Behavioral Health Subcommittee April 25th, 2022
Meeting Notes

Attendance:
La Keisha Vereen
Mark Creekmore
Angela Burchard
Alyson Robbins
Nat Dodd
Corey Telin
Lt. Patrick Gray
Heather Rye
Ricky Jefferson
Rachelle Wilson
Alma Wheeler Smith
Alex Roth (Vera)
Angie Carpio (Vera)

Alex leading with explanation of change in membership; notably Brad no longer chairing membership. Alex will send out email to group asking for volunteers.

Welcome new members, Mark, Angela, and Heather

Review and refine research priorities

Speaking to overlap with prevention and front-end subcommittee - what will collaboration look like?

Court process committee taking on access to treatment courts

One of the questions was if we will be doing an inventory of services, as part of addressing priorities? It would be a necessary part of the report from our viewpoint, but open to how others think about that.

Consensus seems to be in agreement

A lot of discussion at the WEP Working Group meeting is the decriminalization of mental health. Would this committee want to take that on or is it better suited for prevention and front end?

-member brings up that she sees this happen a lot in schools and it should be something we work on

Member asks about use of ATO's to mandate treatment in civil situations instead of treatment

Reviewing the voting results and if any of the tied results would be good to add?

Diversion before or after events occur?

Member in law enforcement states in his experience if they recognize there is a stark and obvious mental health issue they do diversion on the spot. If it's not obvious on the scene after the criminalization that those issues get addressed.

Ex: of someone just stole duster cans and is caught huffing those cans, we would be in communication with the people were dealing with and we recognize major mental health issue we would have an ambulance come and aim to not prosecute.

Ex: in more major issues, in office contact the person that perpetrated the crime is not in their right mind, they would be diverting them to the emergency room/mental health and not to county jail.

Based on totality of circumstance
When he says the mental health issue is obvious, we mean obvious. Something almost anyone would notice. Officers do get training on this.

Could the diversion pieces be fully answered in the prevention subcommittee? Adding a 4th priority area to encompass more of decriminalizing mental health.

Member mentions that mobile crisis response teams have been increased.
Crisis response teams have been effective and they are a great partner to the police
988 will be rolled out this summer

Member in law enforcement says; any tools that an officer can use to help the person they're dealing with are greatly appreciated and they will use them.
There is a criminal justice aspect to all of this, but there are so many more instances when people need help and they haven't done anything criminal but they still need help. Any options that a command staff or officer on the scene that is not an easily resolved incident that HVA shows up and takes them to psych ER and that is not the best thing. Especially with families that have folks that have mental health problems. Any alternatives to that are welcome.

Where can the Behavioral Health Subcommittee focus on that wouldn't be in the scope of what prevention would be studying?
Ongoing behavioral health problem that are not being met by existing services
What resources does the community have and where are people going? If we're looking for prevention, where are people going prior to arrest?

Works to flush out one of the priorities on the 19th - do we have services available and who gets to use them? What are the barriers to access? Knowing how accessible they will be?

Do we have data on who is being arrested and who is receiving those supports?
Can we ask data subcommittee for help with this?
Heather to look and see what data she gets.

Is everyone comfortable with the priority areas?
Adding reducing stigma of receiving services; putting that within another priority areas to address

#2 Priority area changing to "Barriers to effective provision of services and continuity of care"

Member mentions staffing is a real issue and limitation in all agencies. There aren't people to hire. Also a problem in PD, and at organizations. CMH has seen the same thing. Low staff high case loads. Some programs had to be paused to pull in staff to cover another program. Same at Michigan medicine.

No place in the community to come together and share their frustration

Is there anything we can add?

Putting in peer opportunities as a way to fix shortages

"Group Therapy" really resonated

The way jobs are classified, some jobs have high requirements that we are finding are not necessary

Compile the number of times racial equity has been raised in Washtenaw, rather than doing an additional analysis. Some cross communication of these groups could be useful

Next steps:

1. Send out a survey to hone in on research questions within the priority areas.
2. Start reaching out to people at organizations.