

09:55:26 From David Covington : <https://talk.crisisnow.com/learningcommunity/>

09:58:25 From Whitney (she/hers) : Hi Everyone

09:58:29 From Rin Koenig : Hi David!

09:59:41 From Kristen Ellis, LMFT : Fancy, Rin!

09:59:44 From Laura Evans, Vibrant Emotional Health : Nice Rin!

09:59:50 From David Covington : Perfect Rin!

09:59:53 From Karen Jones : Here she comes to save the day! Thanks, Rin!

10:00:51 From Karen Jones : To add your national org or your state's Medicaid, email me at karen.jones@riinternational.com

10:01:48 From Karen Jones : Tenderloin community:
<https://www.npr.org/2022/02/05/1076830470/san-francisco-mayor-homelessness-tenderloin-district>

10:02:25 From Karen Jones : Chicago Crusader: <https://chicagocrusader.com/chicago/trauma-normalized-for-young-men-of-color/>

10:03:08 From Karen Jones : Biden plan on mental health care:
<https://apnews.com/article/state-of-the-union-address-joe-biden-coronavirus-pandemic-health-business-1bdc62a08c2ee837deb051fd8c3d6c80>

10:03:11 From Andrew Evans : CAMS-care is hosting a webinar with Dr, Sean Joe today on Suicide in your men of color.

10:03:33 From Karen Jones : challenges in mental health counseling:
<https://apnews.com/article/state-of-the-union-address-joe-biden-coronavirus-pandemic-health-business-1bdc62a08c2ee837deb051fd8c3d6c80>

10:04:11 From Andrew Evans : Hi there,
You are invited to a Zoom webinar.
When: Mar 9, 2022 01:00 PM Mountain Time (US and Canada)
Topic: Why do Black Males Consider Suicide?

Register in advance for this webinar: https://cams-care.zoom.us/webinar/register/WN_F-EwrjgnSWmwUChSI8Dug

After registering, you will receive a confirmation email containing information about joining the webinar.

10:04:42 From Matthew Goldman : SF is truly engaged in an all-hands-on-deck approach to the overdose crisis in the Tenderloin district—lots of lessons learned here if anyone wants to get in touch about how we've approached this work

10:05:43 From V de la Vega : Matthew I'd love to connect about that work. My email is sadelavega@accessos.io

10:06:28 From Big League Solutions (she/her/hers/me/mine) : Matthew - I, too, would love to connect about your work connected to UCSF-Benioff. I have the most amazing nieces who was a recipient of services at Benioff.

10:06:30 From Wayne Lindstrom : Great to see you on the Jam Henry!

10:06:51 From Peter Brown : The difficulty getting care is a function of the way the system is organized. It will only be overcome if we change the overall system

10:06:53 From Big League Solutions (she/her/hers/me/mine) : Just want to make sure healthcare providers around the country are following ethics and things like that.

10:07:26 From Big League Solutions (she/her/hers/me/mine) : I've been a donor to Benioff so perhaps that should elicit a connection.

10:08:19 From David Covington : Thanks so much @Dr.MatthewGoldman for your leadership and impact with the Tenderloin project!

10:08:51 From Karen Jones : Reminder: to see the closed caption, please click "More" and then "Show Subtitles".

10:15:10 From Meighan Haupt (NASMHPD) : Yay! Thank you Dr. Harbin :)

10:15:24 From David Covington : Heehee

10:16:17 From David Covington : "Fragmented funding" to "Standardized coding" and all insurers paying... step by step

10:17:08 From Frances Purdy- Family Peer Support - OHA : Peer Delivered Services (adult and parent/family) also need to be paid by insurers as well.

10:19:17 From Rin Koenig : Sustainable Funding for Mental Health Crisis Services
<https://talk.crisisnow.com/wp-content/uploads/2022/01/Sustainable-Funding-Crisis-Coding-Billing-2022.pdf>

10:20:40 From Paul Galdys, RI International : Really important step for those of us delivering crisis services. Get insurance company rationale behind denial of payment.

10:21:28 From David Covington : Parity is the law- time to challenge the full deployment of a medical emergency system but not the core crisis continuum!

10:21:47 From Wendy White Tiegreen - GA DBHDD : @Frances - Agreed. Also, if Medicare could recognize Peer and Crisis services, private Advantage plans might become more acclimated to the service scope, thereby opening the door to covering through all benefit plans.

10:21:48 From Dale K. Adair : The PA Insurance Department has indicated they will go after insurers if they receive information/complaints of crisis services not being paid for.

10:21:55 From Sally Fouche (she/her) : This is such great nitty gritty and important info! Thanks for your work in this area!

10:22:00 From Shelby Rowe (she/her) : the National Suicide Prevention Lifeline has provided a veil of anonymity to its callers. At what point in the 988 model will callers forfeit that access to anonymous help? Billing usually means insurance numbers and I fear it will keep people from asking for help if it will show up on their bill that they would have to explain/disclose to family

10:22:32 From Margie Balfour : Also need to do a parallel process with state licensing. Esp for facilities - many states don't have a way to license a crisis facility, or have weird rules on what kinds of organizations do certain services, bill certain services, see involuntary patients, etc. Gotta find someone at the state level who can tweak or sometimes just reinterpret regs

10:22:53 From Lauren Finke, The Kennedy Forum : Dale, would be great if you have any documentation of that from PA Insurance dept. Useful if we can say other state insurance agencies are willing when we bring to the agencies

10:22:57 From Caroline Crehan Neumann : @Shelby, this is what our focus groups revealed, people not wanting to use it if insurance is involved

10:23:47 From Sandri Kramer : @Shelby: Yes--how do we manage this? We don't want to discourage people from reaching out in crisis if it means having to give up their anonymity.

10:25:13 From Matthew Goldman : Is there a way to negotiate with payers to protect beneficiaries from copays so as not to disincentivize them from accessing crisis services?

10:25:13 From Jason Tan de Bibiana, Vera Institute (he/him) : saw some news about CAHOOTS recently, wondering if this is a useful model? Trillium Community Health Plan is partnering with White Bird Clinic's crisis response team CAHOOTS, providing funding through a model that could be replicated across the country — getting more Medicaid funds into the hands of communities' behavioral health first responders. ... the health care organization will pay a certain amount of cents per member enrolled in Trillium Medicaid insurance who lives in Lane County per month. <https://news.yahoo.com/trillium-partners-cahoots-using-funding-234349844.html>

10:25:29 From Paul Galdys, RI International : Great point Brian. This is about a path to sustainability and reducing the financial burden that is pushed to the state or county for individuals who have health insurance coverage other than Medicaid

10:25:41 From Raymond Federici : why not develop Program Funding, not fee for service, agencies providing 988 will get funding per year, not per phone call..right?

10:26:07 From Wendy White Tiegreen - GA DBHDD : @Shelby - this is a crucial consideration. The last thing a responding practitioner wants to do in a crisis intervention is to say "provide us your insurance card" - yet insurance should be paying for this as a standard benefit.

10:26:11 From Shelby Rowe (she/her) : @Sandri and @Caroline, how can we manage this? I can think of countless scenarios where giving up anonymity will certainly inhibit calls for help

10:26:26 From Laura Evans, Vibrant Emotional Health : @Shelby, that is a great question. I will note that the Lifeline is confidential to encourage help-seeking behavior. Confidentiality is not quite the same as anonymity.

10:26:58 From Paul Galdys, RI International : Thank you Henry!

10:27:24 From Jennifer's iPhone : Could state laws be helpful in this particularly for requiring payment and clarifying codes by commercial insurers? I worry the process of appeal outlined here is a high bar for providers.

10:27:43 From Hilary Harrison-she/her : Please note youth will not necessarily know about insurance / have a card.

10:27:57 From David Covington : Great points @ShelbyRowe but billing and anonymity need not be mutually exclusive. Confidentiality as @LauraEvans mentions is sufficient for many callers, and capturing data from those individuals establishes a base... as well as a model for allocation for those who want to maintain complete privacy

10:28:15 From Jeffrey Hill : Can you bundle payments for this through contributions from the payer providers like an ACO. Each group gets a bundled rate for providing the service, but the costs are split between the payers including Medicaid for services where the payer is not determined.

10:28:54 From Paul Galdys, RI International : I just received summary of a Washington State parity bill (E2SHB 1688) that looks very promising with specific language on crisis care coverage. Any thoughts from the Washington team?

10:29:01 From Dale K. Adair : Laura Fink: I will look to see if we have anything in writing from PID. We have included them in our 988 coalition so this has been an ongoing conversation.

10:29:01 From Wayne Lindstrom : See UNM's Literature Review: Crisis Services (Mobile Crisis Teams). <https://isr.unm.edu/centers/center-for-applied-research-and-analysis/behavioral-health-initiative-reports/summarized-literature-reviews/mobile-crisis-team.pdf>

10:29:12 From Raymond Federici : I though that this is going to be funded by a phone tax on mobile and land land fees

10:30:18 From Laura Evans, Vibrant Emotional Health : Some states have been able to utilize Medicaid 1115 waivers to receive administrative reimbursement from Medicaid (no need to identify the individual, but instead are based on estimates of calls that would be from the Medicaid population). CMS letter to Medicaid directors on this issue can be found here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>

10:30:24 From David Covington : Our expectations in the broader healthcare world is that we share our data for billing and what we share is protected (with stronger laws around substance use, HIV, for example). As we make gains towards a full continuum of crisis care, have actual alternatives to law enforcement and hospital boarding, more individuals will be willing to share in a confidential setting

10:31:39 From David Covington : Thanks for your leadership @Dr.HenryHarbin!

10:31:57 From Paul Galdys, RI International : Great comments on the difficulty billing insurers. All accurate but items we must work to tackle as mental health and substance use crisis providers much like these are worked-through on the physical health side. It would be great to see a group work on these issues to establish a united strategy.

10:32:16 From Colleen Carr : Thanks Henry- great work- would love to explore how the Action Alliance can support this ongoing effort around financing crisis care.

10:32:28 From Shelby Rowe (she/her) : @David thanks for your insight and perspective

10:32:40 From Amy Cohen, PhD (APA) : Go Sarah!

10:33:54 From Raymond Federici : If I am anonymous...giving you no data on the call, 1. I can not then expect much assistance from calling 988.?

10:34:14 From Margie Balfour : Yay for lawyers using their powers for good :-)

10:34:46 From Paul Galdys, RI International : 😊@Margie

10:35:35 From Meighan Haupt (NASMHPD) : Go Sarah!

10:35:56 From Big League Solutions (she/her/hers/me/mine) : Amen to that Ayesha.

10:36:21 From David Covington : @RaymondFederici Yes, true but a caring person who focuses on engagement and collaboration can provide invaluable support... and @Dr.MadelynGould's research shows this saves lives... and can be anonymous as @ShelbyRowe suggests

10:36:47 From Kathy Sternbach (she/her) : Great presentation Henry, thanks. For those of you covering crisis services through federal block grants and need to bill Medicaid for eligible individuals, use of team based rates that cover more of the costs of crisis services is an option.

10:36:49 From Big League Solutions (she/her/hers/me/mine) : I always wonder what will happen to the students of Parkland, FL in the aftermath of that tragedy in 2018. March For Our Lives is coming up again this month.

10:37:20 From Big League Solutions (she/her/hers/me/mine) : Not sure if there is march again, but I know in the state of CT some spiritual leaders will be petitioning leaders in my state's capitol

10:38:25 From Paul Galdys, RI International : 4 for 4. Wow Sarah!

10:38:35 From Karen Jones : Terrific work, Sarah and all our Zoom pollers!

10:38:36 From Meighan Haupt (NASMHPD) : Awesome Sarah!

10:38:53 From Amy Cohen, PhD (APA) : Homerun, Sarah! Touchdown!

10:39:04 From Laura Evans, Vibrant Emotional Health : Woot Woot Sarah! Are you sure you don't want to move into the state policy space?

10:39:25 From Raymond Federici : yes, as a person with lived experience who provided tettehealth support via a local peer warmline, I can support them, and they call back too.. We are program funded, and we track number of calls and internally keep track of what support and information was asked..

10:40:00 From Amy Cohen, PhD (APA) : Go Los Angeles!

10:40:20 From Karen Jones : Read the article on talk.crisisnow.com

10:40:30 From Sandri Kramer : @Raymond: You absolutely can expect nothing but the best quality emotional support. Unless states start demanding that 988 crisis centers collect insurance information from all our callers in order to receive funding to continue to operate--that will not change.

10:41:06 From Lorrie Jones : Do others have access to other 911 call matrices and how jurisdictions have assigned risk to calls?

10:41:25 From Kathy Martinez : The webinar Didi Hirsch and LAPD did two weeks ago was awesome.

10:41:26 From Kathy Martinez : <https://www.youtube.com/watch?v=uHDY2rCesPs>

10:41:27 From CJ Loiselle : Thank you for piloting this program Cpt. Gannon. The AHCCCS team has shared this information with the Arizona 911 Administration. We are all very interested in the outcomes you all will be tracking to measure the success of the pilot.

10:41:43 From David Covington : "We are the branch of government open 24 hours a day." When people say that about 988 and core crisis care, we will have arrived!

10:41:47 From Amy Cohen, PhD (APA) : Can we have the picture added on the talknow site? It would be helpful.

10:42:21 From Big League Solutions (she/her/hers/me/mine) : I can only imagine how complicated this gets with the competition in the LA, as the one of the epicenters of the entertainment industry. I say this as a primarily theater actor who, at one point in time, thought about a move to LA.

10:42:35 From Rin Koenig : <https://i0.wp.com/talk.crisisnow.com/wp-content/uploads/2022/03/0001.jpg>

10:43:03 From Karen Jones : Thanks, Rin! Helpful to have the link from the Learning Community materials.

10:43:13 From Karen Jones : for the matrix

10:43:16 From Sandri Kramer : Unfortunately we (Didi Hirsch and LASD) were not awarded a BHJIS grant to start a 911 diversion pilot this month. Still trying to figure out the funding part. But Captain Gannon and I are not giving up!

10:43:52 From Big League Solutions (she/her/hers/me/mine) : I can't help but wonder if there are any updates to the criminals that aided and abetted Harvey Weinstein, some of whom were women and how this connects to mental health crisis services. I say this a former peer from Middlebury College to one of the original silence breakers about Weinstein that marked the start of the #MeToo movement.

10:44:13 From Peter Brown : Would Capt Gannon let us know what the four questions are?

10:44:30 From Paul Galdys, RI International : Love the detail and the graphic in the Crisis Talk article: <https://talk.crisisnow.com/los-angeles-county-develops-911-call-matrix-and-procedures-to-divert-behavioral-health-calls/>

10:44:48 From Big League Solutions (she/her/hers/me/mine) : LA is so interesting to me -- Captain Gannon, I may be interested in connected with you as I try to troubleshoot these issues in and around NYC.

10:44:49 From Richard McKeon : Funding for 911 to 988 diversions programs is a major unmet need

10:44:53 From Cpt. John Gannon (LACo Sheriffs Dept) [he, him, his] : For any questions regarding the LACo Behavioral Health Crisis Triage criteria (4-Level matrix)... Captain John Gannon (LA Co Sheriff's Dept) jpgannon@lasd.org.  Regarding Mental Evaluation Teams (MET co-responders) in LACo refer to Lieutenant Annadennise Briz: ahbriz@lasd.org or (626) 258-3002 

10:44:57 From David Covington : Thank you so much @Capt.Gannon for your leadership - such terrific and pragmatic tools for improving the coordination and allocation of resources!

10:46:07 From Karen Jones : Next week's 988 Crisis Jam will feature Kate Calatas on SAMHSA's 988 Communication and Partner Toolkit.

10:46:19 From Jennifer Nanez, she/her/hers : Mr. Palmieri, is the Tribal listening session recording link available?

10:46:33 From Karen Jones : My apologies, Kate Galatas on 988 Communication

10:49:13 From Kathy Martinez : Diversion Criteria - Does the call involve any of these criteria? 1) Person needs medical attention, 2) Person on a structure/bridge in public area 3) Person has a weapon and is in public with others present 4) Person has a weapon, is inside a residence/building and with others present.

10:49:54 From John Palmieri : SAMHSA 988 Readiness-Partner Convening. March 24, 1-5 ET https://capconcorp.zoom.us/webinar/register/WN_P4NT8711QkuYCBopqpKQwA

10:50:15 From Aaron J. Walker, NASMHPD : https://www.nasmhpd.org/sites/default/files/NASMHPD_988_Model_Bill_Slides.pdf

10:50:19 From C. Howard, She/Hers, Mental Health America : Thanks so much, AJ!

10:50:53 From Meighan Haupt (NASMHPD) : Improving the Child and Adolescent Crisis System: Shifting from a 911 to a 988 Paradigm (2020) <https://www.nasmhpd.org/sites/default/files/2020paper9.pdf>

Schools as a Vital Component of the Child and Adolescent Mental Health System (2019) https://www.nasmhpd.org/sites/default/files/TAC_Paper_9_508C_0.pdf

10:50:54 From Aaron J. Walker, NASMHPD : State Experiences in Legislating 988 Updated 988 Model Bill

10:51:11 From Aaron J. Walker, NASMHPD : <https://www.nasmhpd.org/content/state-experiences-legislating-988>

10:51:25 From Aaron J. Walker, NASMHPD : <https://www.nasmhpd.org/content/988-model-bill>

10:53:21 From Big League Solutions (she/her/hers/me/mine) : A suggestion to RI Int'l and SAMSHA -- Can we get telecommunication service providers involved openly in these really robust discussions? I just checked my USPS notification of mail I should expect to receive today in the mail (there's been a lot of mail fraud and identity theft in the area where I live) and saw I had mail from T-

Mobile, a telecommunications services provider I will never use again when I remind myself of all that I've experienced at the intersection of mental health services in 2014 and in 2018.

10:53:47 From Stephanie Hepburn : Kathy, from my understanding, the countywide call diversion algorithm is this: most BH calls will divert Didi Hirsch. There are some exceptions, like if the caller is on a bridge or structure or if a crime is reported that requires investigation. Another exception is when the subject has a dangerous weapon and is in the presence of others. However, calls do divert to Didi Hirsch when the caller has a weapon but is alone.

10:55:03 From Sarah Corcoran, GCS (she/her) : FY22 omnibus Labor/HHS summary: <https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Labor%2C%20Health%20and%20Human%20Services%2C%20Education%2C%20and%20Related%20Agencies.pdf>

10:55:51 From Big League Solutions (she/her/hers/me/mine) : 988 really needs to be protected from what happens when, say, there's an international conflict like Russia invading Ukraine (anyone remember Crimea in 2014) when U.S. leadership's attention is focused on preventing another country from committing greater acts of terror. This is the time when so many at all levels of government and those in the for-profit and nonprofit industries like to act as though there are no rules or laws.

10:56:26 From Cpt. John Gannon (LACo Sheriffs Dept) [he, him, his] : Response to earlier question... In LACo we are providing 8-hr classes for 911 dispatchers. They are taught initial high-level questions to triage 911 calls and divert any calls not meeting criteria: 1) is medical aid needed [so we can add EMS to the call if needed] 2) Does the patient have weapon(s) [seek to confirm firsthand witness vs third hand info or implied threat] 3) is the patient posing an immediate threat to public safety - beyond self (how so)? 4) Is there a crime alleged that mandatorily requires police response (such as alleged domestic violence, child abuse, etc).

10:56:46 From Jennifer's iPhone : In WA SB 5644 that also passed is about co response and 988.

10:56:55 From Mary Jean Weston : Thank you for redesigning this map ~ this is easier to read. Thanks.

10:58:27 From Sandri Kramer : @Kathy and @Stephanie: That is correct. The criteria listed are indicators that LE will respond--all others are eligible to be diverted to Didi Hirsch 988. This absolutely includes people with a weapon or any means at hand. We will not ask for an in-person response on those unless in collaboration with the caller.

10:58:52 From Anh Thu Bui CA DHCS : Can states that have expanded the duration of the crisis episode share resources/research on optimal length, in particular for Medicaid reimbursement? I've heard NY can cover up to 14 days for crisis services. Thank you!

10:59:18 From Big League Solutions (she/her/hers/me/mine) : I'll get in through discovery later on. No need to ask anyone connected to this weekly call re: all the participants and who they are connected to.

10:59:37 From Big League Solutions (she/her/hers/me/mine) : Whoops! That was a message I accidentally wrote to someone else. Disregard!

11:00:53 From David Covington : Great job Ayesha!!! Terrific hosting!

11:01:10 From marti Vogt. georgia : Without the long paperwork trail, providers will be free to give more care and quality care

11:01:13 From Meighan Haupt (NASMHPD) : Thank you Ayesha!

11:01:19 From Sonja Burns : Thank you Everyone!

11:01:22 From David Covington : <3

11:01:22 From marti Vogt. georgia : Thank you all

11:01:26 From Laura Evans, Vibrant Emotional Health : Thank you Ayesha!