Riverside University Health System-Behavioral Health

Adult System of Care Committee Meeting

MINUTES

Lake Elsinore Adult BH Clinic 31764 Casino Dr, Lake Elsinore CA 92530
& Hybrid

Attendance on October 29, 2026

PRESENT	AREA OF REPRESENTATION
Brenda Scott	NAMI Mt San Jacinto/Behavioral Health Commission Board Member
Jacqueline Markussen	RUHS/BH/Mid-County Adult Administrator
Sheree Glidden	RUHS/BH/Mid-County Adult BH Administration
Don Kendrick	RUHS/BH/Mobile Crisis/Peer Support
Melissa Vasquez	RUHS/BH/Peer Support
Maria Castaneda-Alcaraz	RUHS/BH/BHS Lake Elsinore Adult Clinic
Jaime G.	Public/Member
Chris L.	Public/Member
Rebecca N.	Public/Member
Mitch C.	Public/Member
Rosario Sabala	RUHS/BH/HHOPE
Karrene Stanard	RUHS/BH/Peer Support Lake Elsinore Adult Clinic
Carina Gustafsson	RUHS/BH/CARE Court
Jossimar V.	Public/Member
Shanna L.	Public/Member
Rachel Gileno	Virtual participant – RUHS/BH/MH Administrator
Kelly Grotsky	Virtual participant – RUHS/BH/MH Administrator
Tony Ortego	Virtual participant – RUHS/BH/MH Administrator
Jim Jones	Virtual participant – Desert Region Board
Annette Arias	Virtual participant – RUHS/BH/Pathways to Success
Martha	Virtual participant – Member
Kimberlee Sanderson	Virtual participant – RUHS/BH/Peer Support
Dave Rich	Virtual participant – Connections Health

WELCOMING REMARKS

Brenda Scott called the Adult System of Care Committee meeting to order at 1:00 pm.

INTRODUCTIONS

All in attendance introduced themselves.

ANNOUNCEMENTS

NAMI California will be holding their Annual Walk on November 14th at Diamond Valley Lake in Hemet. Brenda shared flyers at today's meeting. The Family Advocate Program has created a team, so if anybody would like to join the Family Advocate Team, I can forward the link.

Beginning in 2027, this meeting will be combined with the Older Adult Integrated System of Care and will meet every other month, beginning in January and totaling six meetings for the year. The locations will be between Rustin Conference Center in Riverside and the Mead Valley Wellness Village. There is also some discussion as to having one of the meetings in the Desert region. More information will be shared as it is available.

MINUTES

July 30th, 2026, minutes were reviewed & accepted as written.

PRESENTATION:

Rosario Sabala, a Behavioral Health Services Supervisor with the HHOPE program gave a presentation on Enhanced Care Management (ECM). Enhanced Care Management (ECM) is a benefit under California's CalAIM initiative designed to provide intensive, whole-person care coordination for individuals with complex medical, behavioral health, and social needs. ECM supports high-need populations by addressing not just health conditions, but also the social drivers of health – such as homelessness, justice involvement and lack of access to care – through coordinated, field-based services. ECM focuses on populations such as: Individuals experiencing homelessness; those with complex medical needs, serious mental illness or substance use disorders; high utilizers of emergency or inpatient services; and Justice-involved individuals transitioning back into the community. Our ECM team is structured as follows: a Registered Nurse, a Behavioral Health Specialist III, a Behavioral Health Specialist II, a Peer Support Specialist, and a Community Service Assistant. Our teams are strongest when everyone — from peers to RNs to case managers — is working together toward the same goal: supporting the whole person.

Within the HHOPE program and ECM, we find a lot of individuals that are unhoused but also have chronic health issues, for example, diabetes, hypertension, and severe mental health issues. Therefore, we use a whole person type of approach. Yes, they have these underlying health issues, but we also want to address what they're dealing with, that's adding more to their physical or mental health. As an example, when a member joins ECM depending on what they want to work on, they can get assigned to a registered nurse. For example, a member decides to sign up, and his goal is to improve their diabetes and their A1C is 11, and they want to bring it down to a more normal range. With this member, because their priority is physical health (bringing down the blood sugar), he's going to get connected to an RN as part of the ECM team. This RN will work with this individual one-on-one to help bring some of that down. Let's say we have a member who has an issue with alcohol use and they find that it's a problem and they really want to work on that. This is where the member will get assigned to the Behavioral Health Specialist III to work specifically on those areas. We also see members with schizophrenia, schizoaffective, and bipolar as well and we have the Behavioral Health Specialist II (BHS) who works with these individuals to help with their unhoused situations. The BHS will go in and get a lot of information that we need and determine the level of severity as far as their mental health and income sources, or if there is any legal history and depending on how the person scores, the higher the score, that means this person may qualify for certain projects when it comes to housing. A lot of the work that the BHS does is a lot of gathering information, coordinating, planning, talking with property managers, etc. to get members housed. Another type of situation is when a member wants to get back to work. Sometimes we come across members who haven't worked in a few years, and their goal is to get back to work. We also provide one-to-one services to help them with getting back to work.

PRESENTATION: (Continued)

We have peer support specialists, who can share some of their lived experience, which includes having had struggles with being unhoused or that have struggled with substance use in the past and so forth. So, when we work with members, just hearing someone's background/story, and then the member sees where this person is today, it gives that person hope. Lastly, we have a Community Service Assistant (CSA), and this individual supports the entire team. It's a lot of administrative duties such as scheduling (or rescheduling) appointments, or they may have to go and get a document signed by the member, etc. They do a lot of work with the referrals. When the referrals come in, they will process all those referrals and then it gets sent to the supervisor. Once the supervisor receives all those referrals, these members will get assigned to a team member and the assignment depends on what is the priority for the member.

Core components are: Comprehensive Care Management - ongoing assessment, care planning, and coordination across providers; Care Coordination - collaboration with medical, behavioral health, and community partners; Health Promotion - supporting members in managing chronic conditions and improving outcomes; Transitional Care (TOC) - support during hospital or facility discharges to prevent readmissions; Member & Family Support - engagement, education, and advocacy; and Community-Based Support - field work, linkage to housing, benefits, and other resources. Core components in action are Engagement & Outreach: monthly contact requirement, hard-to-engage populations, and field-based work. Care Planning: Shared Care Plan, Member-driven goals, Interdisciplinary input, System Navigation: IEHP, CHCs, hospitals, probation, housing, and warm handoffs (especially justice-involved). Some examples of this are a warm handoff from custody; accompanying a member to a PCP appointment; TOC after hospital discharge; housing navigation; and Behavioral health linkage.

ECM provides outreach & engagement (we find members); appointment coordination & reminders; transportation; ongoing follow-up between visits; and whole-person care planning. Clinics provide timely appointment access; communication on care plans/changes; collaboration on high-risk members; and medication & treatment updates.

The referral process is as follows: send emails/referrals to: HHOPE_ADULT_ECM@ruhealth.org; IEHP Referrals; ECM team will collaborate with other programs to begin care.

ECM caseloads and expectations are: Average caseload: 75 members to one case manager; daily expectations: 6-8 successful encounters/day; monthly requirement: contact with every member; field-based work; high-acuity population = time-intensive coordination. Some of our successes: we have reduced no shows, improved medication adherence, recorded fewer hospitalizations, achieved stable housing, ongoing care, and strong collaborations.

Current ECM teams consist of one Desert Adult Team; one Desert JI (Justice Involved) Team; one Western JI Team; two Western Adult Teams; and one Mid-County Adult Team. There was some acknowledgement that more teams are needed in the Mid-County region.

DEPARTMENT UPDATES:

CARE Court – Carina Gustafsson provided the following updates for her program: shared that they have been receiving a lot of petitions. We have doubled this year what we received last year, and it's not the end of the year yet. She shared a few facts about the program. First, that medication cannot be forcibly administered; treatment cannot be forced; it is a voluntary program; and, its civil court, not criminal court. Since this is civil court there are no punishments for the members but there could be sanctions to RUHS-BH if services are not completed. To date, we have had a total of 821 referrals; 474 formal petitions in civil court; 29 orders to investigate from criminal court; 108 clients with CARE Agreements; 112 petitions dismissed; and 22 graduations. It used to be that family members were the ones to file more petitions than anybody else and that has now changed to RUHS Behavioral Health. We are the number one petition filers. For those that work with Behavioral Health, they contact us. For family members, anyone that doesn't work for the department, they call the CARES line and then they can file. But all the departments have started referring a lot more of their members to us because they know that they fit the criteria and they'll fill out the petition, e-mail it to us, we'll look it over, make sure everything is okay with it. They sign it, send it back to us again, and then we do the filing. We send it to our county council. All the clinics, all other departments in Behavioral Health, are the ones helping to write these petitions from CRISIS, from clinics, to all the other departments. Once we receive a petition, we will immediately make an integrated referral to a clinic that we think is the closest to where they live, because sometimes

DEPARTMENT UPDATES: (Continued)

we don't know their location. Most of the time we have an idea where they're at and we'll make a referral and the clinics will immediately pick up and start working with that person, a lot of times in collaboration with us.

Western Region – Alea Jackson was not present for today's meeting and therefore no updates were shared at this time.

Mid-County Adult Behavioral Health Clinics – Jacqueline Markussen provided the following updates:

All four clinics continue to offer two tracks, general outpatient and FSP ICM Intensive case management except for Hemet, which is now offering ACT/FACT as well for the mid county region.

Temecula Adult Clinic - 650 members and 12 FSP members; they have one Clinical Therapist and one Office Assistant II vacancies

Lake Elsinore Adult Clinic - 476 members and 32 FSP members; they currently have no vacancies, and their transportation has been limited due to their CSA being out for some time.

Hemet Adult Clinic - 1568 members and 210 FSP members; 11 ACT members and 4 FACT members; Vacancies: one CSA and one OA II in general outpatient and one OA II and three LVNs for ACT/FACT. The ACT/FACT team is providing services to all of mid county, which started July 1st. The clinic supervisor is working on finishing hiring the team, working on reviewing members and enrolling them in the program.

Perris Adult Clinic - 839 members and 78 FSP members; there is currently one Behavioral Health Specialist II vacancy; staff are preparing to move to the Mead Valley Wellness Center at the end of the year.

Desert Region – Rachel Gileno was unable to share updates for her region as she had to leave the meeting early.

Mature Adults – Tony Ortego was unable to share updates for his region as he had to leave the meeting early.

CORONA WELLNESS & RECOVERY - Girlyanne Lacson was unable to join us today, therefore no updates were provided.

CRISIS – Don Kendrick reported that Indio is fully staffed and shared that as of January this year, the Desert has placed 126 members into residential treatment for substance use. In Mid County, 150 have been placed into residential treatment. As far as staffing for Mid County, one Behavioral Health Specialist II promoted to a Clinical Therapist and is no longer with us and believes that they will be receiving a lateral transfer, so we'll be fully staffed in Mid County. No updates were provided for the Western region.

PUBLIC COMMENTS/CONCERNS:

A member asked a question related to budget cuts and having to do with lack of snacks and certain things that they get to do in the clinics and how is that going to be affected? Jacqueline commented that there has been some restructuring of the programs, but that we still have funds set aside for some of those things. The main things that are going to be impacted are through the Medi-Cal changes. We're still providing services and we haven't heard of any direct cuts. The cuts would be, for example, someone who had Medi-Cal and they don't have it anymore. We anticipate some issues regarding the Medi-Cal changes in that there is going to be some new requirements, with employment, with volunteers, like a couple hours here or there, but then there's also supposed to be a way that whoever their provider is that there's some way that you can get them a waiver or something, correct? Yes, we're talking about that too. There's a form that needs to be signed by their psychiatrist, yes. And does the person have to bring that to you? Because sometimes folks don't have the wherewithal to be able to do this and get that form to their case manager for work requirements. There have been some discussions recently about the possibility of senior peers being ambassadors and them helping with a toolkit to see how they can support our members that would have some challenges and some barriers such as this.

NEXT MEETING & ADJOURNMENT:

Brenda announced that the next meeting for the Adult System of Care Committee will be held on November 19th, 2026 @ 1:00 pm, at the Perris Adult BH Clinic, located at 450 E. San Jacinto, Perris CA 92571.

Brenda thanked everyone for their participation. The meeting was adjourned at 2:10 pm.

Adult System of Care Committee Meeting 2026 Calendar												
Members	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
1. Brenda Scott	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**DARK**	CANCELLED	**X**		**DARK**
2. Laurence Gonzaga	**A**	**X**	**A**	**X**	**A**	**X**	**X**			**A**		
3. Maritza Camacho	**A**	**A**	**A**	**A**	**A**	**A**	**A**			**A**		
4. Don Kendrick	**X**	**A**	**A**	**X**	**X**	**X**	**X**			**X**		
5. Adriana Ardila	**A**	**A**	**A**	**A**	**A**	**X**	**A**			**A**		