3/15/2022 Minutes

Ad Hoc Committee re: Alternative Response Models

1. Call to Order- Meeting was called to order by Leah Ashford shortly after 12:00 p.m. Notes didn't begin until 12:11 p.m.
2. Roll Call - Those present included:

   Will Kelly, Chair
   Solange Goncalves Altman, Vice-Chair
   Leah Ashford
   Tom Helme
   Ruben Imperial
   Linda Mayo
   Trish Christensen
   Brenden Gillespie, Chief MPD
   Ivan Valencia, Asst. Chief MPD

   Staff/facilitator present included: Edgar Garcia, Modesto City Manager's office and Michael Baldwin, Facilitator, who was present to observe.

3. Continuing Business

   Leah chaired the meeting. She began by reviewing the draft recommendations that were presented to the larger Forward Together group and asked if there were any additional recommendations that the group wanted to consider, or any questions that still needed to be answered about Alternative Response Models.

   The group began to discuss the number of clinicians needed to make the various programs work.

   Ruben I – Clinicians could be used in several of the models and it would be important to get the City and County BHRS to work together for continuity of care by developing clinicians that could support all of these models.

   Leah A – Thinks we should recommend funding for at least two clinicians which is needed to get MCERT up and running by providing a clinician to be paired with a police officer. There is a need to focus on the continuum of care and develop the additional programs for all scenarios. But the priority is to get MCERT running.

   Ruben I – Two clinicians could be dispatched together through 911. Barely starting with CHAT calls. If invent MCERT first that could be good, as 911 not capable of sending out clinicians alone. Will take time for 911 to get comfortable sending out clinicians. With MCERT, MPD and Mental Health go out together.

Will K – Wants to scale up CHAT program. 13,000 calls for service in a year could go to CHAT according to previous data.

Leah A – Is anyone opposed?

Ruben I – CHAT doesn't have a clinician now.

Solange A – We have talked about CHAT (outreach workers/no clinicians for homeless) and MCERT (MPD officer with a clinician). What is third model?

Ruben I – The third model is only clinicians. CHAT has no licensed clinicians. They are social/outreach workers focused on homeless. Ideally would have a medical clinician. CAHOOTS program has an EMT, a tech and a clinician. Having a clinician is a matter of budget. Current CHAT is two outreach health workers.

The third/model/proposal is like community mental health clinicians who go into the community sort of like making house calls.

Chief G - If the person in crisis is known an MPD officer is not needed; They can send out the two outreach workers. CHAT has no licensed mental health clinician. They can't do 51/50 holds. They are dealing with substance abusers/homeless and do lots of referrals. There are only two outreach workers.

Questions raised regarding the third model. What are we going to call it? Mental Outreach Response – Provide medication services. Or M&M – to indicate it has two Mental Health clinicians. This model will need a nurse and psychiatrist as part of the team.

Linda M – Thinks the word "outreach" is overused.

Ruben I – Outreach will have a homelessness treatment team. The will do infield treatment. It is the third crisis response model.

Leah A – Who do people call if it is not a 911 situation? Is there a 'warm line' option?

Ruben I – As part of strategic plan, he wants to create a Crisis and Support line for someone experiencing a mental health crisis. Experienced crisis managers will take the calls. He hope to implement this by July. Crisis support line number will be 558-4600. There is ongoing development.

Leah A – Asks Ruben about the Mental Health Services collaborative group that had been proposed.

Ruben – confirms that it would be good if there were a Mental Health Crisis Response Stakeholder group that included law enforcement, clinicians, health insurance providers, school counselors, Center for Human Services, families that have someone who struggles with mental health, etc. so everyone could work together to find best solution for someone experiencing a mental health crisis.

Linda M? – agreed that it would be important to included families in the stakeholder group

Leah A – asked for thoughts about the training recommendation being proposed.

Ruben I - Working on 40 hour crisis intervention training. Got a new grant. Have staff. Will be part of their certification process. Crisis Intervention Training.

Will K - FT support? Important to implement collaborative and to provide feedback as it goes on. Wants help to get it off the ground.

Leah A – Do we need to make recommendations regarding funding?

Edgar G – Once detail sources of funding city can explore grant funding.

Leah A – She would like to see funding a permanent part of the budget, or to try to make it self-sustaining.

Trish C – Grant funding helps establish programs but doesn't sustain them. Permanent funds needed to sustain programs.

Tom H – ACLU position is that these mental health services/clinicians shouldn't be part of the MPD budget.

Solange A – Stanislaus County has the legal duty to provide mental and health care to medically indigent.

Ruben I – Stanislaus County hasn't had a county response in a number of years. SCBH has been aggressively pursuing Mobile Crisis Response.

Chief G – He respect the ACLU board recommendation. He doesn't want to push off expense to the County. Ruben has been helpful in providing funding for services. The purpose of CHAT is to divert calls from MPD. He wants CHAT under MPD because there was a lot of bureaucracy in Portland who is doing differently. He understands that ACLU doesn't want a new chief down the road to divert CHAT funding.

Edgar G – General funds are discretionary/fluid. A grant is restricted. Direction in which city is moving makes sense.

Tom H – Agrees ACLU was concerned that CHAT type funding could be diverted to other things.

Michael B – If we focus on funding mechanism, this will bog down FT's recommendations.

Will K – We could recommend city prioritize long-term funding for CHAT. This would promote community engagement, transparency and help garner ACLU support.

Leah A – She will be putting a draft together of our recommendations to present them at the April meeting.

Michael B – Continuum of care is 3d model. We're really focused on four options.

Ruben I - Three not four. Zoom option could work with all three models can send out a clinician, but learning from Merced which is using a Telehealth models. In person preferred. But Telehealth used when personnel not available.

Leah A – When writes up draft of recommendations, will state 4th (sic) option can be used by all.

Chief G – Wants to recommend funding for only 2 clinicians. 7,000 calls per year – 19 per day. Would like a 24/7 response model.

Ruben I – Recommends that should say that program should meet the needs of the community in general not necessary to state that need 2 or 4 clinicians.

Chief G – After implement program will start to gather data and after has the data will be able to figure out exactly what else he needs.

Solange A – Supports gathering the data. Also supports a recommendation that will provide technology to collect data. Feels that we should recommend the most we can. We should ask for a full team with 24/7 coverage.

Trish C – She feels we shouldn't box ourselves in.

Solange A – We have not addressed the alternate response models for mental health for juveniles.

Ruben I – He is concerned with the increase in contacts his agency has with people who aren't on Medi-Cal. Crisis response for youth is limited. A number of them are privately insured. They are transitional youth. Getting them the care they need on the private side is a big challenge. Transitional age is between 18-21. They often are unable to get post-crisis treatment. He would like to see those members of the community served. There needs to be a better, broader coalition with private health insurance plans like Kaiser and Sutter to serve those youth.

Linda M – All 911 mental health calls go to Doctors Medical Center. They decide where to direct the person for treatment. If on Medi-Cal they go to BHS. If they have private insurance they are directed to DMC. If there is a 51/50 hold they are referred to the ER, but if have to be hospitalized they are sent to BHC.

Ruben I – His concern is about the long term mental health care. Youth are being provided emergency services, but are not receiving post-crisis treatment (counseling and medication) to stabilize them. There needs to be a better dialogue with the private health insurance providers about this. They need to be brought to the table as stakeholders to be part of the discussion.

Will K - As Recommendation documents are being drafted for the City by all Ad Hoc groups, schedule changes proposed. April 19th meeting to be moved to April 12 for the Alternative Response Ad Hoc. April 20th meeting of Full Working Group to be moved to April 27th.

End of meeting at 1:30 p.m.