Behavioral Health Subcommittee Meeting

WHEN: 04 October 2022 @ 6pm
WHERE: Hyatt in Ann Arbor

WHO:

- Mark Creekmore
- Nat Dodd
- online:
    - lakeisha vereen
    - heather rye
    - angela burchard
    - rochelle wilson
- Vera:
    - shahd, alex, angie, ashley, aiyanna
    - online: Jen

Reviewing Findings:

- most of the research to date has been qualitative and desk research
    - qual: interviews with people involved in BH services, provider survey
        - paid survey going out tomorrow for people working as providers in BH field (social workers, case workers, therapists)
            - 45-60 mins, $25
- we're still waiting on some outstanding research → provider survey, interview transcripts

Qualitative Themes

- people say Washtenaw is a well-resourced county
    - favorable feedback of services, especially compared to other counties
- lack of clarity around access; easier to access when court mandated
- court programs have onerous terms
    - e.g. in drug courts, some people choose jail over services
- gap in housing support for those seeking behavioral health or treatment support
- waitlists for services

CAVEATS (from Jen):

- small sample of people → not necessarily the views of everyone
- people had experiences at different points (e.g.) → could have since changed for the better
- this is what people said, but they might be confused or conflating programs → this is perception not necessarily how programs are structured
- we will collaborate with other committees before finalizing
    - conditions being restrictive overlaps with courts (e.g. specialty courts, probation)
        - e.g. frequency, scheduling, nature, cost, interpersonal experience of treatment programs mandated by drug courts and probation
    - overlaps with juvenile committee

Focus:

- people's ability to have basic stability

FEEDBACK re: FINDINGS:

- Helpful to include quotes and qualitative pieces
- Member: provider surveys don't often give perception of service recipient (client?) who refuses service in favor of incarceration → developing insight that there is a problem is necessary
    - getting access is an internal construct that a person has
    - mental health courts try to get assent for engagement but that's unusual
    - purpose of specialty courts is to mandate treatment
    - major persuasive tool (to get people to get help) is incarceration
        - terms of service are more onerous than incarceration
- Member: when people are finally ready for treatment they are not eligible for services anymore
    - system might be paternalistic → we're not meeting people at the stage they're at
    - hospital will get people admitted for detox and then the patient doesn't come and down the line they refuse the patient when return to help
- Member
    - injury prevention website has this framework, and we're missing education here
        - 1. engineering, 2. education, 3. enforcement
    - so how do we get people to want to do this, rather than coercion
- Member: we don't ask people what they want, and then we burn bridges before they're ready to walk over them
- Member:
    - people who had experiences from 5-10 years ago, and reflecting, they said that numerous points of contact (charges, conviction, sentenced) → they felt that this history created perception among practitioners that they were "lost cause" cases
        - Takeaway: Don't treat recovery as linear
    - what happens when there's overlap → drug court PLUS violent or property crimes → continuing this carrot/stick theme
- Member:
    - re: mental health care services at CMH
        - for any kind of therapy or psych support → long waitlist (like 6 or 7 months) → people are not quite needing inpatient but need urgent response → we need something for that in-between window
- Member
    - "work force issues for all nursing, police, doctor, social workers" → "many vacancies"
        - "Michigan Medicine had a job fair for doctors"
    - "people don't address importance of family, friends, peer support, and education from those people"

- Vera:
    - provider survey does ask questions that address potential causes of workforce issues but … are these vacancies a primary driver for waitlists? are people attempting to hire / be hired ?

PROCESS

- rubric for recommendations (standardized across subcommittees)
- discuss more recs
- develop action/implementation steps

RECOMMENDATIONS

- FOCUS: going through prompts → Next Time: action items

1. Create consistency among municipal laws within the county regarding drug paraphernalia
    a. Member worked at Unified, they had clean needle program → drug paraphernalia laws keep people from seeking services from safe-syringe providers
        i. no laws have guidance for ways to provide proof of having lawfully obtained paraphernalia through SSP
    b. we want to increase use of harm reduction tools
    c. feasible?
        i. Member recommends:
            1. it's feasible but we need to attend city council meetings → might be harder in conservative municipalities
            2. need to specify what kind of drug paraphernalia so more "serious" drugs are not left out
    d. funding? → if we're compensating advocates or people to lobby city council
2. Work with law enforcement and juvenile justice actors to reduce or eliminate formal charges related to drug possession for minors
    a. feasible?
        i. Member: how frequently are charges made
        ii. Member: many charges can be brought against youth - so why focus on drug paraphernalia?
        iii. Member: people of color are historically targeted via drug crimes so yes we should focus on drugs
        iv. Member: these kind of charges hang over people's head for a long time (affects education support, parent's access to section 8)
        v. Member: the more clear we can be the more successful
    b. implementation beyond county?
        i. prosecutor's office can make decisions about charges (but keep in mind state ordinances)
    c. adjustments?
        i. Member: don't add to this
        ii. Member: add this but maybe down the line

3. push for state policy change to facilitate criminal record expungement for past marijuana convictions
    a. should we consider it → "of course"
    b. funding? → potentially for expungement clinics
    c. additions: working at state AND county level

4. push state legislators for decriminalization of personal possession of substance other than marijuana.
    a. feasibility will be different for local vs state/county
    b. NOTES:
        i. Member: county handles state law → federal is way out of the way
            1. there's a real fear of fentanyl in courts in general
        ii. Member: risk around opioids are decreased in places where drugs are decriminalized (because they can access care and education about it without fear of legal consequence)
        iii. Vera: research with people who use drugs shows that threat of charges/arrest causes people to hesitate in seeking services
    c. political will? at local level yes, but not necessarily across the state
5. Shift away from treatment provided through drug courts, probation, and other court-mandated channels
    a. what are we shifting to instead?
        i. Vera: community-based treatment that doesn't carry penalty of incarceration for noncompliance
        ii. Member: change the front end to develop more fulsome consent to participate as a voluntary decision → seek to change the terms under which people agree to participate
            1. specifically: dispute resolution processes that could actually provide an offramp from specialty court
            2. definitely too early to jettison specialty courts
    b. Member: Washtenaw's specialty courts are progressive, other parts of the state don't have the options Washtenaw has
    c. Member: but specialty courts are very limited. Wxpand options people have for treatment if they choose to engage with the drug court
        i. right now, treatment options are narrow (e.g. abstinence based) → if services met people where they're at, people may be more inclined to participate
    d. Member : critical part in engineering: key actors → e.g. depends who the judge and prosecutors → so many decisions depend on *one* person
    e. political will?
        i. Member: we don't have the political will for this
6. Conduct an analysis of local arrests and jail bookings for charges related to drug possession and/or to violations of conditions of pretrial supervision, probation, or drug court supervision that are related to drug use or possession (eg failed drug tests)

a. Member: a lot of this has been done. technical violations are the biggest contributor to parole violations, and many of those have to do with not complying with drug test.
b. What's the potential for this to affect change? "absolutely"
c. not beyond county level → But Vera notes that this require state level
    i. district courts have their own agents to monitor this. mostly done through community corrections

7. Expand and publicize one stop shop information hubs where people can understand their options for treatment including housing and cost considerations
    a. feasible?
        i. Member: Michigan Medicine just purchased find help (2 in 1 for resources) → one stop shop to connect people to local resources → closed loop referral system
            1. we can connect with them as it does need to be built up
            2. accessible to providers and anyone with google
        ii. Member: list of providers and navigation of providers and navigation of needed services are all different components
            1. there are lots of lists out there but problem is keeping them up to date, and thinking of accessibility with waitlists
            2. problem: no feedback to know if recommendations
        iii. Member: provide a flow chart type screener to determine what services someone needs
        iv. Member: having something where people can call and know someone will be on the other line and help guide them
    b. Vera: do service providers opt into the "find help" tool?
        i. Member: as a user you can search database → if info is incorrect you can provide feedback → providers can connect with staff to update too
        ii. Member: revitalizing health center clinic and moving it to Ypsi? → want it to be a walk-in center
        iii. Member: crisis call centers do human contact for people in crisis
            1. 988 has a lot of potential → level of detail required is staggering
    c. funding? possibly for a staff person
8. Partner with organizations embedded in harder-to-reach communities, to help disseminate and destigmatize information about accessing mental health services
    a. feasible?
        i. Member: it's not just shame and prejudice, there needs to be awareness that something can be done. it's not clear that a professional intervention can help anymore than personal or other forms of intervention
        ii. Member: facilitate conversation and awareness about these issues → awareness of conditions is the first step → awareness is not an outcome it's a process