00:11:50 Leigh Ann Fitzpatrick: Congrats!

00:12:04 Mary Sowers: Congratulations!

00:12:10 Kristin Neylon: Congratulations!

00:13:02 TKnettler: Tim Knettler NASMHPD Research Institute (NRI)

00:14:16 Karen Jones: *988 Is Coming!" Love it!

00:16:35 Mary Sowers: Would love NASDDDS to be added, too!

00:16:53 tlutterman: This question came in from a state this week. Hopefully some on this meeting have some suggestions for them: We did have a question from a provider who is interested in opening a crisis stabilization unit as to how that would look like, should someone need longer than a 24 hour stay, especially if there is no bed availability. Do you know how other providers have solved this problem? If no other bed could be found, is a recipient allowed to stay in the crisis stabilization unit, but then have the provider bill a different way?"

00:17:16 TKnettler: NASMHPD Research Institute (NRI) can be added as well.

00:17:26 Lynda Gargan: The National Federation of Families would be happy to participate in a presentation about families

00:19:25 Angela Kimball: Another story about a family that called for help with a MH crisis only to have it result in tragedy: https://www.wbur.org/news/2021/08/24/police-mental-health-calls-saugus-shooting?linkId=128851987

00:23:43 Rep. Orwall 33: Outstanding response and amazing outcomes!

00:25:35 Wayne Lindstrom: Ted.....The 23 hour crisis receiving center with recliners operating under a "no wrong door" approach can be paired with a crisis stabilization unit with beds. On average 30% of the guests in the 23 hour service would be expected to need a stay of up to 14 days. This stay can be followed by peer respite, recovery housing, and other supportive housing options. This Wayne, call me if you need to discuss.

00:26:06 smcdono1: One of the difficulties in many states is the inability for an ambulance provider to transport to a non-emergency room based on state law and/or inability to capture compensation. Will this team make efforts towards reform in these areas?

00:26:11 Mary Giliberti -MHA: Who pays for the technology for the EMS workers?

00:27:20 Margie Balfour: Responding to the question about stays over 24 hours if there are no beds: 1) Most regulatory agencies will understand if you document at least once a day that the person still needs inpatient care and that you're actively searching, 2) have a quality improvement process to track how often this happens and work on ways to improve it. 3) do those people really need inpatient admission? The more levels of care between inpatient and outpatient (crisis res, subacute etc) creates less restrictive options for patients and lessens the demand for inpatient beds.

00:32:13 Stephanie Hepburn: Mary, I'll dig into that for you.

00:33:58 Margie Balfour: @smcdono1 - This CMS demonstration project is intended to solve this problem by reimbursing ambulances the same whether they go to an ER vs alternate destination (like a crisis center). Hopefully it will become nationwide. The demonstration is for Medicare, and they only awarded to states that agreed to so the same for Medicaid. Private payers need to do this as well to truly fix the problem.

00:34:02 Margie Balfour: https://innovation.cms.gov/innovation-models/et3

00:35:34 Paul Galdys: Any update on the potential increase to a 10% crisis set-aside within the MHBG?

00:37:57 Angela Kimball: 10% set-aside is in the House FY 2022 Appropriations bill, but waiting for Senate to follow suit, presumably this fall.

00:38:16 Laura Van Tosh: Are you including Peer Run Respite as a "place to go?"

00:38:45 Laura Van Tosh: (recognizing Peer Respite is not nationwide, still)

00:42:40 Tison Thomas: Laura: states have identified different level of cares within the crisis stabilization. States may use peer run respite as one of the tools in their tool box to mitigate crisis.

00:44:25 Laura Van Tosh: Yes - thanks. Want to get a sense of this since over 23 states have them now. The newest in North Carolina opened by Promise Resource Center. (lots of media on this one)

00:46:12 Richard McKeon: Have to hop off unfortunately

00:47:18 Tia Dole: I am surprised that more crisis centers aren't staying remote!

00:49:05 Kirsten Hansen (she/her): BIPOC not "non-white"

00:49:09 Tia Dole: Thank you for the clarity @David

00:49:57 Sue Ann O'Brien BHL: Behavioral Health Link's call center remains remote at this time as well.

00:50:57 Jack Rozel (He/Him): More info on NUBE: http://www.behavioralemergencies.civicaconferences.com/conference-home/ -- Submission portal for presentations is open through Friday. My favorite conference!

00:51:55 Meryl Cassidy: once you build remote capacity-makes sense to continue. We couldn't do what we do without our remote workforce.

00:55:16 Wendy White Tiegreen, GA - DBHDD: So glad NASDDDS is here - blended competency and funding for IDD/ASD response is crucial for call centers, mobile crisis, and crisis stabilization.

00:57:26 barbara brent, NASDDDS: Thank you, Wendy, We are glad to be here with everyone!

00:57:52 Laura Van Tosh: We have a strong I/DD self-advocacy organization and we work together with MH on a cross disability action network called CDAN. I've learned so much from these leaders, several who are nationally known.

00:58:05 Laura Van Tosh: (Washington State)

00:58:41 Ken Anderson: At one time the State of WA was fostering (perhaps requiring) that MCOTs had access to an IDD specialist to join them on outreaches as needed. I don't know if that is still part of the effort there. Do any states have such co-staffed efforts?

01:01:08 Susan Robinson: Our systems must be across abilities and ages trauma informed, culturally and ethnically sensitive in an integrated whole person whole family BH response....

01:01:23 CHERI SKELDING: CO did a pilot in some counties similar to that, as well, a few years ago. It was a challenge to have IDD specialists available and "all in" for the crisis demands/schedules...particularly when the need was so sporadic. The IDD system has such long wait times for services as well, there were various up and downstream issues with both systems that I think came to light. I wasn't extremely close to it. But during a time when we, as a state, are struggling to staff with mobile clinicians, adding IDD specialists seems additionally challenging...

01:01:38 Maggie Merritt, Steinberg Institute: Yes, Susan Robinson!

01:04:39 Deb Pinals: Mary thank you and your team for all your advocacy for this important work!

01:05:40 Gerald Stansbury (Solari): Great information and work Mary and team

01:09:19 Shannon Scully: BJA has integrated IDD into their national law enforcement crisis curriculum and their work around PMHC work. The Arc has helped with a lot of that work, including promoting their Pathways to Justice training.

01:10:57 Laura Van Tosh: Excellent Shannon. So important given police involvement and issues around de escalation. Must be part of this discussion at some point. Our Arc is a key partner in WA state.

01:13:50 Carin Hennessey: Thank you for this important discussion!

01:13:56 CHERI SKELDING: He left a while ago. :)