



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

MINUTES

Rustin Conference Center: 2805 Rustin Ave. Riverside CA 92507
& Hybrid

Attendance on May 29, 2025

PRESENT

Brenda Scott
Jacqueline Markussen
Sheree Glidden
Kristen Duffy
Beatriz Reyes
Don Kendrick
Alea Jackson
Tony Ortego
Willard Wynn
Jennel Rand
Lorissa Villarreal
Elizabeth Lagunas
Alma Quinn
Jaime Garcia
Adele Chaney
Kellia Mazariegos
Araceli Mazariegos
Juanita Mata
Maria Cruz
Luz Maria Rodriguez
Sergio Rodriguez
Patti Martinez
Yvonne Gleason
Angie Basurto
Maria Alcaraz
Rochelle Beene
Refujio Vivanco
Donna Sliva
Jim Jones
Kimberlee Samberson

AREA OF REPRESENTATION

NAMI Mt San Jacinto / Board Member
RUHS- Mid-County Adult BH Administration
RUHS- Mid-County Adult BH Administration
RUHS/BH – Consumer Peer Services
RUHS/BH – Hemet Adult Clinic
RUHS/BH – CSSOC
RUHS/BH – Western Adults
RUHS/BH – Older Adults
RUHS/BH – Family Advocate
RUHS/BH
RUHS/BH – HHOPE
RUHS/BH – Pathways to Success
RUHS/BH – Lake Elsinore Adult Clinic
Public
Public
Public
Public
Public
RUHS/BH – Family Advocate Hemet Clinic
Public
Public
Public
Public
Public
RUHS/BH – BHS Lake Elsinore Adult Clinic
Public
Virtual participant – RUHS/BH TAY Sr. Peer
Virtual participant – RUHS/BH Temecula Adults Sr. Peer
Virtual participant – Public
Virtual participant – RUHS/BH HHOPE Sr. Peer

WELCOMING REMARKS

Brenda Scott called the Adult System of Care Committee (ASOC) meeting to order at 12:01 pm.

INTRODUCTIONS

All in attendance (and virtual participant) introduced themselves.

ANNOUNCEMENTS

Nami Temecula Valley shared a flyer titled "Homefront program," which is a free, six-week online class for people who have a military member of their family that is going through some things that could affect them, such as PTSD, depression or anxiety, and it is designed to help family members understand & support their loved one while maintaining their own well-being.

The last 1 Life/1 Heart Poisoning and Overdose Awareness 5K Walk will be held on June 7th at Murrieta Town Square Park, beginning at 8:00 am. Bring your walking shoes and come out and join the event.

MINUTES

The April 24, 2025, minutes were reviewed & accepted as written.

PRESENTATION

Lorissa Villarreal with HHOPE gave a presentation entitled: HHOPE Program - Transforming Lives in Riverside County. Lorissa shared that RUHS/BH has been providing services to people on the streets in Riverside County for over 30 years. The acronym HHOPE stands for Homeless Housing Opportunities Partnerships Education. Lorissa expressed the importance of sharing information like this presentation with our stakeholders so that you can take this information back to your friends and debunk some of the stigmas that are out there and educate folks in a trickle kind of manner.

Lorissa shared some data points to paint a picture regarding what homelessness looks like for us in Riverside County. In January, we had our biannual homeless head count for 2025 and what that is, is a count that takes place on one day to capture the number of individuals that are experiencing homelessness throughout the County, whether that be sheltered or unsheltered persons. When we say sheltered, we mean these folks are in a homeless shelter in the County and this year that number increased because we have gained more partners that have additional beds to share, which is amazing for us. Lorissa then shared numbers from the point in time count starting with those individuals that were found living on the streets, in cars, or a place that is not considered habitable, which were 1,978 people and for the shelter count, 2,012 individuals utilized a shelter bed. These totals include adults, families, veterans, TAY, older adults and LGBTQ+ communities, so we do have some special populations, and everyone is encompassed in those numbers that were shared. There are multiple reasons people fall into homelessness, with the majority stemming from family disruptions; individuals who are at odds with family members. They leave a possible dangerous situation and fall into homelessness at a higher rate than other people. For Riverside County, folks that are surveyed respond at 20%, so individuals that are experiencing homelessness, 20% of them have some family disruption and that's how they find themselves in this space. Then we have a lack of income reported at 19% and unemployment at 12%. We also have sub-populations within the homeless count and for our special populations, we saw a decrease across all our special populations. With veterans, we found that there was a 36% decrease in that number. For seniors (65+), there was a 30% decrease. For households with children, we saw an 18% decrease and for our transitional age youth (TAY), that was a 70% decrease. Again, this is because there were different shelters that added beds; and there were different permits for the housing unit that came online to support individuals. The point in time count is just one single indicator of data and when we look at our Coordinated Entry System (CES) here in Riverside County, and what we call Home Connect, we had over 18,000 people come through the system during fiscal year 23/24, and that was just a few months before the January count, so that's just to put into context the count and what's actually being recorded in our platform. We do use that count for funding opportunities. Everybody who is part of HUD funding will use these numbers when writing grants, and they look at this number so that they can identify different resources that are needed throughout the County. Also, people of color tend to be over-represented in homelessness, and this is across the United States. Mental and physical health challenges are common among the target population and just from California numbers, 66% have untreated mental health conditions, 35% face chronic substance use, and 60% live with at least one chronic health condition. We lead with an evidence-based model and our response is housing first which is something that we needed to hear in the County of Riverside, and we want to remove prejudice and as many barriers as possible.

PRESENTATION: (Continued)

HHOPE Program services include the following: the Coordinated Entry System (CES) / HomeConnect; the Housing Crisis Response or "Street Outreach" teams; Emergency Housing, Transitional Housing & Rental Assistance; Permanent Supportive & Affordable Housing Programs; Adult Residential Facilities; and our Cal AIM initiative, which is Enhanced Care Management (ECM) & Community Supports (CS). The Coordinated Entry System (CES) or HomeConnect acts as the front door for the entire county, providing services in the homelessness space. We want to capture folks who are at risk of homelessness or experiencing homelessness from this platform called the Homeless Management Information System. Our on-site team fields calls that come through and can assess folks over the phone and refer them to the correct agency or outreach team based on their need so that there's follow up there and when and how each team engages an individual who's experiencing homelessness or is at imminent risk of homelessness, they will start to build a relationship with them. The staff who are manning our HomeConnect call center have processed over 18,000 unique individuals who needed support and were entered or assessed. There are approximately 16 outreach teams that are spread throughout Riverside County. As mentioned previously, there are unique populations that have been identified; one of them is veterans. We have a veteran's team that goes out into the field and takes those calls that are vetted through our call center, and they will dispatch our veteran's team to respond to individuals who have that background. We also have teams that are specific to our Santa Ana River bottom, to the Murrieta Creek, and to the San Jacinto River bottom and outreach teams are responding to our calls within 48 hours. Recently, we went live with care router, which is something that our mobile crisis teams also utilize, and this allows our dispatch team to see a map of all our outreach teams and where they're located. This is really going to help us to be efficient in our response time and it will eliminate that waiting time for individuals who are calling in to the call center. Our hope in moving forward with this process is to remove barriers for our members, our staff and create some more efficient space in the field. Our outreach team's focus is connecting folks and linking them to services, and that also means connecting them to clinics, connecting them to general benefits and most importantly, to housing. We assess what their needs are and match folks with available funding and housing situations. Some people need emergency housing because they're going to hop on a bus in two days to be reunited with family. Other people need a rapid rehousing situation and folks who just need a little bit of help, maybe they lost their job, maybe their family member got sick and they need to take time off work and need to get back on their feet, this would allow them to stay in place for up to one year with the opportunity to spend an additional year. The permanent, supportive housing is for folks with the highest need, typically those individuals that have some type of disability and chronic homelessness. We can put them in one of the units that comes online throughout Riverside County for a permanent housing situation and they're able to stay there as long as they need to.

Some outreach data for fiscal year 23/24 was shared and it was reported that over 1300 unique individuals were among the HHOPE program, which were supported by 16 mobile outreach teams throughout the entire Riverside County areas. We also have a team (two individuals) in Blythe who are partners and can go out into the field together. We also have a contract with Menifee Police Department and have two individuals (one peer and one behavioral health specialist III, who is a substance use disorder counselor) who are going out with that Police Department team to provide services. They understand the importance of a gentler approach in having a relationship with individuals who are experiencing homelessness and allowing them to open up and talk about what services they need. We've seen some positive results in that partnership with the Police Department.

The HHOPE Emergency Housing & Rental Assistance assists individuals and families in a housing crisis to obtain short-term emergency shelter or maintain their current tenancy through rental assistance. Qualifying individuals must be homeless with limited resources or facing a discharge from a hospital or from a Correctional Facility. We do get referrals from our partners in our county jails with individuals who are linked to Behavioral Health, who are exiting a county jail and don't have anywhere to go and are able to support individuals in an interim basis in an emergency shelter situation. Additionally, we have that same partnership with folks that are being discharged from hospitals, and we offer that same support as well for an emergency housing situation for those individuals. Unfortunately, these instances do not occur 100% of the time. HHOPE is required to connect with either the hospital discharge social worker or the BHS II on site at the County jails to understand the members' situation, and will house them temporarily in emergency housing, but we do need to ensure that there is an exit plan for that person. Questions are asked such as: are they going to be reunited with their family? Are they going into a shelter? What are the next steps. And some people may not be interested in having that emergency funding situation. Typically, the assistance is up to 28 days, but each week the case manager needs to check in to ensure that the individual is doing what they're supposed to do to move forward with an exit plan.

What is emergency housing? Typically, emergency housing is for individuals with an immediate need for shelter situations. We see a lot of people calling in when it gets cold outside or when it starts to get hot. We want to make sure that those who are placed have an exit strategy with their case manager. Our transitional housing, which includes room and board for sober living, is available for people, and

PRESENTATION: (Continued)

is time limited. If an individual has IEHP for instance, there's a benefit there that would allow them to go into a sober living or recovery residence for up to six months, with an opportunity to extend that stay under certain circumstances and working with the case manager to identify where they are in their exit strategy.

We have rapid rehousing, which requires an acceptance score for an individual who needs to be between 4 and 7 to match the rapid rehousing situation. This is temporary supportive services to assist families to quickly house them and keep them in place. Permanent supportive housing – uses the acceptance score of 8 plus and typically the higher you score there, the higher you end up on our community queue list. That list is utilized to pull for permanent supportive housing situations so the coordinated entries system team monitors that community queue and works collaboratively with Housing Authority and property managers who have these specific units and when one's available, they will let us know and we vet based on the qualifications of that apartment complex. Though everyone's a little bit different, some of them are 55+, some of them are for veterans or for adults, and we have to ensure that they are meeting the eligibility requirements, which are chronic homelessness and some type of disability.

Our permanent supportive housing has staff on site. Sasha Trejos is one of our supervisors for the HHOPE program, who oversees staff that provide services for individuals who are placed in these situations. That means that Monday through Friday, there's someone on site who helps individuals get to doctor's appointments or to make sure that folks are connected to some type of income whether it's SSI, SSDI, or general benefits. They also help individuals with life skills and our BHS III is on site to provide groups for individuals who would like to participate, such as using art therapy, or utilizing different games that they found, one of them has to do with what looks like a beach ball and it has little prompts, so they'll toss it to a member and the member reads to the group the question, and then it prompts a conversation and that's how they get people to engage.

Permanent Supportive Housing (PSH) communities are considered scattered sites which are offered through HHOPE, and they also have project-based vouchers. Scattered sites mean that folks are in different units throughout the County and project-based vouchers (meaning an entire building) that offer several units for supportive housing, and sometimes there's affordable housing that's sprinkled in as well. Currently there are 863 Behavioral Health units throughout the community and that number is growing. There are several projects that are coming online, two of which are coming this summer, one is in Palm Springs called The Path, which is for 55+, and then another is in Dos Logos and that is in our mid-county area. There is a wait list and there are numerous calls occurring, people are getting on the list to get in, and they're getting vetted by the Housing Authority. There are several properties in Riverside, Cathedral City, Palm Springs, Temecula, Wildomar, Coachella, Moreno Valley, Perris, Menifee, Desert Hot Springs, Thousand Palms, Corona and Beaumont. The Path, located in Palm Springs, is interesting because it's considered permanent supportive housing and has 25 Beds at this housing situation. The unique thing about this property is that there's 24/7 oversight, which means there is always staff on site to support individuals here.

RUHS-BH Augmented Adult Residential Facilities (ARF) provide housing, recuperative care, and services to consumers needing long-term support. It is primarily located next to a nearby clinic and is an adult residential facility. The adult residential facility is considered a higher level of care and the individuals there have a nurse on site, they have access to the clinic, and folks are participating regularly in groups, they have access to different activities, learning life skills; and breakfast, lunch and dinner is served. Individuals do have the ability to leave, go for walks, go to a movie, or go shopping. It is not a locked facility. If they have an appointment off site, they have case managers that could transport them or if they have insurance (like IEHP), then the insurance provider would get them connected to transportation.

The Adult Behavioral Health Enhanced Care Management (ECM) team consists of several individuals to create this multidisciplinary team; there is a nurse, a behavioral health care manager, a case manager, a community health worker, a peer support specialist, and a community services assistant. These individuals support folks who have IEHP or Molina and are referred to our teams to provide outreach and engagement, coordination of medical, dental and behavioral health care, which also includes transportation, connection to public benefits, such as general aid and advocacy with other providers.

The community support team offers housing transition and navigation and supports individuals (who are covered through insurance) with up to \$7000 if they need a housing deposit, or if they need furniture and different things to get them started in a new living situation. This has been a large benefit for the people that are our target population. Community support also offers short-term post hospitalization when individuals are discharged from a hospital setting, but they still need some wound care or still taking medication and have follow up doctor appointments, they would go into a short-term post hospitalization setting such as recuperative care or medical respite, and it is covered by their insurance for six months.

PRESENTATION: (Continued)

Lorissa shared some data points from the fiscal year 23/24. For short term, post hospitalization: 1159 referrals were processed with over 1100 members serviced; 350-400+ member households were served on a monthly average; and over 108,400 bed nights provided. For housing navigation: 619 referrals were processed, with over 400 members served, and roughly 100-130 member households served on average monthly. For housing deposits: 53 referrals were processed, with 44 member households served and approximately \$97,640 monetary assistance provided. For housing tenancy: 75 referrals were processed, with 44 members served and 10-20 member households served on average monthly.

Lorissa reviewed some of the grants that were received to help support the target population. Without these grants, we wouldn't be able to move forward in the way that we do and support 1300 people each year and that's just for the HHOPE program. These grants also help to ensure that our staff is paid for, and that we have the capacity to continue the great work that we're providing in the field. One of the things Lorissa shared is that the proposed fiscal year 2026 presidential budget will cut some of these funding sources and we will not know until September/October, what that's going to look like for some of the grants that we do utilize to support our folks. We're waiting for that and overall, there is \$40 million in cuts to keep programs that support homelessness. We're hoping that does not happen, but we're aligning with whatever the requirements are because we do want to receive all the funding opportunities that are available.

Lastly, Lorissa reported that the Franklin ribbon cutting took place, which is the adult residential facility in the city of Riverside. We are just waiting for our contracted provider to receive their license so that we can open the doors and start getting people in beds. The Place, which is also in the city of Riverside, is being remodeled and is set to open in late winter, which will add an additional 32 beds for our target population. Six upcoming housing communities are opening in Palm Springs, Riverside, Beaumont, Wildomar, Cathedral City, and Coachella; which are opening in the next 1-2 years (268 BH units coming; 571 total affordable).

DEPARTMENT UPDATES:

Western Region – Alea Jackson reported the following updates: the Western Region held its May is Mental Health Month (MiMHM) event, the theme was Art of Wellness, which was held at Fairmount Park in Riverside on Thursday, May 15th. It was a big success, so I hope next year you all come out and check out the Western region.

Blaine St. Clinic continues to provide individual therapy groups, peer services, medication support services, family advocacy and case management. Currently we have 20 groups that are offered at the Blaine St. clinic, and they recently started a Post-Traumatic Stress Disorder group. We have a lot of curriculum and clinicians who are facilitating that group on a weekly basis.

Blaine currently has 115 members in its FSP (full-service partnership) program and 1,689 members in the non-FSA program. We've worked hard to be able to expand not only our full-service partnership programming, but also our group treatment, so hence the 20 groups. We currently have one vacancy which is the clinical therapist position. We've also worked very hard to recruit and retain staff.

Jefferson Wellness Clinic (JWC) has 312 enrolled members. There are currently two vacancies, and we have 19 groups that are pretty full, but they are open groups, so they're on a rotating basis and are offered weekly.

Pathways to Success which I know there are several members attending today and I'm excited to see that. This program is such an amazing partnership with the Department of Rehabilitation, and I hope we're doing a lot for you all. We're located in Riverside and Temecula and it's a vocational rehabilitation program in which we partner with the California State Department of Rehabilitation to assist our members in finding work, such as attending trade school or getting certified in certain specializations. We also offer various incentives. We pay for things like clothing or other items that may be needed. There are currently 189 members enrolled between both site locations, and the program has one vacancy, which is an office assistant position.

Mid-County Adult Behavioral Health Clinics – Jacqueline Markussen provided the following updates: We also had a May is Mental Health Month fair, which had a great turnout. We touched the lives of approximately 850 individuals (who signed in), and we had 55 exhibitors, which was approximately 150 more individuals and six more vendors than last year. We were very pleased with that turnout and a huge thanks to all the staff who put in all the work and long hours to make it a success.

Hemet Adult BH Clinic has 1,560 non-FSP members and 176 FSP members. Our current vacancies are one Office Assistant and one Supervising Office Assistant. The clinic supervisor has been working hard on filling all vacancies. She recently hired a Family Advocate, Carmen, and she is here with us today. She started a couple weeks ago in her new role. Sandy also hired a Behavioral Health Specialist III that started last week, a Consumer Peer, who started today, and a Behavioral Health Specialist II, who will start June 12th.

Lake Elsinore Adult BH Clinic has 474 non-FSP members and 41 FSP members. Our current vacancies are one Clinical Therapist, one Office Assistant II, one Behavioral Health Specialist, one Peer and one Family Advocate. We are working hard to fill these vacancies.

Perris Adult BH Clinic has 811 non-FSP members and 93 FSP members and the clinic is fully staffed.

Temecula Adult BH Clinic has 491 non-FSP members and 34 FSP members. Our current vacancies are one bilingual Clinical Therapist, and an offer was made to a Consumer Peer, who's pending a background check. The clinic staff at Temecula have been working hard on coordinating with our Peer Resource Center and working collaboratively to support their members. SAPT and Temecula supervisors have started to meet regularly to enable close care coordination between SAPT and our collaborative court members.

Desert Region – Rachel Gileno was not present at today's meeting, so therefore no new information was shared at this time.

Mature Adults – Tony Ortego shared with the group the following information:

Western Region - we have one clinic for mature adults which is located here at Rustin, Suite #5 in Riverside. We do provide services to a little over 650 members. Out of that 650, 150 belong to our full-service partnership (FSP) track, which means these individuals get a lot more intensive services because they have a higher level of need, such as maybe being faced with being unhoused or having a crisis that might result in hospitalization or incarceration. We will move them into our full-service partnership track. It's a team who's able to move quickly, respond to the crisis and provide some stability over a longer period. We have many of them who, through our HHOPE housing program, have received some temporary and permanent housing that has been subsidized because they are FSP or full-service partnership members. We are fully staffed as we just hired our last vacancy, which is a BHS III, a substance abuse counselor, who just started today.

Mid-county region clinics are broken into East and Southwest Divisions, which make up four separate clinics. We have our Perris and San Jacinto clinics, which are considered the East area; and then we have the Southwest area, which is considered Temecula and Lake Elsinore. We serve a little over 1,271 members throughout these four clinics. Out of the 1,271 members, 673 are served by Perris and San Jacinto, and out of that 673, 143 are our FSP (full-service partnership) members. Again, those members need the highest level of care because they are in and out of crisis all the time, or their symptomology is so severe that we need to provide more services and more frequently. Currently, we are fully staffed at Perris and San Jacinto. In the Southwest clinics, Temecula and Lake Elsinore, we have 598 members and out of the 598, 122 that fall under our full-service partnership track. The housing component is immense for these individuals, many of them are facing a situation where they're homeless or they're soon to be homeless. Finances are a big part of that; family abandonment is another big part of that. Sometimes due to their symptoms, which could be symptoms of psychoses or other severe diagnosis where they're unable to remain in a stable housing condition. Our Temecula and Lake Elsinore teams, like our Perris, San Jacinto and Riverside teams, do a phenomenal job. We assist individuals in getting their social security benefits or their entitlements reestablished, their SNAP programs reestablished, or sometimes it's small pensions, which they may not have collected in many years because of their homeless situation. We have an amazing team in all the regions. In terms of vacant positions, we are in the process of interviewing for an Office Assistant position to be filled in Lake Elsinore.

Desert region - Our Wellness and Recovery program/mature adult programs operate out of three locations in the desert. We have Banning, Indio and our flagship, which is in Desert Hot Springs. Our Desert Hot Springs clinic is a very busy clinic. We serve approximately 135 individuals coming through monthly or on a walk-in basis. In addition to that, an extra 125 individuals are on our FSP track. The desert has its unique challenges because the peak area is so wide and geographically large. A lot of individuals live in some rural areas, therefore transportation for them is difficult. So, we do provide a lot of transportation, not only in the desert, but also in the Western region because we have one clinic here, but in the desert, it is certainly needed. That's why we start in Banning and end in Blythe. We basically operate out of the three clinics between Banning, Desert Hot Springs and Indio. Currently we are interviewing for an Office Assistant II in Desert Hot Springs. We had someone transfer to our Indio location, which left a vacancy there. It's hard to find good help in the desert region because they do have to travel. Desert Hot Springs is sort of in that middle desert, north of Palm Springs, so they're going to have to either travel through the Coachella Valley, from the Indio area or from the South Palm Springs area. We've had trouble filling positions for Office Assistants in Desert Hot Springs before, so we know what we're up against. There was also an opening for a Sr. Peer Support in the desert region to assist with our mature adult programs for the three clinics and we found someone rather

quickly because he was an internal candidate who we were able to quickly promote up. His name is Jason, and he does phenomenal work. He's been employed with us for several years and has done a phenomenal job in the desert, so that met the vacancy for Peer Support. The Banning and Indio clinics are considered satellite clinics. They're combined adult and children's clinics, but we also provide older adult services within them, which consists of small teams of older adult staff who provide services to our geriatric or 60+ population. Tony shared that his team works extremely close in the desert with HHOPE housing, who have helped to establish a lot of individuals in the desert with some permanent form of housing. Two or three apartment complexes have opened and are utilized for adults, and we have approximately 30 to 35 individuals at multiple locations in some of those established housing programs. The climate can be rough in the desert, and obviously during the summertime, where temperatures can soar 110 and above several months out of the year, and the worst thing to see is one of our older adults/mature adults who are unhoused living in in parking lot or behind a commercial building, therefore our team goes above and beyond for this population.

CRISIS – Don Kendrick with the Crisis team shared that there are no reportable updates at this time, with the exception that the dispatch center relocated from one side of the building at Rustin to a windowed area, which is providing natural light/windows for the staff and considered a lot more therapeutic. As a department, we are still extremely busy, which is a good thing, but we hate for those in the community or individuals to be in a crisis. We're on 24 hours a day, seven days a week, 365 days a year. We serve people that are experiencing a mental health crisis. What does that crisis look like? A lot of people think, oh, because they're suicidal, you know, dangerous, self-injured, others are greatly disabled. That's not necessarily the case with us as mobile crisis. It's whatever that individual is going through in that moment that can't wait. For example, we'll go out to a kiddo that got their cell phone taken away (which is their crisis), to somebody that's talking about jumping off a bridge. These examples are a little extreme, but these are the types of calls we respond to. The number to call is (951) 686-Help. You'll be transferred to a dispatch center. They'll ask you a few questions regarding the crisis. We prefer to have somebody there at the scene, and although we don't necessarily need somebody there, we like to collect some type of collateral information regarding the crisis or if an individual is in a crisis themselves, they can also utilize our line. Our dispatch center will dispatch a team out, and we typically will get out there in 30 minutes, which is our target time. We've been meeting those dispatch times significantly, unless it's like somewhere remote, for instance Sage or some other rural area. In this case, our dispatch times are a little longer, but not too much longer. So, we're meeting those needs best way possible. With schools, as everybody knows, summer is coming, and our schools utilize our services quite a bit. We have a good partnership with all our area schools and a lot of the school counselors and principals utilize our services and get daily school calls. With summer coming up, of course the schools are going to be closed, therefore, our teams are getting ready to gear up for the next few months and put on our outreach hats and touch either the homeless population, people out there that are needing services and trying to offer them case management as well and getting them linked to services or whatever that client's need is because that is a part of what we do. We don't sit just in an office and wait for a crisis call to happen. We also go out there and engage with the community as well; pretty much like what the HHOPE outreach team does and offer whatever type of services they may need.

There are no staffing updates as far as Western and Desert regions. We do have two positions open for clinical therapists in the mid-county areas, one for the Lake Elsinore area and one for Temecula, at the Old Town Sheriff's substation. We will also have a peer support specialist available after the 12th of June due to a promotion and that opening will be in the Hemet area.

CARE Court – Carina Gustafsson was not present at today's meeting, so therefore no new information was shared at this time.

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 shared that she found an old flyer and wondered if we could do some social media with that old flyer and just update it. There appear to be some legal/approval policy issues that need to be investigated within our county publicity team prior to moving forward with something like this.

PUBLIC COMMENTS/CONCERNS:

A participant in today's meeting shared her gratitude for the services that the County provides as a whole and to let staff know that they appreciate how hard they work, and that there is always good, helpful information shared at this meeting.

NEXT MEETING & ADJOURNMENT

The next meeting for the Adult System of Care Committee will be held on June 26, 2025, at the Perris Adult BH Clinic @ 450 E San Jacinto Ave Suite 1, Perris CA 92571.

Brenda thanked everyone for their participation and feedback. Meeting was adjourned at 1:48 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	X			DARK				DARK
2. James Lucero	X	A	X	A	A							
3. Laurence Gonzaga	A	A	A	A	A							
4. Maritza Camacho	A	A	A	A	A							
5. Don Kendrick	X	X	A	X	X							
6. Adriana Ardila	A	A	A	A	A							
7. Sonia Navarro	A	X	X	A	A							