

12:00:00 From Taina Laing to Everyone : Good afternoon everyone

12:00:24 From Wendy Varnell to Everyone : Hello everyone & welcome!

12:00:41 From **Dick Dougherty to Everyone : Hello All... Dick Dougherty from Lexington MA

12:00:49 From Betty Dahlquist to Everyone : Good afternoon. Betty from CASRA in CA.

12:00:52 From **Harvey Rosenthal to Everyone : HI Taina and Betty

12:01:07 From Alicia Smith to Everyone : Hello all. Alicia Smith with Peg's Foundation.

12:01:42 From victor capoccia to Everyone : will join as soon as i finish a quick call

12:01:46 From Kelly Davis to Everyone : Hi all! Kelly Davis with Mental Health America logging in from Ocean City, NJ. :)

12:02:00 From Taina Laing to Everyone : Hi Harvey!

12:02:11 From Amy Ortiz to Everyone : Hi Everyone, Amy Ortiz from Baltic Street AEH Inc.

12:02:34 From Kristopher Vilamaa to Everyone : Hello all, Kris Vilamaa with HealthCare Perspective

12:02:46 From Lynn Canfield to Everyone : Lynn Canfield, Champaign County (Illinois) Mental Health and Developmental Disabilities Boards

12:02:55 From Janet Hays to Everyone : Hi! Janet Hays with Healing Minds NOLA

12:03:01 From Jennifer Hubbard to Everyone : Howdy howdy- Jenny Hubbard, Iora Primary Care

12:03:16 From Lisa St George to Everyone : Hello everyone from Lisa St George, RI International. :)

12:03:18 From Jody Levison-Johnson to Everyone : Jody Levison-Johnson, Council on Accreditation and Alliance for Strong Families and Communities

12:03:24 From Ruben Cantu to Everyone : Ruben Cantu with Prevention Institute in Oakland, CA - glad to be here

12:03:26 From Kate Brace to Everyone : Kate Brace, Coordinator of Advocacy and Member Services from the New Jersey Association of Mental

Health and Addiction Agencies (NJAMHAA)

12:03:28 From Susan Hodgman to Everyone : Su Hodgman San Juan County Behavioral Health Services, Farmington, New Mexico

12:03:42 From Lynda Frost to Everyone : Lynda Frost, Lynfro Consulting in Austin TX

12:03:44 From Matthew McDonald to Everyone : Hello everyone – Matthew McDonald, here from the New York Peer Specialist Certification Board and Wellness Collaborative of New York – Independent Practice Association

12:04:01 From Steven Karris to Everyone : hi Steven Karris from Long Island, NY Peer Support Specialist and I work with NYAPRS

12:04:06 From Debbie Cagle to Everyone : Good Afternoon, Debbie Cagle, Chief Marketing Officer, Centerstone based in Nashville, TN

12:04:33 From David Hughes to Everyone : Hi All, David Hughes, Human Services Research Institute

12:04:33 From Johanna Bergan to Everyone : Hi everyone! Johanna Bergan, Executive Director of Youth MOVE National calling in from Iowa

12:04:37 From Dan Wendt to Everyone : Dan Wendt, Principal Consultant with Mercer

12:04:43 From Frank Purcell to Everyone : Hi, Frank Purcell with Indivior ... good afternoon Ron and everyone!

12:05:03 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : Welcome everyone! Love seeing all who are here sharing who they are and where they are from! Holly Salazar here from CBHL, in San Diego CA today.

12:05:10 From Matt Lemmon to Everyone : Hi everyone! Matt Lemmon, System Director of Communications, Burrell Behavioral Health based in Springfield, MO.

12:05:56 From Sarah Eyster to Everyone : Great to see so many familiar names/faces. Sarah Eyster, Policy Director, MH, Rehabilitation and Community Providers Association (RCPA), Pennsylvania

12:06:01 From Bevin Croft to Everyone : Hi! Bevin Croft from the Human Services Research Institute

12:06:18 From Alexis Joran to Everyone : Hi. Alexis Geier Horan , VP, Government Relations for CleanSlate Centers, in DC

12:07:18 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : Please share your comments, reflections and questions here throughout the discussion!

12:07:34 From Shelby Rowe to Everyone : Hello! Shelby Rowe, Suicide Prevention Resource Center at OU Health Sciences Center

12:07:45 From Saumitra SenGupta to Everyone : Saumitra SenGupta, former executive director of California's mental health external quality review organization. Very much looking forward to hearing about the changes under the new administration.

12:08:03 From Betty Downes to Everyone : Nice to be back with you all. Betty Downes, Behavioral Health Services Division, HSD, New Mexico.

12:08:24 From Craig Kramer to Everyone : Craig Kramer from Johnson & Johnson

12:09:34 From Debra Jorgensen to Everyone : Deb Jorgensen, Office of Individual and Family Affairs for Care1st HP Arizona

12:10:18 From Frank Cornelia to Everyone : Good afternoon. Frank Cornelia, Deputy Director & Chief Strategy Officer with the Colorado Behavioral Healthcare Council.

12:11:14 From Deborah Strod to Everyone : Hi all – Deborah Strod, Principal at DMA Health Strategies, Massachusetts

12:12:04 From Jennifer Hubbard to Everyone : the November Biden–Harris COVID19 task force did not include any behavioral health professional. I'm curious if and how this limits behavioral health lobbying power and/or the administration's understanding of the "behavioral health pandemic"

12:14:01 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : Great question, Jennifer!

12:15:54 From Tom Trabin to Everyone : Hi everyone! Tom Trabin from California External Quality Review Organization, Drug Medical Division.

12:18:36 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : //// Unified Vision for Transforming Mental Health and Substance Use Care: https://wellbeingtrust.org/wp-content/uploads/2020/10/Unified-Vision-v8-10_28_2020.pdf ////

//// Healing the Nation: Advancing Mental Health and Addiction Policy:
<https://healingthenation.wellbeingtrust.org/> ////

//// Healing the Nation: State Based Solutions for Connecting People to Mental Health Care and Addiction Recovery Services:
<https://unitedstatesofcare.org/covid-19/healing-our-nation-mental-health-care/> ////

//// A Unified Vision for Transforming Mental Health and Substance Use Care <https://wellbeingtrust.org/news/unifiedvision/> ////

//// SUPPORTING A NATION IN CRISIS Solutions for Local Leaders to Improve Mental Health and Well-Being During and Post-COVID-19
<https://www.debeaumont.org/wp-content/uploads/2020/08/mental-health-action-guide.pdf> ////

12:18:49 From Debra Jorgensen to Everyone : Fantastic point on the funding Benjamin Miller!

12:19:10 From Kirsten Hubel to Everyone : Reallocation of Police funding to include awareness of mental health and SUD are vital to integrating this identification of need and referrals to support services.

12:19:27 From Alicia Smith to Everyone : Would appreciate seeing the Medicaid Forward Plan when released.

12:20:15 From **Dick Dougherty to Everyone : Well done Ben!! and Congratulation to both Toms!

12:20:18 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Congratulations Tom and Tom!

12:26:14 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Curious what is resonating with you all? Feel free to comment on your reflections or questions here!

12:26:53 From Janet Hays to Everyone : Major barrier to repealing the IMD Exclusion to allow Federal Medicaid to reimburse IMD's with more than 16 beds is the CBO score. any ideas on how to overcome that barrier?

12:28:25 From **Dick Dougherty to Everyone : Great question Janet....

12:29:31 From Kirsten Hubel to Everyone : You can eliminate 8-hour training stipulation and what remains is a high level of stigma and misunderstanding of persons suffering SUD issues. Providers do not want to treat these individuals for many reasons.

12:30:03 From Lisa St George to Everyone : Good point Kirsten!

12:31:16 From Jennifer Hubbard to Everyone : Agreed Kristen, the training, while may seem cumbersome, provides for a vital change in

lens when addressing substance use

12:31:57 From Jennifer Hubbard to Everyone : I'm also curious of the administrations view on expanding value based payment modeling vs FFS

12:31:58 From Karen Hixson to Everyone : We need more reciprocity between states for all mental health licenses. It's a huge barrier to care.

12:32:03 From Steven Karris to Everyone : yes some people need in person mental health treatment

12:32:05 From Debra Jorgensen to Everyone : That is what I am seeing in Arizona, Kristen - which is brutal in our rural areas.

12:32:40 From Lisa St George to Everyone : Peers must be a part of every step taken in behavioral health.

12:32:53 From Kelly Davis to Everyone : agreed! also hopeful around movement on alternative to police involvement in mental health crises and alternatives to hospitalization

12:33:01 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : //// Unified Vision for Transforming Mental Health and Substance Use Care: https://wellbeingtrust.org/wp-content/uploads/2020/10/Unified-Vision-v8-10_28_2020.pdf ////

12:33:47 From Kirsten Hubel to Everyone : Thank you Holly

12:33:47 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Great comments everyone. I look forward to conversation around some of these topics.

12:34:21 From Saumitra SenGupta to Everyone : Thanks for the workforce bit - Very important to develop a culturally responsive diverse mental health workforce that will reflect the changing demographics.

12:34:54 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Agree, Saumitra - so important.

12:34:55 From Karen Hixson to Everyone : Yes, Saumitra!

12:35:34 From Lisa St George to Everyone : SAMHSA guidelines for behavioral health crisis care, use of 988 for emergency psychiatric care in 2022 will help improve care for people in crisis.

12:37:44 From Lauren Tenney to Everyone : I may have missed it, but where is the work or effort to a) eliminate all forced treatment, b) ensure true informed consent and choice, and c) hold psychiatry accountable to the lack of any actual science showing any factual

existence of any psychiatric label, and the tremendous scientific evidence of the damage that it does; d) the continued use of restraint, solitary confinement, lobotomies (neurosurgery for psychiatric disorders), electric shock, and aversives., e) how are people informed that when they call that they will be traced and they are at greater risk for forced treatment calling 988, etc., and finally (for now) f) how the 13th amendment is used to allow for legalized slavery as a form of punishment, and the realities of both forensic psychiatry and the long-time waiver of psychiatric institutions for a crime duly convicted, and the profit that is generated from forced, coerced, and compelled psychiatry.

12:37:49 From **Pamela Greenberg to Everyone : I failed to mention a huge overarching issue and that is health equity and racial disparities. These issues run throughout all of the topics I mentioned.

12:38:44 From Anita Everett to Everyone : Yes to support what Kana has said, currently there are about 4 million calls per year that come to Lifeline, the has been gradually increasing and could very well increase dramatically once the notion of 988 becomes nationally available.

12:38:58 From Judith Fox to Everyone : I am interested in learning about federal funding Peer Recovery Specialists through medicare in addition to medicaid. Right now it I not possible

12:39:30 From Janet Hays to Everyone : I'm really interested in policy re: individuals who will not voluntarily seek treatment as they lack insight that they are sick as a result of their illness. Any clear policy on continuing to fund and expand evidence-based programs like assisted outpatient treatment? Also, those who are unable to care for themselves in community on their own EVEN WHEN on a treatment plan - like residential treatment facilities. Is this being discussed within offices under President Biden?

12:39:31 From Kirsten Hubel to Everyone : Yes. More information

12:40:13 From Saumitra SenGupta to Everyone : Speaking of mobile crisis and law enforcement ride along for BH professionals. my experience in CA has been that they are often not 24x7. Great need for funding to make these available 24x7.

12:40:27 From Laysha Ostrow to Everyone : Thank you Kana <3

12:40:44 From Karen Hixson to Everyone : There is a bill that will be introduced in the Oregon legislature this session to reduce to barriers to BIPOC mental health providers and increase diversity in the profession here in Oregon: <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2949/Introduced>

12:40:49 From Frank Cornelia to Everyone : probably a strange thing to say coming from a rep of Tx providers, but I believe we will never be able to "treat" our way out of the current and growing BH pandemic. Must go way upstream to improve community conditions and conditions of living (SDOHs including housing, adequate nutrition, predictable jobs with adequate wages, ensuring health equity and decreased racial disparity, decreased political polarization, etc.)

12:40:49 From **Dick Dougherty to Everyone : YEs... <#

12:40:53 From Steven Karris to Everyone : Affordable housing also has to be a top priority for those who are disabled and trying to survive on a low fixed income. And now with extra costs due to PPE and all the extra anxiety caused by inadequate funds to survive

12:41:23 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Lots of great comments and questions coming in - we'll get to as many as we can during our conversation!

12:41:37 From Judith Fox to **Holly Salazar - CBHL (San Diego, CA) (Direct Message) : I ran a mentoring program for women leaving prison in RI and have research on it. This is a low cost way to help a very vulnerable population

12:41:48 From **Holly Salazar - CBHL (San Diego, CA) to Alicia Smith(Direct Message) : Yep, we'll be able to track :) and thanks!

12:41:56 From Saumitra SenGupta to Everyone : Couldn't agree with you more, Frank!

12:42:29 From **Holly Salazar - CBHL (San Diego, CA) to Judith Fox(Direct Message) : Judith did you mean for your comment to come just to me? Would be great to share with the group!

12:42:36 From Kelly Davis to Everyone : ^^ agreed!

12:43:57 From Bill Hudock to Everyone : I am struggling to reconcile the broader need that Ron highlighted with the limited capacity that exists, the limits of use of evidence-based practice and the need to deal with the cost issues. Parity remains a major problem. Kana's point on investment in compliance is important, but having a shared understanding of what constitutes parity between payers, managed care organizations, providers, consumers and the public as a whole is critical.

12:44:06 From Tom Trabin to Everyone : Suggest revisiting telehealth regulations in light of what's been learned from the pandemic, and make suitable regulatory revisions for behavioral health and physical healthcare services. For PHI with disorders requiring stricter privacy

consents, such as SUD, suggest allowing consent by recorded phone at access centers making referrals.

12:45:21 From Bethany Pace-Danley to Everyone : Yes Frank! We also can't forget the importance of healthcare as a basic human right. The progress of our work is deeply impacted by constantly competing with capital interests

12:45:25 From Saumitra SenGupta to Everyone : Bill Hudock – good point, I would specifically add that issue in respect to the mild-to-moderate population.

12:45:29 From Steven Karris to Everyone : There has to be more support for those suffering from mental illness and past trauma especially during this time of Covis where all this extra anxiety being caused by very scary and negative media. They are being triggered constantly and not getting enough mental health care and support

12:46:32 From Lisa St George to Everyone : Thank you for talking about trauma Harvey!

12:46:52 From Debra Jorgensen to Everyone : Go Harvey!

12:46:57 From Karen Hixson to Everyone : We do not have enough evidence based trauma treatment modalities and support for trauma treatment in community mental health settings. People need trauma treatment.

12:47:04 From Elise Jones to Everyone : This reckoning around parity in healthcare has been a long time coming... maybe we finally have an administration and the grassroots pressure to make some changes. Ultimately, we lack infrastructure, quality services, and qualified staff because it simply doesn't pay. Few people are motivated to go to college, including grad school, for years, get \$1000s for dollars in debt, and then get paid barely enough to live.

12:47:23 From Kelly Davis to Everyone : agreed, Harvey!

12:47:50 From Lisa St George to Everyone : Elise, that is so true.

12:48:19 From Janet Hays to Everyone : Really unhelpful comments. Excludes people who need life saving involuntary therapeutic interventions. Unfortunate.

12:49:02 From Scott Bryant-Comstock to Everyone : Severe blow to evaluation at SAMHSA. As well, serious questions about review criteria and award of grants. Feels like standards are getting weaker. Looking forward to a hopeful renewal of commitment to high quality processes.

12:49:11 From Jennifer Mathis to Everyone : Agree, Harvey

12:49:58 From Lisa St George to Everyone : Peers are highly effective in all behavioral health services.

12:51:22 From Scott Bryant-Comstock to Everyone : Here, here, Harvey!

12:51:24 From Janet Hays to Everyone : We need to unify around a full continuum of care that excludes no one.

12:51:28 From Jeanne Gore to Everyone : Respectfully, those with serious mental illnesses absolutely do need hospitals. When my son was seriously ill with schizoaffective disorder and also suffered from anosognosia, we spent 10 years trying to get treatment for him. He was hospitalized 43 times, never long enough to stabilize his illness. Finally, we were able to get AOT for him and after 9 months in the hospital to finally find the appropriate treatment for him, he has been living independently in the community since 2013 with AOT. This is just one example.

12:51:51 From Janet Hays to Everyone : Here here Jeanne

12:52:37 From Janet Hays to Everyone : Here is testimony from a consumer on how AOT saved his life <https://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/4281-aot-saved-my-life>

12:53:25 From Lisa St George to Everyone : Agreed Harvey. SAMHSA must be present.

12:53:28 From Kristopher Vilamaa to Everyone : There is a need to eliminate the IMD exclusion, but to continue to be conscious of why it was there in the first place. We never want to return to the warehousing of people with mental illness or substance use disorders, but 16 beds is not a magic number either.

12:54:30 From Steven Karris to Everyone : Hi Harvey, Steven Karris Co-regional coordinator from NY t

12:54:43 From Debra Jorgensen to Everyone : Thank you Harvey!

12:54:46 From Rick Kellar to Everyone : <https://thinkbiggerdogood.org/medicaids-institutions-for-mental-diseases-imd-exclusion-rule/>

12:54:59 From Rick Kellar to Everyone : good point counterpoint paper on IMD

12:55:16 From Janet Hays to Everyone : A lot of interdepartmental work is being done at the interdepartmental serious mental illness

coordinating committee.

12:55:24 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : Great comments & conversation everyone – appreciate the various perspectives and resources shared.

12:55:47 From **Benjamin Miller to Everyone : And here's a Health Affairs blog we did on IMD a year or so ago (but Rick's papers are better): <https://www.healthaffairs.org/doi/10.1377/hblog20190401.155500/full/>

12:56:22 From Lisa St George to Everyone : agreed Ron it is a crisis.

12:58:19 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : Great point, Ron!

12:58:48 From Phillip Hernandez to Everyone : SAMHSA has not kept up and sliding backwards especially in the SUD area since many SMI have co-occurring SUD diagnosis. There is not adequate funding or CMS reimbursement for co-occurring illnesses especially in the Criminal Justice settings. We are forced to treat people in silos (MH or SUD). The medical model does not adequately address SUD since it is a disease that affects a persons social connections and environments. There needs to be an understanding of reimbursing States/Counties for work done re-establishing social deficits, More specific Funding to support housing and/or Transitional housing.

12:59:09 From Lisa St George to Everyone : Hospitals are necessary at times, but they should not be used to warehouse. People can be helped in a secure setting but should not spend a lifetime there.

12:59:17 From Jeanne Gore to Everyone : From the National Shattering Silence Coalition's position statement on the IMD Exclusion: "The IMD exclusion discriminates against providing mental illness treatment to adults between the ages of 21 and 64, the time period where most serious mental illnesses become symptomatic. In addition to being unethical and unjust, this discrimination is a violation of the mental health parity requirement of the Mental Health Parity and Addiction Equity Act of 2008

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(MHPAEA) or Parity Act, passed in 2008, and later its subsequent inclusion in provisions of the Affordable Care Act (ACA). There are over 10 million adults living with SMI in America. The IMD exclusion has been used to discriminate against this population for 53 years. These diseases are medical diseases of the brain and must be treated with the same care and attention any other medical disease of the brain, such as Alzheimer's or Parkinson's."

12:59:22 From Jeanne Gore to Everyone : <https://storage.googleapis.com/wzukusers/user-30068683/documents/>

184c3a2a92f0431b80b8625a23391a70/IMD%20Position%20Statement.pdf

12:59:55 From Lauren Tenney to Everyone : early death is due to the psychiatric drugs and treatments

13:00:31 From Debra Jorgensen to Everyone : Yes Laura

13:01:35 From Saumitra SenGupta to Everyone : Thank you, Ron! The old adage still holds true "No outcome, no income"

13:01:40 From Janet Hays to Everyone : Yes! performance measures need to be reductions in incarceration, homelessness, unnecessary hospitalization and death.

13:02:30 From **Benjamin Miller to Everyone : Here is a nice resource on measuring well-being <https://www.winmeasures.org/statistics/winmeasures>

13:02:59 From Lisa St George to Everyone : I have watched recovery unfold for over 20 years and it is real. I have seen thousands of people recovery in multiple countries around the world. They work, live their full life, and even if they are managing symptoms, and taking medication, their life is not completely revolving around the mental health care.

13:02:59 From Bill Hudock to Everyone : Ron's points about metrics, outcomes and value-based purchasing continue to be a huge gap. It would be very important for the new Administration to convene stakeholders to address this.

13:03:24 From Johanna Bergan to Everyone : I would be interested in the thoughts of the panelists on the leadership needed in the new administration to support the child, youth, and young adult mental health systems. Dollars spent here are prevention dollars to the adult system and should be counted as such. The 25 year early death rate does not need to be our future if we are willing to invest earlier. The disconnect between child and adult systems (and they really are functioning as two separate systems) causes significant challenges. And arguably there is need for a bridge system to address the unique development stage of young adults which both systems fail to adequately support

13:03:32 From **Harvey Rosenthal to Everyone : hospitals and coercive treatment become the defaults in a dysfunctional system and denote system failure we have a peer led program in Westchester County that has successfully engaged 80% of a group who meet all the criteria used for outpatient commitment programs.....key to our work is in the formation of trusted reliable relationships that don't give up or go away...

13:03:39 From Ann Kasper to Everyone : We are interested in does inpatient online telehealth psychiatric care work well? What outcomes are there when the doctor is not in the hospital or state where the psych unit is. We have a bill in Oregon for choice to see a real live doctor in inpatient units, and not just be offered inpatient online services.SB686 in the State of Oregon Senate. www.choiceheals.com

13:03:43 From Jeanne Gore to Everyone : Agreed, Lisa St George.

13:05:25 From Lynn Canfield to Everyone : To Ron's question: There was a very nice Cultural and Linguistic Competence leadership program through Georgetown, which was defunded by SAMHSA a few years ago.

13:05:43 From Lynn Canfield to Everyone : I'd like to see that come back and resume their excellent work in cultivating experts.

13:06:13 From Betty Downes to Everyone : Loved Elliot Eisner's words" Not everything important is measurable and not everything measurable is important. "

13:06:18 From Janet Hays to Everyone : Any good data on the total costs of un/undertreated SMI/sud? including criminal justice, social services, BH, and family care, to name a few?

13:06:58 From Sandra Lindsey to Everyone : let's standardize the definitions of demographic metrics on race and culture

13:07:19 From Elise Jones to Everyone : People of color are not at the decision-making table, too often. Take a look at this meeting, for example. Very few POC. Also, yes, behavioral health has a role in moving racial equity forward. Part of that is by being accountable to how this field has historically mistreated POC and also women. I think the biggest factor in health continues to be related to wealth. We need to partner with our constituents to support policies that advance policies which have a real, positive, financial impact on POC and other marginalized populations. This is bigger than just behavioral health.

13:07:26 From Alicia Smith to Everyone : Here here, Harvey!

13:07:41 From victor capoccia to Everyone : was about to make same observation

13:07:46 From Lisa St George to Everyone : Well said Harvey!

13:08:02 From **Harvey Rosenthal to Everyone : you and Larissa are my teacher about racism...want more

13:08:18 From Ann Kasper to Everyone : About disclosure -- After many years of training police and sheriff personnel, I hear many

disclosures from public safety people quietly. They cannot be open and their own trauma.

13:08:22 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Elise you are right. Great point and observation.

13:08:50 From Lisa St George to Everyone : Benjamin, thank you for your comments, you inspire.

13:09:01 From victor capoccia to Everyone : Issue of disparity related to access is intimately connected w diversity of BH workforce

13:09:14 From Craig Kramer to Everyone : Agree, Elise Jones!

13:09:32 From Lauren Tenney to Everyone : Will someone speak to the fact that psychiatry does not have a shred of biological evidence for any category of psychiatric label that it has designed and tremendous evidence for the harm that the drugs, electric shock, lobotomy, aversives, solitary confinement, and restraints create? Obviously People of Color are over-represented in court-ordered psychiatry as are issues of class.

13:09:33 From Lisa St George to Everyone : Agreed Pamela!

13:09:56 From Christopher Zubiato to Everyone : Yes Victor. Which is also related to SDOH affecting the workforce

13:10:03 From Lisa St George to Everyone : Office for mental health and behavioral health in the White House! Here here Ron!

13:10:07 From Phillip Hernandez to Everyone : To much focus on racism in Behavioral Health we have spent many years working and have achieved great outcomes related to gender, race and cultural based services. We can look at what many of us have done and continue to do to provide culturally competent services. We can talk about what works, currently, and build from there. Less negative talk Com'on Man!

13:10:58 From victor capoccia to Everyone : RE SAMHSA need to Rebuild its workforce

13:11:41 From Lisa St George to Everyone : Need to support peer run services, people need options and choices. Peer Support is remarkable in its ability to connect with people and create safety.

13:12:33 From Kelly Davis to Everyone : Agreed, Lisa. Peer support is so valuable, and we need to make sure peers are paid wages that reflect how valuable they are.

13:12:59 From Lisa St George to Everyone : Agreed. Pay scales must

rise.

13:13:05 From **Dick Dougherty to Everyone : There is a deep discussion needed to unpack Philip's comments....because we don't all agree with that view..

13:13:06 From Janet Hays to Everyone : Harvey – “The hardest to engage person” minimizes the effects of some with cognitive brain impairment. Being nicer to people with Alzheimers will not bring their short term memory back. Let’s not condemn those folks to jails and outdoor asylums. Let’s work together to not exclude anyone.

13:15:06 From Jeanne Gore to Everyone : Yes, Janet. Let’s please not abandon our most seriously ill. As many as 40% of those with schizophrenia and 50% of those with bipolar disorder suffer from anosognosia. It’s the number one reason why people refuse treatment.

13:15:15 From Tom Trabin to Everyone : SAMHSA's positioning at CMS seemed especially strong during the second four years of the Obama administration, and I thought it made a huge difference in getting important policy initiatives advanced and well formulated for behavioral health clients.

13:17:03 From Lisa St George to Everyone : Youth perspective is vibrant and incredibly creative. Good point Benjamin!

13:17:41 From **Holly Salazar – CBHL (San Diego, CA) to Everyone : Agree Lisa (and Ben!)

13:17:49 From Ann Kasper to Everyone : The governor of Oregon is bringing legislation created by a group – part of the package is a suggestion brought by youth to have a third year for bridging from the EASA Early Assessment Support Alliance (EASA). Now it is a 2 year program.

13:17:49 From Lauren Tenney to Everyone : As now 48 years old and a founder of the youth movement in New York State in the early 1990s, I can say that part of the problem is that people who oppose the line have been kicked out of the table.

13:18:14 From Saumitra SenGupta to Everyone : Imperial County in California lowered their Youth and Young Adult age range to include 14 years and up, and created a YAYA division that works closely with both sides, but specialize in TAY and adolescents.

13:18:51 From DAVID DE VOORSNEY to Everyone : Hi all, just want to put in a plug for a focus on housing. The Biden campaign had some really exciting proposals around expanding the availability of housing vouchers. This would make a huge impact for some of the folks who are struggling most in our systems and address a key SDOH for a lot of

children and families.

13:18:51 From Jeanne Gore to Everyone : Being nice to someone who is in the throes of psychosis will not convince them they need help. My son had a PNMI bed, an ACT Team, etc... and, because he could not see that he was not well, he refused medication and it wasn't until a year later when he was found walking barefoot in the snow down the middle of main street for the 12th time that he was finally brought to a hospital. He was tortured by his psychosis all this time and no one could help him.

13:18:59 From Lisa St George to Everyone : RI International has a wonderful peer support training for Transition Aged Youth.

13:18:59 From Taina Laing to Everyone : Correct!!! There is no bridging services for the aging out youth

13:19:02 From Allie Middleton to Everyone : innovation opportunity: link or 'bridge' impact of indiv & systemic trauma as creative leadership challenge? where are the peers, youth with 'lived experience?'

13:19:10 From Robin Trush to Everyone : I believe there is a diminished approach and focus on kids/families with both SAMHSA and CMS. This is the core context where mental health wellness begins. Peer support is NOT the same as Family Support and is an essential component to this work. Integrated Health for youth has a very different approach - yet that focus inclusive of the child welfare and jv Justice system. I would recommend SAMHSA and Child Welfare have dedicated discussion in particular about address trauma at such a young age (ACES Data).

13:19:41 From **Harvey Rosenthal to Everyone : we now know how to engage people with the 'most serious conditions'...people who are reluctant, don't see the need or have been burned by traditional approaches someday we'll look back as shake our heads and say we were so unable or unwilling to try a broad array of voluntary approaches that we defaulted to bring in judges and police....so many people we've supported didn't want or see the need for help at first

13:20:38 From Janet Hays to Everyone : Some simple fixes are not so simple when dealing with unwilling sheriffs. Any ideas for legislative requirements mandating sheriffs to cooperate?

13:21:00 From Steven Karris to Everyone : Yes it is such a need! And without it homelessness and hopelessness and sometimes suicide!

13:21:05 From Margaret Swarbrick to Everyone : how about the issue of poverty and under-unemployment- how can we help people transcend poverty

13:21:50 From Elise Jones to Everyone : I believe that is embedded into California's CalAIM initiative.

13:22:11 From Jennifer Mathis to Everyone : Yes Ron – see my new piece in Psych Services about this: <https://pubmed.ncbi.nlm.nih.gov/33334151/>

13:22:18 From Anita Everett to Everyone : <https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs>

13:22:31 From Debbie Cagle to Everyone : Is anyone developing SDOH networks?

13:22:48 From Ann Kasper to Everyone : I heard mention today of data driven programs. We need more peers on the data teams so they can collect the data that empowers and asks relevant questions that will improve services. Sometimes tech and data experts are given assignments of collecting data and they do not know how to address real life issues without lived experience.

13:23:00 From Joshua Mozell to Everyone : This needs to be a community collaboration because of the siloed funding and resulting savings. Leon Evans is the genius in this group on doing this – he has actually made this happen. I would love to hear what he has to say on this issue.

13:23:15 From Kelly Davis to Everyone : Agreed, Ann!

13:23:18 From Debra Jorgensen to Everyone : I would just like to comment on how much I love our community and how we all comport ourselves in discussions; no matter the topic – PROBLEM SOLVERS! I dream of one day this type of discussion could be had in legislative forums.

13:23:19 From Robin Trush to Everyone : Medicaid and HIE in Az is taking lead at creating a closed loop referral process for SDOH

13:23:33 From Steven Karris to Everyone : of course. It has to be all included to work

13:23:46 From Janet Hays to Everyone : Housing must be commensurate to intensity of need. Period. From peer housing to IMDs

13:24:12 From Christopher Zubiato to Everyone : What can the new administration do to ENFORCE the IMPACT Act

13:24:24 From **Harvey Rosenthal to Everyone : good catch Anita. so many roads lead back to CMS and their ability to make Medicaid

flexible enough to help people out of poverty, homelessness and isolation

13:24:28 From Jennifer Mathis to Everyone : <https://www.scattergoodfoundation.org/publication/housing-is-mental-health-care-a-call-for-medicaid-demonstration-waivers-covering-housing/>

13:24:29 From Janet Hays to Everyone : IMDs are considered transitional though. People should be able to stay as long as needed

13:24:59 From Elise Jones to Everyone : Here in Lake Co., California, we have developed a coalition of healthcare, housing, education, and other community-based service partners that focus on SDOH, using the Health Department's community health needs assessment. This entity has become a non-profit entity and is now competing for grants around housing and other SDOH initiatives. Our behavioral health department is the lead in our Continuum of Care, focused on tapping into federal HUD monies.

13:25:05 From Elise Jones to Everyone : 100% agree Kana

13:25:05 From Lauren Tenney to Everyone : because the DSM specifically uses that diagnosis is acceptable if someone cannot meet their economic needs. That's why the fraud of psychiatry is such a problem.

13:25:34 From Saumitra SenGupta to Everyone : That's why the statistics are important, how disproportionately folks with BH needs also have housing needs as opposed to those with cardiac issues

13:25:41 From **Benjamin Miller to Everyone : Yes, and there's a role for health systems (not just mental health) to step up with housing, too (alongside Jennifer Mathis great paper!) <https://oregon.providence.org/forms-and-information/p/providence-creates-supportive-housing-to-help-patients-live-healthier-lives/>

13:26:08 From Kelly Davis to Everyone : To the earlier conversation, for people interested in young people's leadership, Mental Health America has resources on young adult-developed programs and papers on young people's perspectives on mental health here: mhanational.org/youngleaders

13:26:11 From Anita Everett to Everyone : <https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs>

13:26:43 From Chad Costello to Everyone : We need to have a much more nuanced conversation around the call for "more beds". Gravity (political expediency, homeowners associations, etc.) seems to always pull us toward locked inpatient with little discussion of all of the alternatives that need to be in place. You will fill every hospital

bed you build, which is what alarms me about the IMD exclusion waiver.

13:26:49 From **Kana Enomoto to Everyone : +1 Kelly :-)

13:27:06 From Anita Everett to Everyone : oops..sent this link to new CMS memo on use of medical for Social determinants of Health. it came out Jan 7th.

13:27:12 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Yes Kelly!

13:27:14 From Lisa St George to Everyone : Agreed Chad.

13:27:17 From **Harvey Rosenthal to Everyone : Can HUD lead the way in helping bring dilapidated and abandoned back on line to offer mixed use affordable housing?

13:27:26 From Rick Kellar to Everyone : <https://www.mindfulphilanthropy.org/>

13:27:27 From Jennifer Mathis to Everyone : +1 Chad

13:27:30 From Rick Kellar to Everyone : <https://www.impact.upenn.edu/toolkits/health-in-mind/>

13:27:32 From Lisa St George to Everyone : Great idea Harvey1

13:27:54 From **Holly Salazar - CBHL (San Diego, CA) to Everyone : Thanks Rick!

13:28:36 From Jeanne Gore to Everyone : Harvey, respectfully, there is nothing that we didn't try for the 10 years we watched my son go from homelessness, jail, missing, 43 hospitalizations - just a revolving door - because he could not see that he needed help. The last person we ever wanted to call was a police officer out of fear that our son would be killed or jailed but when your son is chasing you around your kitchen table with a knife, again in the throes of psychosis, you no longer have any other choice. Please understand, my son is the kindest, most gentle person in there is when he is well. When he is ill, his psychosis and paranoia takes over and he no longer sees anyone, including family, as being on his side. This is why I say, we must have secure hospitals for when this happens and AOT so people with anosognosia can actually recover and live in the community as my son does.

13:29:09 From Alicia Smith to Everyone : Agree that the role of philanthropy as conveners and connectors would be a useful follow-up discussion.

13:29:41 From Anita Everett to Everyone : need to sign off, thank you,

CBHL has extensive history in leading and advocacy. Thank you all!

13:29:51 From **Benjamin Miller to Everyone : Rick highlighted Mindful Philanthropy which was started to be a go to resource for funders interested in investing in mental health

13:30:00 From Wendy Varnell to Everyone : Wonderful panel, thanks to all of you for sharing your wisdom and expertise!

13:30:11 From Margaret Swarbrick to Everyone : thank you very much! great dialogue....

13:30:21 From Sarah Eyster to Everyone : Excellent – thank you all for your time.

13:30:26 From **Harvey Rosenthal to Everyone : I never want to minimize the pain families experience...I'm hoping peers and families can sit together and have candid conversations...I'd be happy to help attend and/or organize these hopefully healing dialogues

13:30:27 From Lauren Tenney to Everyone : I can be reached at 516-319-4295 Lauren Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor

13:30:28 From Saumitra SenGupta to Everyone : Thank you, great panel and discussion.

13:30:52 From Amy Ortiz to Everyone : Thank you for sharing your thoughts, knowledge and expertise. It was a great discussion.

13:30:55 From Jeanne Gore to Everyone : Thank you!

13:30:56 From Kelly Davis to Everyone : Thanks so much, everyone! Thanks, Holly! :)

13:30:59 From Steven Karris to Everyone : Thank you everyone! We need to work together for sure!

13:31:00 From Lisa St George to Everyone : We can change what hospitals are like, they don't have to be places that are hopeless and negative. Sometimes people need inpatient care, but it should not be horrible and frightening. It should be filled with hope and peer support. Peer Support in the hospitals in phoenix helped a lot.

13:31:09 From Lisa St George to Everyone : Thanks