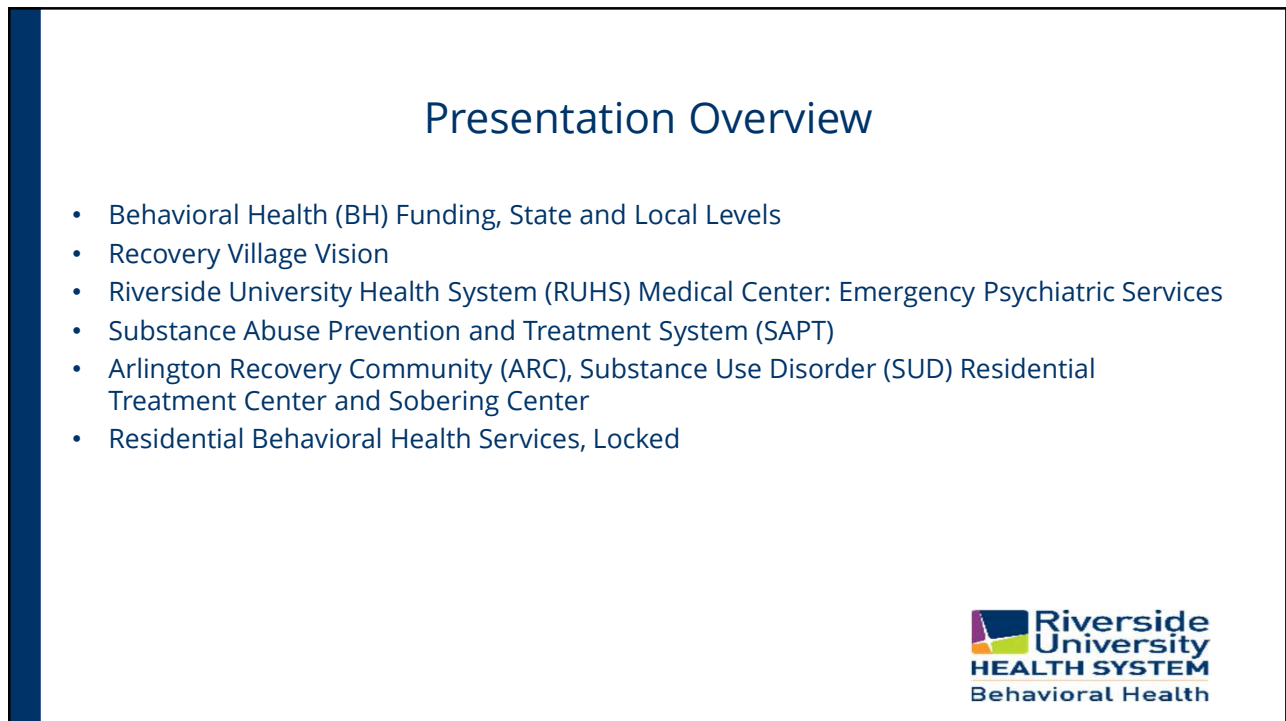




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Behavioral Health System Funding



3

California Mental Health System

- 1950s: State care; state hospitals
- 1957: Short Doyle Act
- 1966: Medi-Cal
- 1967: Lanterman-Petris Short Act
- 1971: Short Doyle Medi-Cal
- 1991: Bronzan McCorquodale Act/Realignment
- 2004: Mental Health Services Act
- 2011: Public Safety Realignment/AB100



4

1950s

Limited outpatient care

Limited county hospital psychiatric care

National Mental Health Act of 1946

- Start the push away from institutionalization



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Short Doyle Act

- 1957
- Alan Short (D), Donald Doyle (R)
- California legislation for community mental health services managed by counties
 - Limited resources: NOT an entitlement
 - Limited investment



6

Medi-Cal

- 1966
- California's Medicaid health program
 - Services for children and adults with limited income/resources
- Mental health services: Fee for service (FFS)
 - Limited services
 - Inpatient hospital services
 - Psychiatry/psychology professional services



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Lanterman-Petris-Short Act (LPS)

- 1967
- Bipartisan Act: Frank Lanterman (R), Nicholas Petris (D), Alan Short (D)
- Civil commitment law intended to end inappropriate indefinite commitments
 - Ended hospital commitments by judiciary system (absent criminal sentencing, conservatees)
 - Upcoming discussion re: Laura's Law



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Short-Doyle Medi-Cal

- 1971
- Community mental health services as a benefit under Medi-Cal
 - Federal match
 - Ability to obtain federal funds for Short-Doyle (SD) mental health services provided
 - SD much broader range of services than pure FFS mental health services



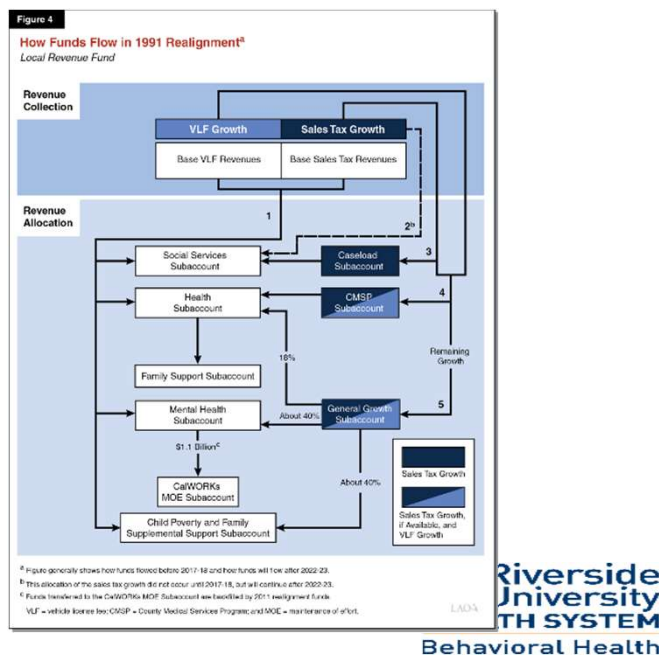
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1991 Realignment: Bronzan-McCorquodale Act

- Realigned financial responsibility for most of state's mental health and public health programs to counties
 - State hospital for civil commitments
 - Institute for Mental Disease
 - Community-based mental health care
 - Some foster care, in-home supportive services
 - Allocated growth
- Dedicated funding stream
 - Half-cent sales tax
 - Vehicle license fees
 - Vehicle license fee collections



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Mental Health Services Act

- 2004
- 1% income tax on personal income over \$1 million
- Comprised of:
 - Community Services and Support (Up to 80%)
 - 51% Full Service Partnership Services
 - Prevention and Early Intervention (Up to 20%)
 - Innovation (Up to 5% of CSS and Prevention Early Intervention)
 - Capital Facilities and Technological Needs
 - Workforce Education and Training

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Funding Streams: Behavioral Health

- 1991 Realignment
- 2011 Realignment
- Mental Health Services Act
- Federal Financial Participation
- SAMHSA Grants
- County General Funds



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Funding Streams: Substance Abuse Prevention and Treatment

- 2011 Realignment
- Federal Financial Participation
- SAPT Block Grants
- County General Funds
- State General Funds



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Overview

- FY 21/22 Annual Budget Approx. \$563M
- County obligated by State or judicial system to provide these programs.
- Most reimbursement is based on % of cost (0%, 50% to 95%) or grant based.
- 77% of clients are Medi-Cal.
- 13% of clients are uninsured.



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Funding Issues: 1991 Realignment

- 4th largest County, but 57th out of 58 in revenue per capita
- 5.8% of the population, 3.5% of the funding
- With the federal match, shorted over 60 million dollars per year
 - Over 400 million dollars since inception
- Many Counties use 1991 to pay for all involuntary treatment AND outpatient care
 - In Riverside, does not cover all involuntary treatment



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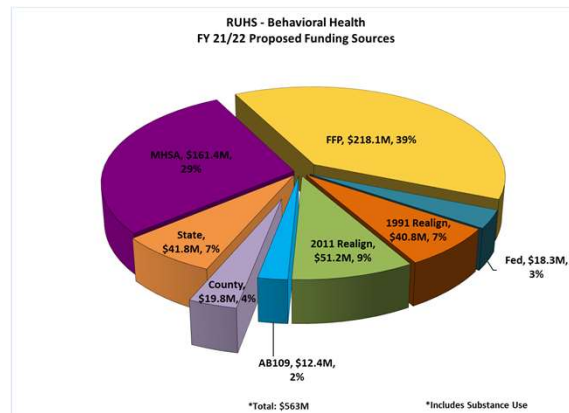
Funding Issues: 2011 Realignment

- Children and substance abuse Medi-Cal services
- 6.2% of eligible population, 3% of the funding
- With federal match, shorted over 80-100 million dollars per year



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Funding



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Recovery Village Vision



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Recovery Village Community Project Problem and Vision

While Riverside County has a long history of providing innovative alternatives to incarceration and initiating successful substance abuse and mental health treatment programs, the County faces similar challenges. Due to a lack sufficient funding for alternatives to custody of those sentenced to county jail under AB 109 Public Safety Realignment or to adequately meet the needs of the most severely impaired residents, over 12,000 mentally ill/substance abuse offenders end up receiving treatment in jails or unneeded emergency room visits.

Vision: Sustain a full service Behavioral Health Campus that serves as a safe, monitored, and therapeutic community and living space while simultaneously delivered high quality, person-first, treatment for Behavioral Health. The vision is to enable consumers and their families to move through the campuses continuum of care from intensive oversight and treatment activities to decreased therapeutic contact enabling consumer to prepare for a self-sustained recovery grounded in their own community. By delivering the right level of care and expanding our service levels we can save the City and County millions of dollars annually and make a long lasting impact on our community through complete health, balance, and societal reintegration.



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Recovery Village Community Project Entry Pathway and Social Determinants of Health

Entry Pathway: Entry to our campus can be from a variety of intensive short term facilities, Emergency Psychiatric Hospitals, Crisis Stabilization Units (CSU), Social Rehabilitation Programs (SRP) and Institutes for Mental Disease (IMD) to name a few. Our consumers can also come from our untreated homeless population that are unable to connect long term with treatment due to not having safe and sustainable housing while learning how to overcome their behavioral health challenges.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life.

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills



Social Determinants of Health | Healthy People 2030

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Recovery Village Service Types

Withdrawal Management – 20-bed facility with kitchen, laundry, recreation space, including outdoor seating and barbeque area. Services include inpatient, clinically managed residential programming with a goal to monitor patients as they safely withdraw from drugs and/or alcohol, while providing motivation for change so that ongoing recovery is possible. Link and provide them to services for care and potential step-down to Recovery Residence on site.

Crisis Residential Treatment – 16-bed facility with kitchen, laundry, and indoor/outdoor recreation space. Program provides inpatient crisis stabilization, medication monitoring, and evaluation to determine the need for the type and intensity of additional services within a framework of peer support and trauma-informed approaches to recovery planning. The safe, accepting environment nurtures the individual's process of personal growth and is essential to individuals as they work through crises at their own pace. Clients will learn daily living skills and social development using a strength-based approach that supports recovery and wellness in homelike environments.

Mental Health Rehabilitation Center - 16-bed facility with kitchen, laundry, and indoor/outdoor recreation space. Program provides inpatient intensive support and rehabilitative services designed to assist individuals with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning. The current MHRC has rehabilitated and stepped down 40 individuals to a lower level of care or home with their families within the past year.

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Recovery Village

Children's Mental Health Urgent Care / Respite – 12-bed urgent care for children and teens struggling with urgent emotional and/or behavioral concerns that pose a risk to their safety, or the safety of others, or significantly impair their daily lives. The facility will include a separate kitchen, recreation center, and playground. Respite housing and support will be available for caregivers whose children are receiving treatment.

Recovery Residence – 40 apartment style housing units including a separate kitchen, laundry, recreation center and playground with a community-like setting. This facility is for individuals with a substance use disorder (SUD) or a co-occurring disorder. Residents will receive outpatient SUD and/or recovery services on the campus site. Single, double and family units will be available.

Supportive Housing Apartments – 80 apartment style homes with individual kitchenettes in a community-like setting available in single, double and family units. Surrounding grounds will include playgrounds, barbeque areas and parklike settings. Outpatient services will be provided to assist homeless persons in transitioning from homelessness, and to promote the provision of supportive housing to enable homeless persons to live as independently as possible



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Recovery Village

Outpatient Services for Mental Health & Substance Use Disorder and Primary Health Care – All individuals who are in the Recovery Residence and Supportive Housing Apartments will participate in outpatient services as a requirement of their stay at Recovery Village. These services will also be available to surrounding members of the community.

Recreation Area, Library/Resource Center, Vocational Services, Laundry Facility, Animal Kennel, Market – These amenities will be partially operated by residents of recovery village to teach and promote social and employment skills. The amenities will be accessible by both residents and the surrounding community.

The perimeter of the village will include a widened sidewalk with aesthetically pleasing landscaping to allow for a nice walking route for nearby residents. A playground and basketball court for the surrounding community will be centrally located for our neighbors of Recovery Village.



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RUHS: Emergency Psychiatric Services



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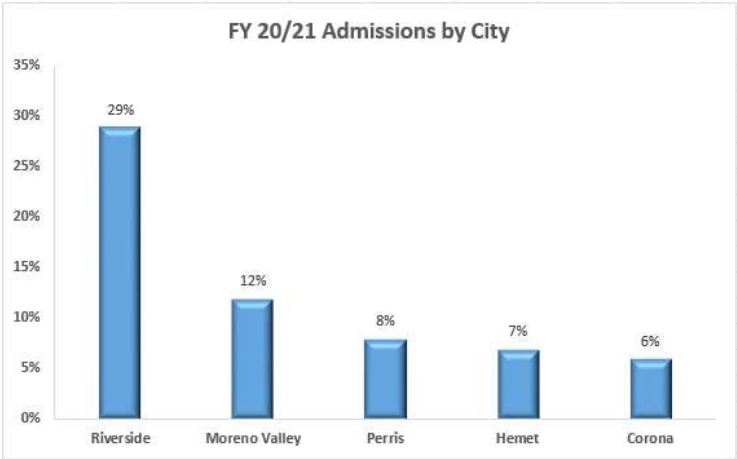
Emergency Treatment Services

- RUHS Arlington Campus
- 24 Adult Beds; 6 Youth Beds
- Holds
 - 5150 (72 hours)
 - 5250 (Additional 14 days)
- FY 20/21
 - Average length of stay = .983 days
 - Median = 1 day



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Emergency Treatment Services



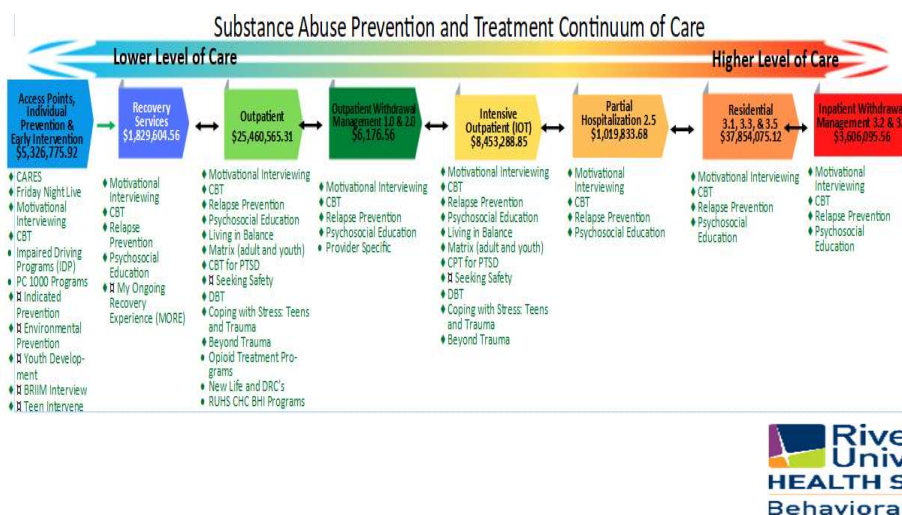
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Substance Abuse Prevention and Treatment System



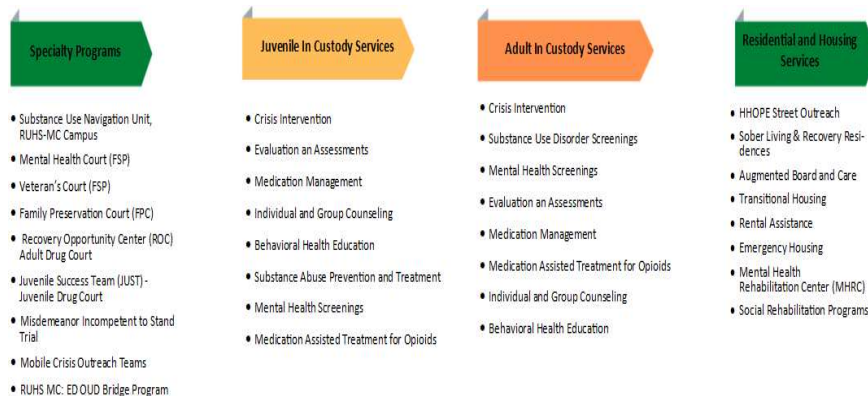
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RUHS Behavioral Health, SAPT

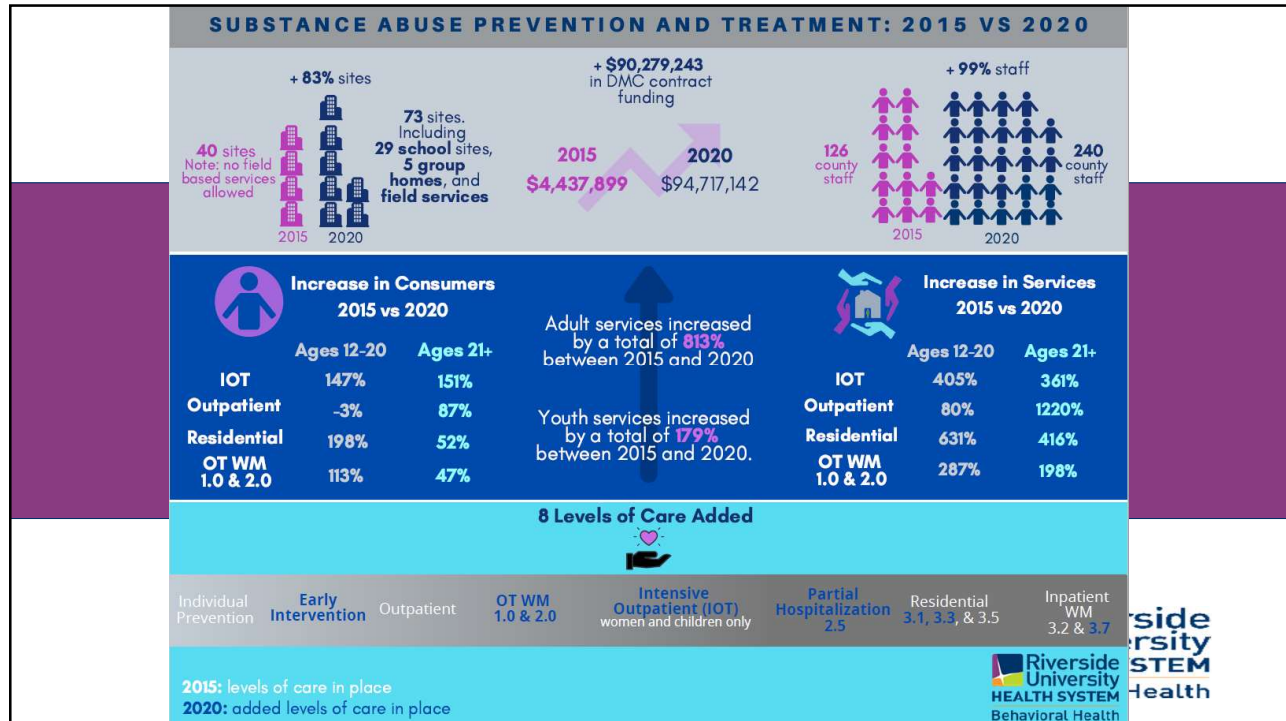


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Forensic BH Specialty Programs, Co-Occurring SUD/MHD



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Substance Abuse Treatment Specifics, July 2020 to June 2021

- Total Admissions: 9,704
- Total Unduplicated consumers: 8,444
- Break Down by Level of Care:

Level of Care	CONSUMERS
Prevention	175
Recovery Services	541
Outpatient	3906
Intensive Outpatient	1219
Partial Hospitalization	4
Residential	2319
Withdrawal Management	809
Narcotic Treatment Programs	2198

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DMC-ODS MASTER SUMMARY						
OUTCOMES: SUBSTANCE USE			OUTCOMES: CRIMINAL JUSTICE INVOLVEMENT		OUTCOMES: EMPLOYMENT	
MOST DISCHARGES		FOLLOWED BY	MAJORITY OF DISCHARGES		WORKFORCE	
Decreased Substance Use 66%		Abstained Substance Use 29%	NOT INVOLVED IN CRIMINAL JUSTICE 70%		EMPLOYED 12%	UNEMPLOYED 10%
			THOSE INVOLVED HAD LESS		NON WORKFORCE	
			ARRESTS	JAIL TIME	PRISON TIME	NOT SEEKING EMPLOYMENT 78%
OUTCOME: HOUSING			OUTCOMES: ER VISITS		OUTCOMES: HOSPITALIZATIONS	
INDEPENDENT VS DEPENDENT			AFTER TREATMENT		MOST DISCHARGES	FOLLOWED BY
INDEPENDENT HOUSING > DEPENDENT HOUSING			DECREASED ER VISITS 71% > INCREASED ER VISITS 12%		DECREASED HOSPITALIZATIONS 48%	NO HOSPITALIZATIONS BEFORE & AFTER TREATMENT 37%
HOMELESS						
FOUND HOUSING 13%	REMAINED HOMELESS 15%	RECENTLY HOMELESS 3%				
ASAM SUMMARY						
Dimensions	Dimension 1: Substance Use	Dimension 2: Biomedical	Dimension 3: Behavioral	Dimension 4: Readiness to Change	Dimension 5: Relapse Potential	Dimension 6: Environment
Most Discharges	Maintained Good Standing	Maintained Good Standing	Improvement	Improvement	Improvement	Improvement
Improvements vs Regressions	Improve < Regress	Improve > Regress	Improve > Regress	Improve > Regress	Improve > Regress	Improve > Regress

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DMC-ODS MASTER SUMMARY						
DEMOGRAPHICS		MODALITY		TRANSITION LOC		
MOST ADMISSIONS		LEAST ADMISSIONS		MOST DISCHARGES STARTED NEXT LOC...		
Male		Female		Within 14 Days		
26 - 35 Years Old		60 + Years Old		TRANSITIONS TO LOWER VS HIGHER LOC		
Hispanic & White/Caucasian		Pacific Islander		LOWER LOC > HIGHER LOC		
CALOMS DISCHARGES		DISCHARGES BY MODALITY		PRIMARY DRUG OF CHOICE		
STANDARD VS ADMINISTRATIVE		IOT DISCHARGES		MOST DISCHARGES		
STANDARD DISCHARGES > ADMINISTRATIVE DISCHARGES		POSITIVE DISCHARGES < NEGATIVE DISCHARGES		Methamphetamines 34%		
PROGRAM RESULTS		ODF DISCHARGES		FOLLOWED BY		
POSITIVE DISCHARGES > NEGATIVE DISCHARGES		POSITIVE DISCHARGES < NEGATIVE DISCHARGES		Alcohol 28%		
		OTHER LOC DISCHARGES				
		POSITIVE DISCHARGES > NEGATIVE DISCHARGES				

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RIVERSIDE COUNTY FRIDAY NIGHT LIVE

What is fnl ?

FRIDAY NIGHT LIVE IS A STATE-WIDE YOUTH DEVELOPMENT PROGRAM FOR YOUTH IN GRADES 4-12. THE PROGRAM FOCUSES ON DETERRING YOUTH FROM THE USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS WHILE PROVIDING THEM WITH OPPORTUNITIES TO BE ACTIVE LEADERS AND RESOURCES FOR THEIR COMMUNITY.

Mission

TO BUILD YOUTH AND ADULT PARTNERSHIPS FOR POSITIVE AND HEALTHY YOUTH DEVELOPMENT WHICH ENGAGE YOUTH AS ACTIVE LEADERS AND RESOURCES IN THEIR COMMUNITY.

Components

FNL KIDS: GRADES 4-6
CLUB LIVE: GRADES 6-8
FRIDAY NIGHT LIVE: GRADES 9-12

WHAT DOES FNL OFFER?

OUR PROGRAM PROVIDES VARIOUS RESOURCES, YOUTH EMPOWERMENT OPPORTUNITIES, AND ACTIVITIES /EVENTS TO PROMOTE SKILL DEVELOPMENT, SUCH AS THE ONES LISTED BELOW

- COMMUNITY EVENTS
- SOCIAL EVENTS
- CONFERENCES
- WORKSHOP TRAININGS
- YOUTH AMBASSADOR
- CREATIVE/COGNITIVE SKILLS
- VOCATIONAL/JOB SKILLS
- SOCIAL SKILLS
- CIVIC/CITIZENSHIP SKILLS
- PUBLIC SPEAKING SKILLS

WHO CAN BE INVOLVED?

ANYONE CAN PARTICIPATE. PARTICIPANTS INCLUDE SCHOOLS, COMMUNITY CENTERS, RELIGIOUS ORGANIZATIONS, JUVENILE FACILITIES, YOUTH GROUPS, GROUP HOMES ETC...

2021-2020 *Highlights*

VIRTUAL EVENTS, SOCIAL MEDIA CHALLENGES & COMMUNITY SERVICE



- LEADERSHIP SUMMITS
- DANCE PARTIES
- FNL FITNESS WEEK
- KINDNESS WEEK
- FNL MOVIE NIGHTS
- FNL GAME NIGHTS
- CLOTHING GIVEAWAY
- CAN FOOD DRIVE

Contact fnl

FNL HOTLINE 951-782-5000



RIVERSIDE COUNTY
Friday Night Live
PARTNERSHIP



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Behavioral Health
Substance Abuse Prevention and Treatment Program



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YSTEM
Health

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Substance Abuse Prevention and Treatment Needs

- More Residential Withdrawal Management (WM) and Medically Monitored WM
- Recovery Residences, access and controlled contracts for more sober living beds
- Sobering Center's
- Co-occurring enhanced programs

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Arlington Recovery Community (ARC)



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Clinical Overview and Goals

- Provide a fully integrated approach to treating community members with co-occurring substance use and mental health disorders (SUD & MHD).
- 24/7 Access to services and stabilization
- Diversionary approach and belief
- Incidental Medical Services
- Licensed by Department of Healthcare Services (DHCS), Drug Medi-Cal Reimbursable
- CalAIM ILOS Sobering Center funding



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Program Service Structure and Specifics

- **Clinically Managed Medium 3.3 and High Intensity 3.5 Residential Services**
 - 10 or more clinical hours per week, individual therapy and counseling, group & family therapy offered
 - 20 hours of structured curriculum per week including: supportive services, educational, transitional
 - staff must be trained in the biological and psychological dimensions of substance use and mental health disorders, and have training in behavior management.
- **Residential SUD Detoxification WM 3.2 and MH Stabilization**
 - Mental Health Medication Stabilization and Induction
 - Addiction Medication Assisted Treatment inductions
- **Incidental Medical Services**
 - Appropriate medical services in place—including the ability to consult with a physician or physician extender and to be able to access emergency services at any time. Medical, psychiatric, laboratory and toxicology services must be provided either on-site or through consultation/referral.
- **Sobering Center**



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Sobering Center

Reasoning & Design

- By design, the Sobering Center is a safe place for law enforcement and paramedics to bring individuals under the influence, instead of an emergency department or criminal justice facility.
- The consumer would be at the center 6-10 hours until sober enough to leave safely and will be transported home.
- Although not intended for long-term care, the center will work as a hub to connect consumers to appropriate treatment options and linkage to community services.
- Open 24 hours a day, 7 days a week, 365 days a year, providing supportive services including: oral hydration, food, showers, screenings for SUD/MHD.

Goal Overview

- The building will include one large room with availability of 15 sobering/hospital reclining chairs, bathrooms, showers, medical station.
- The ARC program requires medical staff, therefore, their schedule would include hourly rounds at the Sobering Center and medical/safety measures as needed with no extra cost to the overall project.
- The goal is that while at the center, the Peer staff will attempt to engage the consumer; they will be provided with screening and referral to treatment services as indicated.



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Community Partnership



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Residential Behavioral Health Services, Locked



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Acute Residential Hospitals

- Inpatient Treatment Facility (Arlington Campus)
 - 65 Adult Beds; 12 Youth Beds
 - 20 PUI Isolation Beds
- Other Riverside Area Facilities:
 - Pacific Grove
 - Corona Regional



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Acute Residential Hospitals

Facility	Avg LOS (Days)
Inpatient Treatment Facility	10.1
Corona Regional	6.8
Telecare PHF	7.7
Pacific Grove	5.9
Loma Linda	6.9
Loma Linda (IMD Excluded)	7.1
San Bernardino Community	3.9

Overall Average length stay for all residential hospitalizations was 8.1 days



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Mental Health Rehabilitation Center

- Residential setting with intensive support that teaches skills to become self-sufficient with an increasing level of independence
- Telecare Riverside opened April 30, 2020
- Average LOS 169 days



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Crisis Residential Treatment

- Homelike residential setting with a wide range of psychiatric care and community-based treatment
- Three County Owned Sites
 - Riverside: 16 bed facility
 - Indio: 15 bed facility
 - Temecula: 5 bed facility (Opened FY 21/22)
- Average LOS 14 days



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Questions and Dialogue



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