2/22/2022 Minutes

Ad Hoc Committee re: Alternative Response Models

1. Call to Order- Meeting was called to order by Leah Ashford shortly after 12:02 p.m.
2. Roll Call- Leah started the meeting by asking Forward Together Committee Members to introduce themselves and share how they spent the holidays. Those present included:

   Will Kelly, Chair
   Solange Goncalves Altman, Vice-Chair
   Leah Ashford
   Josh Bridegroom
   Mike Hammond
   Tom Helme
   Ruben Imperial
   Linda Mayo
   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 has presentation for next meeting and will review with everyone.

   Chief G – Since 11/2021 CHAT has been responding to calls. There is a gap handing cases over to clinicians – bottleneck. CHAT workers end up driving folks to services. They become case managers. Analysts looking at 2021 data.

   Examining the data. In 2020, 12, 293 calls for service were made that could be handled by CHAT. Determined this by looking at data where there were no "safety" keywords.
   From September to December 2021 the data showed that they spent 39 minutes per outreach worker per call. In 2020 they generated 34 CFS per day on average. The maximum number of calls that CHAT would handle during this period was 39 calls per day.

   The current staffing for the CHAT configuration was explained, and what future expansion would look like. They have crunched the data to determine when most calls come in. They would like to expand hours.

   They have determined the total number of people they think they will need to operate 7 days a week with evening coverage and they have looked at what the annual cost of expansion would be. Chief G estimates that costs will be:

Salaries	957,000
2 Navigator cars	90,000
Equipment	13,068
Radios	38,500
Overtime	55,000
Total	$1,153,568
Ongoing Cost	$1,012,000

Leah asked if the HEART and CARE teams had gone away.

Chief responded that HEART team has 1 officer in the Homeless Camps; 2 Officers in Downtown Area and 1 Cadet working on illegal encampment abatement. The CHAT Team is being overseen by Sgt. Hammond. CARE is a county wide initiative funded by "CCP" (?) Those causing most distress.

Leah – CHAT will also focus on homeless. Thought clinicians would go out with police officers not just homeless.

Chief G – HUD grant is to focus on homeless. Looking at ARCO? that will expand team by two. The funding will not be restricted, so will be able to do case that are not homeless related. When the HUD funding is exhausted will try to do a wider focus. The CAHOOTS program in Portland has a 60-70% focus on homelessness/substance abuse.

Ruben I – CHAT is one of three models. MCERT model embeds a mental health clinician (MHC) with a police officer. 9-1-1 based responses. They are exploring two of the three models. Legislation and budget opportunities for programs. Mental Health will be able to partner with MPD whether it is CHAT or MCERT model. It may be possible for us do all three.

Homeless v. Crisis response overall models. Issues, need to better utilize the clinician, and how to imbed The clinician.

Chief G – There was a program with an EMT/Clinician for a short time, but they lost funding. Helped get the experience for CHAT. The challenge is after a response to a call there is a gap in service. Sometimes CHAT team ends up becoming the caseworker.

Mike H.- Partners with other groups. Salvation Army etc. Had to meet requirements (shots/neutered dogs) before could do treatment. Team has gotten better at dealing with all that to put folks in a better place.

Linda – Likes prime navigators term.

Mike H - CARE team is multidisciplinary with a social worker/mental health clinician. As build CHAT team will take all together. CARE model is a good model. Can see CHAT moving to that over years as it evolves. ER response will know how to navigate the systems and make referrals. HEART – Evolved into accountability enforcement. Outreach, abatement team, clean up. Need all of these components to work together.

Will K – Helpful information. Has a few questions.

Mike H – CARE is multidisciplinary. Treatment of those in crisis. Work with social workers, probation, police officers and nurses. It is for folks who are continuing to go in and out of the system. It is not tied to 9-1-1. This team was just expanded. It is for those with non-severe mental illness.

For those with severe mental illness they have to do case management. Law to change in July. CHAT as well as CARE don't have resources for case management. CARE and CHAT held these resources. Don't know if CARE will become 9-1-1 responsive. Doing some assisted outpatient treatment as part of Laura's Law and court work.

Will K – Does CHAT have long term money?

Chief G – No.

Will K – Hiring, how's it going?

Chief G – After first recruitment only part-time positions, and there was little response. Changed to full-time people and got more response. 50-60 applications full time positions.

Mike H – Had interviews last week. Doing additional interviews. No shortage of applicants.

Will K – Is there a similar plan for MCERT?

Linda M – She's very excited about the collaborations. She's here because of a missing element. Feels they need to tie to 9-1-1. How's the public going to perceive this for it to be successful? She's interested in hearing from Ruben regarding 9-1-1 sharing.

Chief G – Expanding beyond homelessness presents confidentiality issues. MCERT will be the other piece. About 7,000 calls come in with safety issues. Hopes to bring that up in next few months. Extreme shortage of health care professionals. They need accurate data. Lots of innuendo out there. They need a diagnosis of the condition. They need to know if the person has a serious mental illness (SMI).

Unknown Person – Do you need more money to put clinician with police officer? Is that a much higher cost?

Chief G – About $500,000 for two clinicians with officers.

Linda M – Would peers salaries be less?

Chief G – Details need to vet out. One person calls in sick. Do you want a peer now at the level have now?

Ruben I – Learned from Los Angeles that no one in California has gotten around HIPAA to allow law enforcement to get mental health information. Situation is improved by working together. Share information by working together at scene. There are programs that are shared statewide. When you have a police officer and mental health clinician they have criminal/mental information and that's when communication goes well. If there are partnerships they are able to talk to each other and meet community needs. They can do a memorandum of understanding, MOU, with groups. Client has to sign

a release. This is what need to do to be able to share mental health information without violating HIPAA.

Solange A.- Is there any way that mental health clinician could be available to police by ZOOM to expand police access to a mental health clinician at less cost. Are there any permanent funding sources available?

Ruben I – ZOOM calls are being used in Merced County. With respect to funding, the State of California has gotten the message. CAL AIM will allow counties to bill for services. They also may be able to bill Managed Care Medi-Cal beneficiaries.

Tom H - We need to be able to differentiate programs. Will need to be explained again. Trying to keep all the programs straight. AB 118 is supposed to set up funding, Crisis Program Grant. Are we working at that? ACLU Nor Cal is interested in how these programs run. Are they part of the police department or another agency? ACLU Nor Cal wants to share that research and information. Generally, these programs are not part of the police department – don't want it to be part of the police budget. What are the possibilities of long term sustainability of such a program? Invited Will and Tom to be part of that process.

Ruben I - He met with the ACLU. Crisis Response Financing – if state wants it, it needs to be funded – State hasn't done that. Reality is that as of last year lots of folks in the state want it. AB 18 is a step in the right direction.

Linda M – HHS is applying for IMD? Waiver. What effect will this have on serving the mentally ill?

Ruben I – Will allow them to bill Medi-Cal. Facilitates payment after an emergency situation.

Leah/Edgar – Shared Wednesdays Power Point Presentation with committee for review/input.

Ruben I -Bullet regarding police and nonprofits – when talk about Mental Health Clinician going out with police officer, there is no authority for nonprofits to do that work. 51/50 process is very risky/restrictive. Mental Health wouldn't contract that work out to a nonprofit. Mental Health would not sanction a nonprofit to do 51/50 responsibility. 9-1-1 response, police have to respond.

Chief G? - CAHOOTS is a separate nonprofit, but issues have come up with access to law enforcement Data. To have access to criminal enforcement need special clearances. There are exceptions to allow sharing HIPAA with law enforcement authorities.

Linda M – Had question about the alternative response program that would be used outside 9-11 calls.

Ruben I -9-1-1 calls are clarifying. MCERT is a partnership with Mental Health Behavioral Health Services. There is a Memorandum of Understanding (MOU) that allows them o work together.

Michael B - Made comment about creation of innovative program and the partnership Relationship.

Ruben I - Looking at different models that would use clinicians.

Edward G – In reviewing the Power Point question came up with respect to language
“danger to self and danger to others or gravely disabled.”

Josh B - This is crisis verbiage part of Emergency 9-1-1 calls.

Ruben I – Will be part of presentation

Dan S - Concerned about losing MPD staff to fund mental health clinicians.

End of Meeting

***Question marks sometimes appear in the notes because the speaker or an acronym was used that is unknown to the note taker.**

Meeting adjourned around 12:20 pm.