# MHSA Steering Committee

**WEDNESDAY, AUGUST 27TH / 3-5 PM**
SAN MATEO PUBLIC LIBRARY, OAK MEETING ROOM
55 WEST THIRD AVENUE
SAN MATEO, CA 94402

*stipends available for consumers/clients participating in this meeting, please contact Doris Estremera at (650)573-2889 or destremera@smcgov.org

San Mateo County Health System, Behavioral Health & Recovery Services

## Please join us at the next MHSA Steering Committee meeting!

At this meeting, we will review recommendations from the recent Community Input Sessions and make final recommendations to the Mental Health and Substance Abuse Recovery Commission for the next three years of MHSA programming.

*MHSA provides a dedicated source of funding in CA for mental health services by imposing a 1% tax on personal income in excess of $1 million.

The MHSA Steering Committee has the important role of making recommendations to the planning and services funded by MHSA in San Mateo County. For more information on MHSA in San Mateo County, please visit **www.smchealth.org/bhrs/mhsa**

**For questions and/or comments, contact :**

Doris Estremera,
MHSA Manager
(650)573-2889
destremera@smcgov.org

**San Mateo County Health System**
**Behavioral Health and Recovery Services Division**

## Mental Health Services Act (MHSA) Steering Committee

August 27, 2014 / 3:00 - 5:00 PM
San Mateo Public Library, Oak Meeting Room, 55 West Third Ave., San Mateo

## AGENDA

1. **Welcome & Introductions** 3:05 PM
   *Cameron Johnson, MHSARC Chair, Co-Chair*

2. **Steering Committee Roster and Roles & Responsibilities** 3:15 PM
   *Doris Estremera, BHRS Manager of Strategic Operations*

3. **MHSA Background, Stakeholder Process & MHSA Plan (refer to handouts)** 3:25 PM

4. **Strategy Development – Community Input Update** 3:35 PM
   - Participant Demographics – follow up sessions
   - Analysis for CSS and PEI

5. **Budget Update & Additional Input** 3:55 PM
   *Stephen Kaplan, BHRS Director*

6. **BREAK** 4:15 PM

7. **Voting, Comments & Reflections** 4:25 PM
   *Doris Estremera, BHRS Manager of Strategic Operations*

8. **Public Comment** 4:40 PM
   *Stephen Kaplan*

9. **Next Steps and Closing Remarks** 4:50 PM
   *Cameron Johnson*

**MARK YOUR CALENDARS!**
**MHSARC Meeting – MHSA Plan open for 30-day public comment**
**October 1, 2014 (3-5pm)**
**San Mateo County Health System, Room 100, 225 37th Ave, San Mateo**

San Mateo County Health System, Behavioral Health and Recovery Services

**Mental Health Services Act (MHSA) Steering Committee – Current Roster**

| Stakeholder Group | Name(s) | Title (if applicable) | Organization (if applicable) |
|---|---|---|---|
| **Family** | Cameron Johnson** | Chair, MHSARC | |
| **San Mateo County District 1** | David Pine** | Supervisor, District 1 | Board of Supervisors |
| **San Mateo County District 1** | Randy Torrijos | Staff to David Pine | Board of Supervisors |
| **Advocate** | Randall Fox | Health Policy Advocate | |
| **African American Community** | Sheri Broussard | African American Community Health Initiative | HIP Housing |
| **Aging & Adult Service Provider** | Michelle Makino | Community Program Supervisor | SMC Health System, Aging & Adult Services |
| **AOD Service Provider** | Clarise Blanchard | Director of Substance Abuse and Co-occurring Disorders | Star Vista and BHRS Contractors Association |
| **AOD Service Provider** | Ray Mills | Executive Director | Voices of Recovery |
| **Chinese Community** | Michael Lim | | Chinese Health Initiative |
| **Consumer/Client** | Patrick Field | | |
| **Consumer/Client** | Wanda Thompson* | | |
| **Consumer/Client** | Patrisha Ragins* | | |
| **Consumer/Client - Adult** | Christopher Jump | Executive Assistant | Heart & Soul, Inc |
| **Consumer/Client – Older Adult** | Carmen Lee | Program Director | Stamp Out Stigma |
| **Consumer/Client - SA** | Carol Marble* | | |
| **Consumer/Client - SA** | Kathleen Bernard* | | |

*MHSARC member

**MHSARC member and MHSA Steering Committee Co-chairs

| Stakeholder Group | Name(s) | Title (if applicable) | Organization (if applicable) |
|---|---|---|---|
| **Consumer/Client and Veterans** | Edmund Bridges* | | |
| **Consumer/Client Liaison** | Jairo Wilches | Liaison and BHRS Wellness Champion | BHRS, Office of Family and Consumer Affairs |
| **Courts** | Rodina Catalano | Deputy Court Exec Officer | Superior Court |
| **Disabilities Community** | Maisoon Sahouria | | Center for Independence |
| **Disabilities Community** | Vincent Merola | | Center for Independence |
| **East Palo Alto Community** | Shanna 'Uhila | | East Palo Alto Behavioral Health Advisory Group |
| **East Palo Alto Community** | Tiffany Hautau | | East Palo Alto Behavioral Health Advisory Group |
| **East Palo Alto Community** | Jeff Austin | | East Palo Alto Behavioral Health Advisory Group |
| **Education** | Joan Rosas | Associate Superintendent | SMC Office of Education |
| **Family Member** | Judith Schutzman* | | |
| **Family Member** | Sharon Roth* | | |
| **Family Member** | Patricia Urbina | | |
| **Filipino Community** | Athila Lambino | | Filipino Mental Health Initiative |
| **Health Care Organization** | Maya Altman | Executive Director | Health Plan of San Mateo |
| **Health Care Organization** | Dan Becker | Medical Director | Mills Peninsula Health Svcs |
| **Health Care Organization** | Louise Rogers | Deputy Chief | San Mateo County Health System |

*MHSARC member

| Stakeholder Group | Name(s) | Title (if applicable) | Organization (if applicable) |
|---|---|---|---|
| **Health Care Organization** | Gina Wilson | Financial Services Mngr | San Mateo County Health System |
| **Latino Collaborative** | | | |
| **Law Enforcement** | Dan DeSmidt* | | |
| **LGBTQQI Community** | Susan Takalo | | PRIDE Initiative |
| **LGBTQQI Community** | Lauren Szyper | | PRIDE Initiative |
| **Native American Community** | Gloria Gutierrez | MH Counselor | BHRS |
| **North County Community** | Mary Bier | | North County Outreach Collaborative |
| **Pacific Islander Community** | Agnes Tuipulotu | | Pacific Islander Initiative |
| **Pacific Islander Community** | Juliet Vimahi | | Pacific Islander Initiative |
| **Public** | Valerie Gibbs* | | |
| **Public** | Josephine Thompson* | | |
| **Public** | Betty Savin* | | |
| **Service Provider - Adult** | Patricia Way | | NAMI |
| **Service Provider - Adult** | Juliana Fuerbringe | | NAMI |
| **Social Service Provider** | Melissa Platte | Executive Director | Mental Health Association |
| **Spirituality Community** | Chase Montara | | Spirituality Initiative |

*MHSARC member

# MHSA Steering Committee

The MHSA Steering Committee plays a critical role in the development of MHSA program and expenditure plans. Specifically, the MHSA Steering Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services within available resources and meets the criteria and goals established.

## Guiding Principles

- Focus on wellness, recovery and resilience
- Cultural and linguistic competency
- Consumer/family-driven services
- Integrated service experience for families and consumers
- Community collaboration

## Composition and Membership

The Steering Committee will be co-chaired by a member of the Board of Supervisors and the chair of the Mental Health and Substance Abuse Recovery Commission (MHSARC), and will include broad representation from stakeholder groups including the membership of the entire Mental Health Board. Please visit the MHSA website www.smchealth.org/bhrs/mhsa for the most up-to-date membership list.

The Steering Committee meetings will be open to the public and will include time for public comment as well as means for submission of written comments. To join the Steering Committee as a member please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org or (650) 573-2889.

## Roles and Responsibilities

The Steering Committee will oversee the Community Program Planning (CPP) process and development of the MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and the Annual Updates. The role of the Steering Committee will be to assure that the recommended MHSA Plan

- reflects local needs and priorities,
- contains the appropriate balance of services within available resources, and
- meets the criteria and goals established by the state Mental Health Services Oversight Accountability Commission (MHSOAC).

Instructions and guidelines for the development of the plan can be found at the MHSOAC website, www.mhsoac.ca.gov.

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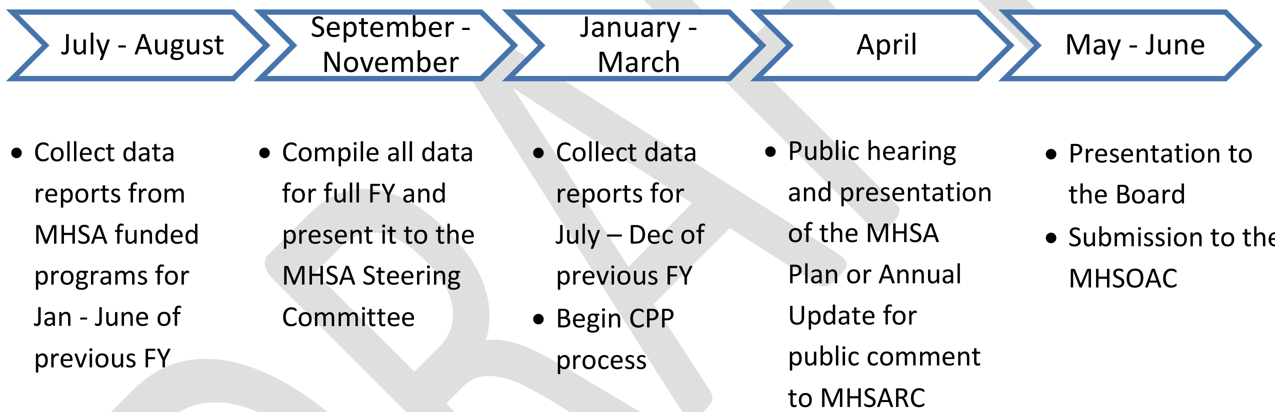
**The Steering Committee will also:**

- Review input received through the CPP process and make recommendations for strategy development.
- Recommend priorities for inclusion in the MHSA Plan. The MHSARC will open a 30-day public comment period for the Draft MHSA Plan and subsequently, a public hearing.

## MHSA Planning Timeline

MHSA planning, implementation and updates are on a Fiscal Year (FY) calendar July 1 – June 30.
***Counties are required to plan for and submit a Three-Year MHSA Plan and Annual Updates.***

**Current Three-Year Implementation Phase:** July 1, 2014 through June 30, 2017
**Annual Updates Due:** June 2015 and June 2016
**Next Three-Year Planning Phase:** January 2017 – April 2017
**Next Three-Year MHSA Plan Due:** June 2017




## Steering Committee Meetings

- The MHSA Steering Committee will **meet twice a year in November and February** during Implementation Phase July 1, 2014 – June 30, 2017.
- As we begin the Planning Phase, January 2017 – April 2017 for the next three years of MHSA services there may be 1-2 additional meetings to allow for more engagement in the CPP process and making recommendations.

Given that there are only 2-3 meetings per year, consistent attendance is very important. We will make every attempt to provide you meeting date, time and location well in advance.

*If you are interested in joining the Steering Committee please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org or (650) 573-2889.*

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# Mental Health Services Act (MHSA) Steering Committee August 27, 2014

San Mateo County Health System
Behavioral Health and Recovery Services
www.smchealth.org/bhrs/mhsa

# Background – MHSA (handout)

- Proposition 63 (2004) – 1% tax on personal income in excess of $1 million for transformation of the mental health system while improving quality of life
- Funding components include
  - Community Services & Supports (CSS)
  - Prevention & Early Intervention (PEI)
  - Innovations (INN)
  - Workforce Education & Training (WET)
  - Housing
  - Information Technology and Capital Buildings (IT/CF)

# MHSA Plan Development Requirements

- 3-year MHSA Plan and Annual Updates
- Community Program Planning (CPP) process
  - Plan shall be developed with diverse (geographic location, age, gender, race/ethnicity, etc) local stakeholder and client/consumer input
  - Meaningful involvement - in all aspects of the CPP process
  - Public review
  - Public hearing at the end of the 30-day public comment

# MHSA Community Program Planning Process for the Three-Year Plan for FY 14/15 through FY 16/17

## Phase 1. Needs Analysis

**Community input on experience with mental health services**

What's working well?

What are the gaps in service (populations underserved or unserved, barriers)?

Recommendations for improvement?

**Process:**

1) Review and synthesize various current assessments conducted

- Community Service Areas planning
- ODE and Health Equity Initiatives
- Collaboratives Strategic Plans

2) Seek input on additional service gaps and recommendations; incl process input

- MHSA Steering Committee
- Office of Consumer Affairs
- North County Outreach Collaborative
- EPA Behavioral Health Advisory Group
- Follow up with missing voices

April - June

## Phase 2. Strategy Development

**Community input on MHSA components and programs**

Share and discuss Phase 1 findings - is the interpretation appropriate?

Discuss specific MHSA component and program needs and prioritize service gaps

Identify and prioritize strategies

**Process:**

1) Strategy Session with general and large group input/discussion and small group breakouts by component (CSS, PEI, WET, INN), large group prioritization

2) Community Input Sessions to share results of Strategy Day and seek add'l input

- MHSARC
- Diversity and Equity Council
- Change Agents
- Geographic-based (Coast, Nth, Mid, Sth)

3) Review prioritized strategies, draft proposal

July - August

## Phase 3. Plan Development

**Community input on Final Plan**

**Process:**

1) Presentation to the Mental Health Steering Committee and Public Comment Period opens

2) Public Hearing hosted by the Mental Health and Subtance Abuse Recovery Commission

3) BoS adoption of plan

4) Submission of plan to the Mental Health Services Oversight and Accountability Commission

September – November

# Phase 2. Strategy Development

- Community Input
  - Demographics
  - Additional input meetings
- Analysis – Priority Themes & Programs/Strategies
- MHSA Steering Committee Role
  - Recommend program/strategy priorities for inclusion in the MHSA Plan

| PROJECTED EXPANSION | | | | |
|---|---|---|---|---|
| CATEGORY | ITEM | # UNITS | COST PER UNIT | TOTAL ANNUAL COST |
| CSS FSP | Slots for psychiatric emergency services and 3AB (TAY and Adults) | 10 | $22,193 | **$221,930** |
| CSS FSP | Slots for TAY, with housing | 5 | $46,000 | **$230,000** |
| CSS FSP | Expansion of integrated FSPs to Central (Adults | 5 | $8,733 | **$43,665** |
| CSS FSP | Expansion of Wraparound services for children and youth | 5 | $36,000 | **$180,000** |
| CSS FSP | Additional housing for existing FSP Adults | 25 | $5,774 | **$144,350** |
| **CSS FSP TOTAL** | | | | **$819,945** |
| CSS NON- FSP | Pre-crisis response services | 80 | $3,125 | **$250,000** |
| CSS NON- FSP | Expansion of supports for youth transitioning to adulthood | 1 | $135,000 | **$135,000** |
| CSS NON- FSP | Expansion of assessment, supported employment, and financial empowerment for clients | 1 | $100,000 | **$100,000** |
| **CSS NON-FSP TOTAL** | | | | **$485,000** |
| **TOTALS** | | | | **$1,304,945** |
| PEI 0 TO 25 | Expansion of Teaching Pro-social Skills | 1 | $200,000 | **$200,000** |
| PEI OTHER | Expansion of Parent Project | 1 | $20,000 | **$20,000** |
| **PEI TOTAL** | | | | **$220,000** |

# Estimated Funding

| | San Mateo County MHSA Estimated Funding | | | |
|---|---|---|---|---|
| | CSS | PEI | INN | TOTAL |
| FY 13/14 | $15,499,392 | $3,874,848 | $1,019,697 | $20,393,937 |
| FY 14/15 | $19,882,905 | $5,302,108 | $1,325,527 | $26,510,540 |
| FY 15/16 | $17,161,030 | $4,576,275 | $1,144,069 | $22,881,373 |
| FY 16/17 | $18,195,603 | $4,852,161 | $1,213,040 | $23,390,501 |

- Tax dollars on an accrual basis
- PEI funding shortfall
- INN has 3 year reversion period, will plan for new innovative project starting Jan 2015

# Discussion

- Community Services and Supports
  - Any additional strategies, programs or enhancement to existing programs would you want to be considered **to address the priority themes**?
- Prevention & Early Intervention
  - Any additional strategies, programs or enhancement to existing programs would you want to be considered **to address the priority themes**?
  - PEI shortfall and current evaluation – revisit priorities at next MHSA Steering Cmtee meeting in Jan/Feb

# Time to Prioritize!

# Next Steps

## Phase 3. Plan Development

- MHSARC opens MHSA Plan for 30 day public comment
  - October 1st, 3-5pm
  - SMC Health System, 225 37th Ave. Rm 100, San Mateo
- Public Hearing at the MHSARC
  - November 5th, 3-5pm
  - SMC Health System, 225 37th Ave. Rm 100, San Mateo
- Presentation to the Board for adoption of the plan
  - December/January
- Controller to certify expenditures
- Submit to the State MHSOAC for approval

# Thank you!

For questions or comments contact:
Doris Estremera, MHSA Manager at
destremera@smcgov.org or (650) 573-2889

## Stakeholder Input – Strategy Development Priority Expansions

Thinking about what needs/gaps in services, what other strategies, programs or enhancement to existing programs, if any, would you want to be considered for MHSA funding (for the next three years)?

| Component | Proposed strategy, program or enhancement to existing program | Comments/Notes by Theme |
|---|---|---|
| **Community Services & Supports (CSS)**<br><br>CSS provides direct service and treatment to individuals of all ages living with serious mental illness with a focus on un-served and underserved populations. | 1. Intensive day treatment for adults<br><br>2. Increase evidence based practices that support recovery-resiliency in the FSPs and clinics. E.g. Illness Management and Recovery (IMR), Wellness Recovery Action Plan (WRAP), Individual Placement and Support (IPS) Supported Employment<br><br>3. Support and assistance program for isolated individuals living in community to get them connected to community to get them connected to volunteer opportunities, work, friendship centers, etc<br><br>4. Expand employment opportunities for individuals with lived experience (family and peer support workers, etc)<br><br>5. Drop-in center/wellness center for youth and TAY that provides a broad range of psycho social and health services and supportive services<br><br>6. Center for adults with serious mental illness in recovery that provides psycho social services, vocational and other support services and skills development | **Supportive Services for Recovery**<br>o Need outreach difficult to engage residents – in treatment & in social activities<br>o Need Club House and Heart & Soul- type organizations to reach out to the community and help connect people to supportive services during recovery<br><br>o Need more employment support for<br>o Need employment placement services for high functioning individuals (higher level jobs)<br>o Create more job opportunity for mental health / alcohol & drug/ formerly incarcerated<br>o Employment coaching, job training, case management to help with employment<br><br>o Youth wellness center North/South County that provides yoga, meditation, counseling, case management, referrals, laundry, kitchen<br>o Drop-in center for youth and young adults for mental health and AOD services<br>o Drop in/ resource center in South County for TAY ages 18-25: Food nightly, socialization, workshops, internet, referrals, resources, etc.<br><br>o Australia implement gathering places (Fountain House) for people to get support services, develop skills and socialize … a place to go after treatment.<br>o Clubhouse model to provide a productive hang out; learn appropriate computer skills, team work skills – and a choice to develop learning skills (reading, writing, creative writing, basic print, job interview skills and recreation opportunities not just movies).<br>o A place where adults can make lasting friendships and learn more about the services that are out there that can help them improve their lives, learn and incorporate new skills into their lives, and a feeling of belonging. |

| Component | Proposed strategy, program or enhancement to existing program | Comments/Notes by Theme |
| --- | --- | --- |
| **Community Services & Supports (CSS)** | 7. Expansion of Total Wellness program<br><br>8. Increase nursing staff that can work with mental health clients where they are (home, drop-in centers, etc) | **Integration with Primary Care**<br>o Expansion of total wellness but with focus of building capacity for psych med prescribers in the community and the program could provide transition from regional clinic level and short term case management/nursing<br>o Expand on Total Wellness 's Success: Funding of "health worker" type of positions at each regional clinic to track results of intake health screening results and outreach to those client with risk to promote further wellness (treatment, groups, coaching)<br>o Expand total wellness to entire San Mateo County, North County and Coastside<br>o Total Wellness in non-county clinics (FSPs)<br>o MH providers at all primary care clinics |
| | 9. Expansion of co-occurring services by BHRS AOD providers | **Integration with AOD services**<br>o AOD component for FSPs, an ARM FSP<br>o AOD providers need support to qualify for drug Medi-Cal… technical assistance with application and requirements (having AOD staff on board, etc.) |
| | 10. Increase support services for clients and families with developmental disabilities<br><br>11. Expand resources for specialty clinics (e.g. Puente clinic serves MH needs of clients with developmental disabilities) | **Integration with developmental and physical disabilities services**<br><br>o Support for recognition or acceptance into Golden Gate Regional<br>o Integrate services with regional centers (like Golden Gate Regional Center) to serve individuals with developmental disabilities.<br><br>o Address more effectively the gaps between mental-physical development disabilities. We have youth who are not getting effective care<br>o There is a growing population of children with autism, which overlaps with behavioral issues, it's important to consider what happens when they become TAY<br>o How can we develop services for high functioning youth with autism |

| Component | Proposed strategy, program or enhancement to existing program | Comments/Notes by Theme |
|---|---|---|
| **Community Services & Supports (CSS)** | 12. Expansion of supported housing for transition age youth<br>13. Increase therapeutic foster/respite homes available<br>14. Short term (1-4 weeks) transitional housing for clients on waiting list for inpatient programs<br>15. Supported housing for 18-35 year olds with multiple needs who aren't eligible for Golden Gate Regional Center services for individuals with developmental disabilities<br>16. Housing for co-occurring illnesses with support and transitional case management | **Housing**<br>o Requirements for housing are a big barrier, need more support. Too many limitations, too expensive, minimum wage is not enough to cover rent<br>o It's difficult for individuals with co-occurring illnesses to hold on to housing<br>o Need transitional living/sober living communities, more support/funding for these<br>o Housing- when people get discharged they get no housing support, shelters bump them out because of behavioral issues<br>o FSP is good but there is a missing piece with housing, shelters are not the place, need supportive housing with services, need to address substandard housing |

| Component | Proposed strategy, program or enhancement to existing program | Comments/Notes by Theme |
|---|---|---|
| **Prevention & Early Intervention (PEI)**<br><br>PEI interventions target individuals of all ages prior to the onset of mental illness, with the sole exception of programs focusing on early onset of psychotic disorders such as schizophrenia. | 1. Increase researched based (developed through community-based participatory approaches) practices that are community models of prevention + care into practice for cultural groups<br><br>2. Media campaign on mental health and stigma specific to different cultural groups (e.g. Out and Well in SMC)<br><br>3. Increase community outreach efforts and education re: services – beyond providers (community members and faith-based organizations)<br><br>4. Increase culturally relevant efforts and programs for outreach and education (e.g. Team of outreach and services to provide services where people congregate; Parent Project curriculum is not culturally appropriate for Chinese community; anti-stigma activities in schools for persons with disabilities) | **Culturally specific services, ed and outreach**<br><br>o Need to address underutilization among racial/cultural minority populations<br>o Program to develop community advocacy in culture specific communities –stigma issue is asking for help and in advocating for services<br>o Develop service capacity in community for Chinese culture specific population in BHRS and community based organizations – specific to their cultural needs/ linguistic needs<br>o Look at other communities where people seek services – implement best practices<br>o Train trainers to facilitate spirituality groups<br><br>o "Out and Well in SMC" – Outreach, education campaign to let everyone know we are a welcoming place for LGBTQQIZs residents<br>o Connect with existing media used by LGBT<br><br>o Outreach to bridge faith-based communities and mental health providers and MH consumers (goal to reduce stigma)<br><br>o Outreach and services team made up of a clinician, social worker or case manager and a community worker . The team would provide services where people are at and congregating (church, community centers, etc.) because of the stigma associated with seeking services.<br>o Programs are not culturally sensitive. For example, the Parent Project curriculum is not appropriate for the Chinese community – Chinese children tend to not have behavioral issues at school; MHFA is a 2 day training- they will not attend a 2 day training<br>o Reduce stigma for persons with disabilities (physical, health, developmental, behavioral).<br>o Required anti-stigma activity for students to promote understanding |

| Component | Proposed strategy, program or enhancement to existing program | Comments/Notes by Theme |
|---|---|---|
| **Prevention & Early Intervention (PEI)** | 5. Expand YMHFA training for teachers and school administrators<br><br>6. Increase on-site culturally appropriate resources for schools (eg. MH counselors)<br><br>7. Therapeutic Day School to provide support services including mental health therapy | **Integration with Schools**<br><br>o School-based teacher training , local resource guide for teachers<br>o A lot of staff in the schools don't know how to recognize mental health issues, kids fall through the cracks.<br>o Need courses offered to teachers at schools to teach them how to read the signs and help students with mental health needs<br><br>For High School students<br>o There are counselors on site but they are not Asian and Asian youth often don't feel comfortable disclosing to their counselors. They have pressure from parents and get pushed to excel in school, counselors don't know how to talk to and connect with Chinese parents who may be limited in language and afraid/worry that any conversations about their children's mental health issues may impact their school record and chances of attending college.<br>o There are also bicultural and assimilation issues with parents that are immigrants<br><br>o Need better behavioral health integration with schools<br>o Improved linkages with providers and schools to improve integration into school setting<br>o There are group of teens with eating disorders and cutting that have very limited services unless they get to the point of getting involved with the law |

| Component | Proposed strategy, program or enhancement to existing program | Comments/Notes by Theme |
|---|---|---|
| **Prevention & Early Intervention (PEI)** | 8. Expansion of MHFA training to medical providers, staff and including to non-traditional points of contact (e.g. registered cosmetologists, cab drivers, etc)<br><br>9. Expansion of Crisis Intervention Training/Teams (CIT)<br><br>10. Question, Persuade, Refer (QPR) training, like CPR, for immediate response to suicidality. | **Training for first points of contact**<br>o Doctors are too overwhelmed, busy and rushed to deal with behavioral health issues, it feels impersonal<br>o Asked for help through their primary care provider and access was difficult, it took a very long time and a lot of asking for help before the doctor finally referred them to an appropriate service/program.<br>o All service providers need to know what resources are available – mental health first aid for primary care providers and emergency response<br>o Mandatory MHFA – staff/ faculty<br>o MHFA-type training for registered cosmetologists, cab drivers and other non-traditional points of contact with STIPENDS, difficult to attend a training for free<br><br>o Law enforcement – MH education<br>o CIT needs to be periodic, refreshers and targeting alumni, maybe add an expiration date to it like CPR certifications.<br>o Police have a resource list but it's confusing, don't know who to call.<br><br>o Education for individuals with mental health issues families and general public – who to call for help before and during a mental health crisis – to eliminate the need for the police. Public service announcements, internet, billboards, buses, etc. |