Stanislaus County

Department: Behavioral Health and Recovery Services

MINUTES

Type of Meeting:	Behavioral Health Equity Committee (BHEC)	**Date:**	June 3, 2026
Place:	1130 12th Street, Room 16	**Starting Time:**	10:30 AM
Facilitator:	Lezzette Ervin	**Ending Time:**	12:05 PM
Support Staff:	Nicole Portillo		
Attendees:	**BHRS Staff:** Cadence Envia, Luz Pulido, Emily Hazen, Melissa Ayson, Karyn Clark, Judy Cardona **Collaborative and Community Based Organizations:** Jessica Parman, Luis Martinez, Maria Lopez, Emily Beecroft, Virginia Linker, Laci Prather, Annie Henrich, Daisy Awizo, Vanessa Brown, Kristin Brown **Community Representatives/Guests:** Margie Johnson, James Rosales, Joseph Alias		

Order of Agenda Items	Presenter(s)	Discussion	Scheduled Actions
Welcome and Introductions	Lezzette Erwin	Lezzette called the meeting to order at 10:30 AM, and introductions were made.	
Approval of Minutes	All	Lezzette asked for a motion to approve the May 11, 2026 meeting minutes. Margie Johnson motioned. Jessica Parman seconded. Minutes approved.	
Behavioral Health Accountability Set (BHAS) Group Discussions	Lezzette Ervin	**Breakout Group Discussion – Ensuring Timely Connection to Behavioral Health Care Following Emergency Department Visit** Committee members convened in breakout groups to identify strategies to address the gap related to Emergency Department (ED) visits. The objective is to achieve a 10% improvement in timely connection to behavioral health care (SUD and MH), with follow-up occurring within 30 days of the visit or discharge. Each group was tasked with developing a minimum of four actionable solutions. A process template, supporting tool, and key themes from the February Leadership Meeting were provided to inform and guide the breakout discussions.	

		Key themes and recommendations emerging from the breakout group discussions included: ▪ Provide access to virtual behavioral health services for members during ED wait times. ▪ Establish an onsite case manager to complete referrals/ROI/MR and connect member with the appropriate support services prior to discharge. ▪ Establish a BHRS liaison to support members following an ED visit. ▪ Implement onsite BHRS staffing to facilitate immediate member engagement and schedule the initial follow-up appointment prior to discharge. ▪ Warm hand off to ensure continuity of care. ▪ Leverage Managed Care Plans (MCPs) o Enhanced Care Management (ECM) o Community Supports ▪ Establish direct hospital contacts to coordinate care. ▪ Establish a discharge outreach team and/or navigator role to support post-discharge follow-up. ▪ Provide transportation services to facilitate member access to follow-up care and appointments ▪ Utilize data reports to support care coordination for shared members ▪ Hospital Peer Support Specialist o Call access line o Open to CARE, BHOE, or REACH o Update demographics o Respite, resthouse, other shelter o Communicate intake dates and schedule engagement and transportation especially is member is unhoused and unsheltered; document where members frequent if unsheltered/unhoused ▪ Share hospitalization lists to support 30-day follow-up. ▪ Assign an ED liaison to notify BHRS staff of member hospitalizations to support timely follow-up and care coordination. ▪ Explore the use of Smartcare alerts, if feasible, to notify BHRS staff.	

		▪ Share identified data gaps with hospital leadership to increase awareness and support alignment on opportunities for improvement. ▪ Implement ED social workers as subcontractors to access Smartcare. ▪ Develop a process to identify BHRS members who arrive to the ED and notify the designated point of contact. ▪ Consider adding an intake question to determine whether the member is currently receiving behavioral health services through BHRS, if so, notify the appropriate BHRS staff. ▪ Recognize that immediate outreach may not always be feasible due to hospital capacity constraints; however, establish a policy requiring follow-up within no more than one week of the ED visit to better support members. ▪ Regularly review and update policies, procedures, and communication protocols to strengthen care coordination and continuity of care. ▪ Improve access to behavioral health services by reducing wait times and increasing the availability of timely appointments. ▪ Provide proactive follow-up and care coordination for youth, including connecting them to services closer to home whenever possible. ▪ Develop outreach strategies for members who do not have reliable phone access, including leveraging alternative communication methods. ▪ Increase awareness of the Stanislaus Triage, Access, Recovery, and Treatment (START) program and ensure members understand available services and how to access them. ▪ Strengthen the role of Behavioral Health Treatment (BHT) providers in making referrals and conducting follow-up outreach. ▪ Expand advocacy and peer support services to help members navigate the behavioral health system. ▪ Increase access to case management services to support care coordination and continuity of care. ▪ ECM:	

		○ Increase staffing capacity to better meet member needs. ○ Establish follow-up protocols requiring outreach within three business days of referral, discharge, or identified need. ○ Improve connections to outpatient behavioral health programs and community-based services. ○ Develop a specialized team focused on care transitions and high-need members. ○ Regularly review and update policies and procedures to improve service delivery and care coordination. ○ Ensure access to interpreter services to support culturally and linguistically appropriate care. ▪ During hospital intake, ask whether the patient is a BHRS member; Establish a process in which identifying a patient as a BHRS member automatically generates a notification to the designated BHRS point of contact. ▪ Assign BHRS caseworkers to ED or provide them with access to reports identifying BHRS members who have visited the ED, to facilitate proactive outreach and post-discharge follow-up beyond a single phone call. ▪ Reserve dedicated appointment slots to ensure timely follow-up care after discharge. ▪ Invest in affordable housing, healthcare access, homelessness services, living wages, and food security to address social determinants of health and help prevent behavioral health crises. ▪ Exercise caution when integrating systems and sharing information to ensure safeguards against misuse. Examples: ICE, mental health raids, police, etc. ▪ Provide discharge instructions and care materials in multiple languages. ▪ Reduce organizational silos by strengthening cross-system collaboration and fostering a culture of coordinated care among staff.	

		▪ Regularly review and refine policies and procedures to better align with members' needs and experiences. ▪ Develop mechanisms to ensure timely access to medication, including options for obtaining necessary prescriptions while awaiting follow-up appointments. ▪ Improve services for members with limited English proficiency by providing immediate language support and accommodations for individuals with low literacy in their preferred language. ▪ Implement a comprehensive intake checklist to address gaps in care, services, and follow-up needs. ▪ Request for hospitals to expand and strengthen translation and interpretation services to support effective communication and equitable access to care. Lezzette indicated that all breakout session notes would be compiled and distributed to the Committee at the next meeting and shared with Leadership.	
Community Announcements	All	▪ Save the Date: September 24, 2026 for a Center for Human Services Fundraiser – Edible Extravaganza 40 Years at Modesto Centre Plaza. ▪ You're Invited: Community Liaison Meetings – June 10 & July 8, 9:00 – 11:00 AM, via Microsoft Teams	
Next Meeting: July 1, 2026 – 1130 12th Street, Room 16, Court Room, Modesto CA 95354 **Reminder**: The time spent on Quality Services activities can be claimed for reimbursement from enhanced funding. **All BHRS staff** are asked to code time spent on quality improvement activities and meetings on their time entry each week using organizational code **MH60211650** or **MH6501170 (for SUD).** (Instructions are located on BHRS Intranet – QS TAB/Additional Resources). In addition, be sure to sign the sign-in sheet for these activities.			

Respectfully Submitted By: Nicole Portillo, ADC III