

RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH
Mid-County Region Behavioral Health Advisory Board
Thursday, May 1, 2025

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT			GUEST PRESENT
Walter T. Haessler, M.D Brenda Scott Jennifer Woodworth Ramon Amado Martiza Camacho	Don Kendrick Dolores DeMartino Dr. Vernita Black	Bill Brenneman Jacqueline Markussen Hilda Gallegos Sheree Glidden Sean Rayner	Elizabeth Lagunas Tony Ortego Melissa Vasquez Anthony Pierson Sandy Idle	Annette Arias Raquel Jones-Pierce Rebeckah Birkinsha	Amy Konopka Sherri Randall Brenda Hamamoto Yvonne Gleason Angelina Basurto Martin Alba

ITEM	DISCUSSION	ACTION/FOLLOW UP
Call To Order and Introductions	Brenda called the meeting to order at 3:15 p.m. All in attendance introduced themselves.	
Minutes	Meeting minutes for April 3, 2025, were accepted as presented.	
Announcements	<p>Brenda announced the MiMHM events and flyers were provided with more information on how to register or volunteer for these events. The Art of Wellness (Mid-County) event will be held on Thursday, May 8th at Valley Wide Recreation Park in San Jacinto, from 11:30-4:30. There will also be an MHSA Update which will be held in the gymnasium at this event where you can provide input to the MHSA plan. On May 15th at Riverside Fairmount Park, the last opportunity to attend the Mental Health Awareness Fair from 11:30 am to 4 pm will be held.</p> <p>The Children's Mental Health Awareness event will be held on May 22nd from 4-7 at the Myers building.</p> <p>An event - Directing Change Program and Film Contest is being held on May 15th at the Fox Performing Arts Center in Riverside @ 4:00 pm.</p> <p>Melissa announced that through the Family Advocate Program, they are offering a virtual/online sibling support group, which is held once a month, every third Tuesday from 6:30 pm to 8:00 pm, which is intended for siblings of adult family members who are experiencing mental health challenges and come together and gain some understanding, encouragement and hope, as well as psychoeducation and support, and understanding what their relative is going through and the importance of their own self-care and setting boundaries. Also shared, was a Meet the Team event being held on Wednesday, May 28th from 6:00 pm to 8:00 pm at the Rustin Conference Center. You will get a chance to meet the team, who will discuss the Family Advocacy program, the support, education and resources that we provide, our purpose, our roles, what we do and what we don't do and our focus areas such as substance abuse, and the clinical support that we offer overall.</p>	
Correspondence	No correspondence received or reported.	

<p>New Business- Mature Adults-Tony Ortego</p>	<p>Tony Ortego, Behavioral Health Administrator for the County-wide Mature Adults System of Care gave a presentation entitled Wellness and Recovery for Mature Adults. Tony explained there are eight clinics throughout Riverside County providing services to the Mature Adult communities. This does not, however, include Blythe, but there is a clinic there that provides services for children, adults and mature adults combined. The Mid-County clinics include Lake Elsinore, Perris, Temecula and San Jacinto, and between these four clinics, services are provided to more than 1200 members. There are three comprehensive programs used by the clinics and they are: Full-Service Partnership (FSP) also known as Specialized Multidisciplinary Aggressive Response Treatment - S.M.A.R.T., Wellness and Recovery services, and Prevention & Early Intervention (PEI). In every clinic, FSP and Wellness and Recovery services are predominantly used and considered a two-track system.</p> <p>Tony explained that when members arrive at the clinics, assessments are completed and the majority by far will fall under the wellness track, and we also get members with an SMI (severe mental illness) who have been referred by one of our healthcare plans (as we work collaboratively/closely with our healthcare plans), such as Kaiser, IEHP and Molina. For those individuals that need a little bit more intensive case management, or if they are going through a crisis, we will bump them up to the FSP track. It's the same type of qualifier for the most part, except for the FSP track, which again provides more intensive and more frequent services to get them out of that crisis or try to prevent them from being in a crisis. Most crisis normally revolve around unhoused situations, there could be a situation where they are coming out of a psychiatric hospitalization or facing a hospitalization or coming out of detention/County jails/State prisons, etc. or we're trying to keep them out. Maybe they're involved in the justice system, and we are advocating on their behalf to go through one of our specialty courts. We look at those as some of the three major qualifiers (or crisis situations) that really set them apart from our Wellness Recovery program from our Full-Service Partnership. Our third program that we have is Prevention & Early Intervention (PEI) which encompasses clinical therapists embedded at the Office of Aging, our sister partner. Office on Aging is a program that acts as a great resource center and provides a lot of great resources for those individuals who are mature adults/members. They don't have to be a person carrying a mental illness, but they may, or they may run across individuals who are suffering from late life depression or some low-lying depressive disorder, etc. They also serve adult individuals with disabilities as well and they link them to different services throughout the County. It could be a service to help them get their electricity bill paid for them during the month of August, because for some reason they had higher utilization, and they don't have the funds to cover the bill. It may be connecting them to in-home support services and help them navigate the IHSS route or helping them to identify caregiver resources. The reason we have clinical therapists at the Office on Aging is because at times they will have some of their members present with a mental illness, or with low-level anxiety or depression and they can assess and provide CBT (cognitive behavioral therapy) at the office, as well as in member's homes. For those individuals in need of a higher level of support (aka our Mature Adult Program), they will refer them directly or fast-track individuals and have them seen quicker to a higher level of care. The Office on Aging is not our Mature Adult program, but a sister program that falls under Riverside County and is its own department.</p> <p>We serve individuals who are 60 and above or just shy of age 60 (59 and a half) and would benefit from more age-appropriate services that we offer. We have a lot of members who start off at our Adult Clinics (like Hemet, or Blaine Street in Riverside, Indio or Perris, etc.) and as they age, they may need more age-appropriate services where we can provide specific services to individuals that are dealing with problems related to aging and behavioral health. Again, we serve the SMI population, those who have a severe, persistent mental illness, those who are homeless or at risk of</p>	
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Mature Adults presentation

being homeless, those who are at risk of being incarcerated, or have recently been hospitalized in psychiatric care or multiple voluntary hospitalizations. These are what our FSP or SMART programs address. Tony then explained that as members progress through their recovery while in the FSP or SMART programs, they can step down to the regular Wellness track, which means we won't see them as often, rather than seeing them perhaps weekly or multiple times a week depending on the severity or intensity of their crisis that they are dealing with, we might follow up with them or see them once or twice a month.

Our Full-Service Partnership (FSP) program consists of a multi-disciplinary team which provides psychiatric care, medication monitoring, physical health screenings, and other integrated services. We do a lot of intensive case management, sometimes multiple times a week. We provide weekly monitoring and provide additional housing services and linkages. If a member is coming to us at age 65 or 70 and if they have a concern or they are unhoused or soon to be in a situation where they will be homeless, we want to act very quickly on that. We do our best to bump them up a bit through our sister program HHOPE housing, which serves adults and older adults to connect them to appropriate housing; sometimes it is temporary until permanent housing is available. Our team will act to get them off the streets as best we can, and again, it is the consumer's choice.

We do provide some limited FLEX funds, which means sometimes our members will come across situations where they might have insufficient food, clothing, or shelter, or possibly need some utility assistance during peak, hot weather temperatures (like August) where they ran up an electricity bill that they can't afford unfortunately because they have limited incomes. So, occasionally we will be able to get approval to provide some utility assistance, along with other situations that will require supervisory approval. For example, if we have a situation where a member has become unhoused and get them into some form of an apartment, but they have absolutely no furniture, getting them a bed is essential, they need a table, chairs, cookware, or a refrigerator. So, as Tony further explained, it is not uncommon for him to sign off on these types of FLEX fund requests to provide these essentials to them. For our ageing population, who are coming off the streets, these types of necessities are essential, and we will do our best to help them out and help them to get settled in and at the same time it magically helps them to restore their dignity as well.

Most of our clinics have smaller caseloads and we have been fortunate to have sufficient staff coverage as opposed to other adult clinics where staffing is an issue along with high caseloads. Because we are community-based clinics, we know we have a very large population and within Riverside County the fastest growing population is not only here in the Mid-County Region, but the older adults or mature adults in that population are included in those figures as well. By 2060, Riverside County is expected to have a growth rate of over 260% in older, mature adults. By 2030, we are going to see a huge bump in the population of older adults. So older adults, ages 60 and above, are the fastest growing population, not only within our County, but nationwide. We have baby boomers coming of age, or that are on the cusp if they haven't already, that are going through some economic challenges. Housing, specifically here in Southern California, is extremely expensive and the Inland Empire used to be less expensive, and we are still considered less expensive, but highly expensive, nonetheless. Food insecurities are often related to the price of goods that they are unable to afford, and someone who is relying on their retirement or social security income, etc., it will be very difficult for many older adults to make ends meet and be able to live independently. So, our goal is to promote the achievement and maintenance of a physically and emotionally healthy lifestyle to enable members to remain living independently in their own home or community-based housing for as long as possible.

**New Business-
Mature Adults presentation
(Continued)**

As previously mentioned, members can easily step down to the Wellness and Recovery track, which is monthly monitoring or possibly a couple of times a month checking in for services. They serve mature adults, ages 60 and older, with the same types of goals and services. Individuals who are on the Wellness and Recovery track just need less intensive services. They are not engaged so much at a crisis level, it's not to say that they won't occasionally go into a crisis, but if we are able to get them out of that crisis relatively quickly and help them to remain in that recovery mode, they remain in the track. If it becomes more challenging, then we will want to see them more often and provide more services to them, so we might bump them back up to the FSP track. The transition between the two tracks does not interfere with continuity of care. For example, if they have a case manager named Nancy in the Wellness track, Nancy will also be providing services under the FSP track, if necessary, as opposed to handing them off to a different case manager and having them start that relationship all over. If that were the case, the members would continue to go off track. So, we try to make it as seamless as possible because with our older adults building that relationship with their therapist or case manager is difficult to recover. Also, our Peers play an enormous part in our recovery program and are considered the vertebrae in our backbone.

Our FSP and Wellness Recovery are Medi-Cal recipients, and some managed care plans are accepted upon approval from IEHP, Kaiser, and Molina. Occasionally, once a month, the supervisor reviews cases with Kaiser, Molina and IEHP for individuals who really don't qualify for our services under their healthcare plans, as they belong to a managed plan like Kaiser, but Kaiser or Molina is unable to provide the intensity or level of services that's needed based upon the individual's severity or crisis they are going through. Most of the time we will accept members in this process, and we have an MOU with Kaiser for them to arrange for us to see them. We do provide sliding scale fees and encourage independence and stability, developing family and community support; encouraging and supporting members to manage their physical health, as well as their mental health, and address other social determinates. Unfortunately, with our mature adult program, many members who come to us no longer have family close by or no longer have family support; it's not uncommon. Sometimes their children have grown up and moved away; sometimes they are childless. Often their support systems have either passed away or moved away or dispersed; it's part of aging. Overall, individuals coming into our program, feel pretty good about aging and that's what we try to highlight. We try to bring out all the tools we can to help them engage in the aging process. There is a beauty to aging. Some of our members do work part-time and really enjoy working part-time. Many of them do have fulfilling and rewarding lives, we just must help them sometimes reconnect to the great benefits that come along with aging, which includes life experience and lots of wisdom. We, as a team, learn as much from these individuals as they learn from us as well.

We provide psychiatric services; medication management; physical health screenings; lots of linkage to and coordination with primary and specialized medical care; short term psychotherapy; and therapy groups both in English and Spanish. Older adults coming into our system often have at least three medical issues, with some of the most common being hypertension, diabetes, and chronic pain. We also have, unfortunately, about 65% or higher in some clinics that have co-occurring disorders such as substance abuse or dependency disorders. Those substance abuse/dependency disorders often differ a little bit than our adult population. The nice thing about this is that we can provide some services that will help manage and help them process what's more relevant to their struggles, especially as it relates to substances. Some of the substances that are common amongst our mature adults are opioid related, so we have a lot of individuals who deal with chronic pain and pain management, so a lot of pain medications are opioid derivatives, which are often some of the culprits and used inappropriately. Sometimes individuals will also doctor shop

<p>New Business- Mature Adults presentation (Continued)</p>	<p>around for these opiates. We have our nurses/LVNs, psychiatrists, occupational therapists, case managers, social workers, peers and family advocates, who will all help them understand that we understand and drive them towards their recovery goals.</p> <p>Tony discussed the different types of groups that are provided for their members such as traditional group therapy; on-site and community-based groups; Evidence based and wellness groups; DBT Skills; Recovery Management; Full Spectrum of Wrap-Around Services; CBT (Cognitive Behavioral Therapy); Seeking Safety; Nutritional; Pain Management; Meds for Success; Healing Art; Colors of Wellness; Relaxation and Meditation; Family Groups; Facing Up; CORE; Go 4 Life from NIH (National Institute on Aging), and are open to other best practices and willing to identify other types of groups as requested. There are also trained SOAR individuals (whether they are case managers, clinical therapists or peers), within the different clinics; SOAR is an intense, specialty training that is provided by the Social Security Administration which offers the ability to fast-track member's social security applications through the Social Security Administration. This has proved to be a great help, especially to those members who are on the cusp of having no entitlements or funding.</p> <p>Our Prevention & Early Intervention program is where we have our clinical liaisons (therapists) embedded in the Office on Aging, which are in the Desert and in Riverside. They do have some mid-County services, but their two main offices are in the Desert and Riverside. We would like to have them embedded in mid-County, but funding for space is limited. They do provide CBT (Cognitive Behavioral Therapy) for late-life depression for consumers who are experiencing recent onset of depressive symptoms, community outreach and direct service. They also provide evidence-based practice, with regular monitoring of member progress, services are time-limited and geared towards seniors who are generally stable but have had recent challenges or setbacks.</p> <p>All of our programs push to empower members to address their mental health issues; we promote appropriate use of medications; decrease ER visits and hospitalizations; reduce isolation and increase knowledge of physical and mental health care; improve quality of life and to remain independent; increase consumer access to care and other resources; improve the coordination of care for the older adult population; and, improve interagency collaboration. Tony spoke about Systemic Equity and their ability to address the inequities that older adults face due to structural racism, ageism, sexism, ableism, etc. Cultural sensitivity and the ability to recognize, understand, and react appropriately to the cultural differences of others. Ageism and other stigmas and the awareness of how we think, feel, and act towards others or ourselves based on age. We try to educate them to understand these dynamics.</p>	
<p>New Business- Perris Mental Health Urgent Care – Brenda Hamamoto</p>	<p>TeleCare/Urgent Care has three locations that serve nearby communities – Riverside, Palm Springs and Perris; the Palm Springs and Perris locations serve members who are 13 and over and Riverside serves members 18 and over. All clients are served unless they are physically aggressive or if they are unconscious or non-responsive, which in this case we would seek outside assistance from law enforcement or medical attention by way of an ambulance. Every person that walks through their doors is treated by their team how they would want to be treated. They take a whole person care approach to services and stabilize clients through different, various needs to the best of their ability. They will take members who come to their door and say that they are hungry or need a place to sleep, and as they go through the risk assessment with the peer staff, they get to know them and their mental health needs through a</p>	

**New Business-
Perris Mental Health Urgent
Care – Brenda Hamamoto
(Continued)**

success plan, which is their version of a treatment plan, and individualize services during their 24 hours stay and it is tailored towards what is considered a crisis for them. They follow what is called psychosocial recovery model, which is their version of a recovery clinical system which translates to building hope by sitting with the members, talking with them, going through a success plan with them and talk about hope building based on where they are at and where they want to be, and doing a lot of motivational interviewing as well by empowering them, believing in themselves, asking questions such as what steps can you take while you're with them that they can help support the client in moving forward.

Clients are seen usually within 30 minutes of arrival, although sometimes they are very full. The Perris site alone serves approximately 400 people a month, which is about 15 to 25 people per day. It is very important for the staff to sit with individuals and give them that time and attention to get to know them and understand their mental health needs while in their care. As part of the process of receiving services, members will not only meet with the peer staff for peer counseling and their initial intake and treatment planning, but they will also be screened by the nursing staff, with vitals taken, any physical health needs that may be negatively impacting their mental health, and a discussion about medications they might be taking is done at this time. Then they will meet with their clinician or therapist who will do a brief bio-psychosocial, spiritual assessment for every person who comes in and of course due to the crisis nature of their services, may not have the time to do a full assessment, but will take their time to focus on the areas that are most important or relevant for that person. From that point, if they want to, they can meet with the psychiatrist on staff who can provide bridge medication services, or if it is their first time receiving medications, they can provide that as well. If people do come back to us for ongoing services because they can't get an appointment with their primary clinic, or the clinic that we connected or linked them to, then they can come back again to see us until they're connected. Every person that walks through the door, we have someone working with them on case management. It is basic case management, so we do make phone calls with them. People are coming on their worst day, they're feeling terrible, so we are going to sit down with them and we're going to make phone calls with them and we're going to find out where they're already connected and why they're not connecting where they're connected and work through some of those barriers if needed or connect them for the first time to the right level of care as best as we can within the short period of time. Some people stay for two hours, while other people stay for the whole 24 hours, it depends on the person. People can stay overnight, and food is provided, although the kitchen is limited, food items might include frozen burritos or peanut butter and jelly sandwiches. We also try to have some healthy options if someone is diabetic or has high blood pressure. Showers are also available, so while they're there they can receive showers; there's nothing like a hot shower when you're not feeling good. People have access to a washer and dryer if they want to wash their clothes. Donated clothing items are also provided if someone needs them. All insurances are accepted, or no insurance at all if that's the case, but approximately 80% of the people we serve do receive Medi-Cal.

Overall, people are going to receive services unless they're physically aggressive. If verbal aggression is present, then this is not a problem. Our primary goal is to try to keep people out of the hospital to reduce those hospitalizations, because if they weren't coming to us that's where they would go, right into the hospital (ETS). We also try to keep people out of incarceration due to their mental health as well. Many of the folks that come through our doors (again that's anywhere from 400 to 475) just at our Perris site, we do not have to initiate a hold on. Our site is completely voluntary, and we're hands off. We really get in there and try to establish a relationship with them, talk through things with them, and provide very brief psychotherapy. We don't do anything long term obviously, as we don't want to open a

<p>New Business- Perris Mental Health Urgent Care – Brenda Hamamoto (Continued)</p>	<p>can of worms, but the goal is to engage with them, listen to and hear what the person is sharing, be present so that we can be able to connect them with ongoing services, where maybe they would be hesitant on their own to do.</p> <p>A psychiatrist is available from 9:00 am to 7:30 pm, and if people come after this timeframe, they can stay overnight and meet with our psychiatrist first thing in the morning. If this does occur while they're at our program, they're receiving services, such as meeting with the clinician, meeting with the nurse, maybe even participating in a group, such as art groups or recovery-oriented groups, feeding them and wrapping around them. They're right there on the floor. We try to make it almost like a living room, a very safe, homey environment. This is where we are meeting with them, providing case management and linkage, until the doctor is available. We have one doctor that's seeing everybody that comes through our door, but again, we have a robust team of peers, clinicians, and nurses on the floor serving them until they do see their doctor/psychiatrist.</p> <p>A question was asked whether a person is served if they are under the influence and the response was yes, we serve people who are co-occurring. Telecare is always expanding their knowledge and services around that, especially with the new SB 43 law that went into effect. If someone is intoxicated, as long as they're not withdrawing and dangerous, we will serve them there because we want them to receive the initial services that they came there for (the underlying mental health needs) that are potentially leading to their self-medicating behavior and provide them with resources and try to link them to the service they need whether it's detox or recovery.</p>	
<p>Nominating Committee</p>	<p>Walter & Jennifer volunteered to contact the other board members to put together a nominating committee so that we can have a slate of officers (Chair, Vice Chair and Secretary) for next month to vote on. Hilda shared that the current list of members is on the back of the minutes and that she would send out an email regarding this.</p>	
<p>Old Business</p>	<p>Hilda reported that she spoke to Sylvia regarding site visits and found out that we only need to do three per year and that for mid-county we already have the three required so we're good for the year. Contracted providers are included in site visits/figures as well. Hilda will request a list from Sylvia Bishop for the next year for possible site visits to be completed.</p>	

<p>Administrator/Managers Report</p>	<p>Jacqueline Markussen, Behavioral Health Services Administrator – Adult Programs reported that the MiMHM Art of Wellness fair for Mid-County will be held next week and to grab a fair flyer that was passed around for additional information. All our adult clinics will be present and will be handing out swag and sharing resources so please join us.</p> <p>At our Hemet Adult Clinic, we have 1532 members and 174 FSP members. Our current vacancies are one Behavioral Health Specialist II and one Office Assistant II. Sandy has hired a BHS III and they're completing pre-boarding and a Family Advocate, and a Consumer Peer were all hired. A couple of weeks ago I was invited to the Hemet FSP graduation here and they had 15 members who graduated and six were able to attend the event. Staff put together a nice lunch and gave certificates to all the members. It was nice and the first of its kind.</p> <p>At the Lake Elsinore Adult Clinic, we have 515 members and 39 FSP members. Our current vacancies are one clinical therapist, one office assistant II, one behavioral specialist II, one peer and one family advocate. One of our Behavioral Health Specialists is retiring, and an Office Assistant II has been hired. They held their Spring member clinic event yesterday from 12:00 pm to 3:00 pm, where they had food and games for all their members. It was a good turnout, with 20+ attending.</p> <p>At the Temecula Adult Clinic, we have 485 members and 30 FSP members. Our current vacancies are one Clinical Therapist, one Peer, and one Behavioral Health Specialist II.</p> <p>At the Perris Adult Clinic, we have 811 members and 118 FSP members and they are fully staffed.</p> <p>Sean Rayner, Administrator for Substance Abuse Prevention & Treatment Services, reported that the Lake Elsinore Substance Abuse clinic currently has no vacancies technically, as a clinical therapist is transferring over from Riverside to their clinic, so by the end of May they'll be fully staffed. We are serving about 178 members with over half of them being in our prevention services which are adolescents in middle school and high school.</p> <p>The Temecula clinic's current vacancy is one clinical therapist for their mental health court program. Currently, we have about 159 members between their different levels of care, IOT & ODF, prevention and recovery services.</p> <p>San Jacinto has an open CT position. San Jacinto (which is our second largest clinic in Riverside County) has about 303 members currently between all levels of care.</p> <p>Perris has an open CSA position and is serving approximately 166 members between all levels of care. So, all together the mid-County clinics serve a little over 800 members.</p> <p>Sean also reported that there will be an event - the 5K Fentanyl Poisoning & Overdose Awareness Walk in Murrieta on June 7th at Murrieta Town Square Park from 8:00 am to 2:00 pm.</p>	
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Committee Reports	<p><u>Behavioral Health Commission (BHC)</u> – The Behavioral Health Commission committee met on April the 2nd and this Advisory Board met on the 3rd, therefore that information has already been reported for the month of April. The next Commission meeting will be held on May 7th.</p> <p><u>Membership Committee</u> – No new information to report.</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> – Tony provided an in-depth report during his presentation.</p> <p><u>Adult System of Care Committee</u>- Brenda reported that this committee was held in Perris. We had reports from Western, Mid-County, Desert, Mature Adults, CRISIS and CARE Court regions. We had a great presentation given by Dakota Brown on People with Disabilities. The next meeting will be held on May 29th at Rustin in Riverside at noon.</p> <p><u>Criminal Justice Committee</u> – No report available.</p> <p><u>Housing Committee</u> – No report available as they did not meet last month due to lack of quorum. Brenda reported that they need members to attend this meeting. She encouraged Amy to become a member of this committee.</p> <p><u>Legislative Committee</u> – No new information to report due to timing of next scheduled meeting.</p> <p><u>Veterans Committee</u> – No report available. Next meeting to be held on Wednesday, May 7th at 10:30 am.</p>	
Public Comments	<p>Amy Konopka, who operates recovery residences in the Temecula/Murrieta area and is a vendor with HHOPE housing spoke about advocating for her guests/members who are requesting to reside in her residences, which are two and a half miles from RUHS – County Center Drive in Temecula, and who have family nearby, but are being told they have to go to Riverside or Hemet areas instead. Amy wants to become more involved and learn about who she needs to talk to. She would entertain the idea of becoming a board member, but because she is a vendor within RUHS, would be unable to do that. On the other hand, she offered to bring some of her residents/women who would be willing to participate on some level.</p>	
Agenda Item Requests	<p>Information was requested on the following topics: Peer Support Center, ETS, TAY, CARE Court, Take My Hand, CBAT, New Life Veteran's Court, Cultural Competency, HHOPE and the Peer Programs (specifically what they do and how do they help in the recovery journey)</p>	
Next Meeting	<p>The next Mid-County Regional Advisory Board meeting is scheduled for Thursday, June 5, 2025, at the Temecula BH Adult Clinic, 40925 County Center Dr. Ste. 200, Temecula, CA 92591.</p>	<p>Next meeting scheduled for June 5, 2025.</p>
Adjournment	<p>The meeting adjourned at 4:52 p.m.</p>	

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							
2. Brenda Scott	x	x	A	x	X							
3. Dr. Vernita Black	A	A	x	x	A							
4. Don Kendrick	x	x	A	A	A							
5. Dolores DeMartino	x	x	x	x	A							
6. Jennifer Woodworth	x	x	A	x	X							
7. Ramon Amado	A	x	A	A	X							
8. Maritza Camacho	A	x	x	A	X							