



Recovery Based Engagement Support Team (RBEST) Program Information

What is RBEST?

The Recovery Based Engagement Support Team (RBEST) is a voluntary, client-centered program which provides community (field-based) outreach and engagement services to individuals living with a behavioral health condition. Our objective is to “activate” and link individuals to appropriate treatment, which may include outpatient mental health, Substance Use Disorder (SUD), and intensive wraparound support. We also provide support to families through support groups, psychoeducation, and assistance with navigating the behavioral health system of care. Individuals that are referred must be 18 years of age and older and meet one of the following criteria:

- Individual is living with a behavioral health condition
- Individual has a history of not following through with or refusing necessary outpatient treatment
- Individual often uses crisis services (i.e. crisis walk in centers, psychiatric hospitals, emergency rooms) and/or continuous engagements with first responders resulting in multiple hospitalization/detainment (i.e. arrests) without outpatient treatment follow-up

What is Laura’s Law?

When the RBEST program outreaches to referred individuals in an effort to engage them into treatment voluntarily and the individual continues to decline treatment, the program may explore Assisted Outpatient Treatment options under Laura’s Law in collaboration with county partners, family members, and other involved parties. Individuals qualifying for services under Laura’s Law must meet the following criteria:

- 18 years of age and older
- Suffering from a mental illness
- Unlikely to survive safely in the community without supervision or to prevent relapse/substantial deterioration that would result in a grave disability or serious harm to self or others
- A history of lack of compliance with treatment for the person’s mental illness, in that at least one of the following is true:
 - The person’s mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
 - The person’s mental illness has resulted in one or more acts of serious and violent behavior toward themselves or another, or threats, or attempts to cause serious physical harm to themselves or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
- Likely to benefit from Assisted Outpatient Treatment services
- Participation in program is least restrictive treatment option to ensure the person’s recovery and stability

**To submit referral: Email DBHRBEST@dbh.sbcounty.gov; Call (909) 421-9452;
Fax (909) 421-4686; or Mail 850 E. Foothill Blvd, Rialto, CA 92376**



Recovery Based Engagement Support Team (RBEST) Referral Form

How is a referral made?

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

Information of Individual Submitting Referral:

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

- Referral Source:
- Department of Behavioral Health (DBH) 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: _____

Organization making referral (if applicable): _____
(Print Full Name)

Individual making referral (if different than Completed by): _____
(Print Full Name)

Relationship to individual being referred: _____

Contact Information: _____
Phone # _____ Email Address _____

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Recovery Based Engagement Support Team (RBEST)

Referral Form

Information of Individual Being Referred to Program:

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

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

- | | | |
|-----------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| Gender: | Race/Ethnicity (check all that apply): | Preferred Language: |
| <input type="checkbox"/> Female | <input type="checkbox"/> African American/Black | <input type="checkbox"/> English |
| <input type="checkbox"/> Male | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Asian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Transgender Male | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other/Not Listed:
_____ | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Other/Not Listed:
_____ |
| <input type="checkbox"/> Declined to answer | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Declined to answer |
| | <input type="checkbox"/> Other/Not Listed: _____ | |
| | <input type="checkbox"/> Declined to answer | |

Individual's Address/Location: _____

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

Family/Caregiver Name & Phone #: _____

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

Reason for Referral:

- | | | |
|------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Non-Compliance w/ Treatment | <input type="checkbox"/> Odd/Bizarre Behavior | <input type="checkbox"/> Suicidal/Homicidal Ideation |
| <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Hallucinations/Delusions |

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: _____

Additional Information:

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