

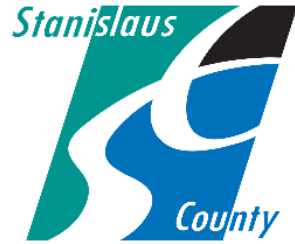
MHSA Advisory Committee

Welcome Form

Information about who is in the room is valuable. It helps to improve program outcomes, reach intended audiences, and enhance equity, diversity, and inclusion initiatives.

We ask that you take a few moments to complete the welcome form using the QR code!





BEHAVIORAL HEALTH AND RECOVERY SERVICES

Director Tony Vartan, MSW, LCSW

Mental Health Services Act (MHSA) Advisory Committee Meeting

Wednesday, December 18, 2024

Acronyms

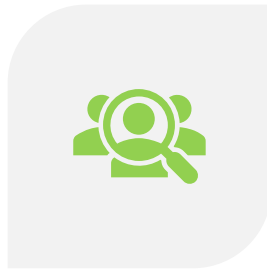
BHRS- Behavioral Health and Recovery Services	MHSA- Mental Health Services Act	BHSA- Behavioral Health Services Act	SPEC- Suicide Prevention and Education Coalition	MH- Mental Health	SUD- Substance Use Disorder	MAC- MHSA Advisory Committee
FY- Fiscal Year	SB 326- Senate Bill 326- The Behavioral Health Services Act	CSS- Community Services and Support	CFTN- Capital Facilities and Technological Needs	WET- Workforce Education and Training	PEI- Prevention and Early Intervention	INN- Innovation
FSP- Full-Service Partnerships	BHSS- Behavioral Health Services and Supports	MCP- Managed Care Plan	SOC- System of Care	CBHDA- County Behavioral Health Directors Association	BHOATR- Behavioral Health Outcomes, Accountability, and Transparency Report	
			DHCS- California Department of Health Care Services			

Welcome

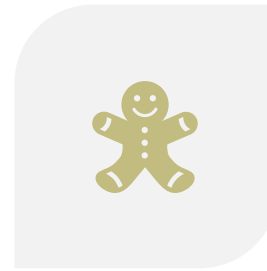
Introductions and Ice Breaker



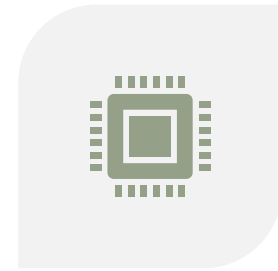
YOUR NAME



IS THIS YOUR FIRST
MAC MEETING?



WHO DO YOU
REPRESENT?



DO YOU HAVE A
HOLIDAY TRADITION?

Today's Agenda



BHRS/BHSA Staffing Structure



Embedded Neighborhood Mental Health Services Team and La Familia



Suicide Prevention Education Coalition (SPEC)



MHSA Reports



Behavioral Health Transformation

BHRS/BHSA Staffing Structure

Behavioral Health Services Act (BHSA) Team

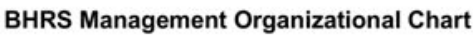
BHSA Policy
Manager
Maribel McCarroll

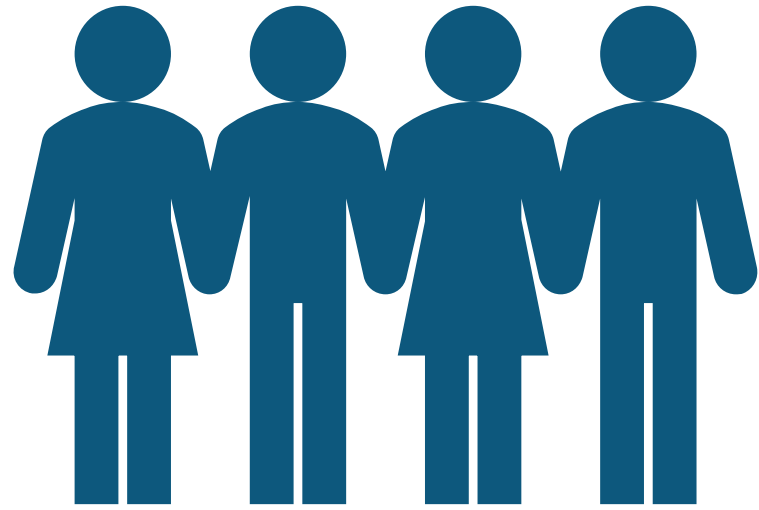
BHSA Project
Manager
Janelle Villalba

Staff Services
Analyst
Vacant

Administrative
Assistant
Jessica Pulido

Chief of Integrated
Services
Leonor Sierra





Embedded Neighborhood Mental Health Services Team and La Familia

PRESENTED BY: LA FAMILIA CENTRAL VALLEY



Central
Valley

Stan Connect - Building Healthy Neighborhoods

www.LaFamiliaCentralValley.org

875 Geer Road, Turlock, CA 95380

Overview



- Brief Introduction to LFCV
- Overview of Stan Connect
- Stan Connect Locations
- Stan Connect Team
- Stan Connect Approach
- Interventions
- Partnerships
- Other LFCV Programs
- Contact Information



Programs designed to **support** and **empower** Central Valley families to embrace a better tomorrow.



La Familia Central Valley Overview

La Familia has provided services in the Bay Area since 1974 and in the Central Valley since 2020.

→ Office located at 875 Geer Road in Turlock

Central Valley Impact:

- ☆ Over 8,300 mental health and support services provided in 2024
- ☆ Over 20,000 mental health and support services provided since our inception in 2020

Services

- Individual & Family Counseling
- Case Management
- Promotora Services
- Enhanced Care Management (ECM)
- Referral & Linkage Services
- Crisis Intervention Team
- Therapeutic Groups
- El Joven Noble and Girasol Groups
- Youth Mental Health First Aid
- Veterans Services



Stan Connect Program Overview

- A five-year initiative to establish and operationalize an Embedded Neighborhood Mental Health Team and support system across multiple communities in Stanislaus County. Each community is served by three dedicated neighborhood-based mental health teams.
- Funded through the “Embedded Neighborhood Mental Health Team” Innovation Project authorized by Stanislaus County Behavioral Health and Recovery Services
- Goal: to serve 1,250 people in the designated neighborhoods over the 5-year period

Stan Connect Locations

Our Approach: Partner with schools in each community to establish a brick and mortar presence at **Healthy Start Family Resource Centers**. Each location acts a centralized hub for outreach, referral, screening, assessment, case management, and support.

- **Riverbank** (Riverbank Unified School District) ***Launching in January 2025*
- **West Modesto** (Modesto City Schools) ***Launch date pending*
- **Airport District** (Modesto City Schools) ***Launch date pending*

Stan Connect Team



The Stan Connect Team consists of a Program Supervisor and three specialized teams, each comprising one Mental Health Specialist and one Promotora.

Clinical Director	Juan Perez, LCSW
Stan Connect Program Supervisor	Luis Martinez, AMFT
Mental Health Specialists	Jenny Cruz Bianca Flores Silvia Lemus
Promotoras	Mary Lu Ruiz Yomaira Ceballos <i>Vacant</i>

Culturally Relevant Approach

Bi-Lingual Services

Only one-third of Latinos with a mental health disorder get treatment, compared to 45 percent of non-Latinos in the US. It is not enough to put more clinicians in the field - providers must be able to communicate with patients in the language of their choosing to ensure patients are able to fully participate in treatment (Hernández-Hernández et al., 2019; Lau et al., 2006)

- All Stan Connect service teams speak Spanish and English and will utilize Latino-specific curricula such as “El Joven Noble” and “Cara y Corazon” from the National Compadres Network

LGBTQIA+ Services

The LGBTQIA+ community often faces unique barriers to accessing mental health services, including discrimination, stigmatization, and a lack of providers who are trained in the specific challenges clients face (Moagi et al., 2021).

- LFCV is dedicated to addressing the mental health disparities experienced by the LGBTQIA+ population by fostering an inclusive environment where all individuals, regardless of sexual orientation or gender identity, can receive the compassionate care they need, and by partnering with trusted LGBTQIA+ organizations

Service Approach



Proactive Outreach to Build a Community Culture of Mental Health

- Teams engage in proactive outreach, including at least two "walkabouts" per shift, to educate the community on mental health resources, emphasizing support for underserved LGBTQUIA+ and ethnic communities.

Service Links

- Teams provide vital linkages to community resources by partnering with other community organizations to empower self-directed recovery

One-on-One Care Support

- One-on-one support, assist in navigating care pathways, and advocate for client needs, ensuring every individual receives personalized, culturally responsive and appropriate care.

Direct Treatment

- Teams will focus on case coordination and the development of individualized treatment plans

Interventions



- Engage in grassroots outreach, provide education on health and wellness, and guide community members through healthcare systems, ensuring that clients receive relevant information and support.
- Conduct home visits, community workshops, and canvassing to educate on available resources, facilitate access to care, and promote self-advocacy for mental health and wellbeing.
- Assist with decreasing stigma associated with mental health care and overcoming barriers to accessing mental health services.
- Involve family and provide psychoeducation, parent training, skills building, and resources. Provide family the needed support and services to address burnout, frustration, and confusion.
- Host support groups on topics including Mental Health and Substance Use.
- Provide trainings such as Mental Health First Aid
- Host interactive workshops and seminars at local community centers, providing hands-on education and direct engagement to demystify mental health resources and encourage proactive wellness in our communities.

Partnerships



Over the course of the program, we will be developing partnerships with trusted organizations in each target community including:

- City or County Governments
- CBOs
- Non-profit organizations
- Churches
- Migrant Farm Worker Camps
- Churches

Other LFCV



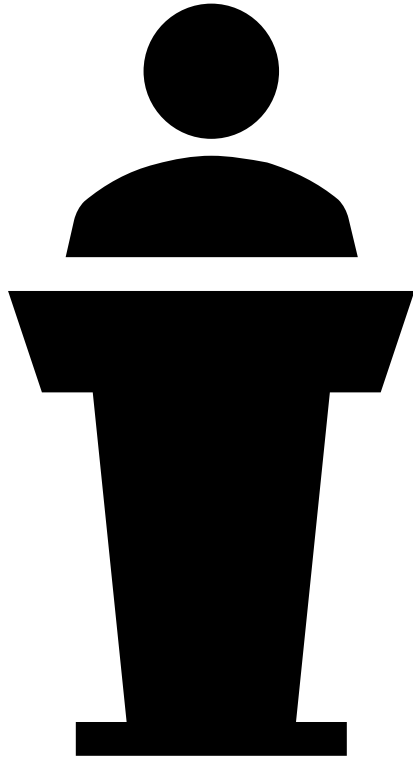
Outpatient Counseling Services Programs	Counseling services are available to the community at our office located at 875 Geer Rd. Turlock. We are in-network with many insurance plans and have various programs that ensure that cost is never a barrier for those in need of services. No referral is needed.
Enhanced Care Management (ECM)	<p>ECM is a free benefit for Medi-Cal members who have complex needs and challenges that make it hard to improve their health.</p> <p><i>Health Plans: Health Net, Health Plan of San Joaquin, Central California Alliance for Health</i></p>
School Based Services	Our Staff Therapists and Promotoras are located in 6 school districts throughout Stanislaus & Merced Counties providing critical mental health services including individual and group counseling as well as case management services.
Senior and Caregiver Support Services	We empower individuals 60+ years old, their caregivers, and families by providing counseling, case management, and linkage to services such as food and clothing services. Free for those who qualify.
We Care Program	We provide prompt and compassionate case management and group services at We Care Program located at 221 S. Broadway St. Turlock. Services are available to all unhoused persons whether they sleep at the We Care Program Shelter or not.
Mobile Mental Health	We bring mental health awareness and services directly to rural parts of Stanislaus and Merced Counties through our Mobile Mental Health Vans.

Contact Us



- ✓ **Luis Martinez**, *Stan Connect Supervisor*
lmartinez@livelafamilia.org
- ✓ **Juan Perez**, *Clinical Director*
jperez@livelafamilia.org

La Familia Central Valley
875 Geer Road
Turlock, CA 95380
209-633-3057



Suicide Prevention Education Coalition SPEC

WORKING TOGETHER TO RAISE AWARENESS AND SAVE LIVES

PRESENTED BY: TAMEIKA EASTER-GRIFFIN

A Brief History

- During the time period, **2013-2016, 207** Stanislaus County residents died by suicide, which equates to nearly **one suicide death every week**. For every one suicide, 115 people are directly and indirectly impacted.
- Despite many years of good and powerful work preventing suicide, the service system in Stanislaus County continues to operate in silos.
- Based on best practices and widely recognized research on the effective strategies to combat death by suicide, including a 2019 recommendation out of the Stanislaus County Innovations Project on Suicide Prevention, the Stanislaus County Suicide Prevention and Education Coalition - or the SPEC was developed.

Beginning of SPEC

- The SPEC was first convened in December of 2023 to begin the process of developing an action plan for BHRS. The draft plan was completed in July 2024.
- The primary purpose of these initial Coalition gatherings was two-fold:
 - to develop an action plan
 - to design an effective and sustainable coalition of partners who could continue to collectively monitor and respond to suicide data across the county.

What we are learning

- Like other public health challenges, suicide is influenced and made complex by many factors.
 - Because suicide is complex, our interventions must be broad in focus - making up an ecosystem of activity that prioritizes our most needy populations but influences all people living in our county.
 - Data must inform our direction - both qualitative and quantitative.
- The SPEC cannot emphasize enough that our work must become more coordinated, more innovative, and more inclusive of communities, residents and neighbors, people with lived-experience, and all those who live close to the issue.
 - A well-organized system of service providers will never be enough. It will take all of us - not just BHRS - to make progress. This includes our health systems, but also media, faith, business, community and more.

The Data that Informed Us

- Quantitative data from local hospitals and healthcare providers, emergency medical services, law enforcement, mental health and crisis hotline, coroner and medical examiner, school and college records, nonprofit organizations, public health agencies, community surveys and studies, and social media monitoring.
- Asset mapping
- Actor mapping
- System Leader Interviews
- Empathy Interviews - talking with those with lived experience

Blueprint for Action

Purpose and Outline

- The purpose of this Blueprint for Action is to outline for Stanislaus County Behavioral Health and Recovery Services (BHRS) the prioritized populations and strategies recommended by the Stanislaus County Suicide Prevention and Education Coalition (SPEC).
- 6 Strategic Focus Areas have been developed based on the data review.
- This document was prepared for BHRS as a lead agency. However, it is the intention of the SPEC that all key partners be engaged as co-producers and allies in the deployment of this plan. A challenge as complex as suicide cannot, and will not be solved, by any one agency and requires intentional coordination of will and activities to be successful.

- LGBTQ+
- People between the ages of 25 and 44
- Veterans
- White Men
 - attention will be paid to Hispanic Men - trend line suggests death by suicide is increasing over time)

Priority Populations

In no particular order

Strategic Priority #1: Data

Improve the quality, surveillance, accessibility, and timeliness of data

GOAL

Stanislaus County has a centralized suicide data collection system that supports real time reporting and analysis that meets the needs of all key partners.

STRATEGY

Identify and develop a data hub
- one centralized place - to house and report on suicide data throughout Stanislaus County.

Strategic Priority #2: Training

Suicide Prevention and Education Training and Capacity Building

GOAL

Stanislaus County has increased the number of service and non-service provider community members who know the signs and what to do when someone is at risk for death by suicide.

STRATEGY

Develop training and certification, prioritizing representation from community and other non-service providing sectors.

Not unlike how communities train and certify people in CPR, we can educate and equip people in various settings, close to our at-risk populations to know the signs and what to do.

Strategic Priority #3: Community Settings

Community Settings are protective and supportive environments for health and well-being

GOAL

Our community settings are regularly activated as protective and supportive environments, making community health and well-being support and conversations part of their existing fabric.

STRATEGY #1

Create an annual Healthy Workplace Award.
An incentive to encourage businesses throughout Stanislaus County to prioritize health and well-being in the workplace.

STRATEGY #2

Design and support “pop-up” wellness events. This is about moving resources and education out of our traditional settings and into the communities where people live, work, pray, and play.

Strategic Priority #4: Coordinated System

Create and support an effective and coordinated system of care

GOAL

Stanislaus County experiences high levels of coordinated and responsive care from the suicide prevention and education system.

STRATEGY

Develop and maintain an effective Stanislaus County Suicide Prevention and Education Coalition (SPEC)

Strategic Priority #5: Lived Experience

Engage people with lived-experience as a critical part of our system of care

GOAL

Peer support has been activated as a critical component of effective prevention and education and is accessible to those in need.

STRATEGY

Design a peer support program that engages people and family members with lived-experience. This would be modeled after the AA Sponsor Model or the no-longer-operational, Friends Outside. Participants would be trained and then become part of a cohort of support people for those experiencing crisis.

Strategic Priority #6: Communications

Develop comprehensive and effective suicide prevention and education communication strategies

GOAL

Stanislaus County coordinates an effective, year-round, suicide prevention and education communication

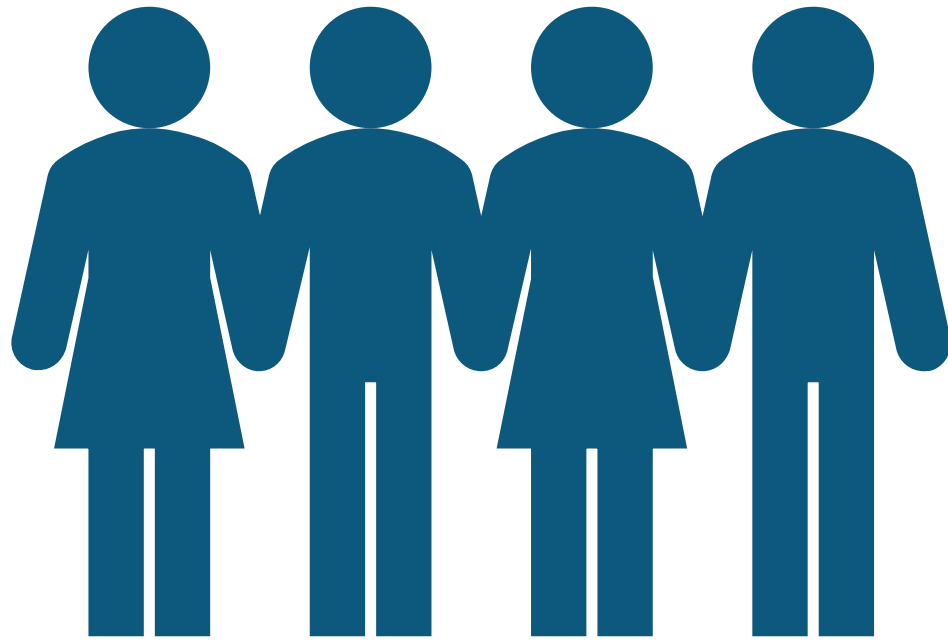
STRATEGY

Develop and implement a robust, broad-in-reach, innovate, communications campaign that does not appear to come from government and is easily messaged through influencers and others closest to our priority groups - those they are listening to.

Next Steps

BHRS Staff will be taking the Blueprint recommendations to BHRS Leadership for approval and adoption.

The SPEC will continue to meet monthly.
All are welcome.



*WORKING
TOGETHER TO
RAISE
AWARENESS
AND SAVE
LIVES*

Questions?



SPEC Meets Monthly (2nd Friday of Each Month)



Meetings are convened at the Self-Help Credit Union in the Conference Room



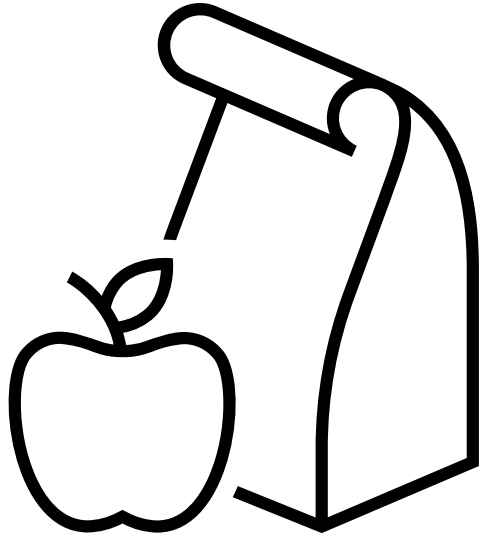
900 Crows Landing Road, Modesto, CA.



Meetings are now hybrid! Meeting ID: 646 197 6177



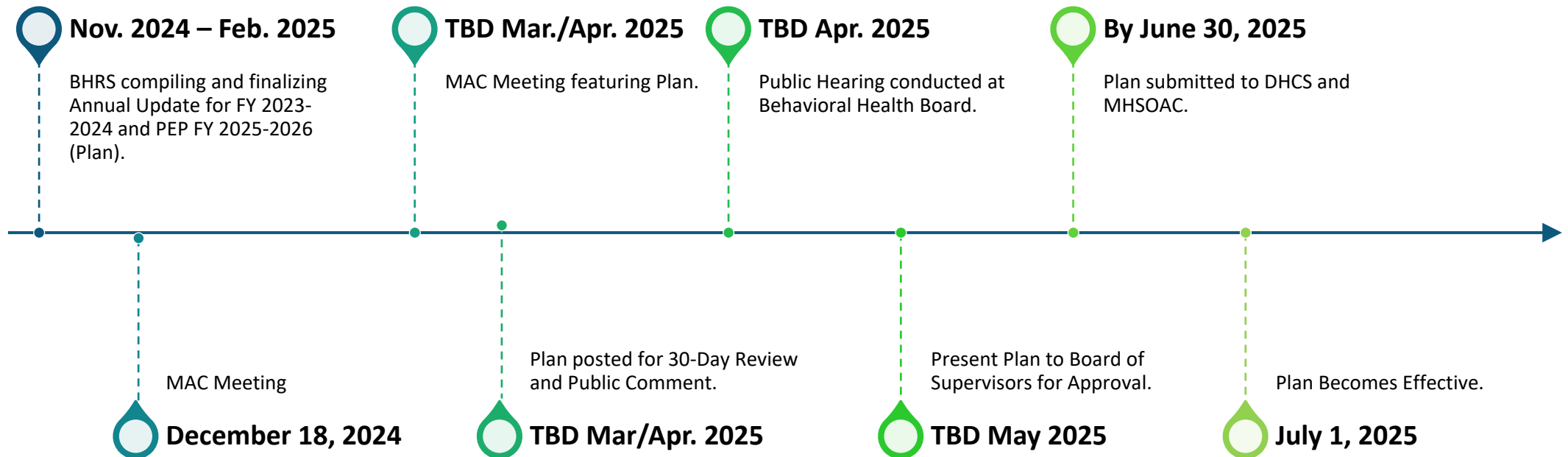
Email address: spec@stanbhrs.org



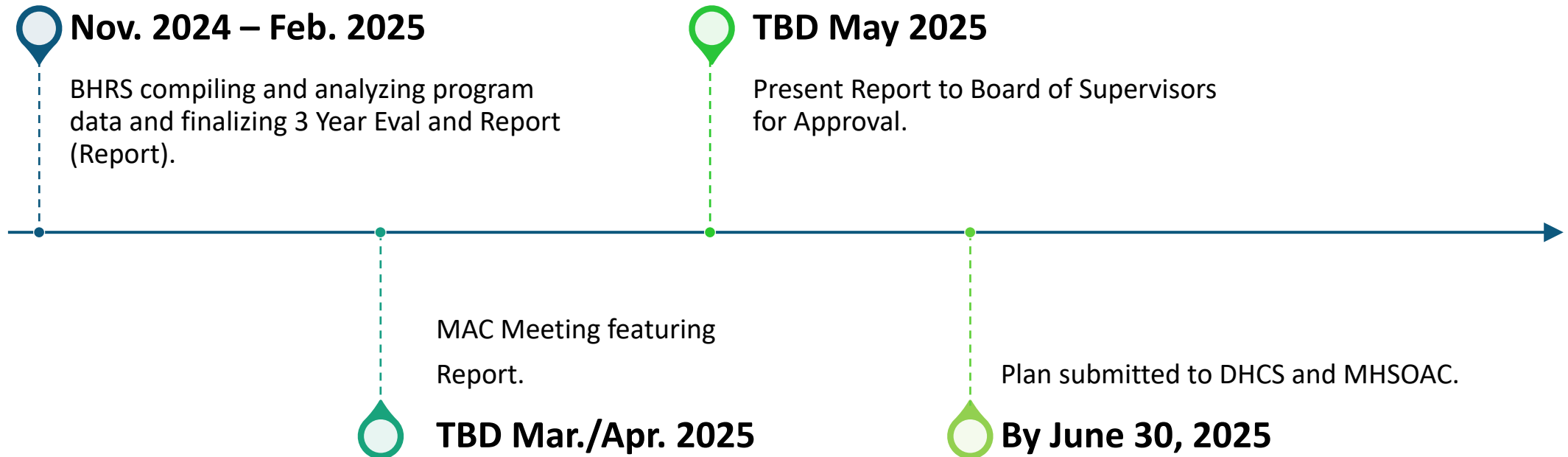
Break

Mental Health Services Act (MHSA) Reports

FY 2025-26 Annual Update Timeline



PEI 3-Year Evaluation and Report Timeline – (FY's 2021-2024)



Behavioral Health Transformation

Behavioral Health Transformation

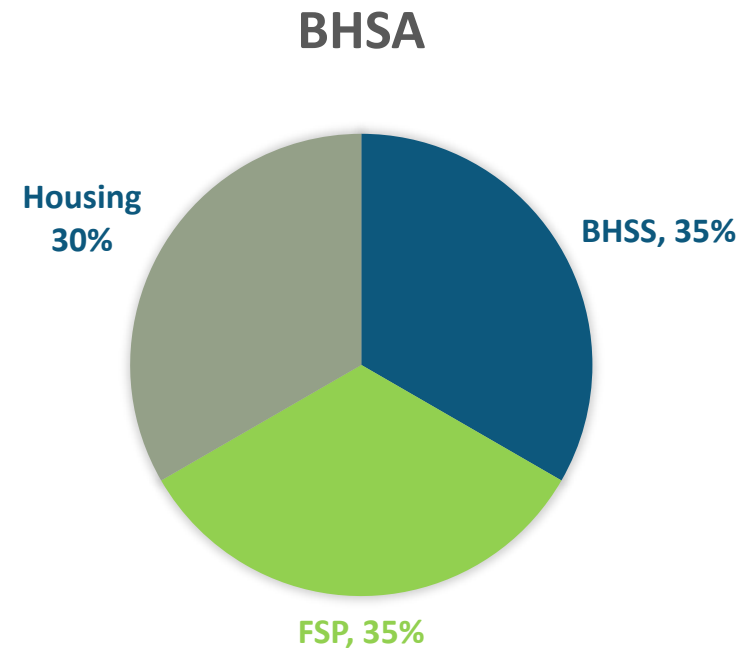
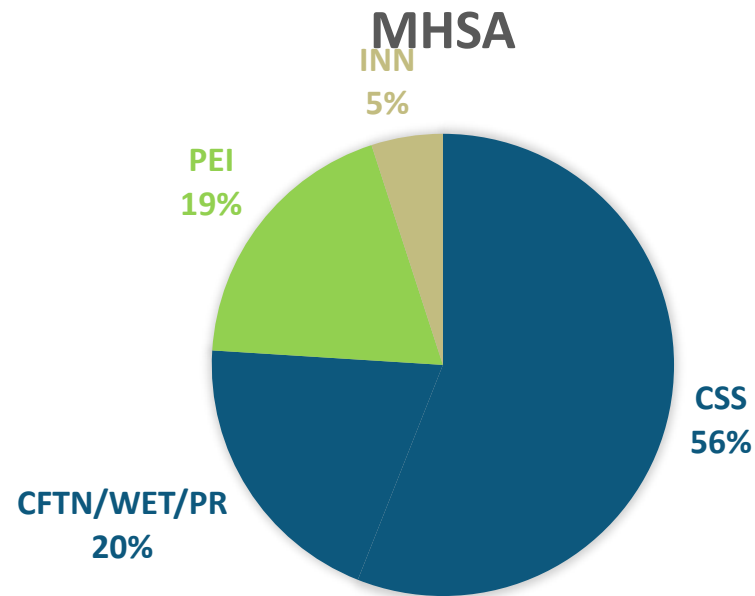
In March 2024, California voters passed Proposition 1, resulting in significant changes to the Mental Health Services Act (MHSA). The proposition repurposes MHSA, changing the name to Behavioral Health Services Act (BHSA), re-structuring the use of funding and expanding on existing requirements.

Behavioral Health Service Act (BHSA) SB 326

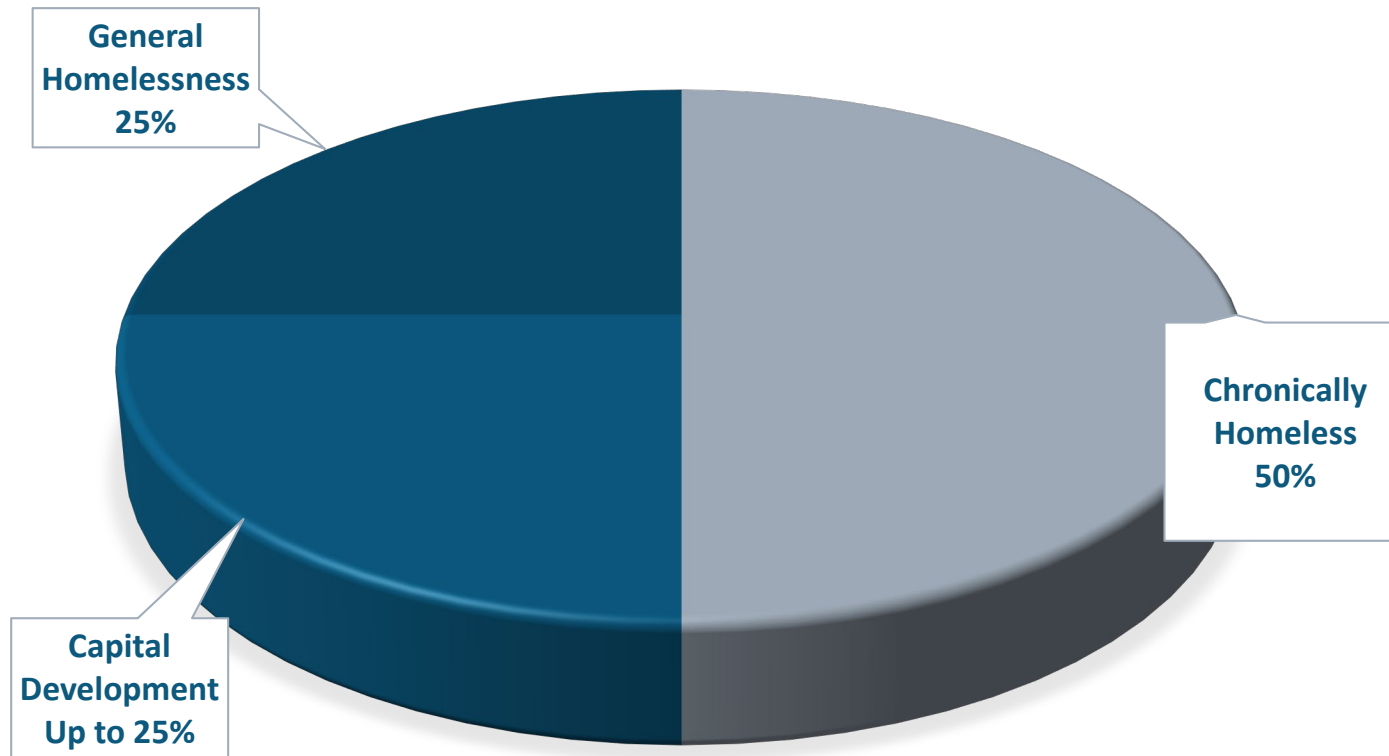
- Reform behavioral health care funding to provide services to individuals with serious mental illness and treat substance use disorders.
- Expand the behavioral health workforce to reflect and connect with California's diverse population.
- Focus on outcomes, accountability, and equity.

BHSA Introduced Changes

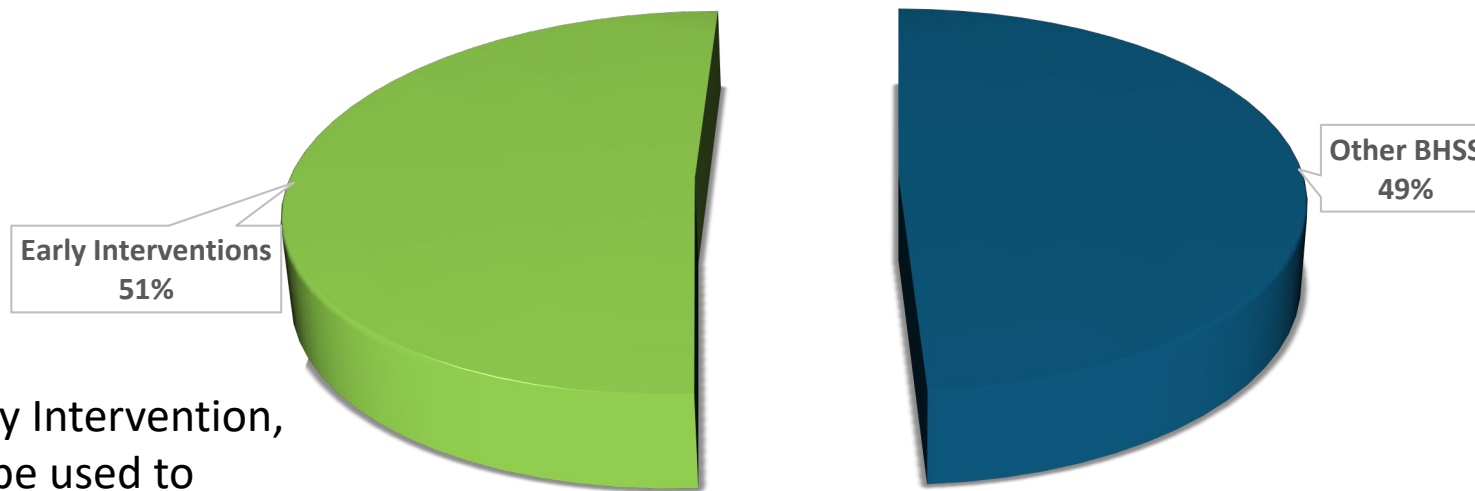
One of the most significant changes under BHSA involves the funding component. BHSA eliminates the current five MHSA funding components and introduces the new housing component.



Funding Component Requirements Housing Interventions



Behavioral Health Services and Supports



Of this Early Intervention, 51% must be used to serve individuals who are 25 years of age and younger

Full-Service Partnership

Proposition 1 maintains FSP as essential to the behavioral health continuum of care and expands eligibility for services to those individuals living with substance use disorder diagnoses.

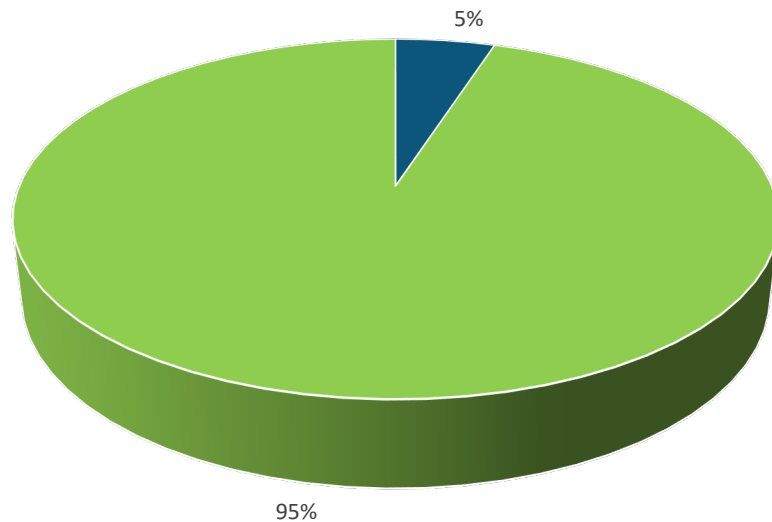
Builds upon success of proven FSP interventions

- » Standardize and scale evidence-based service models.
- » Improve financial, performance, and outcomes data collection.
- » Maximize resources for behavioral health care and services, through dedicated housing interventions and insurance reimbursement.

**Transition from
51% of CSS
dedicated to FSP
(76% under
MHSA)
to 35% of BHSA
dedicated to FSP**

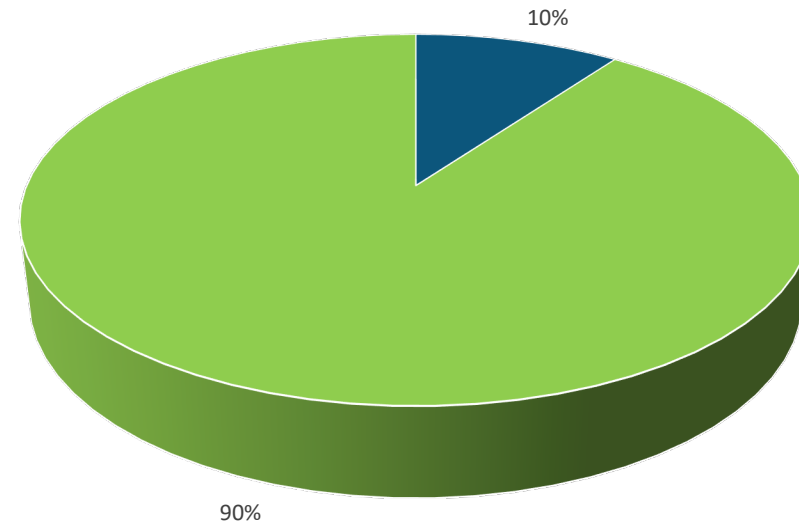
Changes to State Allocations

Current Allocation- MHSA



■ State Allocation ■ County Allocation

Proposed Allocation- BHSA



■ State Allocation ■ County Allocation

Revised Community Planning Process



Expand requirements for the Three-Year Program and Expenditure Plans (Integrated Plan)

Must include ALL Behavioral Health programs and Services



Transform the MHSA planning process into a broader county/region behavioral health planning process that includes additional stakeholders.

New stakeholders must now include MCP, SUD individuals and providers, early childhood organizations, and continuum of cares to name a few.



Require plans to be approved by Board of Supervisor by June 30 of the given year.

MAC Meeting

Name Change

Frequency

Locations

Townhalls

Expand Group

Policy

Work w/ SOC to ensure
policies are reflective of
new definitions and
requirements

Integration

MH & SUD representation,
language and services

Stakeholder Involvement In Planning Process

Accountability



Require counties to bill Medi-Cal for all reimbursable services in accordance with the Managed Care Plans to further stretch scarce dollars, and leverage BHSA to maximize federal funding for services.



Requires submission of an annual state designed Behavioral Health Outcomes, Accountability, and Transparency report (BHOAT)

Behavioral Health Transformation Timeline

BHSA will be effective January 1, 2025, and must be implemented by July 1, 2026

2024	2025	2026	2027	2028
BHSA Plan Guidance and Policy will be released by DHCS in phases	BHSA will be effective. Begin Community and System Engagement throughout all milestones to inform plan and policy creation.	June 30, 2026, First Integrated Plan due (for FY 26-29) July 1, 2026 – BHSA to be fully implemented	June 30, 2027, first annual update (for FY 27-28)	BHOATR report due early 2028

BHRS BHSA Plan

CBHDA
Workgroup

BHRS
Workgroup

Partnerships

Review Funding



Questions?



Table Discussion and Feedback

Discussion Questions



WHAT DID YOU HEAR?



WHAT DID YOU LIKE?



OTHER REACTIONS OR
COMMENTS?



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Director Tony Vartan, MSW, LCSW

Thank you!



BHSA Contacts

BHSA POLICY AND PLANNING TEAM

MARIBEL MCCARROLL, BHSA POLICY MANAGER
E: MMCCARROLL@STANBHRS.ORG

BHRS-BHSA

E: BMHSA@STANBHRS.ORG

**2025 MAC
meeting
date(s) to
come...**

MHSA Advisory Committee

Evaluation Form

Your feedback is appreciated to ensure we deliver the utmost quality service.

We ask that you take a few moments to complete the evaluation form using the QR code and let us know how we did, what we can improve on, and what topics you would like to see in the future!

