

00:06:50 Karen Jones: Welcome to the Special Edition Crisis Jam!

00:11:56 Karen Jones: If you'd like to choose, Side by Side Gallery view, ASL Interpreter will be spotlighted with speakers underneath. Speaker view will show just spotlighted interpreter.

00:15:15 Paul Galdys: Thanks Karen... that's helpful!

00:18:08 Paul Galdys: and Sabrina Taylor is the 1st VP of the CIT International Board!

00:18:11 Frank OHalloran: Love the heat map. We have an amazing crisis system here in Maricopa County Arizona! I'm so happy whenever we can share our many successes.

00:18:35 Tenasha Hildebrand: Way to go Maricopa County!!!

00:20:51 Nicole Coleman (She/Her): what software you are using to track mobile teams? Sorry, if I missed that.

00:21:08 Jack Rozel MD (he/him): Sorry - I think I missed the open -- what is the software package they are discussing?

00:21:54 Tom Insel: Does software also connect to medical info? EHR? ER info?

00:22:02 Denise Bulling (she/her): Is the geolocation data shared with the 911 center?

00:23:40 Monica Luke -she series: Are there privacy concerns for individuals receiving services? Both geo-location and EHR sharing are areas we hear of concerns generally

00:27:20 Liseanne Wick: What percentage of responses end in in-home support only?

00:27:20 Andrew Erwin COO Solari: Hi Monica. The entire process being shown here is HIPAA compliant. All data is encrypted and shared to the minimum amount necessary to deliver the service. The shared information is all sent with the purpose of coordinating care which is a permitted disclosure under HIPAA.

00:27:27 Pari Noskin (she/her): What are the mobile crisis teams doing when they're not responding to calls? Do they have other responsibilities? How are those scheduled?

00:27:55 Monica Luke -she series: thanks

00:27:58 Jenni Nye - Terros Health: Safety also includes the safety of the individual. If they are experiencing a crisis that involves potential safety to themselves, we want to have one crisis specialist be able to stay with the person, while the 2nd specialist can help coordinate care externally.

00:28:24 Stormie Beckerle: We coordinate care, follow up on clients, community out reach and events.

00:28:25 David Obergfell: Thank you Jenni!

00:29:00 Jenni Nye - Terros Health: Hi Pari - the mobile teams also complete follow up for previous crisis calls. Our crisis specialists will place calls to the person, family, etc to make sure that they got connected to the resources that were provided during the mobile crisis intervention.

00:29:40 Pari Noskin (she/her): Thanks, Jenni, that's helpful.

00:30:11 Paul Galdys: Love the follow-up work approach that can mitigate some of the downtime while offering important support to the person coming out of a crisis.

00:30:57 David Obergfell: NPR Link: <https://kjzz.org/content/1701524/efforts-improving-crisis-responses-maricopa-county>

00:35:17 Dottie Davis: Please clarify that MIT is dispatched at the same time as the CIT officers.

00:35:43 Wendy White Tiegreen - GA DBHDD: As we all consider the rate-setting which may emerge from CMS on the MCT 85/15% ARPA allowance, the downtime element, post-coordination work, lean EHR expectations are factors that have to be considered (examining cost, productivity, team models, technology, etc.).

00:35:55 Denise Bulling (she/her): How are mobile teams funded? state/federal/city?

00:37:10 Paul Galdys: Really fantastic to see a system come together in a manner that supports justice system diversion through connection to real-time care. 85% community stabilization by the mobile teams is amazing!

00:38:46 Liseanne Wick: How long did it take to secure the MOU's needed for this response system to work effectively?

00:40:03 Bryan Gest - Terros Health: Solari and Terros are also using this mobile crisis model developed in Phoenix area, on rural Arizona as well, with some small but important adaptations!

00:40:35 Paul Galdys: Medicaid, SAMHSA Block Grant and state general funds are blended together to fund the system. Setting appropriate rates is essential to leveraging the federal match that comes with serving Medicaid enrolled individuals who represent a majority of individuals served (newly eligible Medicaid members with a 90% FMAP represent a large percentage of those served in expansion states).

00:41:17 Laura Evans, Vibrant Emotional Health: Thanks Tonja for sharing. Could have been a very different situation if your organization had not been there!

00:41:44 Annette Marcus: Thank you for acknowledging the overwhelm as we think about all it will take to move towards this kind of system.

00:42:31 Andrew Erwin COO Solari: Hello Lee Ann. I am responding for Justin as he is on a plane. In our dispatching process we equally dispatch the teams from both organization. To ensure a seamless process we have reoccurring coordination meetings between all three organizations on a monthly basis.

00:42:44 Karen Jones: <https://talk.crisisnow.com/learningcommunity/>

00:42:45 Carlos Mackall : Great job last week Vic! Thanks

00:43:54 Paul Galdys: Arizona Medicaid (AHCCCS) pulls together the funding and designates a single regional behavioral health authority (Mercy Care) that is responsible for developing and funding the crisis system for that region of the state.

00:43:55 Frank OHalloran: In regard to MOUs, we don't utilize MOUs within the county. There are contracts between the Mercy Care Regional Behavioral Health Authority (RBHA), the funder and overall managing body of this being discussed, and these providers. The response to the community and police and fire is just how we do business and it is welcomed by all.

00:47:12 David Obergfell: Thank you everyone! Pleasure speaking this morning. We have been fortunate in AZ/Maricopa County over the past 4 decades to have driven towards a seamless and highly coordinated crisis response and intervention system of care. We meet formally and informally on a very consistent basis with all partners including our first responders, law enforcement and our clinical and stabilization providers. This has truly allowed us to examine and shape the quality of our response, timely services and “right service -right time”

00:48:48 Jack Rozel MD (he/him): FYI, and this may have been mentioned before, but there is a great blog at Health Affairs that went up last week which discusses workforce development for mobile crisis services by Dr. Rafla-Yuan (who I think is on today's call) and several others.  
<https://www.healthaffairs.org/doi/10.1377/hblog20210903.856934/full/>

00:50:23 Tom Insel: Anomaly specifies “texting” for lifeline. What is behind that request?

00:50:52 Matthew Goldman: Thanks for sharing this @Jack—agree it’s a great piece!

00:52:39 Jean Bennett, SAMHSA R3 (PA DE MD DC VA WV): Thanks John and Hi Everyone - [Jean.Bennett@samhsa.hhs.gov](mailto:Jean.Bennett@samhsa.hhs.gov) - Regional Administrator for PA, DE, MD, DC, VA WV based in Philadelphia

00:52:57 Matthew Goldman: Another piece worth checking out is a community needs assessment of an urban county in Ohio—very informative:  
<https://onlinelibrary.wiley.com/doi/10.1002/jcop.22697>

00:54:12 Anita Everett SAMHSA: Are these ED psychiatric visits?

00:55:04 David Obergfell: Mission HCA in Ashville NC?

00:55:05 Anita Everett SAMHSA: Charlotte

00:55:08 Margot Cronin-Furman: UNC

00:55:17 Mary Jean Weston: Duke

00:55:22 Paul Galdys: Cape Fear Fayetteville

00:55:43 William Dickson NY: Myrtle Beach

00:55:52 Jenni Nye - Terros Health: Cape Fear

00:55:53 Amy Cohen, PhD (APA): are these psych ED visits?

00:56:10 Paul Galdys: Hospital ED visits

00:56:18 Anita Everett SAMHSA: Wow!

00:57:03 Liseanne Wick: rural county residents often are directed to go to the ED for almost everything after hours. :0(

00:57:07 Jenni Nye - Terros Health: Good job, Richard!!

00:57:24 Jennifer's iPhone: yeah richard!!!

00:57:42 Lois Gillmore, R-10 SAMHSA: Yeah Richard!!

00:57:53 Liseanne Wick: Go Richard!

00:57:53 Debbie Atkins, DBHDD GA: @richard I would have given you Grady!

00:58:13 David Obergfell: Just supporting that statement - we know in our rural area response in Norther Arizona, our drive/distance times are impacted, concurrent with leaner resources and landscape of services.

01:00:06 Paul Galdys: As John Franklin-Sierra says... every system is perfectly designed to get the results it does. Calls to 911 lead to law enforcement dispatch which results in justice system involvement and psychiatric boarding in hospital EDs.

01:00:10 Amy Cohen, PhD (APA): remind us: what is a PSAP?

01:00:12 Linda Grove-Paul (she/her): PSAP?

01:01:05 Audrey Wheeler: public-safety answering point

01:01:06 Debbie Atkins, DBHDD GA: Public Safety Answering Point

01:01:14 Amy Cohen, PhD (APA): thx

01:01:27 Lois Gillmore, R-10 SAMHSA: wow! I was way off. :)

01:03:16 Leigh Ann Fitzpatrick: How can we attend this spin off meeting?

01:04:06 Amy Cohen, PhD (APA): really great slide up right now

01:05:17 Mike Hogan: Awesome effort Dr Matt. We often forget research until we "know" (often wrongly) based on data-free experience!

01:06:15 Susan Robinson: Yes agree Mike! Much needed!

01:06:32 Monica Luke -she series: what about data collection to help determine what services are under-resourced in a given community? Is anyone doing that?

01:06:51 David Obergfell: Dr. Goldman! Wonderfully laid out and high level gap analysis! All in for research areas!

01:06:54 Monica Luke -she series: i.e. from an implemented system that's comprehensive (like Maricopa)

01:07:01 Amy Brinkley (Indiana): Resource mapping is NECESSARY.

01:07:03 Paul Galdys: Thanks Matt!

01:08:29 Matthew Goldman: Thanks, all! If there are research activities you're aware of that you'd like to share in upcoming Smart Talk segments and Learning Community spin-off, please send my way [matthew.goldman@ucsf.edu](mailto:matthew.goldman@ucsf.edu)

01:09:56 Stephanie Hepburn: Sorry about that! Yes, public safety answering points, sometimes called public-safety access points, are emergency police, fire, EMS call centers. In some places, like Austin, it also includes mental health services.

01:11:09 Kendall Strong, BPC: Please feel free to reach out to me, Kendall Strong, at [kstrong@bipartisanpolicy.org](mailto:kstrong@bipartisanpolicy.org), to talk about our efforts on behavioral health crisis intervention!

01:11:09 Nili Ezekiel, NASMHPD: NASMHPD's Model Bill for Core State Behavioral Health Crisis Services Systems –

<https://www.nasmhpd.org/sites/default/files/Model%20Bill%20for%20a%20Core%20State%20Behavioral%20Health%20Crisis%20Services%20System.pdf>