RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH
Mid-County Region Behavioral Health Advisory Board
Thursday, January 8, 2026

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT			GUEST PRESENT
Dolores DeMartino	Dr. Vernita Black	Elizabeth Lagunas	Tony Ortego	Kendra Theroith	Gema Medina
Brenda Scott	Don Kendrick	Jacqueline Markussen	Annette Arias	Lacy Fourong	David Berry
Walter T. Haessler, M.D	Ramon Amado	Hilda Gallegos	Andrea Deaton	Donna Sliva	Sylvia Apodaca
	Martiza Camacho	Steven Willis	Alvin Aldana	Sheree Glidden	Kelli Sierras
		Yvette Lugo	Cherylyn Klemens		D.O.(member)

ITEM	DISCUSSION	ACTION/FOLLOW UP
Call To Order and Introductions	Brenda called the meeting to order at 3:08 p.m. All in attendance introduced themselves.	
Minutes	Meeting minutes of November 6, 2025, were reviewed and accepted as presented.	
Announcements	Brenda wished everyone a happy new year. She announced that Jennifer Woodworth has resigned from this Board but is happy to have Kelli Sierras from Neighborhood Health Care in attendance. Brenda announced that a Spanish Family-to-Family class has started in Moreno Valley and noted that there will be another class starting in Perris soon. The NAMI Walk event was held even though it rained. People showed up but not as much as in previous years, she added that it was the first time it rained for this event in over 25 years. Overall, it went well and thanked everyone who participated. Dolores announced that NAMI Temecula Valley is hosting the Thrive Today Youth Symposium for youth ages 14-18. Event will take place on Saturday, January 10th from 10:00 a.m.-2:00 p.m. at the Temecula Valley Hospital. Focus of this event is on mental health with lots of fun activities. So far, 35 youths have signed up. Also, a Peer-to-Peer class will begin on January 17th at the Temecula Valley Hospital. If interested, please contact her, there is still space available. They are working on a Spanish Family-to-Family class for some time in April. Dolores also noted that NAMI Temecula Valley will be hosting a Spanish Family-to-Family class at the Health Academy in Lake Elsinore. She will send out flyers as soon as they become available. This class will be held in the morning and will be open to the public.	
Correspondence	No Correspondence received.	
New Business- BHSA Transition Plan Update	Andrea Deaton, Staff Development Officer, provided a power point presentation on the transformation of MHSA to BHSA. She noted that California is making some very big significant changes to improve overall health care in particular mental health and substance use treatment in the state of California. The idea is to create a more connected system where prevention treatment and recovery services all work together. One major part of this change is the behavioral health services act or BHSA which came from proposition one. Proposition one was on the ballot in March of 2024. BHSA kind of does two different things. The first thing is when it was approved by voters in March of 2024 it invests 6.4 billion dollars to rebuild treatment centers residential care and supportive housing for folks that have mental health and or substance use challenges. RUHS Behavioral Health has applied for funding that was issued under Prop one through a bond and has been awarded dollars to work on building infrastructure around housing and part of that will be a new psychiatric hospital as well as a Wellness Center and will also fund a children youth campus in Beaumont which is going to be adjacent to Harmony Haven.	

New Business- BHSA Transition Plan Update (Continued)	The second thing that BHSA does is to update the Mental Health Services Act and call it the Behavioral Health Services Act which now includes services for people with a substance use disorder as their only diagnosis. Under the MHSA we could not provide services or treatment to anyone that only had a substance use disorder diagnosis as MHSA dollars their primary funding source and now under BHSA we can. So that is an expansion of availability and a removal of an access barrier for many people. We also now have a focus on homelessness, folks that are under conservatorship or are justice involved. This funding also now prioritizes Medi-Cal members, and it allows funding for system of care services. The goals of the behavioral health transformation is to improve access to care to increase transparency and accountability for publicly funded services which everything funded by BHSA and to expand behavioral healthcare facilities across California. BHSA continues to be funded though 1% state tax on personal income over $1 million per year. The goal again is to modernize how California funds and delivers behavioral healthcare and shift focus to treating behavioral health as specialty care while moving prevention effort to primary care providers and managed care plans, looking to be more integrated and more coordinated to meet people where they are and provide them care that's timely and culturally responsive. BHSA went into effect in January 2025, but it does give a specific timeline to allow us to transition from MHSA to BHSA. BHSA is taking us from 5 components that we have currently in MHSA down to 3. The 3 components are Housing interventions with 30% state allocation, Full-Service Partnership or FSP as we commonly refer to it with 35% of the allocation and then Behavioral Health Services and Supports get the other 35%. Shared the guiding principles to this change from the state level. There's been a philosophical shift around focusing on maximizing funding efficiency, reducing homelessness and getting people off the streets and increasing accountability over funds. Changes include things like under BHSA there's a stronger position to use the funding as that of last resort. Whereas that was technically in the legislation for MHSA, but the state didn't make us do that now with BHSA they are requiring that BHSA dollars are fully the dollars used when nothing else is available to cover that particular service. This is true for contract providers as well. Our contract providers are now also expected to be medical certified focusing on serving the medical population and billing for all appropriate services before using BHSA dollars. BHSA has an increased focus on homelessness, especially on encampments and serving those that are chronically homeless. Under MHSA counties had greater independence to really pick and choose and select programs and services to include in their plan. Under BHSA the state is a little bit more prescriptive and telling us there are some things that are required to be part of our service system. MHSA focused on people with a serious mental illness BHSA expands that to also include people with serious substance use disorders as well. The primary goal of MHSA was to reach people before they had consequences of serious mental illness and promote mental health recovery. BHSA focuses more on addressing the consequences of serious mental illness and intervening to prevent symptoms from getting worse. Under MHSA early intervention services were designed to prevent the onset of serious mental illness and under BHSA early intervention services are designed to prevent disorders from becoming severe and disabling. Under MHSA outreach was very general. We were looking to increase mental health awareness and reduce stigma under BHSA our outreach is more targeted and looking at reducing barriers to seeking care and connecting people to services. Stigma reduction is no longer a fundable activity under the BHSA. Priority and eligible populations under BHSA are those that can receive services that are funded through the behavioral health services act and they include children and youth adults and older adults who meet the BHSA eligibility criteria. Eligibility criteria for BHSA services are aligned with specialty mental health services through medical and include individuals with substance use disorders. Eligible children and youth are those that are under the age of 25 that meet that specialty mental health care criteria through medical or have at least one diagnosis of a moderate or severe substance use disorder, and then eligible adults and older adults are those 26 and over that meet that same mental health specialty mental health care and or substance use diagnosis. In addition to that we also need to make sure that we're focusing our efforts on our services and the outreach that we are able to do around these services towards these populations.	

New Business- BHSA Transition Plan Update (Continued)	These are being dictated and prescribed by the State. The State wants us to make sure that we are outreaching to chronically homeless folks or those that are experiencing homelessness or at risk of homelessness, those that are at risk of being in the justice system, those that are re-entering the community from prison or jail or youth correctional facility. Those at risk of conservatorship or the child welfare system and those that are at risk of institutionalization. So, in addition to the medical specialty mental health criteria, we also are now charged with making sure that we are doing our best to educate folks about services available including these populations. Some other things that are changing include our planning and reporting requirements; oversight and accountability is something that's increasing quite a bit under BHSA. in MHSA we had an annual plan update. That included the programs and services that were only funded under MHSA they went into those 5 different components, and we only talked about and reported back to the state on those things. Under BHSA that changes we now only have to do an integrated plan every 3 years this report or plan also has to include any program and service that's implemented in our RUHS behavioral health regardless of the funding source. So, the 3-year MHSA plan used to be 700 to 900 pages long just on MHSA programs. So now imagine every dollar that RUHS behavioral health takes in and provides service with we must report back to the state on that. So, like MHSA the BHSA integrated plan does require a community stakeholder planning process. So, these presentations and public hearings are part of that process The stakeholder process however is a little bit more robust under BHSA. BHSA also requires county behavioral health to collaborate quite a bit more with our local health jurisdiction in our case our RUHS Public health. They do something called the Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). So, we get to work with them along with our managed care plans on those two things to work on engagement with community members sharing local data and looking for service gaps across both of our systems Every year county also must complete something called the behavioral health outcomes accountability and transparency report. We'll include all spending regardless of the funding source workforce metrics service and service utilization and outcome reports. Lots of information is being shared to the state. BHSA also increases accountability for counties in particular timelines and meeting deadlines and adhering to regulatory requirements are essential and if they are not met, they can result in the state withholding funds and monetary sanctions. Another thing changing with our stakeholder process is that BHSA has expanded the list of required stakeholders so there are certain groups that we must engage every 3 years and ongoing in our plan creation or plan adjustment process. The collaboration with public health and managed care plans are part of that. The state also expects to see meaningful engagement. That includes education about BHSA and what that is, as well as any services that we have planned in our county. Meaningful engagement also includes year-round communication with county state holders. DHCS is focused on building bridges across the entire service system between public health, mental health, managed care plans and behavioral health service delivery. This transforms the mental health service act planning process again into a larger community and regional planning process. Overall to be more effective in the way that we provide services across the health spectrum ultimately improving the lives of our community. Beginning on July 1st of this year prior to the state distributing local funds to each county every month 10% of that county 's total allocation or 10% of the total revenue will go up to the behavioral health services fund. The state 's going to come in and take 10% right off the top and that goes to a couple of different state level initiatives. 3% for Statewide Oversight and Monitoring Activities, 3% for Workforce and 4% for Prevention. This means that counties are prohibited from using early intervention dollars to fund stigma reduction programs that are aligned with those things that CDPH will now be doing. The county will not be able to do broad stigma reduction activities, mental health awareness and some of our parenting family and other support programs that are non-specialty level mental health care will no longer be available in our county. Our suicide prevention coalition activities will also no longer be able to be funded. Our department of behavioral health is very committed to our suicide prevention efforts and is working very closely with our partners in public health to see how we can continue to fund some of those efforts. We also have some additional programs that will no longer meet criteria under legislation for BHSA and can send a list out. Some other changes are things regarding funding breakdown so after the state takes that 10% off the top the remaining 90% is allocated to counties and we are required to allocate those dollars to specific buckets.	

New Business- BHSA Transition Plan Update (Continued)	Those include Housing Intervention with 30%. Housing intervention is housing assistance and supportive services that help youth adults and older adults achieve housing stability. Eligible individuals must be living with a serious mental illness or and or substance use disorder and experiencing homelessness or be at risk of becoming homeless. These funds cannot be used to provide mental health or substance use disorder treatment services. Full Services Partnership Services with 35%. Full-Service Partnerships were funded under MHSA but under BHSA now they have their own component, so they get their own bucket of dollars. The state is telling us it's very important that we need to make sure we're supporting those that have the highest level of need. Programs must include substance use disorder and co-occurring treatment services it cannot just be mental health services. BHSA has also established and requires that every county across the state implement 2 levels of care for adults and older adults. The highest level of FSP care is called Assertive Community Treatment (ACT). That's referred to as level 2. This is again for adults and older adults. These are field based services that are comprised of a multidisciplinary team. That's a model of service delivery to support individuals with complex insignificant behavioral health needs and then the other level of FSP care level one is called Intensive Case Management (ICM).ICM is more than just case management and referrals, it is also a small caseload size delivered by a multidisciplinary team that provides services and supports for the unique needs of each client, Including peer services crisis intervention psychosocial rehabilitation, psychotherapy and medication management and more. It's designed to be the least intensive level. Other things include Individual Placement Services or IPS. This is a model of supported employment that helps those living with a behavioral health condition work at a regular job that they choose. These services can be delivered to an individual as a standalone service or as part of their participation in a level one or level two FSP care. Starting in July of 2026 all county FSP programs will begin to implement IPS. The only FSP that has been called out by the state at the children 's level is high fidelity wraparound designed to support children and families in a way that keeps the child in the home and in the community instead of removing them from the home or putting them in an institutionalized setting. We are still waiting for more information from the state about what implementation for high fidelity wrap around looks like. Lastly, Behavioral Health Services and Supports with 35% This category includes all children 's adult and older adult systems of care. Outreach and engagement like letting the folks know that the services are available. Workforce Education and Training initiatives that are separate from those that are carved out at the state level. These are the ones that we have in our county that send out information about all the trainings that we have available to staff and others like our 20/20 Program. It also includes our capital facilities and technological needs early intervention programs and innovative behavioral health pilots and projects. Of the 35% that we get for this bucket, counties are required to use 51% of those funds for early intervention and of that 51%, 51% of those dollars have to be used on programs to serve those 25 years of age and younger. She described what those programs are. Provided the BHSA timeline and discussed what is next for community stakeholders. There will be public posting and hearings. The integrated plan is due to the state by March 31st of this year with a full rollout expected on July one of 2026. Community members have formal opportunities to express their opinions on the plan. The first one will be the 30-day public posting of the draft plan. To occur later this month. The plan will be posted on the department 's web page. There will be Public Hearings following the 30-day posting to provide feedback. Public hearings are conducted by our behavioral health Commission. There will be 3 of them, one in each region. Flyers are provided with the dates, times and locations. Spanish language services as well as ASL interpretation will be on site. Videos will be posted in English and Spanish as well as having ASL interpretation on the video at the same time these will be available 24 hours a day over the same time frame. A dedicated voicemail line is also available.	

New Business- Pathways to Success	Elizabeth Lagunas, Employment Services Counselor along with Annette Arias and Alvin Aldana gave a power point presentation on Pathways to Success Program. Riverside University Health Systems-Behavioral Health (RUHS-BH) works in partnership with the California Department of Rehabilitation (DOR) to provide vocational services to members with psychiatric disabilities who want to work. They provide assistance, tips, and tools to prepare members for effective job search activities. We do not guarantee employment but that is our primary goal. Information may be shared within RUHS-BH and other program staff, with signed releases, on a "need to know" basis to help address any strengths or barriers that are identified. DOR may provide work evaluations, funds for work, equipment, and transportation funds on a limited/case by case basis. Qualification for the program include applicants must be open to a RUHS-BH Clinic, or a County CARES Provider for more than 3 months. Applicant must have a history of difficulty with competitive employment due to a mental illness and must desire assistance in seeking and maintaining employment. Applicants must be willing to address barriers to employment (i.e.: substance use, psychiatric symptoms, legal issues, hygiene, inappropriate work behaviors, etc.). Applicants must be willing to work towards self-sufficiency, participate in the vocational planning, and comply with the terms of their Individualize Service Plan (ISP) and Member Handbook. Regular attendance as defined in the ISP is required. Applicants must be willing to communicate and cooperate with DOR and Pathways to Success staff, as well as individuals in community settings. Applicants must be willing to sign a release of information for use by the vocational staff (i.e.: DOR, SSI, family, etc.) Applicants are responsible for their own transportation to/from appointments and work. LYFT does not provide ongoing rides to the program. Pathways to success value the members' needs, concerns, and input are important. The direct involvement of members in all decisions of their vocational plan is encouraged. Members can become employed given the appropriate work environment. Members should be treated with dignity and respect. By educating the community about people with mental illness, we can improve employment opportunities. Phases of the program are as follows; Pre-Vocational, Vocational Assessment (VA), Personal, Vocational and Social Adjustment (PVSA), and Employment Services (ES)Post-Employment Services. They have developed groups and workshops that provide tools, information, education, and support that assist with a smooth transition into employment and success with keeping their job. The Pre-Vocational phase consists primarily of 5 First Steps workshops to help individuals learn various skills that will promote their ability to participate fully with DOR. The workshops are as follows: • **Self Esteem**: Assists with building confidence in your own merit as an individual person. • **Social interaction**: Participating and Polishing conversation and interaction skills through group discussion and role play. • **Time Management**: Helps to develop planning and organization tools to utilize on the job as well as in your personal life. • **Medication Management**: Goes over the importance of understanding symptoms, taking medication as prescribed, possible side effects, keeping all appointments, and communication with medical staff. • **Overall Personal Appearance:** Reviews the topic of personal hygiene and grooming, as well as what is and is not appropriate to wear in certain settings. • Once this series has been completed a review will be done to see if the individual is ready to move forward in the program. If so, the individual will be given a Department of Rehabilitation application and have an intake appointment scheduled. The Vocational Assessment (VA) phase consists of an assessment that will go over an individual's complete work and psychological history to identify an employment goal and any barriers to the goal, as well as, come up with a plan to address them. The assessment will also clearly identify what issues or problems have prevented the individual from obtaining or maintaining a job on their own. Vocational goals are to be realistic according to abilities, experience, and a labor market increase in that field of choice.VA is usually completed within 21 days of entering this phase of the program. In some cases, more time is necessary.	

New Business- Pathways to Success (Continued)	Once a plan for achieving their goals has been created staff will discuss the next step. At this time is when an individual will decide if they are ready for the next step or not. If you decide you can participate and commit, the counselor will write a report of the specific barriers to employment and provide it to the Member, as well as the DOR counselor and request a referral for the next step. If they decide that commitment of time and energy is too much for you to continue and decline to participate, it does not exclude you from participating in the program in the future. The Personal, Vocational and Social Adjustment (PVSA) This phase of the program will start addressing the barriers that were identified in the vocational assessment which are used to create an Individualized Service Plan (ISP). Members will be asked to participate in groups, workshops and individual appointments, which will cover a variety of topics and skill building activities. They might also be asked to link with additional resources to assist with barriers in order to maintain wellness and/or to develop a support system. This phase is given a 90-day limit and moving onto the next phase of the program relies entirely on the member's work towards the goals established in their ISP. Once all barriers have been appropriately addressed members and staff will then meet with the DOR counselor to move to the next phase. In the Employment Services phase of the program members will meet with the DOR counselor to come up with an Individual Plan for Employment (IPE), which is when members identify the realistic goal for employment and what is needed to achieve that goal. Members will then meet with the Pathways Employment Service Counselor (ESC) to come up with a new ISP based on the IPE that was previously agreed upon. Members will be asked to attend Resource Room which will cover resumé writing, completing applications, mock interviews, and job leads. Members will also be assisted with going out into the community to follow up on job leads. Once a member has obtained a job they will still meet/talk over the phone with their ESC to keep staff updated with their progress. After the member has been on the job for 90 days the staff will inform the client of the pending closure to DOR and verify that the member continues to work and is satisfied with the employment. If the member is satisfied with their employment, we will proceed with successful case closure to DOR, and they will then be transferred to our Post Vocational Services. The amount of time it takes for members to get and maintain employment is all individually based. Typically, this phase is no more than 12 months. If the member is actively working towards their ISP & benefiting from the services, there is no time limit on how long a member is in this phase of the program. The Post Vocational Services phase is for members who were successfully closed to DOR for being employed for 90 days. During this time members are still able to contact Pathways to Success staff to update them with any new information or ask for support. Post Vocational services are voluntary. There is a minimum of 90 days in this phase of the program but there is no maximum limit. At the end of that 90 days Pathways to Success staff will reach out to make sure members are still employed and ask if the member would like for their case to be closed from the Pathways to Success Program or if they would like to continue being open and receive support from staff. Current caseload for Riverside is 87 members and Mid-County 110 members. Orientation schedule was provided. Staff for this program include the following: • 1 Behavioral Health Service Supervisor **Riverside Team** • 3 Employment Service Counselor II • 2 Behavioral Health Specialist II • 1 Certified Peers Support Specialist • 1 Office Assistant II **Temecula Team** • 2 Employment Service Counselor II • 2 Behavioral Health Specialist • 1 Certified Peer Support Specialist • 1 Office Assistant II	

New Business- Pathways to Success (Continued)	Member D.O. shared his experience with having utilized Pathways to Success program. He shared that he's gone through this program twice and now feels confident and it's a lot easier. He thanked the program for helping him learn the skills and hopes to continue growing.	
Old Business	No old business items to discussed.	
Administrator/Managers Report	Jacqueline provided an update on Mid-County Adult Services. She reported that Temecula BH Adults has 558 Members with 26 FSP. Vacancies include a Senior CT and Community Services Assistant. She reported that she recently hired a new supervisor and will start in two weeks and a BHS. Lake Elsinore BH Adults has 464 members with 41 FSP. Vacancies include one office assistant III. They had 9 FSP who graduated last month. In addition, they hosted a holiday celebration for the members last month. Hemet BH Adults has 1197 members with 238 FSP. She is happy to report there are no vacancies for that program. They held the Longest Night event and had 70 unhoused members in attendance. Perris BH Adults has 778 with 89 FSP. Only vacancies include a Family Peer. Tony provided an update on the Mature Adult services for Mid-County Region that include the Perris, San Jacinto, Lake Elsinore and Temecula clinics. Between the four clinics they serve about 1300 members. San Jacinto and Perris have 118 FSP members and 545 wellness members. Temecula and Lake Elsinore have 500 members with 125 FSP members. They have a senior clinical therapist vacancy in San Jacinto, as well as a senior clinical therapist vacancy in Temecula. The two supervisors are interviewing this week and next week to fill those vacancies. Lacy Fourong Galvez new supervisor over to Lake Elsinore SAPT provided the following information for Temecula, Perris, Lake Elsinore and San Jacinto. Altogether they serve around 800 members currently. This is multi levels of care, that include the ROCK program, Mom's program, inpatient or intensive outpatient drug free prevention services. She currently does not have any vacancies at this clinic, but the San Jacinto site has an OA vacancy. Perris has two positions, an OA as well as a peer support. Temecula is actively hiring for a community services assistant.	
Committee Reports	**Behavioral Health Commission (BHC) –** Brenda reported that there was a celebrate recovery moment. There was a QIC update. Site Reviews were also discussed. Sylvia is updating the site list and is seeking people that want to conduct a site review. There will be an Annual Board Training on the first Wednesday in August. Location to be determined. Also, Bill Brenneman retired on Jan. 7th. Dr. Hassler suggested that the department hold a joint retirement celebration to include Bill and David Sholen. Jacqueline will send messages and get back to this group. They are also looking at the Bylaws and seeing if there are any revisions to be made. Dr. Hassler suggested the if you happen to remember something in the bylaws and have questions, you may let them know and they can take those questions to the next meeting. **Membership Committee** – No report available. **Children's Committee**- No report available.	

Committee Reports	**Older Adults Committee** –Tony noted that the next meeting is Tuesday, January 13th at noon at the Rustin building. He added that they have limited capacity but are expecting about 20 plus members and maybe another 10 plus community guests. Virtual options are also available for this meeting. Brenda encouraged everyone to attend this committee. **Adult System of Care Committee-** **Criminal Justice Committee** – Dolores reported that the criminal justice meeting is scheduled for January 14th. **Housing Committee** – No report available. **Legislative Committee** – Brenda reported that the legislative session just opened in Sacramento. There are around 200-some-odd bills right now. So, we're at the beginning of a legislative session. **Veterans Committee** – Brenda reported that Rick inquired about helping veterans get funds to help pay fees.	
Public Comments	None	
Board Member Comments	None	
Agenda Item Request	Send any agenda item request to Sheree or Hilda.	
Next Meeting	Next Mid-County Regional Advisory Board meeting is scheduled for Thursday, February 5, 2026, at Hemet BH Adult Clinic, 650 N. State Street, Hemet, CA 92543	
Adjournment	The meeting adjourned at 4:51 p.m.	

Mid-County Region Behavioral Health Advisory Meeting Attendance

Calendar Year 2026

Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Walter Haessler, M.D.	x											
2 Brenda Scott	x											
3. Dr. Vernita Black	A											
4. Don Kendrick	A											
5. Dolores DeMartino	x											
6. Maritza Camacho	A											
7. Ramon Amado	A											