Behavioral Health Subcommittee Meeting

March 24, 2022

Attendees:
Brad Schmidt
Angie Carpio (Vera)
Kaitlin Kall (Vera)
Alyson Robbins
Corey Telin
Su Hansen
Cynthia Harrison
Mollie Richards
Alma Wheeler Smith
Pittsfield Township Public Safety - Patrick Gray
Nat Dodd
Eleanor Ablan Owen
Alexa J

-Research Priorities

- Positive feedback; like that it is not about *if* disparities exist

- How do we get to the evaluation of people that are utilizing mental health services? It's hard for people to get what they really need.
    - Some folks present well and therefor struggle to get help they need.
    - Severity of what they are dealing with would factor into supports
    - Support system (or lack of) - do they have friends/family that are able to help them?
    - It's a very confusing system as to where and how to access care? Finding people that take medicaid. Access to care.
    - Even if someone is connected to CMH, their needs often not totally met. Ex: complex trauma history and mental health diagnosis - can require long-term therapy which is not always available
    - Quality of Support Coordinators ranges. Some are really good but some are less knowledgeable
- There are a lot of providers locally but they can be tricky to access, so people with SMI/SUD fall through the cracks and end up in jail. Sometimes meets people in jail who are for the first time being connected to services; would like to see more front-end/pre-plea diversion
- Is data available to look at how many people start out in services and where they end up? How many people end up in criminal legal system?
- A lot of great practitioners, but also a revolving door; people burn out and leave. Is there any understanding of training that staff get? Diversity of staff is lacking.
- Low salaries may be driving retention issues.
- Lack of providers for gender-affirming care that take medicaid. If providers reflected more of the people needing care, more folks would access care, especially those who are LGBTQ+.
- One member reflected on the criminalization of her son’s mental health issues.

- Su's reflection - people calling cops when unfamiliar person is in the community. What can community do? What are other options than 911?
- Stigma; how to have more empathy. How do we combat some communities' instincts around public safety and calling the police?
- How do dispatchers determine if a situation calls for joint mental health/law enforcement intervention?
    - Gathering details - calls from family member or caller has mental health crisis, dispatcher would let officers know what steps they took to determine that.
    - Would need to find out what current format or plan there is for that.

If behavioral health system looks different 3 years from now? What would be different?

- Easier access to services, both mental health and substance use
    - Sometimes it feels like you have to have a special "in" to access services
    - Need more treatment services for youth
    - If we could relinquish stigma, folks may attempt to access services easier
- More representation of POC that work at these services.
    - Hardly ever black staff, this has been mentioned as a barrier
    - Lack of Black primary care physicians and psychiatrists
- Better pay for mental health clinicians
    - Funding issue, just not reimbursed by the state as well
- Non-police crisis response
    - Coalition for Re-envisioning our Safety (CROS) - has wonderful recommendations for unarmed response
- More ways to support families; sometimes parents struggle to get services due to lack of childcare
- Many more drop-in centers and access points
- More trained peer counselors, especially BIPOC. Could be a pathway to becoming therapists
- Housing
    - Need for low barrier emergency shelter
- Individual therapy, medication management, residential treatment, peer coaching, community psycho-education (reaching out to different orgs and community groups to teach about mental health)
- Harm Reduction - safe injection, needle exchange
    - LEADD - newer diversion/deflection program that is harm reduction rooted. Piloting in Ypsi township. Partnership between WCSD and CMH
- Treatment providers that are trained in harm reduction and will work with people that are not fully abstinent
    - Most treatment centers available are abstinence based
    - More residential centers that do MAT
    - More residential centers that aren't full-on treatment centers.
- More true housing first practices

Racial inequity -

- Who is eligible for services and who isn't?
- Treatment courts - who is going to those?
    - More Black people going to jail then treatment courts. Is this lack of education with public defenders?

    - Treatment courts require no past/current convictions with possession/distribution/felony conviction with firearm
        - Also may not be eligible in drug treatment court if you have co-occuring moderate/severe mental health concerns.
    - Not just drug court - mental health court, other treatment courts. Disparity is very large.
    - Are treatment courts not being recommended as often as they should be?
    - Here is the participant manual that lists some of the requirements: https://www.washtenaw.org/DocumentCenter/View/19227/Drug-Treatment-Court-Participant-Handbook---WCDTC
- Transportation
- Stigma
- Pre-sentence investigations. Findings can dictate who is offered services and who doesn't, but this feels opaque. Are some findings/decisions racialized?
- More people of color are participating in addiction treatment in jail, which indicates that they are not offered alternatives earlier in system
- Interest in CAHOOTS model

Drill-down of some things we are hearing:

Services are difficult to navigate.
Lack of representation of staff and low pay.
Housing and drop-in centers
Eligibility (at large, treatment courts, programs, services).
Increasing harm reduction principles throughout community

Various flags/notes

- Where is the CMH representation?
- Eugene, OR. As example? Non police intervention 24/7
- Group really needs community mental health representation