



**Riverside
University
HEALTH SYSTEM**
Behavioral Health

**Riverside University Health System-Behavioral Health
Adult System of Care Committee Meeting**

MINUTES

Virtual / Hybrid

Attendance on January 29, 2026

PRESENT

AREA OF REPRESENTATION

Brenda Scott	NAMI Mt San Jacinto/Behavioral Health Commission Board Member
Jacqueline Markussen	RUHS- Mid-County Adult BH Administration
Sheree Glidden	RUHS- Mid-County Adult BH Administration
Melissa Vasquez	RUHS/BH/Sr. Peer
Alma Quinn	RUHS/BH – Lake Elsinore Adult Clinic
Carina Gustafsson	Virtual participant - RUHS/BH – Collaborative Courts
Alea Jackson	Virtual participant - RUHS/BH – Western Region Adults Admin
Dr. Vernita Black	Public
Jenni J.	Public
Sandy Idle	RUHS/BH/Hemet Adult BH Clinic
Jim Jones	Public/Desert Advisory Board
Adrian	Public
Don Kendrick	RUHS/BH – CSSOC
Laurence Gonzaga	Molina Healthcare Program Manager
Shannon McCleery-Hooper	RUHS/BH Deputy Director
Tondra M.	Public
Annette Arias	RUHS/BH/Pathways
Elizabeth Lagunas	RUHS/BH/Pathways
Kenya D.	Public

WELCOMING REMARKS

Brenda Scott called the Adult System of Care Committee meeting to order at 1:05 pm.

INTRODUCTIONS

All in attendance introduced themselves.

ANNOUNCEMENTS

RUHS is holding their “May is Mental Health Month” (MiMHM) event on Thursday, May 14th at Fairmount Park. This will be the only event this year, so everyone is welcome to join.

ANNOUNCEMENTS (Continued)

NAMI will be providing some educational training which would be good for Peer Support Specialists, or anyone thinking of getting into the field as an opportunity for providers, family members and people living in recovery. We talk about how important the role of the provider is and working with the family member or working with the person in recovery is. It's an evidence-based practice of NAMI's. It's for providers, family members or a person living in recovery and we talk about the different dynamics between how important the provider is in working with the family member or working with the person in recovery is. We have a four-hour module for this. We also have two classes that have five different classes in them. It's about a 10-hour training total. It would even be beneficial if you had reception staff or CSA staff, or people that might not understand how important it is for families to be working with the provider and the peers.

MINUTES

November 20, 2025, minutes were reviewed & accepted as written.

PRESENTATION

Carina Gustafsson provided a presentation on CARE Act (CARE Court). CARE stands for Community Assistance Recovery and Empowerment Act. The CARE Act program is a collaborative civil court process that provides participants with clinically appropriate, community-based services including medication, behavioral health services, and connection to other social services such as housing. CARE Act cannot force participants to engage in services, cannot compel forced medication, and participants are not required to be homeless. CARE plans are structured to last for 12 months and may be extended for an additional 12 months if need be. CARE agreements may last for different periods of time, and all CARE Act proceedings are confidential.

For a member to be eligible for CARE Act proceedings, they must meet the following criteria:

- 18 years or older
- Schizophrenia spectrum or other psychotic disorder and bipolar I disorder with psychotic features
- Person must be currently experiencing a mental illness
- Person is not currently clinically stabilized in an ongoing voluntary treatment program
- One of the following must be true:
 - Unlikely to survive safely in the community without supervision and condition substantially deteriorating
 - Person is in need of services and support in order to prevent relapse or decline in health
- CARE proceedings must be the least restrictive
- People who participate in a CARE plan/agreement must benefit them

These are the types of services that are provided:

- Assessment
- Care planning
- Medication
- Therapy
- Therapeutic groups
- Psychoeducation / coping skills training
- Case management services
- Connections to housing and other benefits to address social determinants of health

WIC § 5974 lists twelve categories of people or entities who may initiate the CARE process, some of these are:

- A spouse, parent, sibling, child, grandparent, or other person who stands in loco parentis to respondent
- A person with whom respondent resides
- Respondent

PRESENTATION (Continued)

- The Director of a County Behavioral Health agency (or designee)
- A licensed behavioral health professional who has treated the respondent within the last 30 days
- If someone other than the Director of a County Behavioral Health agency initiates the CARE process, the original petitioner will be substituted out at the initial hearing, and the director of a county behavioral health agency (or their designee) will be substituted as the petitioner for the remainder of the proceeding.

A petition to commence CARE Act Proceedings (CARE-100 or CARE-102) may be filed at any Riverside Superior Court location or via eSubmit; and once a petition is filed, the clerk will route the petition to the Riverside Historic Courthouse to be reviewed by the CARE Act judicial officer in Department 12. There is no fee to file. Carina shared that there are a couple of ways to file a petition. There is a Superior Court Self-Help website: <https://www.riverside.courts.ca.gov/system/files/2023-10/CAREAct.pdf> or you can call the Riverside University Health System CARES Line at (800) 499-3008.

Who can attend CARE Court hearings:

- CARE Act proceedings are presumptively closed to the public
- Respondent may request any family member or friend be present without waiving their right to a closed hearing
- Respondent's supporter may be present at CARE Act proceedings
- Respondent has the right to be present at a hearing, but may waive that right as well
- The original petitioner must attend the initial hearing, or the matter may be dismissed
- Following the initial hearing, the substituted petitioner (County Behavioral Health or their designee) attends the hearings
- If Respondent consents, certain original petitioners may be allowed to participate in future CARE proceedings as well

Hearings are closed to the public, but the respondent can have anyone of their choosing to be present with them. If you go to our courtroom, which is in the old courthouse in Riverside, we are in courtroom #12 and you will not see a list of anyone that's going to be seen in that courtroom that day because everything is confidential.

Since its inception, there have been a total of 406 referrals; 253 formal petitions in civil court; with 26 orders to investigate from criminal court; 56 clients with signed CARE agreements; and 79 petitions that have been dismissed.

DEPARTMENT UPDATES:

Western Region – Alea Jackson shared that within the Western region, there is a lot of change taking place effective January 1st, 2026, under the Behavioral Health Services Act (BHSA) and are quite busy preparing for programmatic enhancements to be effective July 1st of 2026. Some of the enhancements involved will be expanding our Jefferson Wellness Clinic to the evidence-based program ACT/FACT, as well as our general full-service partnership enhanced case management services. So, we'll have two tracks at Jefferson Wellness. We'll have an ACT/FACT program, Assertive Community Treatment and then the FACT piece of it is a forensic adaptation or Forensic Assertive Community Treatment. So, we'll have a team of full-time staff to include three nurses, psychiatrist and direct service staff. Those therapists, those case managers, will also have a substance use disorder counselor for that program as well and we'll continue on with our Jefferson Wellness traditional type of FSP (full service partnership) with some program modifications and enhancements there as well, but our staffing will remain the same in that we will have a full staff of psychiatry and all of the supportive services that we've always had at Jefferson Wellness Clinic.

Blaine St. Clinic will remain a general mental health outpatient clinic, and we will be enhancing our full-service partnership to align with the expectations of BHSA. So, we're quite excited about that. We currently have 20 groups that we're offering right now, so we're hoping to be able to expand upon that as well. We are practically fully staffed. We do have three vacant positions that have all been approved. So we're hoping to have some success with recruitment there. Currently, our member enrollment for full-service partnership at Blaine is 131 members enrolled in the FSP program, and 1590 members enrolled in our general outpatient services program.

Jefferson Wellness Clinic currently has sixteen groups, and the caseload is 262 enrolled members. At this time, we have two vacant positions that have been approved, and we're hoping for success with recruitment and retaining staff there. That's really our goal to become fully staffed and to retain that staff to client ratio for the long term.

Pathways to Success is in Riverside and Temecula, and we have a contract with the California Department of Rehabilitation. This is a vocational rehabilitation program in which we partner with the DOR to assist our members in finding work, such as attending trade schools or getting certified in certain specializations. We also help with other community resources or needs of our members. There are 191 members enrolled between the Riverside and Temecula site locations, and the program is fully staffed. We do have one new senior employment counselor position being added to the program, so this is again program expansion under the DOR contract, so that is routing. Once we have that final approval for the position, we will be recruiting. We're hoping for success there as well.

Additionally, under BHSA and under Western Adults, we will be implementing the IPS program, which is another employment service program called Individualized Placement Supports for employment services. We will have a standalone evidence-based practice for the entire system of care. We'll begin with piloting in Western programs such as TAY and SAPT (substance use disorder treatment and prevention programs), Jefferson Wellness and Blaine St. clinics.

Mid-County Adult Behavioral Health Clinics – Jacqueline Markussen shared the following updates for the Mid-County region:

Hemet Adult BH Clinic has 1229 members and 229 FSP members currently. We have no vacancies. Sandy has done an amazing job to get everyone hired. They did have their Longest Night event last month, where 70 unhoused members attended. They served them warm meals, blankets, socks and toiletries. We also have ACT/FACT coming to Hemet soon (much like Alea reported for Western).

Lake Elsinore Adult BH Clinic has 465 members and 38 FSP members. We have one vacancy, which is an Office Assistant III. Last month, I attended an FSP graduation where they had nine members graduate. They gave them some certificates and recognition, and their family members were able to attend.

Perris Adult BH Clinic has 786 members and 95 FSP members. We only have one vacancy, which is a Family Peer Support Specialist.

Temecula Adult BH Clinic has 563 members and 30 FSP members. Our new clinic supervisor (Erica) started last week. We are very excited about that. We have a new Behavioral Health Specialist starting next Thursday as well. The clinic supervisor has been interviewing for a Community Service Assistant and we're also interviewing for our Senior CT vacant position.

Desert Region – There was no representation for the Desert Region at today's meeting unfortunately, so there are no updates to report.

Mature Adults – Tony Ortego was unable to attend today's meeting, therefore there were no updates were provided for his program.

CRISIS – Don shared information on the Crisis Team, starting with staff, and reported that for Mid County Mobile Crisis, we're fully staffed. We did onboard a CT, Caitlin and a Peer Support by the name of Pablo, who will both be at the Lake Elsinore Clinic. As for the Western region, there's an open Senior CT position and Heather, who is one of the supervisors over at Western, is looking to hire a whole team for Jurupa Valley. She is in the process of offering a BHS III position as they just got through the interviewing process and have picked a candidate. Another supervisor in the Western Region, Tiffany, has an additional three positions open in that region and has one CSA who is supporting all crisis programs and currently has 18 crisis employees working under her in the Western region. CBAT has an RSO dispatch clinical therapist position open and they just hired Alexis, who is a clinical therapist for the Hemet Police Department, as well as Anna Silva for the Cathedral City PD station, with both clinicians in their onboarding process. As for dispatch, they are fully staffed, which is awesome because they're super busy. The desert (Indio) has one open CT position. San Jacinto has a BHS II position open and two CT positions opened, and Blythe needs a BHS II as well. As far as call volume, Don had pulled a report that as of January 1st of this year to as of yesterday, CBAT had a total of 414 calls, 84 of them being welfare checks, 58 being diversion, 35- 5150 applications were written, and twenty of those were consumer referral services, and then there were also nine arrests under that call volume. Using those same dates, Mobile Crisis had a total of 846 calls, with mid county responsible for 272 of them, the Desert with 192, Western with 134, and our contracted provider (County wide) was at 243. 283 of those calls were diverted with a safety plan established, 49 holds were written, four voluntary admits to Loma Linda University, and 15 of those consumers refused services. And for a year, total calls for mobile crisis alone for RUHS Mobile Crisis, we had 10,474 calls last year and CBAT did 9,478.

CARE Court – Carina Gustafsson covered her program’s updates during her presentation earlier during this meeting, so please refer to that section for additional information.

PUBLIC COMMENTS/CONCERNS:

One of the Lake Elsinore clinic participants asked about the difference between ACT & FACT, which was previously discussed during Alea’s report. Brenda suggested that we possibly request a presentation on ACT/FACT and hear more about Forensic Assertive Community Treatment. It was further explained that ACT is Assertive Community Treatment and FACT is Forensic Assertive Community Treatment. They’re both evidence-based models and you can find information on both on Samsa’s website. The distinction would be that FACT is a forensic adaptation to ACT with the requirement that we have someone with lived experience and/or training in forensics. For example, that would be the population of people who commit a crime and the crime is a result of a severe, persistent mental illness which had a significant influence in the person’s judgment or decision-making process resulting in a crime. Both programs are served by the same treatment team, so the FACT part is just the forensic adaptation to have a specialization to work specifically with those involved in the criminal justice system.

Brenda asked Don if there is anything changing within the mobile crisis programs come July 1st of this year as far as funding under BHSA? Don responded that he has not heard anything about crisis being changed and feels that he would have certainly heard something by this time if changes were imminent.

NEXT MEETING & ADJOURNMENT

Brenda announced that the next meeting for the Adult System of Care Committee will be held on February 26th, 2026, at 1:00 pm at the Perris Adult BH Clinic, located at 450 E. San Jacinto Ave, Perris CA 92571.

Brenda thanked everyone for their participation. The meeting was adjourned at 2:06 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							DARK				DARK
2. James Lucero	A											
3. Laurence Gonzaga	A											
4. Maritza Camacho	A											
5. Don Kendrick	X											
6. Adriana Ardila	A											
7. Sonia Navarro	A											