00:07:19 Kymber Corbin: Good Morning everyone!

00:08:41 Marcus Biswa: good morning

00:11:29 Jason Renaud: Put a link for this event in the chat?

00:12:16 Kymber Corbin: https://talk.crisisnow.com/learningcommunity/

00:12:55 Marcus Biswa: thanks

00:13:33 Ted Lutterman (NRI): Link for the CSG webinars: https://takingthecall.csgjusticecenter.org/?mc_cid=e58c1a0c3e&mc_eid=688c0521fe

00:14:35 Laura Van Tosh: Thank you, Ted.

00:15:50 Laura Evans, Vibrant Emotional Health: https://takingthecall.csgjusticecenter.org/

00:18:47 Jack Rozel (he/him) UPMC / @violencewonks: Of possible interest: Free day-long webinar on suicide https://safepgh.org/breaking-the-silence/ this Friday, 9-3 EDT, some CEU offered

00:22:07 Nicole Wiseman (she/her): Is this backup primarily due to COVID or much broader and more complicated than that?

00:23:01 Brian.Keefe@beaconhealthoptions.com : Link for the webinar on 10/26? thx.

00:23:25 MJ (Mary Jean) Weston: It's like the Hotel California!

00:23:26 Marti: CALM Trainings offered through Mental Health America of Georgia (Counseling on Access to Lethal Means) Not a political training and focus is on Suicide Safe options and proper gun storage, etc. No cost 2.5 or 3 hour training that can be done zoom or in person.

00:24:02 Glenn McCarty: Is it typical or legal for ED's to go on "Divert"?

00:24:12 Kymber Corbin: All previous presentations can be seen on the Crisis Talk Website https://talk.crisisnow.com/learningcommunity/

00:25:26 Lynda lgargan@ffcmh.org : We are seeing children with behavioral health crises boarded in EDs for up to 10 days

00:26:07 Marti: CALM also offered through DBHDD

00:26:24 Laura Van Tosh: Increase in medication use as a result?

00:27:54 Bob Crayton: How can we eliminate the IMD Exclusion?

00:29:01 Marti: there is an app for physicians to utilize

00:29:03 Chauna Brocht: Most psychiatrist and therapist offices in my area say if you having an emergency go to your nearest Emergency Room!

00:30:29 Glenn Simpson: 988 is not yet operational. Next summer is the plan.

00:31:17 Marti: Best to give Crisis Number so Mobile Crisis Unit can be deployed if available in your area. Ask for CIT trained officer if you contact Police

00:31:30 Glenn Simpson: Do you make a distinction between boarding and holding?

00:31:57 Linda Henderson-Smith (she/her): Chauna - I wonder how we can connect with private practice providers (all types) to have them connect to statewide crisis numbers, mobile crisis numbers, or 988

00:32:47 Chauna Brocht: Yes, it will be a culture change for outpatient providers to trust they can say call 988 instead.

00:32:53 Laura Van Tosh: Talk about equity and also briefly describe the populations.

00:33:45 Lois Gillmore, R-10: * Marti do you know the name of the app for physicians?

00:34:08 Marti: CALM is a prevention strategy training that can prevent people from going to ER

00:34:12 Madonna Greer: Agree. Use your local CIT Officers when needed.

00:34:27 Jennifer's iPhone: when and if we eventually are successful in diverting suicidal patients from

EDs with 988, won't we still have suicidal people coming to EDs who don't identify this as their chief complete? do we need to continue to work on improving suicide care in EDs even with 988 coming?

00:34:39 Laura Van Tosh: Medicaiton use - Is there an increase in the ER using medication to control behavior?

00:34:43 Suzanne Rabideau: Is there any national publishing of boarding #s from ED association?

00:36:40 Jennifer's iPhone: is it within the purview of EDS to follow up on suicidal patients? is this a possible future role for 988?

00:36:41 Stephanie Hepburn: Police also talk about wall time (same description).

00:36:49 Michael Claeys: Sadly, frequently there are beds available for a person experiencing a BH crisis. Bed registries (care traffic control technology) can bridge that gap. Helping the lone ED social worker.

00:37:35 Laura Van Tosh: Least restrictive?

00:37:37 Madonna Greer: My daughter is an EMT and she is dropping off people to the lobby of the ED.

00:39:14 Madonna Greer: EMS calls have increased as well and they have a shortage of ambulances. in my community we had to bring in FEMA ambulances.

00:39:49 Cindy Kimmons: Yes I am a peer and it is hard to get the agencies to accept how important peer support is

00:40:00 Jeffrey Hill: Can peer support specialists be paid for in the same realm as billing for community health workers?

00:40:23 Cindy Kimmons: yes, we are billing in VA FINALLY

00:41:04 Richard McKeon: I have to hop off for a few minutes

00:41:06 Glenn Simpson: Many hospitals do patient experience surveys but not just tied to payments.

00:41:11 Madonna Greer: Peers are currently only covered under Mediciad in my state.

00:42:34 Jack Rozel (he/him) UPMC / @violencewonks: Feel free to nudge your emergency physiicians/medical director tot the American association for Emegrency Psychiatry for added resources. Multidisciplinary group focused on improving compassionate, evidence based care for people with psychiatric emergencies. https://www.emergencypsychiatry.org/

00:43:03 Sandy Schneider, MD Amer Col Emerg Phys: some answers: It is legal to go on divert but in general that is only for EMS. Boarding is generally used for patients waiting for an inpatient bed in that institution. Holds are generally used for patients waiting for a long term care bed or psych bed.

00:43:34 Glenn Simpson: CPI is kinda like CIT but for human service teams.

00:44:15 Stephanie Hepburn: Thanks, Glenn.

00:45:08 Sandy Schneider, MD Amer Col Emerg Phys: More answers: equity is an real issue. We really would like to practice equitably, but frankly there are limitations as to what we can offer. Veterans have a excellent system to provide care and followup, but others do not. Children are the hardest to deal with. Very few consultants available 24/7.

00:45:32 Sandy Schneider, MD Amer Col Emerg Phys: In the ED we often use medication to control behavior. I don't sense that they have changed.

00:45:35 Laura Van Tosh: Why don't we broaded MD and we'd all be docs.

00:46:11 Sandy Schneider, MD Amer Col Emerg Phys: There is no agency that collects boarding hours. That includes hospitals themselves.

00:46:13 dabreu: Dr. Watson is of course correct. Also important to recruit bilingual peers/system navigators

00:46:50 Sandy Schneider, MD Amer Col Emerg Phys: As for followup of suicidal patients.... we don't routinely. I'd love to see 988 take this on

00:46:59 Joseph Stepanenko: In my city Salem OR, we have one ER that accepts Medicaid that is Salem Hospital. Smaller clinics may be available for PT care but insurance/payment is a concern as is response time to sick/injured PT. There are other major hospitals in nearby cities but, the default in our city is always Salem Hospital.

00:47:52 nikobi!: Just to echo - peer support specialists do amazing work and we need to pay them more and provide better mental health insurance coverage.

00:49:02 Laura Van Tosh: Staffing the system. We need ability for oversight as well.

00:49:03 Madonna Greer: Specialized Peer Support Specialist is an interesting idea.

00:49:13 Bob Crayton: NAMI National alerted NAMI State Organizations, Affiliates & PLC to an important advocacy opportunity.

00:49:20 Lynda lgargan@ffcmh.org : The essence of peer support is lived experience. Let's not dilute this

00:49:21 Bob Crayton: Unfortunately, not all health plans, including Medicare, cover services from certain types of mental health professionals. Fortunately, there are two bills in Congress – the Mental Health Access Improvement Act (S. 828/H.R. 432) and the Promoting Effective and Empowering Recovery Services (PEERS) in Medicare Act (S. 2144/H.R. 2767) – that can help.

00:49:25 Cindy Kimmons: Meet people where they are without judgement and authenticity

00:49:44 Sandy Schneider, MD Amer Col Emerg Phys: ALL 'emergency departments' must see and assess every patient that presents, regardless of their ability to pay. The law is EMTALA - the Emergency Medicine Trauma and Active Labor Act.

00:50:09 Madonna Greer: Thank you Amy

00:50:23 Tenasha Hildebrand: Great info Amy, thank you!

00:50:41 Sabrina: Wow, groundbreaking work. Thanks Amy, Michael, and Leah

00:51:27 Sandy Schneider, MD Amer Col Emerg Phys: I am going to step away as well. I am happy to try to help connect anyone with local ED sources. sschneider@acep.org .

00:51:46 Amy Watson: thank you sabrina, you have been a great help with this work

00:52:05 Laura Van Tosh: We are fortunate in Washington State with legislator as prime sponsor who is 100% supportive of Lived Experience involvement in planning and implementation. Rep. Tina Orwall is a leader leading with this concept!!

00:52:20 Jess Stohlmann-Rainey: The definition of peer support isn't the same as just the definition of lived experience. Peer support is an intentional practice by and for people who have been impacted by psychiatric diagnosis, trauma, extreme states, homelessness, problems with substances and other life-interrupting challenges. Using the medical model here is what poses a problem for the scope of lived experience. I think it is really important that we not conflate someone having living or lived experience with someone being a peer worker. The context of the work should define the context of the lived/living experience a peer worker should have

00:52:27 wendy.farmer@beaconhealthoptions.com: Congrats James!

00:53:21 james: thanks Wendy! glad to be back!

00:54:01 Courtney Hunter: And for text based crisis support: 741741 !

00:54:16 Hailee Bradshaw: I have a meeting across town. Great discussion.

00:54:28 Diana Cunningham: I am currently going to school for Human Services and I am in need of finding a shadowing experience. My interest is in mental health. Any suggestions? dL_cunningham@ymail.com

00:54:51 Ken Norton NAMI NH (he, him, his): Great news! Welcome back James! You're perfect for help leading this crisis transformation! 👆

00:54:59 Sarah Krassenbaum: What does IMD stand for?"

00:55:15 Amy Woodrum (she/her): @Sarah Institutions of Mental Diseases

00:55:31 Wendy White Tiegreen - GA DBHDD: We have to be extraordinarily cautious in re-defining "lived experience" when related to the guild of peer support practitioners - authenticity is crucial in all of these positions. Redefining a peer support practitioner is something that has broad-sweeping impact - there can be pathways to compassionate intervention for 988 services which are not redefining this specific workforce.

00:56:06 Diane Shinn - Ohio Dept. of Medicaid: Is a copy of this letter available somewhere online?

00:57:13 Laura Van Tosh:NH?

00:57:14 Sarah Corcoran:scorcoran@guidelobby.com to email me for a copy of the letter and sign on as a supporting organization - letter closes on 10/25.

00:57:15 Jess Stohlmann-Rainey: @Wendy - yes! thank you!

00:57:21 wendy.farmer@beaconhealthoptions.com : NH

00:57:22 Michael Claeys: New Hampshire?

00:57:50 Mary Giliberti: I think WA might be another

00:58:01 Lisa St. George: Expanding the definition to include veterans was important. Veterans are not always working from experience with mental health or substance use disorder, but they are working from the lived experience of understanding what it is to be in combat, on the front line.

00:58:03 Sarah Krassenbaum: NH

00:58:04 Genna Schofield (NASMHPD): NH

00:58:14 Sarah Corcoran:Also, to my knowledge, the letter is not listed online as of now.

00:58:24 dabreu:oregon

00:58:25 Pierre P. (the Veteran): why do a combat veteran have to wait 30 plus days to speak with a mental health staff? Why there little to no male mental health staff in the VA to help the male veterans in crisis?

01:02:55 Mary Giliberti: it is not directly related to Crisis but I want to alert everyone that CDC has updated its at risk list of conditions for COVID 19 to include mental health conditions - schizophrenia and mood disorders, including depression. PLEASE get the word out to your networks, especially with

booster recommendations and also if resource allocations implicated.  here is press release describing more https://www.mhanational.org/top-executives-sixteen-major-mental-health-organizations-applaud-cdc-adding-mental-illnesses-its and CDC and Asst Sec MH and NIMH director have tweeted so you can retweet.

01:03:30 Kymber Corbin: scorcoran@guidelobby.com

01:04:43 Angela Kimball: Thanks, Mary! The CDC change in the high-risk list is significant!

01:04:53 Sarah Corcoran:Summary of Senate Labor, Health and Human Services FY22 bill released on Monday: https://www.appropriations.senate.gov/imo/media/doc/LHHS1.pdf

01:05:34 Stephanie Pasternak (she/her): https://docs.google.com/forms/d/e/1FAIpQLSee0YllxQQDXY-NAuKv2a7x9i-fWi_JUjSPpn6IjDS6hW2iGg/viewform?usp=sf_link

01:06:01 Stephanie Hepburn: Dr. Watson talks about a community crisis responder role that includes a diversity of lived experience, not redefining the peer support specialist role. She does a great job fleshing this out in the article.

01:06:07 Sarah Corcoran:For comparison, here is the House FY22 Labor, HHS summary (bill passed house in July of this year): https://appropriations.house.gov/news/press-releases/appropriations-committee-releases-fiscal-year-2022-labor-health-and-human

01:06:32 Rick Murray - ACEP: One of the issues that EMS is concerned about is if someone contacts 988 and they have already taken a medication overdose or injured themselves can the person, caller information, and their exact location be transferred to the appropriate 911 center?

01:06:39 Stephanie Pasternak (she/her): https://reimaginecrisis.org

01:06:56 Glenn Simpson: Can someone put the e-mail to get the IMD letter? Thanks.

01:07:32 Sarah Corcoran:scorcoran@guidelobby.com

01:10:05 Carin Hennessey -- State of Nevada: Thank you!

01:10:18 Joseph Stepanenko: thank you