

00:05:16 Karen Jones: Welcome to the 988 Crisis Jam! We'll be starting in 5 minutes. :)

00:06:17 Amy Lukes: Who Dey!

00:06:42 Paul Galdys, RI International: Go Bengals!

00:06:47 Bonnie Maney: Go Bengals

00:06:56 Captioner Don Rombach RPR, CRR, CRC: In addition to Zoom captions, if you'd like a transcript view of live real-time captions, click the link and resize the window:
<https://www.streamtext.net/player?event=29RIInternational945>

00:07:10 Patti Hart, MA, LISAC: No dog (or cat) in this fight but we are still hosting. :)

00:07:11 jeff simpson: Go Rams! Aaron Donald is going to dominate.

00:07:13 Brenda Dagestad: America's largest Human trafficking event.

00:07:54 Patti Hart, MA, LISAC: We do like that Joe Cool.

00:08:40 Sam Vernon: Is that who is playing in the Super bowl?

00:08:55 Karen Jones: Please add your state abbreviation before your name so that individuals in the chat can easily find others working on 988 implementation in their area.

00:09:14 Kelly Marschall, SEI (she/her): NV - Kelly Marschall

00:09:22 Shawnta McMillian: MD- Shawnta McMillian

00:09:24 Nancy Aguirre: IL- Nancy Aguirre

00:09:26 Sarah Bassing-Sutton: WI-

00:09:27 Dottie Davis: IN - Dottie Davis

00:09:30 DeniseVo: CA - Denise Voss

00:09:31 begray: AR Gary Gray

00:09:35 Cassie Delaney: IL-Cassie Delaney

00:09:35 Vic Armstrong: NC- Vic Armstrong

00:09:37 Sam Vernon: Som Sok - AZ

00:09:38 Barbara Lattimore, PH.D-SMVF TA Center: GA-Barbara Lattimore

00:09:45 Dorothy Pierce: WA - Dorothy Pierce

00:09:45 Margie Balfour: AZ LSU/Bengals Fan - Margie Balfour

00:09:46 Robert Williamson: TX - Robert Williamson

00:09:47 LReng: CA-Letha Reng

00:09:50 jeff simpson: CA Jeff Simpson

00:09:52 Teresa E: NV Teresa Etcheberry

00:09:53 Casey Mewborn: VA Casey Mewborn

00:09:53 Sam Casale: CA- Sam Casale

00:09:54 Daryl Plevy, Consultant, she, her: MD- Daryl Plevy

00:10:05 Melody Robinson: CA (Chico)- Melody Robinson

00:10:09 Angela Ball: SC Angela Ball

00:10:14 Nicole Coleman, Idaho 988: ID- Nicole Coleman

00:10:30 Samantha Moorhead | Dignity Best Practices: CO- Sam Moorhead

00:10:49 R-10 Lois Gillmore SAMHSA: Region 10 - (WA, AL, ID, OR) Lois Gillmore

00:10:59 Kristen Ellis: CA - Kristen Ellis

00:11:06 TN - Elliot Pinsky, Behavioral Health Foundation: TN - Elliot Pinsky
(Elliot@behavioralhealthfoundation.org)

00:11:14 Patti Hart, MA, LISAC: AZ Patti Hart

00:11:36 Bonnie Maney: FL - Bonnie Maney

00:12:23 Laura Brake - KDADS: KS - Laura Brake

00:12:30 Karen Jones: article on Eleanor Owen:
<https://www.seattlepi.com/seattlenews/article/Mental-illness-A-lifetime-of-effort-10779065.php>

00:12:32 Kenny: PA -Kenny Solanke

00:12:46 Laura Van Tosh:<https://www.seattletimes.com/seattle-news/mental-health/eleanor-owen-mental-health-champion-in-washington-and-co-founder-of-nami-dies-at-101/>

00:13:01 Karen Jones: <https://time.com/6144974/cheslie-kryst-black-american-suicide-misconceptions/>

00:13:02 Laura Van Tosh:Seattle Times - Eleanor Owen
<https://www.seattletimes.com/seattle-news/mental-health/eleanor-owen-mental-health-champion-in-washington-and-co-founder-of-nami-dies-at-101/>

00:13:03 Chris Roup: CA - Chris Roup (she/her)

00:13:18 Karen Jones: Answering the Call Part 1 <https://tradeoffs.org/2022/02/03/988-mental-health-crisis-hotline/>

00:13:20 Christine Ure: RI- Chris Ure (she/her)

00:13:46 Danny Beauchamp: PA - Danny Beauchamp

00:13:49 Laura Van Tosh:Eleanor helped found National NAMI.

00:13:57 David Covington, LPC, MBA RI International: Please remember to mute your lines - thank you!

00:14:22 Karen Jones: National Journal article:
<https://www.nationaljournal.com/s/716424/what-congress-states-need-to-do-to-set-up-988/>

00:16:07 Karen Jones: Please feel free to put your questions for Dr. Williamson or on the feature topic in the chat.

00:16:35 Yohan McNamara: Off topic: I'm concerned about proposed amendments to a VA's existing crisis response legislation. In a nutshell, they want to make compliance with the Marcus Alert optional. If you have connections to VA legislators, please act now.

00:18:08 David Covington, LPC, MBA RI International: "Removing the unnecessary barriers to care!"

00:18:52 Howard Trachtman warmline.org: fighting to end restraint and seclusion

00:19:09 Amy Cohen, PhD (APA): love: "look for a reason to say yes"

00:19:21 Howard Trachtman warmline.org: <http://restraintfreeworld.org/> hdt@mit.edu and www.warmline.org

00:19:45 Krista Hausermann: Was there a specific training that was helpful with people who are aggressive?

00:20:03 Ruchi Sukhija: "Look for a reason to say yes" - well said, Dr. Williamson!

00:20:34 David Covington, LPC, MBA RI International: "look for a reason to say yes" - maybe this is the whole thing on changing our mentality to anyone, anywhere, anytime

00:20:42 Vic Armstrong: What does "no wrong door" look like for the deaf & hard of hearing, or deaf/blind. Communication equity is equity.

00:21:23 Tami Mark: can you help clarify the differences between crisis stabilization, crisis receiving centers, psychiatric urgent care, restoration centers, etc, etc.?

00:21:26 Howard Trachtman warmline.org: Six Core Strategies for Reducing

Seclusion and Restraint Use©

<https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf> kevin Huckshorn is on now

00:21:47 Emily Burns: Is there specific training to improve Police assessment of medical instability?

00:22:25 David Covington, LPC, MBA RI International: Great question Tami- regardless of what you call them, two primary services are in the model Dr. Williamson is describing: 1) 23 hour temporary observation and treatment and 2) short term crisis beds (two to four days)

00:23:23 David Covington, LPC, MBA RI International: And, the primary difference from other models is that there's no medical clearance in a hospital ER first... police can bring individuals directly to the facility and drop the person off after a warm hand off that requires only three to five minutes

00:24:07 Erika CRUZ: Are there specific trainings you would recommend for staff?

00:24:08 David Covington, LPC, MBA RI International: This happens 50 to 100 times per day in Arizona, with two facilities operated by Connections Health, one operated by RI and several operated by Community Bridges (new ones coming online for kids with Mind247)

00:25:44 Margie Balfour: At Connections everyone gets Therapeutic Options (trauma informed de-escalation) and then the behavioral health techs also get Safe Clinch, which is the physical component. They drill regularly and review videos. This allows us to not need to use security staff even though we take highly agitated patients that would often refused elsewhere

00:25:45 Jenna Suleski: How do you manage individuals whose primary need is housing/shelter who may show up to the crisis receiving center?

00:25:46 David Covington, LPC, MBA RI International: The cost savings isn'

00:26:03 David Covington, LPC, MBA RI International: The cost savings aren't in the daily rate but in the diversion and shorter stays

00:27:08 Megan McDaniel (She/Her): How are folks with lived experience integrated into the crisis system operations and design?

00:27:19 Laura Van Tosh: Dangerous? Oy.

00:27:43 Laura Van Tosh: Yes, Megan - good question

00:28:05 Ruchi Sukhija: Put resources into the crisis receiving centers first - interesting and helpful perspective!

00:28:09 Margie Balfour: Yes lots of peers are at our phx facility where Robert is and our Tucson facility where I am

00:28:27 Laura Van Tosh: Margie what do they do?

00:29:11 Ruchi Sukhija: Thanks, Dr. Chuck and Dr. Williamson!

00:29:55 Margie Balfour: @Laura - everything :-). They are employed and chart just like any other employee. They are involved in greeting and engaging, circulate on the units to engage with people, run groups, help with discharge planning and resources. Someone mentioned seclusion/restraint - adding a peer to the police intake reduced seclusion by over half

00:30:20 kminkov: Please also ask about or comment on the need for adequate capacity to meet population need. You can't respond to a million people with a crisis center with only 10 beds. You need 3-4 times that

00:31:07 David Covington, LPC, MBA RI International: Spot on Ken- the three primary facilities in Phoenix have a very significant capacity and the continuum of care to support flow

00:31:09 Laura Van Tosh: Margie - appreciated. I was afraid this would get lost in the chat. Parking lot on this for a Jam someday would be terrific.

00:31:43 Margie Balfour: Re the comments re seclusion restraint, we track rates which are typical below the inpatient national averages and we are always working to reduce it. With QI committees with front line staff, regular video review, etc. So we do all we can to avoid it, but having the capability allows us to take anyone. Versus centers that don't do S/R, won't accept people acute enough to possible need S/R, so they go to the ED and get restrained on a gurney in a hallway anyway. Or jail.

00:32:00 Stephanie Hepburn: Great point, Richard.

00:32:07 Sonja Burns: Are there any states that have now required the creation of crisis receiving centers through legislation? And does anyone have data on how having a crisis receiving center has impacted the number of people flagged PSY in their jails? Is there a decrease in the numbers on the forensic waitlists (people in jails waiting for competency restoration) in these communities?

00:33:05 David Covington, LPC, MBA RI International: In Phoenix alone, the three crisis receiving facilities have a total together of 146 23 hour recliners, 64 short term crisis beds and 13 peer respite

00:33:10 Dr Chuck: Megan and Vic, as we continue to design and improve quality of care of crisis receiving centers (as well as all of crisis system as 988 rolls out) , the voice of all whether lived experience, hard of hearing/deaf/sight impaired, family voice, etc. needs to be included.

00:33:28 Paul Galdys, RI International: At RI, our crisis receiving centers implement a peer-first, peer-last approach that serves to (1) welcome individuals into care, (2) orient to the program, (3) offer peer-support services and (4) help solidify warm hand-offs to the next step... they are full members of the service delivery team and essential to our engagement efforts. Our peers also inform our facility and service design.

00:33:39 Laura Van Tosh: Trauma informed care before restraint/seclusion?

00:33:58 Margie Balfour: @vic - yes we accept deaf/hard of hearing and figure out how to get an interpreter. Either through a video services we have access to or sometimes they have their own interpreter they like

00:34:27 Megan McDaniel (She/Her): @Margie Are there peers at your Phoenix facility or elsewhere that you're aware of that are involved in planning the programs or services? I'm hearing a lot about peers being used for client interactions but I want to hear about whether peers are being put in positions of authority or influence.

00:35:03 Margie Balfour: Yes our peers have a manager at each site who is part of the leadership team just like the social work manager, nursing manager, etc

00:35:16 Dr Chuck: Vic, there are services that we can access at the centers to help support consumers as well as for other languages, but it's rarely as ideal as having in person. It is tough practically to achieve this in staffing patterns and technology is used often for these gaps.

00:35:17 Aleece Kelly: Any experience with peers being used with youth (young adults or parents with lived experience)?

00:35:34 Laura Van Tosh: 'our' peers

LOL sorry, not a commodity

00:36:11 Krista Hausermann: Michigan has legislation. We are developing a certification process right now. Perfect timing on this discussion!

00:36:17 Margie Balfour: @aleece, we have peers on the youth unit in Tucson that work with families and kids

00:36:45 Aleece Kelly: @Margie, thank you!

00:37:00 Laura Van Tosh: Krista can you send me the bill # (legislation)

lauravantosh56@gmail.com

00:37:11 Keri Neblett: Are youth and adults served in the same crisis receiving facility or are there separate facilities for youth?

00:37:38 Laura Van Tosh: @Krista send bill # or legislation

lauravantosh56@gmail.com

thanks

00:37:44 Yohan McNamara: Boy, sound like Tucson has evolved since 2006's SAMHC days

00:38:05 David Covington, LPC, MBA RI International: @Keri I'm not aware of any facilities that serve both adults and kids with the exception of the Tucson site @Margie runs, though it's still separate programs within the same complex

00:38:14 Krista Hausermann: Act 402 of 2020 - Michigan CSU legislation

00:38:16 Margie Balfour: At our CRC facility in Tucson, youth is in the same building but separated. In Phx there are separate youth unit in development I think

00:38:18 Tami Mark: how many crisis receiving programs across the county are able to prescribe psychiatric medications?

00:39:07 Erin, CCIT-NYC (NY, CT): For those with a disability who would like to follow the chat, is there a way to download all the important information following this session in the chat?

00:39:13 Margie Balfour: Also re the peer leadership, over the years many have moved into other positions in the organization, and it's not like they stop being a peer, so it affects the whole culture

00:39:14 Paul Galdys, RI International: Tami... it has to be all if they are functioning as a true crisis receiving center.

00:39:21 David Covington, LPC, MBA RI International: @Tami That's a really key question because the no-wrong door approach, with involuntary care included, is not possible without medical, nursing, clinical and peer integration, including prescribing

00:39:34 Margie Balfour: @erin the chat is posted on the website along with the video

00:40:04 Erin, CCIT-NYC (NY, CT): Thank you@Margie

00:40:53 Megan McDaniel (She/Her): @Margie I love seeing the shift in culture in uplifting peers' voices. What a time to be in the field! Thanks for all the great info <3

00:41:10 Laura Van Tosh: Thanks, Margie.

00:41:32 Lisa St. George: Hi Megan, at RI 2/3 of our team members are peer supporters and we are at every level throughout every service in our organization. Every Crisis Recovery Centers include Team Leaders who supervise the peer support team members and who report to the executive leadership at the site. We have many program directors and other positions filled with people trained as peer supporters through their lived experience. They guide and influence all our services.

00:41:36 Laura Van Tosh: Thanks, Krista!

00:42:06 Patti Hart, MA, LISAC: @margie Agree! Some of our best solution-finders have been Certified Peers who have years of experience in various roles. They teach us so much.

00:42:08 Samantha Moorhead | Dignity Best Practices: How are you capturing equity and identifying populations that are being underserved in crisis receiving centers and crisis systems?

00:42:12 Karen Jones: 5 weeks in a row of correct Hot Seat answers!

00:42:14 Colleen Carr- Action Alliance: Thanks to the audience!

00:42:18 Laura Van Tosh: Nice, Lisa!

00:42:25 Jose Viruet- Erie Family Health Center: Love the energy Dr. Cohen!

00:43:04 Margie Balfour: I remember they were talking at 611 but that it was the cell phone companies' tech support number. Personally, I think things would be better for everyone if they had crisis counselors on their tech support line... ;-)

00:43:21 David Covington, LPC, MBA RI International: @Margie lol

00:43:48 Karen Jones: Read the #CrisisTalk article at talk.crisisnow.com

00:43:53 David Covington, LPC, MBA RI International: See Tonja's story on the Moving America's Soul on Suicide film series at <https://masosfilm.com/fighting-while-wounded/>

00:43:57 Megan McDaniel (She/Her): YAY! I love hearing Tonja!

00:44:17 Tina's iPhone: Yes people with lived experience are critical to planning! They know what is broken and how to fix it!

00:44:36 Paul Galdys, RI International: @Samantha For our RI crisis programs, we look at the demographic characteristics of (1) the community we serve, (2) the actual individuals receiving crisis

services and (3) our team members on a quarterly basis to assess equity / underserved populations that inform our efforts.

00:45:10 Laura Evans: Thank you so much Tonja for sharing your story and highlighting the importance of local engagement with peers and the intersection of peers and policy!

00:45:11 Margie Balfour: @Samantha that is something I'm actively working on. Starting with cutting our data by race and ethnicity to compare to local population and jail population. Also working with police and crisis line to see if there are disparities in who gets a mobile crisis vs who gets police response etc

00:45:44 Andrea kolbe: I'm in vt

00:45:53 Paul Galdys, RI International: Thank you Tonja!

00:45:56 Meighan Haupt (NASMHPD): Thank you Tonja!

00:45:59 Megan McDaniel (She/Her): Well said Tonja! Thank you for the wise words!

00:46:10 Dr Chuck: Thanks for all you do Tonja!!!

00:46:29 Colleen Carr- Action Alliance: @Margie- I would be really interested in those findings around disparities- we are really interested in the disparities in school-based response as well when a student is in crisis

00:46:37 Samantha Moorhead | Dignity Best Practices: @Paul & @Margie Its great to hear y'all are looking to understand how to look at equity. It is definitely a much needed space to have good metrics and methods to address.

00:46:39 Sonja Burns: Thank you Tonja!

00:46:55 Stephanie Hepburn: Thank you for chatting with me, Tonja!

00:47:11 Ron Bruno, CIT International: Tonja spoke at the 2021 CIT International Conference and moved the entire audience. Keep up the outstanding work, Tonja and thanks for what you do!

00:47:13 Howard Trachtman warmline.org: please let us know if we are missing any warmlines or have incorrect info at www.warmline.org hdt@mbrlc.org 781 642 0368

00:47:39 Margie Balfour: @colleen - great point about the schools. The data pre-crisis center isn't mine but we're collaborating with the RBHA. Email me at margie.balfour@connectionshs.com if u want to keep in touch

00:47:48 Lisa St. George: Tonja! You inspire!! Hugs!

00:48:22 Mary Jean Weston: Could you repeat the 4 groups or put them in the chat, please?

00:48:38 Erin, CCIT-NYC (NY, CT): Where's "self-determination"?

00:48:41 Margie Balfour: @coleeen also TPD has all of their police data online <https://policeanalysis.tucsonaz.gov/>

00:49:22 Erin, CCIT-NYC (NY, CT): "Trauma-informed care" is a huge challenge

00:49:44 Colleen Carr- Action Alliance: Thanks @Margie- I will follow-up

00:50:54 Ruchi Sukhija: Yay, Richard & David - thanks for your foresight and thought leadership!

00:50:59 David Covington, LPC, MBA RI International: @Richard woot woot on the investment in states!

00:54:09 Robert Williamson: The primary psychiatric services at our crisis centers are licensed as outpatient and fly's below the IMD issue.

00:54:11 Patti Hart, MA, LISAC: Thank you Brian. I was on a call recently and this came up, and I had trouble clarifying Crisis not being IMD>

00:54:25 Meighan Haupt (NASMHPD): Brian Hepburn (NASMHPD) noted the following paper: Funding Opportunities for Expanding Crisis Stabilization Systems and Services
https://www.nasmhpd.org/sites/default/files/8_FundingCrisisServices_508.pdf

00:54:50 Erin, CCIT-NYC (NY, CT): Money makes the world go 'round.

00:55:13 Margie Balfour: Re IMDs - many people equate "IMD" with state hospitals and think the IMD exclusion is about not using Medicaid to warehouse people in the state hospital. For years AZ's medicaid waiver allowed medicaid to pay for IMDs and patients did NOT go to the state hospital. Instead it incentivized hospitals to build beds in the community. So we can send a patient down the street to the hospital where their family can visit - that's a good use of so called "IMD"s

00:55:35 Ruchi Sukhija: Sustain the funding - crucial point, Brian! Thank you!

00:55:46 Eric Rafla-Yuan (he/him): CMS' response to our congressional letter on crisis services being affected by IMD

00:56:06 Laura Van Tosh: Thank you, Brian Hepburn. Also I appreciate the IMD discussion and heads up.

00:56:20 Krista Hausermann: Is there any Federal money coming or any ARPA money that can be used for bricks and mortar for CSUs?

00:56:31 David Covington, LPC, MBA RI International: Ditto @Robert on @Brian's comments on IMD - three Phoenix Crisis Receiving Centers have 36, 60 and 50 recliners respectively, but these aren't technically residential services, licensed in more of an outpatient standard... but they also all three have short term crisis beds, limited to 32 (in two separate 16 bed units and buildings), 16 and 16

00:56:51 Andrew Brown - KS: The recent CMS guidance on QRTPs and IMD status is causing issues within the children's system of care in KS as well.

00:56:56 Peter Brown IBHI USA: Hospital beds in general hospitals were exempted from the IMD exclusion. So CPEPs in hospitals or other general care facilities were also exempted

00:57:28 David Covington, LPC, MBA RI International: The IMD rule unnecessarily limits what could strengthen the potential to divert individuals in crisis from more intrusive and expensive services

00:58:04 Daryl Plevy, Consultant, she, her: In Maryland, when Medicaid was under the Mental Hygiene Administration, we reviewed the beds at the crisis center in Baltimore City and determined they were not an IMD and therefore eligible to get Medicaid payments. This was based on the fact that the average length of stay was very low (3-5 days) and it was effectively keeping individuals out of higher level (more expensive) services.

00:59:10 Hannah Wesolowski, NAMI (she/her): You can get interim updates and links to legislation on our state tracking dashboard:

<https://www.quorum.us/dashboard/external/mgWzdPqJLWHohzOhdRWE/>

00:59:28 Stephanie Pasternak (she/her): Link specific to the OK bill:

<http://www.oklegislature.gov/BillInfo.aspx?Bill=HB4227&Session=2200>

00:59:48 Yohan McNamara: Trouble in VA legislature!

01:00:06 Sarah Corcoran, GCS (she/her): Senator Bennet question in Senate Finance Committee hearing yesterday: <https://www.c-span.org/video/?c5001000/user-clip-vm-bennet>

01:00:33 David Covington, LPC, MBA RI International: Governor Inslee in Washington State included \$60 million in the budget for crisis receiving centers

01:02:22 Colleen Carr- Action Alliance: Some really great updates- thanks!

01:02:39 Paul Galdys, RI International: Great update on the states... love all the progress!

01:03:29 Megan McDaniel (She/Her): Super excited for the data corner!! Thanks Matt!

01:03:30 Ruchi Sukhija: Woohoo! Data Corner!!

01:03:39 Colleen Carr- Action Alliance: + Data!

01:06:33 Sonja Burns: This is so exciting!!!

01:06:42 Samantha Moorhead | Dignity Best Practices: This is great!

01:08:04 Kathy Martinez: GREAT

01:08:33 Eric Rafla-Yuan (he/him): Really excited to see this moving forward and can't think of someone better to lead it.

01:08:38 Kathy Laws: Matthew - how can we connect with you to contribute to your efforts?

01:09:16 Lisa St. George: So happy to see this data coming!

01:09:23 Paul Galdys, RI International: Awesome work Matt!

01:09:25 Dan Abreu: A driver of crisis contact and ER utilization is homelessness/housing access. Another Hospital systems have begun funding housing for individuals to reduce crisis/emergency utilization. Housing is an important data point.

01:09:27 Matthew Goldman: Feel free to reach out with papers and resources!

matthew.goldman@ucsf.edu

01:09:39

Stephanie Hepburn: Thank you, Dr. Cohen!