

Behavioral Health Subcommittee October 14, 2022
Meeting Notes

Attendees:

Mark Creekmore (Chair)
Rachelle Wilson
Angela Burchard
Cynthia Harrison
Lt. Patrick Gray
Angie Carpio (Vera)
Alex Roth (Vera)
Jen Peirce (Vera)

- Because not enough members showed up, Vera staff says could just have more informal conversation about recs and ask rest of subcommittee to provide feedback online.
 - Those present are okay with this.
 - Some language changed to one rec based on discussion at last meeting.
 - Only five remaining recs that haven't been reviewed.
 - People agree to talk about those.
- Recommendation: Expand peer-led programs and support groups, especially with options outside of AA/NA settings.
 - NAMI of Washtenaw County has peer-led group, CMH?
 - Probably should leave this fairly broad rather than talking too much about existing programs because people don't have a lot of details about those.
 - Members agree this rec is valuable, not as sure about how feasible it is.
 - Member says that getting community more involved, having peer-led groups would help to reduce stigma.
 - Vera staff member talks about other recommendation about working with community groups to reduce stigma – asks if member wants to add detail to that one.
 - A Brighter Way may be interested in working on an anti-stigma campaign.
 - NAMI, A Brighter Way, faith groups, could all be involved in anti-stigma campaign. Specialty Care Clinics also all have peer-led programs. Michigan Medicine has program to train people for peer support. Could try to centralize/coordinate all of this work. Washtenaw Health Initiative spoke about this for a while but there was no org that was able to take that on.
- Recommendation: Expand access for inpatient and outpatient services in the community, especially for people who have past, current, or likely justice involvement, so that incentives are set up to encourage referrals from the community rather than from courts.
 - Do we need to clarify what we mean by access?
 - Education sector and health sector actually provide more psych services/meds than MH system. PCPs prescribe more psych meds than anyone else. 988 system is intended to reduce people with MH issues being served in Eds.

- Council on Wellbeing (?) have developed models for integrated physical and MH care – e.g., co-location, others.
- MH system in Washtenaw County is almost entirely Medicaid funded, other than CMH millage, which allows them to do additional programs like crisis response. CMH is moving towards a more balanced mix on Medicaid and non-Medicaid.
- Rec seems feasible, should fit in with reforms currently underway.
- Recommendation: Establish an Overdose Prevention Site (or more than one!) in the County.
 - Question about whether there's enough political will for something like this.
 - There have been needle exchange programs, but mostly in the east part of the county, which can reinforce stigma.
 - Some places in Washtenaw County do want to do this, but there may be resistance.
 - People at Packard Health and other community health org would likely support this.
 - Members are supportive of rec, not sure about feasibility. Concern about NIMBY issues.
 - Should add some more detail about other places that have done this. Show outcomes from those, e.g. how it helps people eventually go into treatment.
 - The shelter and some Avalon Housing sites now have syringe access.
- Recommendation: Expand other harm reduction services in the county, including inside the local jail
 - Naloxone vending machines – one in Ypsi, one in AA library, have been emptied out several times already, so there's a need for expansion. Feedback from general community was mixed.
 - Nobody thinks there are harm reduction programs that don't need expansion.
 - Need to clarify what harm reduction means here. Can provide a more detailed list of things like needle exchanges, free testing, safe consumption sites, etc.
- Recommendation: Undertake public campaigns to reduce the stigma against people who use drugs and to educate the general public on the importance of a public health (not criminal) response
 - Member says doesn't like the use of the word "campaign." Makes it sound like it's a one-time thing or a marketing approach, where it needs to be an ongoing effort.
 - Member disagrees, thinks having a campaign that promotes different ways of thinking about substance use is important, but agrees that it should be an ongoing effort rather than a one and done. Need to educate people who don't know someone with SUD on how substance use affects entire communities.
 - Member wonders if it would work to focus on recovery part rather than anti-stigma.
 - Suggestion to have rec say, "public education campaigns." Also try to personalize issue with stories of real people.
- Vera staff reviews changed language for rec #5 "Shift away from court mandated treatment to community-based treatments that do not define success solely through abstinence."
 - People agree this change reflects discussion at last meeting.
- Next Steps
 - There will likely be some additional recs based on the results of the provider survey.
 - Deadline for survey was today but extended to next week. Also had to add password because of spammers, so if anyone has trouble accessing survey, should contact Vera.

- Next subcommittee meeting October 24th should have survey analysis done and can talk about any add'l recs and also talk about action steps for implementation.
- Because a lot of people couldn't make meeting. Vera will share link to Google doc and give others a few days to make any changes. Will then send out revised doc.
- Meeting adjourns