

MHSA Steering Committee Meeting Notes, 10/28/16 – New PEI Guidelines

Reporting Requirements discussed:

- Timely Access: # that followed through with a referral, avg interval between referral and tx
- Access & Linkage: # of SMI referred, avg Duration of Mental Illness

Mental Health First Aid

Barriers

- How do we show that individuals are being referred?
- More funding needed for more classes to make an impact and have shorter training, such as 2 four hour days
- MHFA responses are good on follow-ups but response rate is low (10% at 6 month)
- Assumption that everyone taking the training has a computer

Solutions

- Ask participants to call or email if they made a referral and if they followed up with the individual
- Monthly poll (survey monkey) to ask if they made a referral in the last month or every 2 weeks
- Incentives for doing follow-ups
- MHFAider gives an emergency card to a person to bring to an agency, and then have provider keep track of it. Card can say “referred by MHFAider”
- Get local agencies to track “how clients heard of program” (for example, star vista crisis line)
- A warm handoff (still need a way to track SMI)

PREP

Barriers

- If there is no “warm” referral or paper referral, may never know who followed through or not
- Avg interval between referral and tx depends on capacity of program to intake/waitlist, transportation and access issues to a service center, hours of service restrictions, cultural and language barriers and stigma
- Collection of data: need an electronic system, data entry resources and people to track, this requires funding
- It costs to collect data and set up the systems but contracts do not include this expense

Solutions

- Partner with school interns for data issues
- Design a referral form/screening tools and warm hand-offs that include baseline data at time of referral (language needs, cultural needs, etc.)
- Increase community education/outreach and de-stigmatization

Be the ONE

Barriers

- Miss the importance of this work and what this campaign is about, the goal is not to make referrals it’s awareness/learning, perception changes, engagement, connection to decrease stigma and discrimination
- Define referral differently
- We need to measure stigma and discrimination reduction
- No way to do pre/post surveys

Solutions

- Start including referral information
- Provide a “referred by” card
- Providers to ask “how did you hear about our services”
- Conduct a survey on stigma/perceptions, has this changed your perceptions, likeliness to seek services



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)	Email
Pacific Islander Community	Agnes Tuipulotu		Pacific Islander Initiative	atuipulotu@pcrcweb.org
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Service Provider	Cori Manthorne <i>Cori Manthorne</i> Catlin Billings	Manager of Family Support Services	Community Overcoming Relationship Abuse - CORA	Corim@corasupport.org
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*MHSARC member

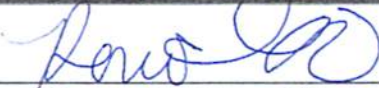



**MHSARC member and MHSA Steering Committee Co-chairs

Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)	Email
Consumer/Client and Veterans	Edmund Bridges**	Chair, MHSARC		edmund.bridges@vfrsolutions.org
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