Riverside University Health System-Behavioral Health

Adult System of Care Committee Meeting

MINUTES

Perris Adult BH Clinic 450 E. San Jacinto Ave Ste. 1, Perris CA 92571
& Hybrid

Attendance on 24, 2025

PRESENT	AREA OF REPRESENTATION
Brenda Scott	NAMI Mt San Jacinto / Board Member
Jacqueline Markussen	RUHS- Mid-County Adult BH Administration
Sheree Glidden	RUHS- Mid-County Adult BH Administration
Melissa Vasquez	RUHS
Laura Martinez	Public – Family Member
Carlos Martinez	Public – Family Member
Sergio Solis Alcala	RUHS
Kristen Duffy	RUHS – Consumer Peer Services
Carina Gustafsson	RUHS – Collaborative CARE Court
Marissa Flores	Riverside Family Physicians
Evelynn Rojo	Riverside Family Physicians
Beatriz Reyes	RUHS – Hemet Adult Clinic
Lizette Garcia	RUHS – Hemet Clinic
Columba Campos	Public - Hemet Clinic
Isabel Rodriguez	Public – Hemet Clinic
Don Kendrick	RUHS - CSSOC
Dakota Brown	RUHS – Wellness and Disability Equity Alliance (WADE)
Donna Sliva	RUHS- Mid-County Adult BH Peers
Neelam Gupta	Public - Hemet
Jim Jones	Virtual participant
Alea Jackson	Virtual participant – RUHS/BH
Bill Brenneman	Virtual participant – RUHS/BH
Tony Ortego	Virtual participant – RUHS/BH
Rachel Gileno	Virtual participant – RUHS/BH
Lynn Conrad	Virtual participant – NAMI Temecula Valley
Shannon McCleerey-Hooper	Virtual participant – RUSH/BH
Dolores DeMartino	Virtual participant – NAMI Temecula Valley
Jennel Rand	Virtual participant – RUHS/BH
Jo-El Vielma	Virtual participant – RUHS/BH

WELCOMING REMARKS

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

INTRODUCTIONS

All in attendance (and virtual participants) introduced themselves.

ANNOUNCEMENTS

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.

Lynn with Nami shared that Nami will be a vendor at a Veteran's Fair being held at Murrieta High School on Saturday, April 26th.

The third Tuesday of each month - a sibling support group is being held online for siblings that have an adult sibling that is having mental health challenges where they can come face-to-face, where they can not only get encouragement and hope, but also talk about understanding what their loved one is going through.

Coming up on May 28th from 6:00 pm to 8:00 pm at the Rustin Conference Center in Riverside, the Family Advocate program is holding a "Meet the Team" educational presentation to learn more about the Family Advocacy Program, it's purpose, role and approach to services, how to best utilize your family advocate, what they can and cannot do, and members who participate will be able to ask questions and learn a lot from the information provided. ASL and Spanish interpretation will be available as well.

There will be a Poisoning and Overdose Awareness 5K Walk on June 7th at Murrieta Town Square Park which starts at 7:00 am. Bring your walking shoes and come out and join the event.

May is Mental Health Month (MiMHM) Awareness Fair 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

March 27, 2025, minutes were reviewed & accepted as written.

PRESENTATION

Dakota Brown, RUHS-BH Disability Culture Community Liaison with Wellness and Disability Equity Alliance (WADE) gave a very informative presentation to the meeting attendees titled Invisible and Dynamic Disabilities.

Dakota began with stating RUHS - Behavioral Health acknowledges the traditional, ancestral, and contemporary homelands of the Indigenous Peoples of Southern California, whose land it occupies. The Cahuilla, Cupeño, Luiseño, Serrano, Chemehuevi people and their ancestors have been here since time immemorial, caring for the land with great integrity, honoring the earth, animal and plant beings, the water, and all peoples that lived here. RUHS – Behavioral Health creates relationships built on trust and accountability with its community members. With this land acknowledgement, we commit to be respectful to and mindful of tribal sovereignty, culture, and beliefs of the Indigenous Peoples of this land.

Dakota shared a story of her sitting in a county meeting one time and expressed that because she has a hearing disability, she was using a transcribing app on my phone and there's a doctor sitting next to me who tells me "you have to turn that off" and I say, but I can't hear what's being said if I turn it off and she says it's a privacy concern. And I'm sitting there in this meeting with this lump in my throat and my gut just in turmoil because not only can I not hear what's being said, but I can't do my job to link people to services. The worst part is that I have this shame that my need for accommodation is violating somebody's privacy. So, it kicks me into all this disability shame. It is then my turn to introduce myself and I ask if I can use the transcribing app and nobody objects, so I turn it back on. I tell you this story just to share what it's like when you're denied accommodation, and even though the intent might be pure, it's how it affects people, not necessarily the intent. If somebody's denied accommodation and the disability is a sensory one, where they can't hear or see, they may not understand why they're being blocked. So as a person who runs the Wellness and Disability Equity Alliance (WADE) meetings for the County's Cultural Competence Program (CCP), my job is to connect people with disabilities with services and to find out by gathering information on how the county can become more accessible, warm, friendly, and welcoming. I have done the more basic disability presentation to this group previously, but today we're going to go deeper into Invisible and Dynamic Disability.
So, with disability, it is a natural part of the diversity of human experience. So, like ethnicity and gender, disability will always be part of people when we live together.

One out of four people identify as disabled, and in the senior community and the homeless (unhoused) community, that number is a lot higher. Mostly, we can put people in two categories disabled and non-disabled. Statistics show that if you do live a long and prosperous life, you may eventually need some sort of accommodation, either sensory or mobility-wise. A slide was shared representing the disability pride flag, which captured the different types of disabilities (Sensory, Psychiatric, Invisible/Undiagnosed, Neurodivergence, and Physical) each with the different colors symbolizing this whole different way of looking at disability, instead of it being something to hide, that its proudly identifying as disabled. For those of us who identify as disabled or challenge the idea of normal typical abilities, and in fact we talk about that the disability narrative is one that we want to control and disability is not what's going on with the functioning of the brain or the body, but the new model of disability is it's the barriers that society throws up so that we can't accomplish our tasks.

Ableism is the belief or the attitude that people with disabilities can't or don't contribute to society, and it can be something like micro-aggression stating you're so smart for a disabled person; or it might be a barrier to access; or assuming a person with a disability can't do a certain task; and, thinking that all disabled people want to be fixed. Healthism is the belief that health is a person's individual, sole responsibility. Healthism is an idea that for disabled people, disability is not necessarily the absence of health, it places a moral importance on maintaining good health, and not everyone has health privilege. The problem with that is that for some people, their health is not completely under their own power and healthism discounts the structural determinate of health. Some of us live in a food desert, and so it plays up the role of the individual, and it downplays the social determinants of health, it discounts people who possibly are living in war, or poverty, or abusive situations and it creates shame for marginalized populations that are already facing a lot of stereotypes. Therefore, we need to reframe the whole conversation. If you were to imagine someone who's disabled right now, you might picture somebody in a wheelchair who has no lower limb movement. But chances are only 10% of people who use a wheelchair, one-third of them still have some ability to move and ambulate. Those are called ambulatory wheelchairs users, but they may use a walker one day and wheelchair the next. Much like gender and ethnicity, you can't tell by looking at somebody their pronouns, and with disability, it is the same way. You can't always know somebody's disabled. They may have these invisible disabilities, such as chronic illness, like living with fibromyalgia; they may have an intellectual disability; or they might be living with HIV or a traumatic brain injury. All of these could be completely invisible.

Sometimes we conclude just by looking at a person, whether they're going to be able to do something, and we can also assume that they can't do something if it's an invisible disability. Some people are pretty much capable and don't appear so and some people are not. So just as there are dynamic ways to live your life, you might use tennis shoes for one activity or you might use platform pumps for another activity, dynamic disabilities will change from day-to-day. What I will say is at the end of the day, I don't hear as well and because of the cognitive load I've had all day trying to figure out context to understand things, the brain is just worn out and some people might use a wheelchair one day and then another day their disability may flare up. I know people with chronic illnesses and their hands might flare up so they can't run a wheelchair. There's so much variety of dynamic disability and it is a condition that can fluctuate in severity. An invisible disability can be impaired nonetheless, and there are challenges for people with invisible disabilities. They may not even know they're disabled. They may not know what to do about it if they are. They may not know how to be diagnosed. They may not have a diagnosis if you're working with somebody in say, traumatic brain injury and they're late for appointments and you can't hold their attention. They may have never been told that they have a traumatic brain injury and of course would feel misunderstood. If somebody steps forward and says I have a disability and I request this accommodation, people may start to think of them as less capable. In many cultures, especially Western capitalistic cultures like ours, where the number one thing is to get ahead and to succeed above all else, and when barriers prevent certain populations from contributing, that group starts to feel like it's a drag on society. So, when this culture leaves your friends behind, it's not really their fault. It's the fault of the system, which is known as a structural determinant, and people who are deaf, blind, neurodivergent could all get left behind.

The Americans with Disabilities Act (ADA) is the floor, not the ceiling. It's the minimum expectation for society to be inclusive. The ADA equates to minimum requirements, and sometimes people need more robust accommodation. Buildings may technically be ADA compliant, but still not accessible for disabled people. Also, something to think about as well is people who perceive the world differently, who think differently, who move around in space differently have some contributions to make as well; autism is one population that prefers identity first language. We need to unlearn our micro-aggressions, such as making statements like you're so smart for a disabled person. We need to believe in people when they're disabled and to be an ally it requires constant work, but we also extend grace to ourselves and to other people. Cultural competency isn't just about calling out people who make mistakes, it's about lifting and helping, learning and making mistakes, unlearning, making more mistakes, etc. There is a known quote that says, "be brave enough to be bad at something new." You'll notice I'm using the terms unseen disability or invisible disability. Less people use the term hidden disability because there's a history there. People are free to hide their disability; I passed for years as hearing, which just led to misunderstandings and miscommunication. But there is history of people needing to mask their disability to get services to have access to get rights. Parents who had disabled children were afraid of losing their kids to institutions. Parents who were disabled were afraid their kids would be taken away from them and during COVID, disabled people were triaged out of services and put in the low priority line. To help this, meetings can always have captions, which is easy now with Teams and Zoom. Also, if we make it a point to always have an ASL interpreter at our meetings, deaf people (their whole lives) have been showing up for things that they couldn't access, and ultimately, they've left. The suggestion of having printed flyers and making sure that ASL is shown prominently on them equates to if you build it, they will come. If they know they're going to be welcome there, and they're going to be able to understand, it will be a positive experience

for the deaf population. If you really want to be accessible, you can increase your reach in presentations or social media by making your materials low/no vision compliant and creating high contrast materials.

Dakota discussed people who are living long term with HIV. A lot of people who grew up in the 80s (during the AIDS crisis) may have been told that they were going to lose their lives, may have lost their friends and family. They may have had to take long term medications that caused organ damage, and now they're aging into age-related illnesses, so to provide care that is trauma informed, it is important to know that there's history there, especially with all the younger practitioners coming up. Dakota then discussed traumatic brain issues (TBI). There is a direct correlation between brain injuries and mental health issues. One-third of the people with a brain injury will most likely develop behavioral health concerns within 6 to 12 months. They may not even be aware of it; they may be hiding it; and then maybe even living on the street. TBI is almost ten times higher in the unhoused population, and the longer somebody's on the street, the higher risk they are going undiagnosed. There is some emerging evidence that people who have history of TBI can have COVID symptoms that are worse, and it also works the other way.

Dakota wrapped up the presentation stating that Diversity, Equity, and Inclusion (DEI) push back – we need to weather this. These voices are very loud and our efforts to create equity, access, and opportunity are valid and we need to make this a priority, which the County is doing. Dakota shared the following quote, "even God has autistic moments, which is why the planets all spin." If you have anybody, members or partners who would like to do some advocacy work around disability, give them Dakota's information and we can get them to our WADE meetings. Also, the recordings of the WADE Alliance meetings are posted online on the RUHS YouTube channel, go to YouTube and just search WADE and they should come up under FY 24/25.

DEPARTMENT UPDATES:

Western Region – Alea Jackson reported the following updates: the Western Region is planning for its May is Mental Health Month (MiMHM) event, the theme is Art of Wellness, which will be held at Fairmount Park in Riverside on Thursday, May 15th from 11:30 am to 4:30 pm. All the Western Region adult outpatient clinics will have a table with mental health resources and swag to pass out.

Blaine St. Clinic continues to offer individual therapy, group and peer services, and medication support; we've expanded our family advocacy programming as well and case management services. We currently have twenty groups offered, including Post Traumatic Stress Disorder (PTSD) groups, which begin this May. We currently have 109 members enrolled in our full-service partnership (FSP) program and 1,772 members in the non-FSP program. There are two vacant positions; we've worked really hard to fill the majority of our vacant CT positions and we currently have one pending vacancy for a clinical therapist.

Jefferson Wellness Center currently has nineteen groups, and we're still working to expand that as well to meet the unique needs of our members. JWC has 308 enrolled members and there are two vacant Behavioral Health Services II positions.

Pathways to Success has locations in Riverside and Temecula, and it's a vocational rehabilitation program in which we partner with the Department of Rehabilitation to assist our members in finding work such as attending trade school or getting certified in certain specializations. There are 186 members enrolled between the Riverside and Temecula site locations. The program has no vacancies currently. We're also working in partnership with Forensics right now to expand our programming to the justice-involved population who are discharging from the jail setting. We're excited to work and collaborate with our in-reach programs to help them transition to vocational rehabilitation on post-release.

Mid-County Adult Behavioral Health Clinics – Jacqueline Markussen provided the following updates: We have our May is Mental Health Month Fair coming up on May 8th from 11:30 to 4:30 at Valley Wide Park in San Jacinto. We will have our four Mid-County Adult outpatient clinics handing out some resources and swag.

Hemet Adult BH Clinic has 1,532 members and 174 FSP members. Our current vacancies are: one Consumer Peer, one Behavioral Health Specialist II, and one Office Assistant II. A BHS III has been hired and they're completing pre-boarding, and a Family Advocate has also been hired as of last week and is pre-boarding as well. Last Thursday, I was invited to Hemet's very first FSP graduation and I will say that the Hemet team did an excellent job. Staff said a few words about our members and their work and their accomplishments. They were handed certificates and were able to enjoy a nice lunch. In total, 15 members graduated, and out of the 15, only six were able to attend. It was nice to hear the family speak as well.

Lake Elsinore Adult BH Clinic has 515 members and 39 FSP members. Our current vacancies are one Clinical Therapist, one Office Assistant II, one Behavioral Health Specialist II, one Consumer Peer, and one Family Advocate. We have a Behavioral Health Specialist who is retiring. We did manage to hire an OA, so now we're only short one. The clinic is working on hosting their Spring member clinic event on April 30th from 12:00 to 3:00. They will have food and games for members, and they do one of these events every quarter.

Perris Adult BH Clinic has 811 members and 119 FSP members and as of the last two weeks, Perris is fully staffed.

Temecula Adult BH Clinic has 485 members and 30 FSP members. Our current vacancies are one Clinical Therapist, one Consumer Peer, and one Behavior Health Specialist II.

Desert Region – Rachel Gileno shared the following information for her region. Rachel announced that our May is Mental Health Month event here in the Desert region is going to take place on May 1st at Palm Desert Civic Center Park. We'll be there from 11:30 to 4:30. We have some fun things planned, including a talent show, so that should be fun. The other event that we have in the month of May in the Desert region is the John Jay Benoit Behavioral Health Arts Festival, which is brought on by our Desert Region Advisory Board. This year is the 20th Art Festival, so it's a special year and it will be on Tuesday, May 13th from 11:00 am to 2:00 pm and the location is the Taj Mahal building, which is at the Riverside County Fairgrounds in Indio.

I will start in the Eastern Valley with the Blythe clinic. We continue to recruit for multiple CT positions, and we have one BHS II position available in Blythe. Recruiting staff can be challenging in Blythe, so what we have been doing for the past 2 1/2 years, we have clinicians that are traveling from other clinics daily to provide support to that clinic. I am very, very excited to announce that we do have a Senior Clinical Therapist coming on board at the Blythe Clinic, and she will be starting next Thursday, May 1st. We're very happy to welcome her. This week, the Blythe community had their 67th Annual Community Outlook Conference, one of the Community highlights was related to RIVCO One and the integrated service delivery work that's being done in Riverside County. The Blythe clinic was the first clinic in the desert region to deliver the Whole Person Health Score (WPHS). It's been almost a year now, so they're doing reassessments. There have been a series of rapid improvement events related to the Strengthen the Blythe Community Initiative where we are working with other county agencies, multiple community-based organizations to try to identify gaps in service provision and to address those gaps and I think that's going well. Currently, the Blythe clinic has 19 FSP adult consumers and 300 non-FSP adult consumers.

For the Indio Clinic, we had a new supervisor come aboard in December, and last week, we onboarded a new Senior Clinical Therapist. We are in the process of adding a second Family Advocate and are currently recruiting two CT's and one peer. For the Indio Clinic, Integrated Service Delivery and the Whole Person Health Score training will begin in June. Currently we have 149 FSP members at the Indio Clinic and 1744 non-FSP members who are receiving services.

Windy Springs Wellness Center has a current census of 176 members. There are currently two CT positions available. We did have a new Senior Clinical Therapist that was on boarded in January, and I will say generally, in the past six months or so, the candidates for our CT positions in the desert have been relatively low. It fluctuates out here and can be a little bit more challenging.

The Banning clinic, I'm excited to say, is fully staffed. We onboarded a Substance Abuse Counselor two weeks ago, so we are fully staffed there. The Banning clinic, which is integrated, there are children, adults, mature adults and wraparound services in the same building in Banning and have been delivering the whole person health score to our adult population for approximately six months, and they've just begun to do reassessments for that. We currently have 73 FSP members and 834 non-FSP members.

Mature Adults – Tony Ortego shared with the group the following information: our older adult integrated systems of care have approximately eight clinics that we work out of. They're five Mature Adult Wellness and Recovery clinics and then we also have staff working out of adult clinics at three other locations, which include Banning, Perris and Indio. Starting with our mid-county locations, we have our Perris location, our San Jacinto location, our Temecula location, as well as our Lake Elsinore Clinic. Between these four clinics in mid-county, we see a little over 1200 members, in that we have approximately close to 300 FSP consumers. We have about 145 plus consumers coming from San Jacinto/Perris and then another 135 plus FSP program members coming out of Lake Elsinore and Temecula, so a little under 300 members of the 1200 that we see total throughout mid-county. Currently, we are hiring and I believe we've made some offers, but most recently we hired a senior clinical therapist for Lake Elsinore. So that's the good news. That was last month, or about 5 weeks ago, in addition to that, I think we are hiring for an OA, an office assistant, possibly two, so we're going to be a little short on the office assistant side, one in Temecula and one in Lake Elsinore.

As far as the programs over in the desert, we work out of the Banning clinic, our Desert Hot Springs clinic, and our Indio clinic. We are hiring right now for a CSA in Indio; we're hiring for a CSA out of Desert Hot Springs; we're hiring for a Behavioral Health Services Case Manager out in Indio, and a Clinical Therapist in Indio as well. I believe the clinical therapist position is pending, so we made an offer. We also have (or will be likely coming across) another Office Assistant position in Desert Hot Springs that we'll be hiring as well. In addition to that, in Banning we have a Clinical Therapist that began the onboarding process about five to six weeks ago, so that position was vacant for quite a long time. We just had a lot of difficulty recruiting, but the good news is we identified a stellar candidate and she's on board. As of this week, as Kristen Duffy mentioned, our Peer Support Specialist Jay is promoting as of next month to our Senior Peer Support Specialist. Then we will have a Peer Support Specialist position available in the Banning office. So, we've got a few moving parts out in the desert. The desert serves approximately 550 consumers out of the three locations. Of that, we have approximately 125 FSP members. Of those who are in our full-service partnership program and again our full-service partnership program is a program

where we provide more intensive case management and we see members a little bit more frequently, often they're either currently in a crisis or coming out of a crisis, or we're trying to avoid a crisis situation. So, we've been very busy as well in the desert.

For the Western region, we have our flagship clinic, which is the Wellness and Recovery for Mature Adults in Riverside at our Rustin location. This location serves approximately 700 members, and of that, we have 145 to 155 FSP members, it varies from week to week. This is our busiest clinic, and I believe we are almost fully staffed. We have a person who's on boarding for one of our Substance Abuse Counselors, and she should be hopefully clearing her background clearance by the end of this month. So that's the good news. Outside of that, our Wellness and Recovery programs throughout all the county, continue to offer consumers a lot of services including psychiatric consultations for medication, we offer lots of group therapy, individual therapy, and we do a lot of case management. Approximately 50 percent of our services are in the field, so both our Wellness teams, as well as our full-service partnership teams go out in the field and we also see individuals in the clinic.

CRISIS – Don Kendrick with the Crisis team shared that the Crisis teams will be participating in the May is Mental Health Month Awareness Fairs along with our CBAT teams. Don didn't have any updates as far as Western region or desert currently. He stated that there are multiple positions open for Clinical Therapists, BHS's and Peers for both regions. Kristen Miller and Danielle Gonzales, Senior Peer Administrator, are in the process of interviewing peer support staff for ETS. He shared that they're trying to get a Family Advocate and a Consumer Peer to be embedded inside ETS so they can offer additional support. It will also help with our continuum of care in correspondence within ETS and crisis teams and stuff like that so it's more of a streamline of communication, so it is Don's opinion that this project is going to be very beneficial. Our CBAT clinician, John from Perris, just got promoted to a senior CT for CBEST and he's going to be the Senior CT over CBAT. In mid-county, we have one new Peer who is starting May 1st, Shantell. We do have a Clinical Therapist position open for Lake Elsinore. Once we get that CT position filled, we will be fully staffed in mid-county for CRISIS, which is a good thing.

On average, Don shared that the team is responding to anywhere from 600 to 700 calls a month per region. Don then provided a brief overview of what the CRISIS team does by providing the phone number for the community, which is 951-6860. That number streamlines you to the 988-dispatch center. They'll ask a list of questions and try to best meet that individual's needs, but if it is determined to be a crisis, they will branch into whatever area code they're calling from. So, they take calls all over the state with 988 being a statewide hotline center. Then, for staff there's an 888 number and for any stakeholders because we go into schools, we go into hospitals, we go everywhere. He likened it to an alternative to 911, but for a mental health emergency of sorts and then made the distinction between what 988 & 911 would be? 911 would be like something that's entirely like a dire emergency, or a crisis emergency. But for more behavioral health crisis, 988 would be utilized. Like if it's just a behavioral health crisis, you would want to utilize the 988 number. You wouldn't want to call 911 because the last thing you want is a gun and a set of handcuffs rolling up to your house when you're amid a mental health crisis. It's a less restrictive approach than law enforcement. Not that our law enforcement isn't getting more educated on behavioral health and stuff like that, but it's just a less restrictive way for us to go in and do that risk assessment. So, you would utilize that number if you had a behavioral health situation. But of course, if you've got somebody that is waving around a weapon or doing something which would threaten innocent lives, I always advise you to call 911 in a situation like that. But if you have somebody that's in psychosis or is verbalizing some stuff and just needs some behavioral help, can call the 988 number.
Don explained that when CRISIS is fully staffed, we have about 156 employees countywide from Blythe all the way to Corona to Temecula. We have a large, vast range that we cover. The state contracted that regarding the dispatch time, we should be there within an hour, but Riverside County said that wasn't good enough. They set their expectations a lot lower than that and expect us to be there within 30 minutes. We are implementing the new Care Router app, which is a dispatch tool that allows our dispatcher to place the call on the map and then it'll send the closest team and that's been able to reduce our response times as well. We're falling within an average of about 30 minutes per response, if not even sooner. Sometimes we even get there in 15 minutes.

CARE Court – Carina Gustafsson provided the following information related to CARE Court: Care Court is a civil court program and it's for those with a schizophrenia diagnosis or other psychotic diagnosis. It is very specific to certain populations that are not successful in their treatment. We do take them under our wing and do a lot of hand holding and a lot of outreach to engage them and get them into treatment and any other services that they're looking for. We currently have 163 active petitions. We've had six people that have graduated from the program and that is very exciting. We have 46 people who are enrolled in the program and who have a signed an agreement. There are 57 petitions that we're working on, but they have not yet agreed to be in the program, either because we could still be looking for them, or some individuals will be petitioned while they are incarcerated or while they're in a state hospital, we must wait till they get released from their situation. Participants of the meeting asked how to get the process started. Carina explained that if you're a family member, you would call the CARES line, and that number is (800) 499-3008. CARES will help them decide whether they want to file a petition, and then they can get help from the court services. If the family member resides in another County, they can still call the CARES line and CARES will provide them with linkage to that County. Petitions are required to be filed in the County where their relative or the person resides. Riverside County was one of the seven counties that first started this program in October of 2023. The rest of the county's came on board in December of 2023. A participant asked if somebody could go into Care Court without an agreement?
For instance, their family wants them involved, but they don't think they're sick. Carina responded by saying that this is how most of their

members are linked to services. The members do not think that they need assistance and that's why they're not receiving treatment. The Care Court staff do a lot of outreach, they try to engage members that way and build a rapport with them prior to going to court to begin the process. Carina reported that the 46 members that currently have a signed agreement, they all voluntarily signed that, and had not accepted treatment in a traditional outpatient setting prior to this. Or they were participating in treatment that was not working, or they might have been in a program, but they're not participating or not engaged. Members who are fully engaged and participating in treatment would not be the best candidate for CARE Court.
It was also shared that there's legislation that came out and it's unclear whether it will pass, but they're trying to include bipolar diagnosis in the CARE Act. It will be up to the state legislators to decide if it's going to be included.
It was also reported that SB43 (Senate Bill 43) is legislation, which our county is going to be starting in January of 2026. The Behavioral Health Commission was supposed to get an update on it, but it was unclear if it's going to be this month. Senate Bill 43 (Grave Disability) and the CARE Act (CARE Court) are two new mental health laws in California, and the implementation of both laws is ongoing and varies by county. Hopefully there will be updates soon that will be reportable.

GOALS/ WORKGROUPS/SUBCOMMITTEES

- **Increasing Membership ideas:** One of the goals of this committee has been to increase membership and we've been able to have more and more people participate. But we always want to think about who else could possibly participate. Brenda thanked the staff who have brought members from other clinics in and around Riverside County. Brenda asked if there was any concern regarding the ASOC meetings being held one month in Riverside and one month at the Perris locations. It was felt that when the meeting is held at Riverside, more members of the Jefferson Wellness Program tend to participate, which is always welcome. No concerns were shared at this time.

PUBLIC COMMENTS/CONCERNS:

A meeting participant asked whether the County considers using other alternatives to medication for treating mental health issues, because in their family, they use holistic medicine, which has not been scientifically approved. It was shared that Riverside County has always considered individuals cultural or holistic beliefs and practices. In the peer world, in which our Family Advocates, Consumer Peers and our partners, we always want to encourage you to find what works best for you or your child or family member. But we have always honored individuals' self-determination, and we want individuals to have that self-determination because what works for one person and their personal recovery doesn't necessarily work for someone else. In these last few years, especially since 2017, we have had medication assisted treatment for different substance challenges, we have blockers and we have supported individuals to connect with what works for them, which could be a nontraditional clinic such as our TAY centers or our peer support resource centers or it could be a different kind of program like CARE Court. It depends on everyone, every individual in our system of care is unique and different. You can't write the same treatment plan for every individual. They must be different and not everybody wants to take medication, so there are other alternatives. So, we are disclosing all that and we are exploring other options as well. But I think your question is more about can we force an individual to get treatment and the answer is no. Yes, we can't force medication on anybody. Everything must be voluntary. We also offer EMDR and Equine therapy/animal therapy. And, according to the care plan, yes, we can guide them, and we can suggest for him to get involved with groups, such as he successfully graduated from the CARE Court, and now we can start services at our clinic. But it is important to note that your son has a voice in his choice, in his recovery. It's his life and that's the hardest struggle as a parent of adult children. The member was encouraged to get involved in the Family Advocate's Substance Abuse Support group, where you're going to connect with other family members in English and Spanish. We know that battle and have felt that powerlessness and what you need to do is practice self-care so that you don't lose yourself in this process. They were encouraged to participate in the clinic's groups and the linkage to resources within their communities in overcoming these challenges.

It was also shared that this is partly why cultural competence was developed, because we found that different cultures look at psychiatric services through a different lens. Dakota shared that with their Hispanic cultural liaison, when she was a little girl in Guatemala and she had an earache, her mother would take her to the Shaman and the Native American cultural liaison does a family healing the drum ritual. Ultimately, the Cultural Competency liaisons do honor the different cultures and methods of healing, and the County is open to having somebody advocate for you and your family member/child. Dakota offered to get the family connected to the Cultural Competency Liaison if they desired that.

NEXT MEETING & ADJOURNMENT

The next meeting for the Adult System of Care Committee will be held on May 29, 2025, at the Rustin Conference Center 2085 Rustin Avenue, Riverside CA 92507.

Brenda thanked everyone for their participation and feedback. Meeting was adjourned at 1:52 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	X	X	X	X				DARK				DARK
2. James Lucero	X	A	X	A								
3. Laurence Gonzaga	A	A	A	A								
4. Maritza Camacho	A	A	A	A								
5. Don Kendrick	X	X	A	X								
6. Adriana Ardila	A	A	A	A								
7. Sonia Navarro	A	X	X	A								