 2022: <https://youtu.be/nqfWkeAnyFk>

