



Recovery Based Engagement Support Teams (RBEST)

Program Information

What is the Recovery Based Engagement Support Teams (RBEST) Program?

The Recovery Based Engagement Support Teams (RBEST) is a field-based outreach and engagement program that attempts to “activate” and link individuals living with a severe behavioral health (mental health and/or substance use disorder) condition to appropriate treatment resources such as outpatient services, intensive wraparound support, and supportive services. Additionally, support is offered to families such as support groups, psychoeducation, and assistance with navigating the behavioral health system of care.

Individuals that are referred must be 18 years of age or older and living with a mental health condition, may also have a history of refusing or not following through with necessary outpatient treatment. Additionally, referrals are accepted for individuals who frequently utilize crisis services and/or continuous engagements with first responders resulting in multiple hospitalization/detainment (i.e. arrests) without outpatient treatment follow-up; or potentially meets Laura's Law criteria.

What is Laura’s Law?

Assembly Bill 1421, commonly referred to as **Laura’s Law**, authorizes court-ordered Assisted Outpatient Treatment (AOT) pursuant to Welfare and Institutions Code (WIC) Sections 5345-5349.5 for individuals who have a history of untreated mental illness. If an individual continues to decline voluntary treatment after multiple engagements, the program may pursue assisted outpatient treatment.

Who is eligible for a referral under Laura’s Law?

Individuals must be:

- 18 years of age and older.
- Suffering from a serious mental disorder.
- Unlikely to survive safely in the community without supervision and their condition is substantially deteriorating or AOT is needed to prevent relapse/substantial deterioration that would result in a grave disability or serious harm to self or others.
 - A history of treatment non-compliance, as evidenced by one of the following:
 - At least two occurrences of hospitalizations or mental health treatment while incarcerated within the last 36 months.
 - One or more acts of serious and violent behavior, including threats or attempts, to cause serious physical harm to themselves or another within the last 48 months.
- Likely to benefit from Assisted Outpatient Treatment services.
- Participation in a least restrictive treatment option to ensure the person’s recovery and stability.

How can an individual be referred to the RBEST Program?

Referrals can be accepted by phone, email, fax, and mail.

- Phone Number: (909) 421-9452
- Email the completed referral form to: DBHRBEST@dbh.sbcounty.gov
- Fax the completed referral form to: (909) 421-4686
- Mail the completed referral form to: San Bernardino County, Department of Behavioral Health – Recovery Based Engagement Support Teams (RBEST), 850 E. Foothill Blvd., Rialto, CA 92376

Please call **(909) 421-9452** with any questions or for more information.



RBEST

Referral Form

Information of Individual Submitting Referral:

Date Referral Completed: _____ Completed by: _____
(Print Full Name)

Referral Source:

- Department of Behavioral Health Program
- Family/Spouse/Significant other
- Adult Residing with Individual
- Law Enforcement/Judge
- Community/Faith Based Organization
- Mental Health Facility
- Medical Facility
- Residential Facility (unlocked)
- Self
- Other: _____

Name of Individual or Organization making referral: _____

Relationship to referred individual: _____ Phone Number: _____

Information of Individual Being Referred to Program:

Legal Name: _____ Preferred Name: _____
(Print Full Name)

Date of Birth: _____ Age: _____ Social Security #: _____

Gender:

- Female
- Male
- Transgender Female
- Transgender Male
- Other/Not Listed:

Race/Ethnicity (check all that apply):

- African American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Latino/Hispanic
- Native Hawaiian/Pacific Islander
- Other/Not Listed: _____

Preferred Language:

- English
- Mandarin
- Spanish
- Vietnamese
- Other/Not Listed:

Individual's Address/Location: _____

Are they currently unhoused? Yes No Are they active military or a veteran? Yes No

Individual's Phone #: _____ Health Insurance, if known: _____

Family/Caregiver Name & Phone #: _____

Reason for Referral:

- Aggressive Behavior
- Substance Use Disorder
- Assess for Laura's Law Criteria
- Odd/Bizarre Behavior
- Hallucinations/Delusions
- Suicidal/Homicidal Ideation
- Non-Compliance w/ Treatment

Please provide details for reason(s) selected above:

Other History (Required for Law Enforcement Referrals):

- Acts or attempts of serious physical harm to self/others in the last 48 months

Dates, if known: _____

- Two hospitalizations/mental health service while Incarcerated in the last 36 months

Dates, if known: _____