

09:08:05 From Michael Claeys : There was a 45% reduction in chemical restraints during the pilot phase, due to the de-escalation skills used by the mobile team.

09:08:32 From David Covington, LPC, MBA to Karen Jones(Direct Message) : next slide

09:09:55 From Megan McDaniel (She/Her) : Can you enter the link to this story in the chat?

09:11:05 From Stephanie Hepburn : Here you go, Megan: <https://talk.crisisnow.com/how-a-911-ems-crisis-intervention-diverts-people-in-mental-health-crisis/>

09:15:46 From Tom Insel : Another link of interest from WaPo:
https://www.washingtonpost.com/health/mental-health-workers-not-police/2021/06/18/bf250938-c937-11eb-a11b-6c6191ccd599_story.html

09:17:08 From Eric Rafla-Yuan : And this one, although I think the headline is somewhat misleading. The crisis teams' main complain in the article seems to be lack of funding and referral resources
<https://www.washingtonpost.com/dc-md-va/2021/06/16/police-reform-mental-health-counselors-montgomery-maryland/>

09:18:20 From Margie Balfour : And another one: https://tucson.com/r/news/local/tucson-solutions-police-visit-patients-offer-rides-to-mental-health-treatment/article_40227ed2-98df-11eb-bf33-972a0e348420.html

09:19:58 From Jess SR She/Her : I know I am slow at responding regarding the workforce shortages discussed, but I think we ought to be careful about replicating the thinking that peers providing services are not professionals. Engaging peers in this work who are not trained or paid for their work can be exploitative at best and dangerous at worst. We also should not be paying peer professionals substantially less for providing crisis supports. It is really critical that we not go into providing 988 with those perspectives about peer providers.

09:21:17 From Beck Whipple (he/him/his) : @Jess, Thanks for pointing this out.

09:22:14 From Leah Harris (they/them) : Agree Jess. Peers are ABSOLUTELY professionals and very skilled at what they do and should be compensating them accordingly.

09:22:34 From Jess SR She/Her : We also ought to be putting in place appropriate supports for peer providers. You don't just hire peers and teach them to do clinical or traditional crisis care reporting up to clinical staff. That is a breeding ground for co-optation and exploitation.

09:23:54 From Ken Norton NAMI NH (he, him, his) : All great points Jess - we should feature these issues in a future crisis jam session

09:24:45 From bhepburn's iPad : Thank you for the clarification regarding peers participation in the workforce

09:24:52 From Jess SR She/Her : @Ken I agree. It is very unclear what expectations of peer support would be, despite it being mentioned everywhere.

09:25:36 From Connor Jobes (AFSP) : To connect with Taylor on state level 988 work you can reach her at tkleffel@afsp.org and to connect with Natalie on federal and funding 988 work you can reach her at ntietjen@afsp.org.

09:25:42 From Beck Whipple (he/him/his) : Yay!! Congrats CO and New York

09:27:43 From Keri Neblett : Any lessons learned from Montana and Kansas where the bills were unsuccessful?

09:28:29 From Beck Whipple (he/him/his) : And how close were these funds to the Vibrant projections?

09:29:30 From Jess SR She/Her : We completed a statewide needs assessment about the peer crisis workforce, organizational successes and shortcomings, etc. in CO that has really useful findings that I would be happy to present if that is of interest to people.

09:29:40 From Paul Galdys (He/Him/His) : Great question Keri. Would be great to learn what we can and evaluate how we can offer our collective support to get as many states successfully through as possible.

09:29:42 From Margie Balfour : Re workforce, allowing crisis providers to be loan repayment sites for HRSA's National Health Service Corps programs would help and strategically aligned with the other federal work on crisis expansion. There is a new loan repayment program (STAR) focused on substance use that does allow crisis stabilization facilities to participate, but not other services like mobile etc. And the NHSC and Nurse Corps still don't allow crisis facilities as sites.

09:31:48 From Margie Balfour : And then many of the state loan repayment programs follow the HRSA guidelines, so changing that would have a lot of impact

09:32:39 From David Covington, LPC, MBA to Karen Jones(Direct Message) : next slide

09:33:10 From John Palmieri : Agree that ongoing work with HRSA is important in this workforce space. They have signaled that some mobile services settings may be eligible under STAR LRP.

09:34:10 From John Palmieri : Would be very interested in hearing more about the peer workforce assessment in CO

09:35:15 From Wendy White Tiegreen : First plan due date was due 6/12 - extensions are to 7/12 so these decision points are imminent.

09:36:13 From Beck Whipple (he/him/his) : KY would be interested as well in hearing about CO peers and needs assessment.

09:36:59 From Charles Smith : Also, State Loan Repayment Programs (SLRPs) have independence to develop their own site/facility criteria (particularly with additional State GF investment) and are not limited to the HRSA-NHSC criteria.

09:40:46 From John Verney : What is the typical length of stay for the short term beds?

09:42:02 From Jess SR She/Her : Getting lots of PMs asking for our needs assessment. The full doc isn't something I can just share publicly, but I can pull together findings and recommendations that we can share. My email is Jess@RMCrisisPartners.org

09:42:13 From Margie Balfour : 3 dyas

09:42:56 From Paul Galdys (He/Him/His) : The crisis receiving center runs under one day while our short-term beds around the country average just under three days.

09:42:56 From John Verney : Thank you, is 24 hour nursing available?

09:43:00 From Margie Balfour : yes

09:43:30 From Paul Galdys (He/Him/His) : 24/7/365 nursing, psychiatric, licensed clinician and peer staffing.

09:43:54 From Margie Balfour : There is a detailed description of the Tucson crisis center in the appendix of the Roadmap to the Ideal Crisis System <http://bit.ly/CrisisRoadmap>

09:44:44 From John Verney : Thank you!

09:45:08 From NM - Lisa K. Jackson (she/hers), ENVIVE Solutions : Well said Chris. Crisis Intervention Center.

09:46:59 From Anton Nigusse Bland : How are the other counties in AZ (beyond Pima and Maricopa) organized for crisis services? Which components have they adopted?

09:47:18 From Glenn McCarty : What type of staff work at the crisis center.

09:48:06 From Margie Balfour : Psychiatrists, NPs, PAs, nurses, social services staff (various levels of degrees/licensing), techs, peers

09:48:17 From Paul Galdys (He/Him/His) : Staffing includes 24/7/365 peers, licensed clinicians, nurses and psychiatrists/nurse practitioners/ PAs

09:48:42 From NM - Lisa K. Jackson (she/hers), ENVIVE Solutions : How are those persons experiencing acute intoxication/substance use managed in crisis stabilization centers?

09:48:51 From Paul Galdys (He/Him/His) : We have the same 3% needing medical care that required an ED service

09:49:23 From Ken Norton NAMI NH (he, him, his) : This model gives hope and a vision for the future. We have used it and the powerful 3 min video about this model to further conversations with providers, legislators and policy leaders in NH If you haven't watched the video it is here: <https://www.youtube.com/watch?v=fGVuB1Z6xcU>

09:49:27 From Margie Balfour : We do medically supervised detox including buprenorphine induction if needed. There's really no disctingction between MH and SUD crisis

09:49:44 From NM - Lisa K. Jackson (she/hers), ENVIVE Solutions : Thats great @margie balfour.

09:49:51 From Gerald Stansbury : well said Dr. Carson

09:49:54 From Paul Galdys (He/Him/His) : Crisis receiving centers accept all individuals in crisis which often includes MH and SUD concurrently.

09:50:22 From Margie Balfour : Arizona long ago integrated the MH and SUD funding which makes it easier to do the right thing for co-occurring patients

09:50:26 From Michael Claeys : Great presentation, medical clearance has been used to control demand for years - at the expense of ED's that are overwhelmed and ill-equipped to intervene.

09:50:57 From Amy Devins : @Anton There are three Geographic Service Areas (GSAs) North, Central and South. There are additional 23 hr obs/Crisis Centers in Pinal County, Yuma County, Gila County and Coconino County serving more rural areas, There are also hybrid inpatient facilities that also have the 23 hr chairs and accept LE drops.

09:51:11 From Ken Norton NAMI NH (he, him, his) : The medical clearance issue has become a big issue in NH post the Jane Doe Supreme Court Decision. @chiscarson Do you have a white paper on anything related to the medical clearance issue? Thank you for your vision and leadership

09:51:20 From wendy.farmer@beaconhealthoptions.com : Agree with you @Michael Claeys - It has been a way manage flow artificially

09:51:21 From Paul Galdys (He/Him/His) : AZ does have crisis services statewide... crisis lines regionally operated, mobile crisis and crisis receiving centers although rural and frontier areas do take longer travel to access for some.

09:53:46 From Rep. Orwall 33 : Outstanding work!

09:54:09 From John Palmieri : The 5 min handoff from LE is extremely impressive. What information is exchanged as part of this process?

09:54:51 From Margie Balfour : Pretty simple: "this is joe, he was walking by the side of the road throwing rocks at cars, says he's hearing voices and goes to clinic X." That's really all we need

09:55:04 From wendy.farmer@beaconhealthoptions.com : So often I have heard about people being denied for exactly the reason they need to be there (too ill, too aggressive, too intoxicated...) So wonderful to see facilities that take people because they need help.

09:55:20 From John Palmieri : How have you adjusting staffing, screening monitoring at the intervention facility to move away from refusals?

09:55:24 From John Palmieri : adjusted

09:55:28 From Keith Lewis : excellent point Chris. al la carte mental health service tends to point to undertrained staff rather than meeting the needs of the community and the individual.

09:55:46 From John Verney : So, the facility has some authority for legal holds for persons who not yet voluntary as engagement occurs?

09:55:59 From Paul Galdys (He/Him/His) : Crisis receiving centers must say yes every time to achieve true justice system and ED diversion

09:56:14 From NM - Lisa K. Jackson (she/hers), ENVIVE Solutions : @Keith Lewis, totally agreed. Staffing and training are major challenges in our community.

09:56:24 From Paul Galdys (He/Him/His) : AZ facilities all take voluntary and involuntary

09:56:34 From David Covington, LPC, MBA to Karen Jones(Direct Message) : next slide

09:57:19 From Margie Balfour : Training is just as important as staffing levels. We don't use security but do a lot of training with our staff, and they all know the expectation is we take everyone

09:57:58 From Michelle Twyman : Our struggle is the free standing psychiatric hospitals limitations to accept clients with medical issues and concerns with increased aggression.

09:58:47 From Margie Balfour : If ppl are interested in visiting, the CIT conference is in person in Phx in Aug. And also Tucson is a learning site thru BJA which supports site visits:
<https://csgjusticecenter.org/projects/law-enforcement-mental-health-learning-sites/>

09:59:24 From Chris A Carson MD : A physician can release someone from the involuntary status which we do if someone is willing to pursue voluntary treatment. Frequently, the involuntary status is perpetuated as a convenience to the treatment team OR in order to access and create urgency around placement OR access to benefits if they don't exist.

09:59:26 From Margie Balfour : @Michelle: that's a medical leadership issue

09:59:37 From Rep. Orwall 33 : We also need intensive outpatient services for persons with trauma histories. Could they be co-located with this model?

09:59:55 From Preston Looper : Hoping that workforce development and preparing the talent pipeline can become a regular theme as we need people to staff the bigger boat

10:00:17 From Margie Balfour : @rep Orwall - absolutely. We didn't talk about it, but we have a post-crisis outpatient transitions program co-located at our phx facility

10:00:19 From wendy.farmer@beaconhealthoptions.com : Agree Preston. It is a very critical issue