

TNT Working Group - AR Subgroup Meeting 2

1.4.23

11AM-12:30PM

Notes

Agenda

1. Check in & Follow Up from Last Meeting
 - a. Timeline & community engagement
 - b. Scope from steering
 - c. Follow up re: CPD involvement
2. Discussion: Drilling down on scope for 2025-2027 planning
3. Feedback & next steps: action items and meeting dates

Attendees

- Mayor's Office
 - Allie Lichterman
 - Mariana Osorio
 - Noureen Hashim-Kiwani
- Fire
 - Chief Zaentz
- DHR
 - Beniamino Capellupo
- OEMC
 - Mariann McKeever
 - Chenetra Washington
- CPDH
 - Tiffany Patton-Burnside
 - Gabrielle Mitchell
 - David Kwon
 - Danielle Beavers

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- Timeline and followup
 - Heard feedback that there needs to be community engagement sooner rather than later; meeting on CARE, 911 response, and CESSA 1.17 @ 12-1:30pm w/ community
 - Will also be 6 listening sessions organized by Center for Community Wellness (advocacy group behind TNT), can share details if folks want to go
 - Community will likely be scoped into AR subgroup meeting 3, 4,5,6
 - Value Scope meeting with Community Consult group
 - Lots of overlap with AR subgroup list, esp around trauma-informed responses and addressing root causes

- Main themes: Quality care, community engagement, integrating AR teams as part of public first responder ecosystem, permanence
- Concern over metrics for success (currently not captured by CARE):
 - # of diversions from hospital setting (since so many times success is measured in institutional relationships built, like MOUs with hospitals; further, experience is really measured/gauged post-discharge)
 - # of times CPD/CDF was not called (since they call many times for assist)
- Feedback on scope statement
 - Re “first responders” Is the idea to make a unique entity across departments or apply existing parts of departments to this cause? We don’t have a “branch” of first responders.
 - OEMC is responsible for helping departments dispatch. We need to clarify if this is a 911 service or not. Should work with OEMC to understand how this fits in with the existing city services.
 - What are the policy implications of “first responder”? Would already scope in paramedics but not clinicians and other workers.
- Update on CPD involvement
 - Checked in with Steering Committee and confirmed CPD not scoped into ordinance since this is truly an alternative response
 - Acknowledged that CPD will still need to be involved at some point to establish referral process; meeting TBD
- Clarifying Questions on Whiteboard Post-its
 - How can we nuance the ARPA cliff concern?
 - Medicaid has billing code for crisis work. May have to work with clinics to use the crisis code: CMHC (community mental health centers)
 - Funding for call center technology-who can we start talking to? Unknown
 - Long term unsustainable funding for procurement, can you say more? Crisis response planning sometimes doesn’t scope in things like dehydration or hunger.
 - What are we not thinking about? For clinicians, you get one day of PTO for every month you worked the previous year. If you’re hired in January, that means you go 1 year without PTO. This presents a hiring roadblock and problem with retention for licensed clinicians.
 - It’s important to hire people that are able to work in crisis, not just as a clinician. Unsure and need clarity around distinction.
 - What is the liability for people that are injured (as first responders vs not)? What is our jurisdiction when a first responder is not on site?
 - Can you say more about “Plan for long term operations”?
- Action Items for or before Next Meeting
 - At next meeting may be helpful to understand how ecosystem of mental and behavioral health emergency care looks. What do the various pathways look like?
 - “First responders” term will be removed from scope statement as city cannot make that determination; may recommend state take action

