

**RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH**  
**Mid-County Region Behavioral Health Advisory Board**  
**Thursday, April 3, 2025**

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT			GUEST PRESENT
Walter T. Haessler, M.D Dolores DeMartino Dr. Vernita Black Brenda Scott Jennifer Woodworth	Don Kendrick Ramon Amado Martiza Camacho	Beverly McKeddie Bill Brenneman Hilda Gallegos Sheree Glidden Sean Rayner	Lauren Adamson Tony Ortego Alicia Arredondo Xkizin Wright GeBren Blakely	Robin Nichols Nisha Elliott	Amy Konopka

ITEM	DISCUSSION	ACTION/FOLLOW UP
<b>Call To Order and Introductions</b>	Brenda called the meeting to order at 3:10 p.m. All in attendance introduced themselves.	
<b>Minutes</b>	Meeting minutes for March 6,2025, were accepted as presented.	
<b>Announcements</b>	<p>Brenda announced the MiMH month events and provided flyers with more information on how to register or volunteer for these events. Mid-County event will be held on Thursday, May 8<sup>th</sup> at Valley-Wide Recreation Park from 11:30-4:30.</p> <p>Southwest Recovery Opportunity Center held a graduation ceremony April 3<sup>rd</sup> at 1:30 p.m. and the Riverside Recovery Opportunity Center will have one on April 24<sup>th</sup> at 1:30 p.m. The Family Preservation Court will have graduation ceremonies on April 10<sup>th</sup> and 11<sup>th</sup> at 2:00 p.m. Flyers were circulated with additional information.</p> <p>Brenda announced that there is free therapy for suicide loss survivors for up to 8 sessions. Also, first suicide bereavement support group will begin in April. Group will meet every other week in Jurupa Valley.</p> <p>Sean announced the 1Life 1Heart Poisoning &amp; Overdose Awareness 5K Walk for all three regions. April 12<sup>th</sup> for Western Region at Fairmount Park. April 26<sup>th</sup> for Desert Region at Palm Desert Civic Center and June 7<sup>th</sup> for Mid-County Region at Murrieta Town Square Park. He announced that the Drug Court Softball Tournament Event will be held on Tuesday, May 13<sup>th</sup> at Noble Creek Regional Park in Beaumont. This event is open to ROCK members, their supporters', collaborative agencies, and ROCK alumni. He encourages all to attend and support their region and members.</p> <p>Alicia announced that Parent Support &amp; Training is offering a virtual parent support group called A Safe Place for Parents and Caregivers. Will send out flyer with information on how to register. Also, they will be at all MiMH month events and will have their Children's event on May 22<sup>nd</sup> from 4-7 at the Myers building.</p> <p>GeBren and Robin gave a brief description of the Mindful Body &amp; Recovery program, a new eating disorder program for adolescents. In addition, they also do community education and outreach to bring awareness. Program is for members 12-18 years of age and includes members coming in 3-5 days a week. Services include individual therapy, family therapy and groups. Parents are evolved to teach the family to work with this disorder together.</p>	

<p><b>Announcements (Continued)</b></p>	<p>They also focus on underserve communities, so they partner with cultural competencies liaisons from various communities to bring awareness. They coordinate various trainings to implement culturally sensitive trainings to our staff. Launched date for this program is scheduled for May 5, 2025. They are currently working on developing a flyer and added that they will be moving to the new wellness village when construction is complete.</p> <p>Flyers about the Spring into HOPE event on Thursday, April 10, 2025, at the TAY Arena from 3-7pm were disseminated. This free event will have community resources, easter activities, food and more.</p>	
<p><b>Correspondence</b></p>	<p>No Correspondence received.</p>	
<p><b>New Business- MHSA Plan Update</b></p>	<p>Nisha Elliott, Workforce Education and Training Manager provided everyone with stakeholder packets which talks about the different stakeholders that are within our County. This year they will be holding the MHSA Plan Update FY25/26 Public Hearings at all MiMH month events. Provided flyer with additional information on these events. Also provided copies of the Continuum of Service for mental health and substance abuse prevention and treatment. This document includes lower-level care to higher level of care.</p> <p>Nisha shared a power-point presentation that talks about MHSA. The responsibility that we have is to inform everyone about MHSA and the funds on how the MHSA funds are being used. Also, how stakeholders can participate in the process by giving feedback. The MHSA plans will be transitioning to Behavioral Health Services Act (BHSA). MHSA is a 2004 ballot proposition that created a 1% tax on millionaires to generate dedicated funding for the transformation of public mental health care. This will be the same funding process for BHSA. The State looks at us to make sure we are spending the money as they have defined it. There is oversight we can't just spend the money how we choose to. Community participation and planning process involves stakeholder feedback all year round via the Behavioral Health Commission and Regional Boards. Community-based organizations all have an opportunity to provide feedback as it relates to MHSA. When we change to BHSA there's going to be a transition but how we use it will different. Stakeholder process is really going to be involved with this so we will be coming to a lot of the meetings to get input so we can be sure to incorporated it into our integrated plan. MHSA will be transitioning but this will take time. Winding down MHSA is what we are starting to do now. This allows the department some time to prepare for the change. Prepare department infrastructure to manage the change to avoid service disruption.</p> <p>The MHSA Plan is a 500–700-page report that describes MHSA funded programs and their outcomes that is authorized by the Riverside County Board of Supervisors before it is submitted to the State. There are two types of MHSA reports; The 3-Year Plan which includes goals over a three-year period and Annual updates which serve as a progress report. The MHSA framework includes 5 components. Each component addresses a different part of public mental health service system. 1.)Community Services and Supports (CSS), 2.) Prevention and Early Intervention (PEI), 3.) Innovation (INN), 4.) Workforce Education and Training (WET), 5.) Capital Facilities and Technology (CFTN). BHSA will only have three components. CSS is the largest component. It includes full-service partnerships, crisis system of care, mental health courts/justice involved programs, peer programs and Housing/HHOPE. Next largest component is PEI which is all about reducing the stigma related to mental health prior to them having severe mental illness.</p>	

<p><b>New Business- MHSA Plan Update (Continued)</b></p>	<p>PEI also does a lot of suicide stigma reducing trainings, events, conferences to help reduce suicide and educate the community. Early intervention for people with symptoms for 1 year or less. This will not look the same under BHSA. BHSA is focused on individuals who already have a diagnosis. Additionally, in partnership with the American Foundation of Suicide Prevention, community volunteers were trained to facilitate suicide loss support groups.</p> <p>Innovations funded out of 4% from CSS and 1% from PEI. Used to create “research projects” that advance knowledge in the field, not just fill service gaps. They are also time limited to 3-5 years and require additional state approval process to access funds. WET funded from a portion of CSS dollars. Focus is about recruitment, retain, and develop the public behavioral health workforce. CF/TN funded from a portion of CSS dollars. This is for building facilities and the infrastructure for our mental health services. Highlights for these three include the successfully completed state review process to receive \$29M MHSA Innovation plan funds for the Mindful Body and Recovery Program an eating disorder intensive outpatient and education program. Also, WET centrally coordinates one of the largest BH internship programs in the Inland Empire. Goal is to get them in the department, get trained, then they can apply for a job. In addition, 42% were bilingual with over 50% being Spanish speaking. RUHS-BH hires a majority of the graduates. Other highlights include the renovation on an augmented adult residential care facility on Franklin Ave in the city of Riverside. This facility has 84 beds and is another resource for our adult population. It has FSP services on site. Finally, the Mead Valley Wellness Village broke ground in 2024. The village is a campus of BH services providing a continuum of BH care from outpatient to residential in a single location. It will also provide some physical health care services and employment support.</p> <p>On April 1, 2025, the draft plan was posted on the department's MHSA webpage for a 30- day public posting. Individuals can read the plan and give feedback on the draft plan. In May 2025 there will be public hearings. The next opportunity is providing written or verbal feedback at the public hearings conducted by the Behavioral Health Commission. This year, MHSA will hold public hearings at all three MiMH month events. There will also be a virtual 24/7 videos on-line for 3 weeks over the same period. Feedback can be provided electronically or by calling a dedicated voice mail hotline. She provided English and Spanish MHSA Plan Update FY25/26 Feedback Survey forms.</p> <p>Anyone can view the MHSA Plan on the department's new website at RUHEALTH.ORG. Click on RUHS tab, then choose Behavioral Health and then scroll to choose the MHSA page. She noted that feedback is very important, she shared examples of what were some of the communities' requests and how the department implemented. Share your voice by attending community advisory groups. Regular committee attendance increases your knowledge and provides a forum for discussion and making recommendations (stakeholders packet) to use as resources. Shared how to navigate the different continuum of services on the ruhealth.org website for example the CARES line, Locations, Guide to Services, Mental Health Urgent Cares, and other resources. Also shared the contact information for MHSA Administration leadership.</p>	
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**New Business-  
MHSA Plan Update  
(Continued)**

BHSA stands for Behavioral Health Services Act. Last year the Governor announced his intent to modernize MHSA and because MHSA was voter approved, a new proposition was required to change the law. The BHSA Proposition narrowly passed in March 2024. BHSA became law in January 2025 but contains timelines to allow for the transition from MHSA to BHSA.

Prop 1 also includes a bond for supportive housing to make sure they have residential care. This is not just a MHSA crosswalk. There are new components, regulations, reporting and oversight. BHSA changes the components from 5 to 3: Housing, FSP, and Behavioral Health Services and like MHSA each component has its own intent rules, and regulations. The transition from MHSA to BHSA is called Behavioral Health Transformation (BHT) Process so we have to follow laws and regulations. State guidance is going to be more oversight than what we had with MHSA. There is specific direction as to what we have to do. Legislative refinement is currently, actively being developed. Implementation will hopefully start in July 2026, but we are waiting for the foundation of the rules to be finalized before knowing how to proceed. Lots of conversations and lots of unknowns.

Shared guiding principles change from MHSA to BHSA. 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 streets, and increasing accountability over the funds. Some other changes include MHSA focused on people with Serious Mental Illness. BHSA expands 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 different planning and reporting requirements that we must follow. The process of engaging community and getting feedback got bigger and includes very specific stakeholders. This will only need to take place every three years instead of annually. The state will have defined success metrics for us to follow and if we don't, they will apply sanctions. The MHSA Plan will be replaced by what is called a County Integrated Plan.

The new BHSA report or Integrated Plan will contain program information on all funding sources. She shared that 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. AB109 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. She went over the components changes from MHSA to BHSA and where the department is in this transition process. Key department leadership are attending series of workgroups discussing this BHT. The state has released draft modules and one has been finalized. The department has created a BHT workgroup which includes lots of Deputy Directors, Administrators, Managers and Supervisors in these meetings talking about what programs are going to shift and asking questions about it.

<p><b>New Business- MHSa Plan Update (Continued)</b></p>	<p>The timeline for BHSA includes Board of Supervisors approves the Integrated Plan and submit FY26/29 Integrated Plan to the Department of Health Care Services by June 30, 2026. By July 1, 2026, FY 26/29 Integrated Plan becomes in effect. June 30, 2027, FY27/28 Annual Update is due and by January 20, 2029, FY26/27 BH Outcomes, Accountability, and Transparency report is due to the state. She encourages everyone to read the plan and provide feedback</p> <p>Dr. Haessler commented if the department has information on realignment at the state level and getting a fairer share of the current funding. Bill replied by saying that references have been made at several meetings to the inadequacy of realignment funds to our county but is not aware of anything happening thus far. Other counties are not willing to relook at the allocations because they don't want to lose their share of funding.</p>	
<p><b>New Business- YHIP Program</b></p>	<p>Xkizin Wright, BHSS for the Youth Hospitalization Program (YHIP) reported that the Mid-County YHIP program had been on pause but have since relaunched services at the beginning of this year. She shared their vision statement which is to help members and their families with stabilization by creating wholeness and independence through education and empowerment to prevent trauma cycles and patterns that may lead to hospitalization and incarceration. YHIP is a short-term program that partners with youth and their families to provide intensive mental and or behavioral health therapy services. The team includes clinical therapists, behavioral health specialists, peer support specialists, and parent partners. She is working on filling vacant positions. Noted that this program exists to stop trauma cycles and patterns, remove shame from seeking help, and to empower and educate families on mental health. Services include individual therapy, family therapy, skills building counseling, peer support services, linkage to resources and afterhours support phone line. Program areas of coverage include Hemet, San Jacinto, Temecula, Aguanga, Anza, Menifee, Murrieta, Wildomar, Lake Elsinore, and Winchester. This program is field based, so they go out to their household or out in the community. Family members are expected to participate in this program for the success of their child. Gave examples of how to nurture a youth's mental health that include being patient, actively listen, model health behavior, teach them how to be safe, use open ended questions, set, and respect boundaries, and teach them effective coping skills. Xkizin shared that they are currently serving about 25 members. Provided program brochures with more information.</p>	
<p><b>Old Business</b></p>	<p>No old business.</p>	
<p><b>Administrator/Managers Report</b></p>	<p>Tony reported on the Mature Adults program. He added that there are four Older Adults Clinics in Mid-County. San Jacinto, and a satellite clinic in Perris. They serve 684 members, out of that 142 are FSP. All clinics have a two-track system, a wellness and recovery track and a full-service partnership track. The difference is that full-service partnership track has individuals with a higher level of care, so we do a lot more intensive case management minimum weekly. Full scope of services at this site includes psychiatric medications, nursing, integrated care, wraparound case management. They also offer Eye Movement Desensitization and Reprocessing (EMDR) therapy and groups. They have one student intern and a third-year medical resident through RUHS Medical Program.</p>	

<p><b>Administrator/Managers Report</b></p>	<p>Southwest Mid-County locations include Temecula and Lake Elsinore Clinics. Those two clinics serve approximately 590 members with 126 FSP members. Services include full scope integrated behavioral health services including psychiatric medication management, nursing, individual and group therapy along with peer support and family advocate services. Groups include therapeutic art group English and Spanish, DBT, and offer a lot of solution focus wellness groups. They empower members to form and develop a social support. They are currently hosting 3 student interns for the year 2024/2025 and have a Sr. CT providing clinical supervision to them. They have one psychiatrist who will be retiring and have a replacing doctor starting soon. They have one CT position open for recruitment.</p> <p>Sean provided update on Mid-County SAPT clinics. He reported that Lake Elsinore has interviews scheduled for a CT position. Offer has been made to OA III. Temecula has open position for SSA and CT for mental health court and recently sent out offer for OA III and BHS III. San Jacinto has one CT position filled and sent offer for OA II position. Perris has a Peer Support in background check and current CSA is promoting to BHS III. CSA will be opened sometime this month. Census for this clinic include the following Lake Elsinore has a total of 198. 67 in Outpatient Drug Free (ODF), 98 in Prevention, and 33 in Recovery.</p> <p>Temecula SAPT has 20 members in Intensive Outpatient Treatment (IOT), 74 in ODF, 35 in Prevention, and 37 in Recovery services for a total of 166 members. San Jacinto 35 ODT, 149 ODF, 29 Drug Court Program, 24 in Prevention Services and 56 Recovery Services 293 members. Perris has 10 IOT, 83 in ODF, 31 Prevention, 40 in Recovery with a total of 164. Total services for Mid-County SAPT is around 820 members.</p>	
<p><b>Committee Reports</b></p>	<p><b><u>Behavioral Health Commission (BHC)</u></b> – Brenda reported that at the last BHC meeting Dr. Chang gave his director’s report. Heard the celebrate recovery moment and announced the WET Employee of the Quarter Award who went to Israel Torres. Janine also gave presentation of RUHS-BH Countywide BH Services for Youth. Updates from MHSA, SAPT, and Care Court were given. Site visits were also discussed and assigned.</p> <p><b><u>Membership Committee</u></b> – There was one appointment for Western Regional Board.</p> <p><b><u>Children’s Committee</u></b>- No report available.</p> <p><b><u>Older Adults Committee</u></b> – Brenda reminded all that this committee meets on the 2<sup>nd</sup> Tuesday of each month at Rustin from 12:00 p.m.- 2:00 p.m. She encouraged all to attend.</p> <p>Tony noted that this committee is available in-person or virtual via TEAMS.</p>	

<p><b>Committee Reports</b></p>	<p><b><u>Adult System of Care Committee-</u></b> Brenda reported that this committee was well attended with over forty people.</p> <p><b><u>Criminal Justice Committee</u></b> – No report available.</p> <p><b><u>Housing Committee</u></b> – Brenda reported that they need members to attend this meeting. She encouraged anyone to attend. They continue to work on a Room and Board Collation. She encouraged Amy to become a member of this committee.</p> <p><b><u>Legislative Committee</u></b> – Dr. Haessler reported that RUHS is following bill focused on 50% in funding of certain projects. He mentioned it's a time of change and how the department has to adjust on the new laws and the uncertainty of federal funds and cuts. Brenda noted that there is lots of things going on with the possible cuts to Medicaid and Medi-Cal.</p> <p><b><u>Veterans Committee</u></b> – No report available.</p>	
<p><b>Public Comments</b></p>	<p>Amy commented that she is part of a program which provides housing for homeless or at risk of being homeless individuals. She has been selected to attend every meeting she can to find out what is going on with the hope housing funding. She is one of many different houses that offer this type of housing and they have not had any members, or anyone sent to their houses for the past 5-6 months. It seems to her that there is a need for this service and is trying to understand the prioritization of funds. A lot of them are shutting houses which doesn't seem right. Brenda informed her of the housing committee and encourage her to attend the meetings as housing supervisors attend and can assist her with any questions she might have and reminded all that Committee meetings are open to the public. Amy commented that she will have other people attend and invites anyone who wants to visit a recovery residence or sober living home anytime. She is looking forward to attending the Housing committee.</p>	
<p><b>Board Member Comments</b></p>	<p>Brenda commented on the Commission/Board Annual Training scheduled for Wednesday, August 6<sup>th</sup>, at Rustin from 10:00 a.m-2:00 p.m. This invitation is open to the board. Need to RSVP to Sylvia Bishop if interested in attending.</p>	
<p><b>Agenda Item Request</b></p>	<p>Add site visits to the agenda.</p>	
<p><b>Next Meeting</b></p>	<p>Next Mid-County Regional Advisory Board meeting is scheduled for Thursday, May 1, 2025, at Hemet BH Adult Clinic, 650 N. State Street, Hemet, CA 92543.</p>	<p>Next meeting scheduled for May 1, 2025.</p>
<p><b>Adjournment</b></p>	<p>The meeting adjourned at 5:04 p.m.</p>	

<b>Mid-County Region Behavioral Health Advisory Meeting Attendance</b>												
Calendar Year 2025												
<b>Members</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
1. Walter Haessler, M.D.	x	x	x	x								
2. Brenda Scott	x	x	A	x								
3. Dr. Vernita Black	A	A	x	x								
4. Don Kendrick	x	x	A	A								
5. Dolores DeMartino	x	x	x	x								
6. Jennifer Woodworth	x	x	A	x								
7. Ramon Amado	A	x	A	A								
8. Maritza Camacho	A	x	x	A								