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

MINUTES

TEAMS/Hybrid

Attendance on July 30, 2026

PRESENT	AREA OF REPRESENTATION
Brenda Scott	NAMI Mt San Jacinto/Behavioral Health Commission Board Member
Jacqueline Markussen	RUHS/BH/Mid-County Adult Administrator
Sheree Glidden	RUHS/BH/Mid-County Adult Administration
Don Kendrick	RUHS/BH/Mobile Crisis/Peer Support
Alea Jackson	RUHS/BH/Western Region Adult Administration
Maria Castaneda-Alcaraz	RUHS/BH/Lake Elsinore Adult Clinic
Joaquin Flores	RUHS/BH/Pathways to Success
Andrew Williams	RUHS/BH/Administrator
Donna Sliva	RUHS/BH/Sr. Peer Support
Jim Jones	Desert Region Board
Laurence Gonzaga	Molina Healthcare
Tony Ortego	RUHS/BH/Mature Adult Administrator
Socorro Gomez	City of Riverside Housing and Human Services

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

NAMI California will be holding their Annual Walk on November 14th at Diamond Valley Lake in Hemet. Flyers will be coming soon.

Recovery Happens Event will be held on Thursday, September 24th, 2026, at Fairmount Park in Riverside from 11:30 am to 4:30 pm. This event will include food, refreshments, music, entertainment, community resources, children's activities, and more!

ANNOUNCEMENTS (Continued)

NAMI Temecula Valley is offering the NAMI Family-to-Family Education Program beginning August 10, 2026, to October 5, 2026, Mondays from 6:00 pm to 8:30 pm at the Temecula Adult BH Clinic, 40925 County Center Dr. Ste. 200, Temecula CA 92591. This education program is free of charge to participants.

The new Indio Crisis Walk-In Center is opening at the Indio campus on August 3rd, located at 47-915 Oasis St, Indio CA 92201, telephone number (760) 239-9187. The center will provide professional care 24 hours a day, seven days a week by providing immediate support for individuals ages 5 and older experiencing a behavioral health crisis or urgent need. Services include crisis intervention, crisis counseling, medication support (including MAT services), peer support, safety planning, case management, and connections to community resources.

MINUTES

June 25th, 2026, minutes were reviewed & accepted as written.

PRESENTATION:

Dr. Andrew Williams gave a presentation on SB 43. Senate Bill 43, also known as SB 43, essentially, is a law that's changing the criteria for grave disability. Senate Bill 43 was signed into law by Governor Newsom in 2023. It did allow an implementation period where we were allowed to do some preparation to ensure that we needed to roll it out by January 1st of this year, which we did. What's notable about SB 43 is this is the most significant form of the LPS Act, which is also known as the 5150 legal codes, when it was first developed in 1967. So, prior to Senate Bill 43, pretty much the criteria for involuntary holds have remained relatively the same for danger to self, danger to others, and grave disability, which was always due to a mental disorder. Senate Bill 43 now expands that criteria, and it only expands the criteria for grave disability, so it doesn't change it for danger to self or for danger to others. It also impacts conservatorship; conservatorship is related to grave disability, is that person able to take care of themselves? Therefore, it does impact conservatorships as well. What's notable about the change for SB 43 is that traditionally it's been due to a mental health disorder. Now it expands to severe substance use disorder. When we look at the definition of grave disability, it is a condition because of a mental health disorder where that person is unable to provide or utilize their basic needs of food, clothing, and shelter. There are now two additional criteria that have been added – personal safety and necessary medical care. We've always been able to place someone on a 5150 due to a mental disorder, but also due to co-occurrence. So, if someone has mental health and substance use, that's co-occurring or dual diagnosis, they've always been able to, but that primary had to be mental health. It couldn't be primary substance use, and it couldn't just be a severe substance use disorder alone. So, the good news is Senate Bill 43, in the goal of always having parity, that those that have substance use disorders should receive similar assistance. And so, they've expanded that to now it's not only mental health disorder, but again, it could be a severe substance use disorder. And in addition to the food, clothing, and shelter, personal safety and necessary medical care have been added. Fortunately, this has expanded criteria, which has helped practitioners (or persons that are authorized to write holds), because many times we would have someone that was mentally ill, struggling, and not taking care of themselves, but they were reporting that they were utilizing food, clothing, and shelter. So, individuals still write a hold, which was invalid or illegal because it wasn't meeting criteria. But they were just trying to help that person by saying, look, they're utilizing food, clothing, shelter, but there's other things going on. Their mental illnesses get in the way of their personal safety or their necessary medical care where they're out of contact with reality and they're not taking care of their medical needs. So, people would write those holds. My 5150 team would say, don't do that. That's not the law. But we understood they were trying to help the person. So, Senate Bill 43 addresses those errors that we're always missing with treatment.

Some key examples of grave disability are lack of food, clothing, and shelter. When we talk about food, it's they're not having enough food to eat, many times this is because someone may be experiencing some type of delusions or paranoia, where they feel that the food is poisoned, or someone's trying to harm them, and so they don't eat. Also, when it comes to housing, it's usually an individual that has access to housing but refuses it, oftentimes due to their mental health or substance use. They may have a place to stay and they say, I want to stay on the roof instead because I'm closer to Jesus or something like that. Also refusing medications or medical treatments (medical care) which is the new one. So, before it was, well if you're not hurting anyone, then that's okay. Then we realized there are a lot of individuals that are dying early when they don't get connected to a primary care physician and receive medical treatment.

PRESENTATION: (Continued)

Wearing clothing, usually that's due to someone oftentimes not using the appropriate clothing, either too much clothing when it's 100 degrees, or they're wearing several sweaters and jackets and just kind of confused by what the weather elements are. The other one is where we talk about personal safety and it's related to substance use. It's frequent overdoses where it's life-threatening. We now see that as an involuntary hold potentially. These are the three main changes to the criteria, severe substance use disorder, personal safety, and necessary medical care. When we look at severe substance use disorders, what they really want to do is give some guidance on what that is. And the reason why is the law wanted to ensure that we help people that truly have a disorder and not someone that's just intoxicated. So, you may have a family member that gets drunk sometimes, highly functional, but gets drunk. And when they drink, they're just bad or make bad decisions and even probably get emotional and say, I want to kill myself. But then when they're sober, they completely don't, which would be intoxication. We don't want to hospitalize people just because they're bad drunks. We want to help people that have a true disorder. To do that, we must follow DSM-5 criteria, which gives us criteria for severe substance use disorders. When it comes to personal safety, it's defined as the ability for one to safely survive in the community without any voluntary detention. So, if they're not able to do that, that would address personal safety. Then also necessary medical care. Not everyone's going to be a health care professional (like medical), so there are other people that are authorized, namely law enforcement and behavioral health providers. Within our scope of practice, we need to determine would there be serious deterioration if they were left untreated on a physical medical condition? Would it possibly cause serious injury or death? It does need to be in some way life-threatening or seriously bodily injury.

The criteria for substance use disorder according to the DSM-5, there's 11 total criteria and you need to have at least six or more: taking the substance in larger amounts than you're meant to (increased); wanting to cut down and stop using, but not managing to (that could be just like addiction); spending a lot of time getting used or recovering from the substance, craving and urges; not managing to do your work, home, or school because of substance use (starting to impact daily functioning) which is what most disorders need to at least show that; continue to use even when it causes problems with family; giving up on important recreational or social activities (we oftentimes call that anhedonia, where you lose pleasure in things that you used to enjoy); substance use again and again, even though it puts you in danger (risky behaviors) such as DUIs, things like that; continue to use because you have some type of psychological or physical dependence on it regarding tolerance that you need to take more in order to get that effect; and then also development of withdrawal symptoms, which you know, some substances, namely alcohol, can die from withdrawal symptoms.

Some examples of personal safety, it's placing oneself in harm's way/traffic. So again, it could be danger to self usually or danger to others. It also could be grave disability regarding personal safety. Someone who is incapable of defending themselves or they're being victimized or perhaps they might have some impaired judgment where they're approaching people and saying, hey, I've got to harm you because I heard that you're the devil or things like that. Also, unhygienic or unhabitable living conditions are so severe that it could cause safety issues. And then lastly, repeated overdoses become life-threatening or cause harm to others or themselves.

Examples of necessary medical care would be signs such as significant malnourishment. So again, someone could say, “I’m eating,” but if you notice a significant loss of weight from when you've seen this person before, or that was reported. Clearly if they're dehydrated to where they're lying in the sun, it's triple digits and confused of where they're at, even though there might be shade nearby. Also, due to cognitive or emotional impairment, they might lack decision-making capacity for other medical care, such as routine medical care, wound care, or infections, where it could potentially loss of a limb if not treated. Then other untreated conditions like HIV, diabetes, cancer, etc. The law doesn't specify specifically about disorders, so it really is clinical judgment to just say, if untreated, is this scenario enough that it could cause bodily injury or death?

Noteworthy, SB 43 did <u>not</u> change the definition of “grave disability” as it applies to children/youth under the age of 18. A separate statute (WIC 5585.25) governs the definition of “grave disability” for children/youth. Therefore, the criteria of graved disability relating to minors remain unchanged: unable to utilize food, clothing or shelter due to a mental disorder.

One thing that we noted is law enforcement and other people that are not behavioral health are still going to be required to write holds and the challenge is when we're saying they must meet DSM 5 criteria, law enforcement and others are saying, what is that? We don't get trained in that. We do have our CBAT crisis intervention team that does provide training to law enforcement and other partners and do cover some of it, but what we're doing is we're actually making a little “badge buddy” where it's a smaller little card that law enforcement and others that would have this criteria that could make a quick, easy reference for them.

Questions related to SB 43; you can call our CARES line at 800-499-3008; in an emergency call 911 or a mental health support line at 951-686-HELP; call our information line at 951-743-9451, or if you prefer to learn more online or explore your options quietly, visit our website at ruhealth.org/Behavioral Health.

PRESENTATION: (Continued)

Available resources for additional information:

- SB43 Webpage: https://www.ruhealth.org/behavioral-health/sb-43
- SB43 Intro Video: https://youtu.be/wVasgNaWazg?si=yVE_K489LRHWgbdF
- SB43 Fact Sheet: https://www.ruhealth.org/sites/default/files/sb43/FactSheet.pdf
- SB43 Audio Podcast: https://www.ruhealth.org/behavioral-health/sb-43 (near bottom of webpage)

DEPARTMENT UPDATES:

CARE Court – Carina Gustafsson was unable to join us today and therefore no updates were provided.

Western Region – Alea Jackson provided the following information for her region: as of July 1st, 2026, Evidence Based Programs - Program Expansion- FSP/ICM and ACT/FACT will be located at JWC. This program serves 25 members as of 7/30/26 with acute complex needs with a team approach, billing through Medi-cal. Effective July 1st Blaine St Clinic FSP is now FSP/Intensive Case Management. Additionally, the Individual Placement and Support (IPS) program is collocated at Blaine- It is an evidenced based practice vocational program that will have Employment Specialists embedded the regional Western, desert, mid county ACT/FACT programs and piloted with Blaine FSP-ICM, and TAY Coordinated Specialty Care for First Episode Psychosis CSC FEP.

Blaine St. Clinic - FSP/ICM continues to provide individual therapy, groups, peer services, medication support family advocacy, and case management services. Blaine St Clinic currently has 20 groups offered including post-traumatic stress disorder groups. Blaine currently has 152 members enrolled in its FSP program and 1525 in the non-FSP program. Blaine has a CTI/II vacancy currently.

Jefferson Wellness Clinic - currently has 16 groups and 235 enrolled members. JWC has four vacancies: two OAII's, a Senior CT, and an LVN.

Pathways to Success - is 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. They also help provide hygiene products, interview clothing, laptop assistance, and school supplies. There are 201 members enrolled between the Riverside and Temecula site's location. There is one ESC vacancy located in Riverside.

Mid-County Adult Behavioral Health Clinics – Jacqueline Markussen provided the following update for the mid-county region:

Temecula - has 648 members and 14 FSP. We have a BHS II that was hired and will be starting August 6th and an OA III starting August 6th. Temecula currently offers five groups a week, and they're working on adding more now that new staff have been hired.

Lake Elsinore - has 553 members and 41 FSP. Our vacancies include an Office Assistant II. Lake Elsinore currently offers 17 groups a week in English and Spanish, which include seeking safety, DBT, peer support, family support and art.

Hemet - has 1513 members, 230 FSP and three enrolled in ACT/FACT. Our vacancies include a BHS II, a community service assistant and a clinical therapist. They currently offer 33 groups a week in English and Spanish, which include life skills, art chair, yoga, peer and family support groups. Our ACT/FACT team started providing services as of July 1st and are reviewing referrals to increase the caseload. The supervisor is still working on hiring the rest of the team, some of which are pending background,

Perris – has 817 members and 82 FSP. We currently have no vacancies. They offer thirteen groups a week in English and Spanish, which include recovery management, peer support, family and art.

DEPARTMENT UPDATES: (Continued)

Desert Region – Rachel Gileno provided (via email) the following updates for her region:

Blythe Integrated Clinic – Current caseload numbers for this clinic are 297 non-FSP members and 20 FSP members. The clinic continues to work on expansion of group services. Clinic staff recently attended DBT training. CT recruitment is ongoing. We currently have one full-time on-site CT, with several CTs from other programs continuing to support the clinic both via telehealth and in person. All other positions are filled. Other services being provided include Children's and TAY services, SAPT services to include IOP, Mom's Program, DUI, and Drug Court, Mobile Crisis, and services provided by an onsite HHOPE team.

Banning Adult Clinic – Current caseload numbers for this clinic are 804 non-FSP members and 60 FSP members. All positions are currently filled. One PSS is promoting to a CT position next month after successful completion of the 20/20 program. A new BHS III started last week. The clinic will be working on expanding its outpatient SUD services to adults and adolescents in the clinic. Next month we will begin recruitment for a PSS and a BHSS. The clinic's supervisor will be vacating his position in September to move abroad. We wish him the best of luck!

Indio Adult Clinic – Current caseload numbers for this clinic are 1467 non-FSP members and 169 FSP members. Indio Adult continues to expand its group offerings. This clinic recently welcomed a 20/20 graduate and a GIFT program graduate. They enter their new CT roles next month. Currently recruiting one CSA. All other positions are now filled. We are currently working on a project to move the Indio Adult Clinic FSP to a new site in the city of Indio. This standalone Adult FSP will serve up to 175 members and provide the full scope of FSP/ ICM services, including continuing to provide onsite support for the residents at Desert Sage Adult Residential Facility in Indio.

Windy Springs Wellness Center – Current caseload numbers for this clinic are 170 FSP members and 20 ACT/FACT members. FSP ICM is recruiting for the following positions: two CSA, two CT, one Sr CT, and one BHS II. ACT/FACT implementation began July 1st. As of today, 20 members have been enrolled in this specialty program. It is expected that a total of 22 will be enrolled by the end of July with another 20 planned enrollments for the month of August. Two LVNs and one OA will be joining the ACT/FACT team next month. The Sr CT position is still under active recruitment.

Mature Adults – Tony Ortego provided the following updates for the Mature Adult programs:

Western region - the Western team maintains a very strong collaboration with internal and external partners, including our adult systems of care in the Western region, specifically Blaine; ongoing coordination with IEHP and our ECM teams there strengthen our whole person care while partnerships with Hope Housing really supports the housing stability for our consumers. Our older adult consumers staff also collaborates very closely with the crisis teams, including CBAT and the embedded APS staff that we have here at the Western region clinic here at Rustin. Our total numbers as of the end of June, we have a little over 651 individuals at Rustin. Out of that, the FSP or the full-service partnership numbers are 151 and then the Wellness numbers are a little over 500, so that leaves us with roughly 651. We get quite a few referrals from Blaine St. anywhere from five to seven a week, and that's not considering the number of referrals we get from our local hospitals and other community partners. There seems to be a big push with group therapy, with a lot of our older adults enjoying group therapy, especially in the summertime. We have approximately 20 to 25 groups throughout the month. We thought the numbers would go down, but our in-person count is very high (near 500) walking into our clinic here at Rustin. I'm hoping we can continue to move forward with expanding group therapy sessions and services in the other regions as well. Some of the other regions are somewhat restricted due to the group rooms that may not be available.

Mid-County region - which is divided between the East Mid County (San Jacinto and Perris clinics) and the southwest Mid County (Temecula and Lake Elsinore clinics). Our East Mid County clinics operate very similarly to our Rustin and Desert clinics. We have 647 members being served throughout San Jacinto and Perris; wellness members out of that are 531 (which are the non-FSP) the full-service partnership members. FSP members total 116. We have approximately 483 individuals coming into clinic for services. The southwest part of the Mid County is the Temecula and Lake Elsinore clinics. Temecula and Lake Elsinore served 629 members; wellness numbers are the non-FSP members which made up 508. And our full-service partnership members made up total of 121.

DEPARTMENT UPDATES: (Continued)

Desert region - is comprised of three clinics. We have our main clinic which is in Desert Hot Springs; then to the east of that we operate out of the Banning Adult and Children's Clinic, and out of the Indio Adult, Children's and Older Adult clinics.
The total numbers that we have for the Desert are 601 and that includes our FSP services. Out of the 601 members, 133 were served as FSP (full-service partnership). We also have services out of Blythe and those numbers have been included in Rachel's update in the adult and older adult numbers.

Some of the highlights for our older adults' systems of care is that we were one of the main sponsors (as we have been for the past 12 years) of the 2026 Elder Abuse symposium that occurred in June. The slogan of that symposium was Safe Today Strong Tomorrow. Many individuals who attended, which was a little over 550, were from different counties and agencies, law enforcement, the DA's office as well as our own RUHS. I was on two panel discussions representing our older adult systems of care.
Outside of that, transportation continues to be a bit of a challenge in most regions, that is, most older adults that we serve will need some form of assistance with transportation. We rely heavily on our own Community service assistants within our own programs to do most of the transportation that's needed, but also IEHP and Molina. We reach out to them as well to assist with getting individuals their transportation needs met.

CORONA WELLNESS & RECOVERY – Girlyanne was unable to attend today's meeting but provided an emailed update as to her program as follows: We currently have 1,030 members, 713 in our Adult Program, 66 in FSP, 138 in our Children's Program and 113 in SAPT. Group programming continues to grow; we now have more co-occurring groups and evening groups available for our members. A few groups had summer activities, such as a day at the beach and a BBQ at the park. We are preparing for back to school with the team putting together some backpacks that may be needed; we received a few from Parent Support & Training but will supplement what we did not get in donations. Our team is also planning to be at Recovery Happens in September, as a vender as well as supporting some members in attending the event. We are hoping to fill vacancies as soon as given the approval for a Clinical Therapist, a Peer, and an Office Assistant.

CRISIS – Don shared the following updates for CRISIS: the teams are getting ready to ramp back up because school is back in session soon and it gets a little bit busier because we get utilized by the schools quite a bit. As of June, the MHS 8043 report had a total of 963 calls. He also reported on a few staffing vacancies for mid county, stating that they lost a peer support specialist in the outreach program for employment. The PSN hasn't opened for that position yet. Other than that, we're fully staffed. Western region is in the process of interviewing for a new peer support specialist for Rustin and our CBAT supervisor is in the process of interviewing an RSO, which is a Riverside County Sheriff's dispatch CT, which is a clinical therapist that's embedded at the 911 dispatch center to take mental health calls and answer questions. They're also recruiting a CT for Murrieta PD to work with the Murrieta Police Department for one of the CBAT teams there. I don't have any desert staffing updates as of right now.

Don also shared that on Monday, August 3rd, the new Indio Crisis Center, located off Oasis St. in Indio, opens to the public. It is a 24/7 walk in urgent care. The Indio Crisis Center is a walk-in center for immediate behavioral health needs by providing crisis assessments and interventions. The distinctive difference with this urgent care is that they're going to be serving populations five years old and older. Perris only serves 12 years and older and Riverside serves 18 and older. It is a drop-in center for the needs of our younger youth. Some of the services that they're going to be providing are crisis interventions, peer engagement and support, clinical assessments and crisis counseling. Another thing that sets this center apart from our other mental health urgent cares is they're going to be providing MAT services (medical assisted treatment) and are going to be establishing personal safety plans, etc.

PUBLIC COMMENTS/CONCERNS:

There were no shared public comments during the meeting.

Brenda briefly discussed the last agenda item, which was the frequency of meetings for 2027, either quarterly or bimonthly, and shared that we should wait and see if we can get people from JWC by returning to the Rustin Conference Center for more participation.

NEXT MEETING & ADJOURNMENT:

Brenda announced that the next meeting for the Adult System of Care Committee scheduled for September 24, 2026, will be cancelled due to the Recovery Happens event being held on the same date. Therefore, the next scheduled meeting will be October 29th, 2026 @ 1:00 pm, at the Rustin Conference Center.

Brenda thanked everyone for their participation. The meeting was adjourned at 2:16 pm.

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