Riverside University Health System-Behavioral Health

Adult System of Care Committee Meeting

MINUTES

Rustin Conference Center, 2085 Rustin Ave., Riverside CA 92507
& Hybrid

Attendance on March 27, 2025

PRESENT	AREA OF REPRESENTATION
Brenda Scott	NAMI Mt San Jacinto / Board Member
Jacqueline Markussen	RUHS- Mid-County Adult BH Administration
Bill Brenneman	RUHS- Adult/Older Adult BH Services/ MHSA
Sheree Glidden	RUHS- Mid-County Adult BH Administration
Mary Guajardo	Public
Jennifer DeLeon	RUHS- JWC
Huriya Tesfasilase	RUHS- JWC
Ryanne Monaghan	JWC
James Lucero	JWC Ambassador
Andres Garcia	JWC
Adele Chaney	Public
Alma Quinn	RUHS- Lake Elsinore Adult Clinic
R. Otoniel	Rise
Anthony Schoonower	Public
Andrea Alvarez	Public
Anita Florentine	Public
Jacob Florentine	Public
Patti Martinez	Public
Mikaila Spencer	JWC
A. Elaine Dennis	JWC
Sandy Awad	RUHS- BH CSS Administration
Nisha Elliott	RUHS- WET
Elizabeth Lagunas	RUHS- Pathways to Success
Andrea Alvarez	Public- Hemet
Patricia Martinez	Public- Hemet
Diana Garcia	Public- Hemet
Erika Suaste	Rise
Donna Sliva	RUHS- Mid-County Adult BH Peers
Beatriz Reyes	RUHS- Hemet Adult BH Clinic
Cathy Applebee	Public
Omar Quevedo	Public- Hemet Clinic
Sonia Navarro	Public- Hemet Clinic
Annette Arias	RUHS- Pathways to Success
Art Hernandez	RUHS- Hemet Adult Clinic
Natacha Sanchez	RUHS- Hemet Adult Clinic

WELCOMING REMARKS

Brenda Scott called the Adult System of Care Committee (ASOC) meeting to order at 12:02 pm.

INTRODUCTIONS

All in attendance introduced themselves. Jacqueline Markussen introduced Sheree Glidden as her new Executive Assistant. On line participants introduced themselves as well.

ANNOUNCEMENTS

NAMI has a couple of Peer to Peer & Persona Persona (in Spanish) online classes being offered. Persona Persona started yesterday, March 26, 2025, but members are encouraged to still sign up.

The Lake Elsinore Adult Clinic is putting on an event "Spring has Sprung" celebration on April 30, 2025, from 12:00 pm to 3:00 pm.

May is Mental Health Month (MiMHM) events shared (along with the flyers - both in English & Spanish being supplied at this meeting). The May 1st event will be held in Palm Desert; The Mid-County Region event will be held on Thursday, May 8th from 11:30 am to 4:30 pm in San Jacinto at the Valley-Wide Recreation & Park District; and the May 15th event will be held at Fairmount Park in Riverside.

MINUTES

January 30, 2025 & February 27, 2025, both minutes were reviewed & accepted as written.

DEPARTMENT UPDATES:

Western Region – Alea Jackson was unable to attend today's meeting, but Jacqueline Markussen was able to share some updates for that region. The Western Region is planning for its May is Mental Health Month (MiMHM) event, which will be held at Fairmount Park in Riverside on May 15th. All the Western Region adult outpatient clinics will have a table with mental health resources and swag to give out.

Blaine St. Clinic currently has 26 groups offered including Post Traumatic Stress Disorder (PTSD) groups. They have 1,832 members enrolled in their non-FSP program and 127 members enrolled in their FSP program. They have two vacant positions that are currently in the recruitment phase.

Jefferson Wellness Center currently has 19 groups. They have 309 enrolled members and currently have four vacant positions in the recruitment phase.

Pathways to Success in Riverside & Temecula is a vocational rehabilitation program which partners with the Department of Rehabilitation to assist members in finding work, such as attending a trade school or getting certified in certain specializations. They have 156 members currently enrolled between Riverside & Temecula areas. The program has no vacancies at this time.

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

Hemet Adult BH Clinic currently has 1498 non-FSP members and 199 FSP members. Current vacancies are one Family Advocate, one Peer and one BHS III (an offer was made, we are just waiting for an update). Hemet nurses have added a monthly group, with the first one being focused on nutrition.

Lake Elsinore Adult BH Clinic currently has 528 non-FSP members and 42 FSP members. Current vacancies are one CT, two OA II's, one BHS II, and one Family Advocate. Dr. Dobos is retiring in May 2025, thereby losing two days of doctor coverage. We will be getting Dr. Osuna from Temecula, who is also bilingual Spanish speaking.

Temecula Adult BH Clinic currently has 480 non-FSP members and 40 FSP members. Current vacancies are one CT, one Peer, and one BHS II. A new DBT group is starting today, March 27th.

Perris Adult BH Clinic currently has 795 non-FSP members and 118 FSP members. They are fully staffed and recently hired a Family Advocate and an OA.

Desert Region – Rachel Gileno did not attend and therefore no updated information was available or shared.

Mature Adults – Tony Ortego did not attend today's meeting, so unfortunately there are no updates for Mature Adults either.

Crisis – Don Kendrick did not attend today's meeting, so unfortunately there are no updates for his covered regions.

Care Court – Carina Gustafsson was unable to attend today's meeting, but Jacqueline Markussen was able to share her program's update as follows: They currently have 261 referrals; 152 formal petitions in civil court; 14 orders to investigate from criminal court; 42 members with Care agreements; 39 petitions dismissed, and three graduations.

PRESENTATION

Nisha Elliott, WET Admin Services Manager, gave a presentation on the MHSA Plan Update – MHSA / BHSA

Nisha explained about the Mental Health Services Act (or MHSA, or "missa" for short) and how it funds some of our department programs, and how stakeholders can participate in giving feedback on the MHSA funded services they'd like to keep and areas that you'd like to change, which would be part of a community participation and planning process. Stakeholder feedback informs the plan all year round via Behavioral Health Commission and Regional MH Boards, community advisory groups, allied health care, criminal justice, local governments, CBO's, consumers and families. The MHSA was passed by California voters in 2004 and funded by a one percent income tax on personal income more than $1 million per year. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system. By law, the County must look at other funding sources first before using MHSA dollars. This usually creates braided funding streams (think of it just like the different pieces of hair braids) combining funds from different areas to create a single budget for projects or programs. As a result, Department program development and MHSA plan development coincide. Typically, the program ideas come first and then we explore which funding streams can cover the costs. Getting community feedback on MHSA funded programs is part of the law. We accept feedback all year round, but at this time of year, we formalize that process with these presentations.

Nisha then spoke about the Behavioral Health Services Act (or BHSA, or "bissa" for short) the proposition that was voter approved last March to modernize and replace MHSA. The Behavioral Health Services Act replaces the Mental Health Services Act (MHSA) of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. Additionally, the Behavioral Health Services Act creates pathways to ensure equitable access to care by advancing equity and reducing disparities for individuals with behavioral health needs. Although BHSA became active this year, the first BHSA Integrated Plan is not due until July 2026. This allows the Department some time to prepare for the change. In the interim, we will continue to follow MHSA.

Nisha reports that the MHSA Plan is a 500–700-page report that describes MHSA funded programs and their outcomes that are authorized by the Riverside County Board of Supervisors before it is submitted to the State. There are two types of MHSA reports: 3 Year plans – which include goals over a 3-year period – and Annual updates which serve as progress reports. This year's plan is an Annual Update. MHSA is like a book that has chapters. Each chapter is called a Component, and each component addresses a different part of the public mental health service system. There are a total of five components. The first component is Community Services and Supports. Each component receives a specific percentage of the County's MHSA funds. CSS receives the most. CSS includes the high-intensity case management and therapy program called Full-Service Partnerships or FSP. The second component is Prevention and Early Intervention (PEI). PEI receives the 2nd largest amount of MHSA funds. PEI is for people who don't meet the full criteria for a behavioral health diagnosis and was designed to prevent the onset of a serious mental illness. The remaining three MHSA components are Innovation, Workforce Education and Training, and Capital Facilities and Technology. Innovation plans are big, time-limited, research projects that require additional State approval to access the funds. WET uses a portion of CSS funds to develop the public behavioral health workforce. And CFTN uses a portion of CSS funds to develop the infrastructure for programs and services.

Nisha asked what's next for community stakeholders? There are two formal opportunities for the community to express their opinions on the plan, first is the 30-day public posting of the draft plan. This will occur during the month of April. The plan is posted on the Department's MHSA webpage and feedback can be provided electronically. The next opportunity is to provide written or verbal feedback at a public hearing conducted by the Behavioral Health Commission. This year, MHSA will hold public hearings during the popular "May is Mental Health Month" outreach events. To coincide with the in-person public hearings, there will be virtual public hearings. Public Hearing videos in English, ASL, and Spanish are posted 24/7 for three weeks over the same period. Feedback can be provided electronically or by calling a dedicated voice mail hotline. When the plan is posted, you will find it at RUHEALTH.org. Then pick the RUHS tab, choose Behavioral Health, and then scroll to choose the MHSA page.

Nisha shared about the public's feedback and if it does anything. The crisis system of care is a good example. At one time, our crisis system of care was limited to the psychiatric emergency room and law enforcement. The community said it wanted and needed more options. And over time, our crisis response options have expanded into the system of care we know today, and it continues to grow as the community expresses its need. Informed feedback is often the best feedback. This starts with understanding the existing continuum of care and the related programs. These can be found online. You can also share your voice with like-minded community members in community advisory groups. Regular committee attendance increases your knowledge and provides a forum for discussion and making recommendations. You can find out more about programs and services on our website by going to RUHEALTH.org, then select the RUHS tab and choose Behavioral Health, where it leads you to a menu of options to learn more about the following:

- CARES Line – which is our central access line for services
- Crisis System of Care for emerging needs
- Locations to find programs and services near you
- Guides to Services – downloadable booklet
- Mental Health Urgent Care for 24/7 voluntary, walk in needs
- And Take My Hand – non-crisis support chat that was part of our last Innovation Plan

Nisha then spoke about the transition from MHSA to BHSA is called the Behavioral Health Transformation (BHT). The practical application of any legislation is a process. BHSA is no exception. The State is performing due diligence with BHSA, working with county representatives to fine tune the rules of the Act. This takes time and sometimes can change as each County considers how the new rules will affect them. This also means that counties must wait until the foundation of the rules is finalized before knowing how to proceed. She provided an overview of the status of the BHSA transformation at this time but noted that some elements could possibly change. Guiding principles of the legislation shape the goals of the law. There has been a philosophical shift that's focused on maximizing funding efficiency, reducing homelessness and getting people off the street, and increasing accountability over the funds. Some other changes include MHSA focused on people with serious mental illness (SMI). BHSA expands that to also include people with serious substance use disorders. Primary goals of MHSA were to reach people before they had consequences of SMI and to promote MH recovery. BHSA focuses more on addressing the consequences of SMI and intervening to prevent them from getting worse. Under MHSA, Early Intervention services were designed to prevent the onset of SMI. Under BHSA, Early Intervention services are designed to prevent disorders from becoming severe and disabling. Under MHSA, Outreach was more general to increase MH awareness and reduce stigma. BHSA Outreach is more about reducing barriers to seeking care and connecting people to services.

There are key planning and reporting changes as well. This process of engaging community and getting feedback got bigger and includes very specific stakeholders. But this larger process only needs to take place every three years instead of annually. The MHSA Plan will be replaced by what is called a County Integrated Plan; instead of the plan document just containing progress reports on BHSA programs, the department will need to develop a much larger report that includes ALL programs for ALL funds received. Under BHSA, the State has greater oversight such as directing plan revisions and providing sanctions for late plan submission and other noncompliance. The new BHSA report, or Integrated Plan, will contain programming information on all these funding sources, whereas in the past, MHSA reporting was contained to just Prop 63 funding.

What are Realignment funds: California realignment funds are state funds that are allocated to local governments to help cover the costs of programs that have been realigned from the state to local government. The funds come from sales tax and vehicle license fees. What AB 109 funds are used for? Community-based programs to prevent recidivism for criminal offenders. Programs can include drug and alcohol treatment, mental health treatment, anger management, job training, and more.

Nisha explained that this transformation is not a simple crosswalk from MHSA to BHSA. The colors on the slide represent how the funding categories in MHSA become split up in BHSA. FSP and Housing were subcategories in the MHSA CSS Component. Those two now have their own components in BHSA, but Housing is defined differently. In MHSA, Housing included housing support services like outreach and case management, but in BHSA, the Housing component can only be used for developing physical housing or paying housing costs. Physical housing Development costs in MHSA were under the CFTN component. With BHSA, Supportive housing and homeless outreach will move under FSP and BHS components. The other two subcategories of MHSA CSS were General System Development, which included funds for Crisis System of Care and Criminal Justice programs, and Outreach and Peer Programs. Both of those will need to move into the BHS component, which becomes the "kitchen sink" component – everything else goes here. This BHS component will have the greatest demands on it and will most likely result in most of the program cuts unless other funding sources can be found. Most MSHA Prevention has moved to the State under BHSA. Prevention at County-level has been significantly reduced. The definition of Early Intervention has also changed from MHSA to BHSA and can include services that constitute our Crisis System of Care. The State will assume some Workforce initiatives, but otherwise, workforce development will come out of that kitchen sink/BHS component. Some INN funds have moved to the State, but our existing Eating Disorder Program's funds remain tied or encumbered to

that project until 2029. Any new INN plans would come out of that BHS component. All new Capital Facilities projects, except for physical housing, would also come out of that same kitchen sink component.

Nisha concluded that the Department is in a transition process. Key Department leadership staff attend a series of workgroups with CBHDA, which is our primary advocacy group with the State on regulations like this. The State has released the first two draft modules of what will become the BHSA Guidebook. These have been reviewed by Department experts and feedback has been provided to the State. More modules are to come. The Department has formed a work group chaired by Department Deputies, Shannon McCleery Hooper and Jacob Ruiz. This group will create an internal timeline, examine MHSA programs funding to ascertain which programs are at risk based on BHSA regulations and community priorities, develop a plan for the new BHSA stakeholder process, and prepare our system for the new operational and reporting demands. Riverside County's progress is roughly in the same spot as other counties our size. The big change comes July 1st, 2026.

GOALS/ WORKGROUPS/SUBCOMMITTEES

- **Increasing Membership ideas:** Brenda discussed the need for member participation at this meeting (and others related to it) so that you can provide insight and have an avenue to discuss concerns related to whatever is going on within your lives. Today's meeting is well attended, but if additional participants were to RSVP, a larger room would be necessary. Brenda also asked for ideas to increase participation and a suggestion from the group was made by a participant that just by making people feel needed and that their opinions mattered, or counts were important to people.
- **The mission statement** was discussed, and it was the opinion of the participants that it could be removed from future agendas with no further changes to be made and is accepted as follows: To promote, support, and advocate for high quality and culturally appropriate services for individuals who experience behavioral health challenges and their families residing in Riverside County.

PUBLIC COMMENTS/CONCERNS:

A member shared his appreciation for Riverside RTC (Restorative Transformation Center) and the services that they provided to him due to a situation that occurred when he had a "run-in" with law enforcement. The program helped him so much due to his schizophrenia and he reported that the voices have subsided significantly and are much less than they were 20 years ago. He feels like this program should stay.

A family member of a Lake Elsinore clinic consumer shared her experience of her son's case worker encouraging her to attend these meetings and have this platform to discuss any concerns she has related to her son's integrated services.

A member asked a question related to "crisis intervention and filling the gap." She stated her concerns about being a recipient of receiving services and then being told to transition to receive secondary services, which were eventually declined due to whatever circumstances, and left to figure out what to do next on her own, but still open to the initial services. She voiced her feelings of being let down by this support as promises are not followed through on. What recourse do members have in this type of situation? She also brought up a situation where she was turned away at a clinic due to being under the influence and not being provided with an alternative. Brenda apologized for this happening and another meeting participant (who works in a clinic setting) stated that at their clinic, offers are made to members to transport them to a sober center and/or there is anything else that can be done to assist the member. It was discussed that there are policies and procedures in place that must be followed to maintain the safety and wellbeing of all staff involved, but that no one should be turned away in these types of circumstances. Brenda encouraged all members to report this type of feedback so that the programs can be placed on notice and follow through on remedies for these types of occurrences.

Some members discussed the need for better notification of these types of meetings. Some felt that the posted flyers at the actual location a couple of days prior to them occurring is not sufficient as far as planning goes. It was shared that as part of the handouts at the room's entrance, there is a schedule of the meetings for this upcoming year along with their locations. Members expanded this subject to include a myriad of different flyers related to clinic's classes or meetings offered.

NEXT MEETING

The next meeting for the Adult System of Care Committee will be held on April 24, 2025, at the Perris Adult Behavioral Health Clinic, 450 E. San Jacinto Ave Ste. 1, Perris, CA 92571.

ADJOURNMENT

Brenda thanked everyone for their participation and feedback. Meeting was adjourned at 1:51 pm.

Adult System of Care Committee Meeting 2025 Calendar												
Members	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
1. Brenda Scott	**A**	**A**	**A**					**DARK**				**DARK**
2. James Lucero	**A**	**X**	**A**									
3. Laurence Gonzaga	**X**	**X**	**X**									
4. Maritza Camacho	**X**	**X**	**X**									
5. Don Kendrick	**A**	**A**	**X**									
6. Adriana Ardila	**X**	**X**	**X**									
7. Sonia Navarro	**X**	**A**	**A**									