

RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH
Mid-County Region Behavioral Health Advisory Board
Thursday, June 5, 2025

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT		GUEST PRESENT	
Walter T. Haessler, M.D Brenda Scott – (via Teams) Jennifer Woodworth Dr. Vernita Black	Don Kendrick Dolores DeMartino Ramon Amado Martiza Camacho	Bill Brenneman Jacqueline Markussen Hilda Gallegos Sheree Glidden Xkizin Wright Diana Castillo	Elizabeth Lagunas Donna Sliva Melissa Vasquez Alicia Arredondo Lauren Adamson	Amy K. Honor M. Christine M. Yessenia B. Vanessa H. Lynn C.	Dr. Lena Jeffrey C Michael A. Erin K. Sean M. Alejandrina C.

ITEM	DISCUSSION	ACTION/FOLLOW UP
Call To Order and Introductions	Dr. Vernita Black called the meeting to order at 3:03 p.m. All in attendance introduced themselves.	
Minutes	Due to lack of quorum, May 1 st , 2025, meeting minutes were unable to be accepted.	
Announcements	<p>→ A participant shared that she works for an Adolescent PHP/IOP program (with one in Murrieta and one in Palm Desert) and shared that their newest addition being a telehealth platform to reach more people in Riverside and San Bernardino County, and to reach out if you would like to learn more about their services. They take IEHP and all commercial insurances as well.</p> <p>→ NAMI shared that they are offering a free Family to Family class (Spanish) which is starting at the end of June in Lake Elsinore. Speaker meetings are also offered at the Temecula Hospital (every third Wednesday of the month) with the next one (June 18th) which will be the Murrieta Police Dept discussing how they handle going out on a call involving a mentally ill person. This will be from 7:00 pm to 8:00 pm at the hospital. There's a share and care support group prior to the speaker, which runs from 6:00 pm to 7:00 pm.</p> <p>→ The next NAMI walk is coming up, with additional information coming out soon. It is scheduled for November 15th and will be at the Diamond Valley Lake in Hemet.</p> <p>Committees are being formed now, so possibly by the next meeting there will be more information to share on this.</p>	
Correspondence	No correspondence received or reported.	

<p>New Business- Temecula Children's Clinic – Xkizin Wright</p>	<p>Xkizin Wright, BHSS w/the Temecula Children's Clinic gave a presentation on their program, the members they serve and what they do. At the Temecula Children's clinic, they work with youth to provide a stabilization program, which is typically eight to twelve weeks or sometimes a little bit longer. They not only have therapists but also have psychiatrists in the program. They focus not only on medication, but also behavioral health services. Their vision is to provide compassion, whole person behavioral health care for children and their families, while fostering a safe, supportive space where each feels valued, heard and empowered. They, with empathy at the heart of their work, strive to encourage members to live in the now, prepare for the future, and empower them to grow. We aim to normalize behavioral health challenges, promote well-being across all domains, and equip children and families with the tools and resources they need to thrive. Their values are collaborative, whole person oriented and empowering. The clinic is in Temecula (directly across the street from this office). The cities which they cover in the mid-county region are Temecula, Murrieta, Menifee, Wildomar, French Valley, Winchester and Anza. The members' ages are 0 to 21 and are children who experience profound emotional difficulties. They offer trauma-focused support and have clinicians who are trained in TFEBT and trauma-focused cognitive behavior therapy and coping skills. They do have peers on staff and behavioral health specialists that work with the youth when it comes to providing healthier coping skills and anger management. They have a TAY Peer that works with the youth, and parent partners that work with parents in learning how they can best support their youth. Most referrals come from physicians, school, family members and other community members and other departments within the County of Riverside. The services are grouped into two levels of care. They have a system of care level, which is the lower level of care, with mild to moderate symptoms. This is outpatient and some of the diagnosis they work with are impulsive behaviors, ADHD, and adjustment disorders. The other level of care is their full-service partnership program (FSP) that focuses on more severe symptoms, which are youth that are mainly at risk of being removed from the home or multiple hospitalizations.</p> <p>The clinic supports the youth and their families with FSP, and this is where the Behavioral Health Specialist, the Peer and the Parent Partner all come together, by rallying around the family to provide support. Currently the average caseload for their clinicians is 25 members and then for the doctors, the average is about 88. Current caseloads reflect that they have about 305 members obtaining support. They benefit not only from assessments and individual therapy, but also medication and family therapy, CFTM and groups. Starting in July, they're starting Incredible Years Dino School. They did a test, a taste of Dino school last month and started this month with a work group. They're also doing a "taste of DBT" to provide it to the community so that they can see what DBT all is about and to give them an opportunity to learn more. So that will be coming in June or July. And then because they work with youth, they want to not only support changes within the youth, but they also want to bring in family members so that their environment changes and they can maintain the changes the youth make. So that's quite important that family is included and why families are expected to participate regularly in services alongside the youth.</p> <p>Xkizin then shared a couple of letters written by members highlighting their personal struggles, progress and accomplishments while undergoing therapy and receiving different services within the Temecula Children's Clinic.</p>	
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<p>(Continued) Temecula Children's Clinic</p>	<p>Xkizin then took questions from the group as follows:</p> <p>#1 - How do you ensure that there is interaction with the family? How do you get them involved? Xkizin explained that there are typically family sessions and our family sessions involve the parent partner who has provided tools to the parent, and of course the therapist or the behavioral health specialist, and bring them all together in a safe, monitored area so that they can practice the healthy coping skills and practice a more helpful interaction and reactions to learn how the parent can actually support the member outside of the therapeutic environment</p> <p>#2 - If we were to refer from an outside organization to this program, how would we do that? The member/patient could call directly at the clinic. We would put them on our tracking log to be screened and then determine if they fit our services or meet our qualifications and direct them to the best place to assist them.</p> <p>#3 - What insurances do you take? Preferably Medi-Cal, but we do accept IEHP, Molina, some Kaiser and private pay with a sliding scale fee.</p> <p>#4 - What are your hours? We are open Monday through Friday. The hours for Monday through Thursdays are 8:00 am to 6:00 pm and Fridays are 8:00 am to 4:30 pm.</p> <p>#5 - Any substance abuse counseling or is it just mental health? It is mental health services only.</p> <p>#6 - Families needing a support group and/or psychoeducation, do you refer them out to other groups, whether out in the community or within our system of care? For instance, would you refer them to any family groups at the TAY drop-in center? Yes, we do that.</p>	
<p>New Business - Olive Crest Counseling Center – Christine Munoz</p>	<p>Christine Munoz, Olive Crest Mental Health Assistant Program Director for the Inland and Desert regions, gave a presentation on the services they provide. Christine explained that they do have a new outpatient clinic, which just opened in October of last year, so they have been slowly building up their census and trying to complete their staffing so that they can service the mid-county region. We are in partnership with RUHS and do provide specialty mental health services to children and young adults up to age 21 (or just under age 21). We provide services to the following cities: Temecula, French Valley, Lake Elsinore, Murrieta, Menifee, Perris, and some of Hemet.</p> <p>The different services that are provided are individual and family counseling and behavior modification services. Most of our services are all field based. We do have the capacity to hold services in the clinic if they prefer that; and have a handful that prefer to be able to come into the office instead. But overall, 95% of our clients are seen in the home or in a community setting. We do have a lot of system-involved youth, whether that be through DPSS or probation involvement and are very familiar with intensive care coordination that's needed for some of those cases. We do have in-house psychiatry as well, which has been a huge asset for us. We do value collaboration very much and enjoy being able to have that direct contact with our psychiatrist, to be able to sit in on those appointments with our clients and make sure that there's a full scope of understanding as to what the needs of the family are. Then, as previously mentioned, intensive care coordination for some of our higher-needed clients and we do provide crisis intervention. We have set business hours, but we make sure that we link and supply them with any necessary after-hours crisis support as well. But because we are a system of care outpatient clinic, we do have lower acuity clients so there's not that level of severity that would require 24/7 crisis response. So far, it's worked out pretty well that there hasn't been a need for that with any of our clients. We do our due diligence to make sure that if they need a higher level of care or more intensive services, that we're linking them to that.</p>	

<p>New Business- Olive Crest Counseling Center (Continued)</p>	<p>We service an array of various concerns or challenges that the children might be experiencing or any unusual changes in emotions or behavior; difficulty getting along with others; difficulty with their sleep; changes in their grooming or appearance; inappropriate displays of affection or abnormal sexual gestures or remarks; rebellious or aggressive behavior; and running away from home. We've been very fortunate, as we were building this program, to have seasoned staff that have been from some of our other programs to transition to this role. We're used to higher acuity cases, such as Wraparound and STRTPs. They're all very well equipped to work with the families that we've been receiving at the mid-county clinic. We do have the capacity to provide services in the clinic, but most of them are field based. We have clinicians, Parent Partners and Behavioral Health Specialists, and we have in-house psychiatry. We just brought on a second Parent Partner, and we just brought on a TAY Peer Specialist as well. So similarly, it's all individualized to the client. When we receive the referral, either they can self-refer if they're full scope Medi-Cal, that's the insurance that we accept and it can be the varying versions of Medi-Cal, such as Molina, Kaiser and IEHP. If they come through ACT or through CARES, then we will process that referral as usual. The clinician will typically conduct their assessment and then we will determine whether they meet Medi-Cal eligibility. And then we can determine, in collaboration with the family, whether additional roles are needed, whether that be the Behavioral Health Specialist, the Peer or the Parent Partner. We do try to work with families as best as possible because the child may have lower-level needs, or we see other needs that might be playing out, so we don't necessarily close that door for them, but we will continue to work with them for a certain period. We may perhaps put a parent partner on to support the parent and make sure that those linkages and resources are in place and then transition them over to more appropriate services if needed. The additional roles can change over time, and we may not see a need for that at the onset of services. But if, throughout the course of treatment, they are open to it (because they must be agreeable of course), or if they become open to it and we've seen a change in the client's demonstration or presentation, then we can go ahead and add some of those other roles as well.</p> <p>A meeting participant asked about housing resources for teens/young adults and Christine offered that Olive Crest does have a THP program that provides housing for 18- to 21-year-olds with locations in Riverside, Palm Desert and Moreno Valley. They are funded through IEHP, so kids who are typically non-minor dependents, and if you're a non-minor dependent, you're qualified for Medi-Cal and that's how that gets funded. Any further questions regarding this, they would need to connect you with the THP case managers for further clarification on qualifying candidates, etc.</p> <p>Yessenia, who is a mental health clinician at the outpatient clinic shared some information with the group regarding some of the mental health services that are provided, which are intake assessments, individual and family therapy. Olive Crest provides staff with plenty of training, whether it's training for mental health specifically, TFEBT, cultural humility, or suicide risk assessment training. A lot of families that have kids who have had trauma or experienced trauma in the past, especially our foster families, really appreciate being able to come in because that's what they're looking for. They'll have a child that has sexualized behaviors and needs somebody that understands that because they don't understand it. So being able to help them and provide them that psychoeducation or resources, and some parent training as well during sessions on how to communicate and how to address certain behaviors without shaming or blaming the kids. The focus is to build that relationship between the child and the family and the parent, even biological families/parents need that assistance as well. We are milder to moderate risk with our kids, and obviously Wraparound is very high risk. It's kind of nice because a lot of the teenagers that we get have requested mental health</p>	
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<p>New Business- Olive Crest Counseling Center (Continued)</p>	<p>services or someone else did for them, but they're willing to participate for the most part. Yessenia shared that assessments are one of her favorite things to do. She plans the most for these because she knows kids don't trust therapists. They probably had other people ask them questions, especially a lot of them have if it's their first dependency or removal situation. So, they've had conversations with social workers or other people, and their experiences haven't been so positive. So, for Yesenia, coming in for the first time, wearing her Disney dresses and her Disney backpacks, with a big bag of activities to interact or play with them and makes it fun. A lot of times what has been done here is that they will say things such as "she asked me questions, and we worked on things, but I don't notice it." In the moment we're gathering skills through play therapy, role rehearsing or role-playing, or other fun activities where it's not like direct and aversive for them and it's creating a safe, fun space. She also provides that space for them to be vulnerable and to share some of those hard experiences that they've had. Sometimes we have younger kids, for instance a six-year-old, who gets up and down eight different times during a session and when asked questions, they answer with a whole different story of something that's not related, so clearly, we are dealing with ADHD symptoms. So, with these kids, we're fortunate enough to have a BHS or a Parent Partner at the beginning where they'll be able to provide services to the parents. Also, there could be questions sometimes that I don't know how to assist a parent with, or I'll tell the Parent Partner, there's this parent doing something, but I think it's not okay. I'm not sure that I can address it the best way possible or they're going to receive it the best way from me. How would you word this? Or could you have that conversation and provide some parenting training or skills? They are always very willing to help, and their ideas are sometimes better. So yes, that's a little bit of what mental health looks like for us. We try to make it as fun and engaging as possible, even with our families. We like to have fun interventions with our families, to help them feel engaged, not to feel targeted or blamed for their open dependency case, or for whatever reason that they're looking for mental health services.</p> <p>When it comes to treatment duration, it was explained that since Olive Crest is a community-based clinic and if the families are continuing to meet medical necessity and continuing to benefit from the treatment, we don't necessarily have a cap. We're regularly staffing and discussing cases, and we can titrate as well, so they may not always stay on a weekly basis, they could titrate. Then we evaluate the needs and make sure that they're linked if they need additional services. We do utilize CANS as well to be able to monitor, so every six months, we'll see what their numbers look like. We have a symptoms checklist that we use with the parents so that we can compare and see how behaviors or symptoms have decreased over time.</p> <p>Vanessa, one of the Parent Partners, spoke about helping parents with building their skills as it pertains to behavior issues with their kids and teenagers or helping them with resources. Whether that be in the local community with activities, food pantries, or housing programs that will fit each family to a more crisis level, such as immigration issues or restraining orders, then we link them to legal aid. We work side by side with the Behavioral Health Specialist, the clinician and our Peer Specialist. We all collaborate, so we're all on one mindset and we're not going everywhere with the family and can bridge the gap with them. We bring them all together and have them be able to be on their own and have those resources available to them where they're able to look in their own resource book, (which we provide for them) and are able to look at and go back to that and have that validation.</p>	
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<p>New Business- Olive Crest Counseling Center (Continued)</p>	<p>Our goal for the clinic is to get groups eventually up and running. We do see a lot of themes that play out with our families that we think would really benefit from shared experiences with other families. Olive Crest does provide parent support groups that are run by parent partners and those are going to be switching to telehealth just to have more reach. There are different topics each month that are run by parent partners and are open to families and to the Community, but it's not specific to our clinic, Olive Crest offers those as well.</p> <p>Our primary focus is mental health, but if a client is presenting with substance use issues and it's causing a significant level of impairment, then we would try to find resources to support that. Our STRTP is currently rolling out a matrix model, which is very substance abuse-dependent or focused and we want to try to integrate that into some of our other programs once this pilot has shown to be successful and we have worked out all the kinks.</p> <p>A question was asked by a meeting participant who wasn't sure if this would be Palm Desert specific, but asked about a program if someone wants to enter residential treatment, does Olive Crest have some kind of volunteer program where they'll house their kids without having CPS involved?" Christine shared that would be our early intervention program that Olive Crest offers, it's called Safe Families, and it's offered mainly to single parents who have either some type of situation that would potentially put their child at risk of being detained, they have host families that are ready to go to house the children in order to prevent a removal from occurring, and so that can be substance use related. If the parent needs to enter substance abuse treatment or if they have chronic medical issues that often put them in the hospital for periods of time, it's a safety net so that the children don't have to enter the system and it's voluntary. So, if at any point the parents say, no I'm done with what I was doing and I want my children back, that's entirely up to them. It's our early intervention program through Olive Crest.</p> <p>Another question was asked whether Olive Crest would accept a 22-year-old who requested services? Christine shared that in this instance, the person would be referred to adult services through RUHS. Recently, we received a referral, and she was turning 21 in September, and we have her sibling as well. So, we had to have a conversation with them and let them know that we could open her up, but we'd only have her open for two months, or the alternative was to link her now to receive services through Adult Services, and that was the option that was preferred.</p>	
<p>Nominating Committee</p>	<p>This item has been tabled due to lack of quorum for this meeting.</p>	
<p>Old Business</p>	<p>No information to report.</p>	

<p>Administrator/Managers Report</p>	<p>Beverly McKeddie, Behavioral Health Services Administrator – Children’s Programs was unable to join us today; therefore, no information was shared.</p> <p>Diana Castillo reported on behalf of Sean Rayner, Administrator for Substance Abuse Prevention & Treatment Services, the 5K Fentanyl Poisoning & Overdose Awareness Walk in Murrieta will be held this Saturday, on June 7th at Murrieta Town Square Park from 8:00 am to 2:00 pm.</p> <p>Lake Elsinore has hired a new Office Assistant and is recruiting a bilingual BHS. The Temecula clinic hired a CT for their Mental Health Court program. San Jacinto is fully staffed, and Perris SAPT is hiring a CSA. Temecula had three graduates from Mental Health Court; San Jacinto had three recovery opportunities center graduates; and, Perris had one FPC graduate.</p> <p>Temecula has 136 clients; San Jacinto has 268 clients; Perris has 164 clients; and Lake Elsinore has 173 clients.</p>	
<p>Committee Reports</p>	<p><u>Behavioral Health Commission (BHC)</u> – Brenda shared that Doctor Chang made a couple of announcements about some money that was awarded. It was a substantial amount, but the exact amount was unclear. There were a couple of big projects that the county is going to be able to do; they had applied for some Prop 1 money in Phase One and got it, which sounded like we got more than any other county. The largest one was the hospital. So, we'll be having a new inpatient psychiatric hospital on the Moreno Valley campus. The exact amount for that couldn't be reported. Brenda shared that it was something like \$330 million between the two big projects.</p> <p>The annual training for all advisory board members titled How to be an Effective Commission/Board & More is going to be held on the first Wednesday in August (August 6th) from 10:00 am to 2:00 pm at the Rustin Conference Center in Riverside. Theresa Comstock from the California Behavioral Health Board and Commission is going to be there and so everybody on this Advisory Board is encouraged to attend.</p> <p><u>Membership Committee</u> – No new information reported.</p> <p><u>Children’s Committee</u>- No report available.</p> <p><u>Criminal Justice Committee</u> – No report available.</p> <p><u>Older Adults Committee</u> – No report available.</p>	

<p>Committee Reports (Continued)</p>	<p><u>Adult System of Care Committee-</u> The committee was held at the Rustin Conference Center in Riverside. There were reports from Western, Mid-County, Desert, Mature Adults, CRISIS and CARE Court regions. There was a presentation given by Lorissa Villarreal with HHOPE Housing. The next meeting will be held on June 26th in Perris at noon.</p> <p><u>Criminal Justice Committee</u> – No report available.</p> <p><u>Housing Committee</u> – No report available.</p> <p><u>Legislative Committee</u> – According to Dr. Haessler, the theme of the Legislative committee was uncertainty about funding which involves both state and federal issues. The state legislature is required to pass a budget by the end of this month (which is required by law), but they don't know until they know what the federal funding is going to be, so they don't really know how to allocate funds. They know that whatever they do is going to change in the reality of the federal budget, which is still hung up. The other issue discussed was Prop 36 which made some changes to the definition of felonies. It brought some things back into the felony category that had been characterized as misdemeanors regarding public outcry about crime in the cities. And it contains language that can work with an alternative court system to get people into treatment because now they're facing a felony. So, the excess penalty could get some people in prison, but there will be an alternative to prison. If those eligible individuals can connect with treatment programs, it could get people into treatment and that will mean more work for the county as far as when they come back to jail. More in the jail, less than in the prison system and more in the alternative court system. Again, there was nothing specific about certain pieces of legislation; it was more of a discussion on the system.</p> <p><u>Veterans Committee</u> – Dr. Vernita Black reported on two events coming up. The first one is at Santiago Canyon College, the Brave Veteran's Summer Fest, which will be from 11:00 am to 3:00 pm on Saturday, June 7th at 8045 E. Chapman Ave. in Orange, CA. It's free for veterans and families, all ages welcome. The Arrowhead United Way invites local veterans to a Veteran's Resource Luncheon and Job Fair, which will also be on Saturday, June 7th from 9:00 am to 2:00 pm and that will be held at 646 NE St. in San Bernardino. They will have free food, veteran services, community resources, and health check-ins.</p>	
<p>Public Comments</p>	<p>A meeting participant asked how they could go about presenting at future meetings, and it was suggested that they reach out to either Hilda Gallegos or Sheree Glidden in advance to schedule a date and time.</p> <p>Online participant, Jeffrey Cronin, took the opportunity to say thank you and expressed his interest in hearing about all the new and current programs in the area. He also shared that, as the developing PA program that we have at Cal State San Bernardino, we're trying to find behavioral health or psychiatric training sites for students. So, if anyone's interested in training PA students in behavioral health/mental health/or psychiatry, please reach out to me. My e-mail is Jeffrey.cronin@csusb.edu and hopefully we can find some time to work together.</p>	

Public Comments (Continued)	<p>A meeting participant asked about the Housing Committee and expressed her interest in becoming more involved in the Housing Committee but questioned the fact that you must attend three board meetings in a row to be considered, but when there's no quorum, then the meetings are canceled. It seems that you can still have a meeting. Brenda shared that she brought this up at the Behavioral Health Committee meeting and it was suggested to bring it up at the annual board training in August, but that we can still have an informational meeting. Also, at the next housing meeting that Lana and Brenda are both at, we can just appoint people, so we don't have to wait for three meetings for those committees.</p> <p>To be considered a member of this board, you would need to fill out an application and then attend three meetings in a row before being considered for part of the board. And as you can see, it's important for us to expand our board membership because with only three of us here, we weren't able to do any board official work today. Although it's still great information to have. But the more people that we have as part of the board gives us a larger opportunity to approve the meeting minutes and do all the other things that were on the agenda.</p>	
Next Meeting	The next Mid-County Regional Advisory Board meeting is scheduled for Thursday, July 10, 2025, at the Perris BH Adult Clinic, 450 E San Jacinto Ave, Perris, CA 92571.	Next meeting scheduled for July 10, 2025.
Adjournment	The meeting adjourned at 4:21 pm.	

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